

2020 COMPLETE DRUG LIST (FORMULARY)



Prescription drug list information

HealthSelectSM Medicare Rx (PDP) provided through the Employees Retirement System of Texas (ERS)

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 **(866) 868-0609** (TTY: **711**)

7 a.m. – 7 p.m. CT, Monday – Friday, 7 a.m. – 3 p.m. CT, Saturday



www.HSMedicareRx.com

HealthSelect^{of Texas}
Medicare 

Formulary ID Number 00020058, Version 18
Y0066_190621_090130_C

 UnitedHealthcare[®]

Last updated September 1, 2020

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What is a drug list?

A drug list, also called a formulary, is a list of prescription drugs covered by your plan. Your plan and a team of health care providers work together to select drugs that contribute to 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, 2020.

For an up-to-date list of covered drugs or if you have questions, please call Customer Service toll-free at **(866) 868-0609** (TTY: **711**), 7 a.m. – 7 p.m. CT, Monday – Friday, 7 a.m. – 3 p.m. CT, Saturday. You can also visit us online at **www.HSMedicareRx.com**.

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 HealthSelect Medicare Rx.

How do I use the drug list?

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

- 1. By name.** Turn to section “Covered drugs by name (**Drug index**)” on pages 12–32 to see the list of drug names in alphabetical order. Find the name of your drug. The page number where you can find the drug will be next to it.
- 2. By medical condition.** Turn to section “Covered drugs by medical condition” on pages 33–125 to look for drugs based on your medical conditions. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. This is where you will find drugs that treat heart conditions.

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** drugs in **bold** type (for example, **Humalog**) and generic drugs in plain type (for example, Simvastatin).

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 one of three 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 toll-free at **(866) 868-0609** (TTY: **711**), 7 a.m. – 7 p.m. CT, Monday – Friday, 7 a.m. – 3 p.m. CT, Saturday.

Drug Tier	Includes
Tier 1: Preferred generic	All covered generic drugs.
Tier 2: Preferred brand	Many common brand name drugs, called preferred brands.
Tier 3: Non-preferred drug	Non-preferred brand name drugs. In addition, Part D eligible compound medications are covered in Tier 3.

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 toll-free at **(866) 868-0609** (TTY: **711**), 7 a.m. – 7 p.m. CT, Monday – Friday, 7 a.m. – 3 p.m. CT, Saturday.

Are there any rules or limits on my drug coverage?

Yes, some drugs may have coverage rules or have limits on the amount you can get. If your drug has any coverage rules or limits, there will be a code(s) in the “Coverage Rules or Limits on use” column of the “Covered drugs by medical condition” chart starting on page 33. 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 toll-free at **(866) 868-0609** (TTY: **711**), 7 a.m. – 7 p.m. CT, Monday – Friday, 7 a.m. – 3 p.m. CT, Saturday. You can also visit us online at **www.HSMedicareRx.com**.

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 one 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 one or more of these other drugs before the plan will cover your drug. If you have already tried other drugs or your doctor thinks they are not right for you, you or your doctor can ask the plan to cover this drug.

Other Special Coverage Rules

B/D - Medicare Part B or Part D

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

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 one 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 one month supply per prescription.

SP - Specialty Drugs

This drug is considered a "specialty drug," meaning it's not eligible for a lower cost-sharing level.

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.

What if my drug is not on this list?

We may still cover your drug even if it is not included in this drug list. Call Customer Service toll-free at **(866) 868-0609** (TTY: **711**), 7 a.m. – 7 p.m. CT, Monday – Friday, 7 a.m. – 3 p.m. CT, Saturday to ask if it's covered. Or go to **www.HSMedicareRx.com** to look it up online. The information is updated on a regular basis.

If you find out that your drug is not covered, you can do one of these things:

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

How can I get an exception?

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

Types of exceptions you can ask for

- Drug list exception:** Ask the plan to cover your 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 approved this would lower the amount you pay out-of-pocket for your drug. Specialty drugs (SP) are not eligible for a lower cost-sharing level.

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 toll-free at **(866) 868-0609** (TTY: **711**), 7 a.m. – 7 p.m. CT, Monday – Friday, 7 a.m. – 3 p.m. CT, Saturday. Your doctor must give us a supporting statement with the reason for the exception.

How long does it take to get an exception?

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

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

As a new or continuing member in our plan, we may cover a temporary supply of your drug if it's not on our drug list or if it has rules or limits. For example, you may need a prior authorization from us before you can fill your prescription. During the time when you are getting a temporary supply, you should talk with your doctor to decide if there is a similar drug on the drug list you can take instead. If you and your doctor decide this is the only drug that will work for you, you will need to ask for an exception. We may cover your drug in certain cases during the first 90 days of your membership.

The following chart shows how much of your drug we may cover while you ask for an exception.

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

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

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

Can the drug list change?

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

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

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

If we add new generic drugs

We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear 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.

If we make such a change, 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.

If we remove a drug from the list

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. If you are taking a drug that is removed because a generic version becomes available, we will tell you. If the Food and Drug Administration (FDA) says a drug you are taking is not effective or is unsafe, we will take it off the drug list right away.

If we change the coverage rules or limits

We’ll tell you if we add prior approval, quantity limits and/or step therapy restrictions on a drug. You can find out if your drug has any rules or limits by looking in the chart on pages 126-156.

We’ll tell you about other changes

If a drug you are taking is removed from the drug list during the plan year, we’ll include an update in your Part D Explanation of Benefits (Part D EOB) statement. We’ll tell you about other changes to our drug list at least 30 days before they go into effect or when you request a refill of the drug. If you find out when requesting a refill, you will receive at least a 30-day supply of the drug so you have time to talk with your doctor. To get updated information about the drugs covered by your plan, call Customer Service toll-free at **(866) 868-0609** (TTY: **711**), 7 a.m. – 7 p.m. CT, Monday – Friday, 7 a.m. – 3 p.m. CT, Saturday. Or go to **www.HSMedicareRx.com** to look it up online.

Drugs with dosages other than a one-month supply

Drugs packaged in an extended day supply

Some drugs are packaged from the manufacturer to provide more than a one-month supply. When you fill these drugs, you may have to pay more than one copay/coinsurance for a single prescription. For more information, please call Customer Service toll-free at **(866) 868-0609** (TTY: **711**), 7 a.m. – 7 p.m. CT, Monday – Friday, 7 a.m. – 3 p.m. CT, Saturday.

Daily cost-sharing for oral medications filled for less than a one-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 copayment. A daily cost-sharing rate is the copayment 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 one 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, we're here to help. Call Customer Service toll-free at **(866) 868-0609** (TTY: **711**), 7 a.m. – 7 p.m. CT, Monday – Friday, 7 a.m. – 3 p.m. CT, Saturday. You can also visit us online at **www.HSMedicareRx.com**.

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.....	66	Advair HFA.....	123
Abacavir Sulfate-Lamivudine	66	Adzenys ER.....	82
Abacavir-Lamivudine- Zidovudine.....	66	Adzenys XR-ODT.....	82
Abelcet.....	52	Afinitor.....	57
Abilify Maintena.....	62	Afinitor Disperz.....	57
Abiraterone Acetate.....	56	Afrezza.....	71
Absorica LD.....	86	Aimovig.....	54
Acamprosate Calcium.....	38	Ala Scalp.....	97
Acarbose.....	69	Ala-Cort.....	97
Acebutolol HCl.....	76	Albendazole.....	60
Acetaminophen-Caffeine- Dihydrocodeine.....	36	Albuterol Sulfate.....	121
Acetaminophen-Codeine.....	36	Albuterol Sulfate ER.....	121
Acetazolamide.....	80	Albuterol Sulfate HFA.....	121
Acetazolamide ER.....	80	Alclometasone Dipropionate	97
Acetic Acid.....	119	Alcohol Prep Pads.....	115
Acetylcysteine.....	123	Aldactazide.....	78
Acitretin.....	86	Alecensa.....	57
Actemra.....	111	Alendronate Sodium.....	114
Actemra ACTPen.....	111	Alfuzosin HCl ER.....	96
Acthar.....	97	Alinia.....	60
ActHIB.....	112	Aliskiren Fumarate.....	78
Actimmune.....	111	Allopurinol.....	53
Acyclovir.....	65	Almotriptan Malate.....	54
Acyclovir Sodium.....	65	Alomide.....	117
Adacel.....	112	Alora.....	102
Adapalene.....	86	Alosetron HCl.....	94
Adapalene-Benzoyl Peroxide	86	Alphagan P.....	117
Adefovir Dipivoxil.....	65	Alprazolam.....	68
Adempas.....	122	Alprazolam ER.....	68
		Alprazolam Intensol.....	68
		Alprazolam ODT.....	68
		Altanax.....	39
		Altavera.....	102
		Altreno.....	86
		Alunbrig.....	58
		Alyacen 1/35.....	102
		Alyq.....	122
		Amabelz.....	102
		Amantadine HCl.....	61
		AmBisome.....	52
		Ambrisentan.....	122
		Amcinonide.....	97
		Amethia.....	102
		Amethia Lo.....	102
		Amiloride HCl.....	80
		Amiloride-Hydrochlorothiazide	78
		Aminosyn II.....	89
		Aminosyn-PF.....	89
		Amiodarone HCl.....	76
		Amitriptyline HCl.....	51
		Amlodipine Besylate.....	77
		Amlodipine-Atorvastatin.....	78
		Amlodipine-Benazepril.....	78
		Amlodipine-Olmesartan.....	78
		Amlodipine-Valsartan.....	78
		Amlodipine-Valsartan-HCTZ	78
		Ammonium Lactate.....	86
		Amnesteem.....	86
		Amoxapine.....	51
		Amoxicillin.....	42
		Amoxicillin-Clarithromycin- Lansoprazole.....	93
		Amoxicillin-Potassium Clavulanate.....	42
		Amoxicillin-Potassium Clavulanate ER.....	42

Amphetamine ER.....	82	Armodafinil.....	124	Azopt.....	117
Amphetamine Sulfate.....	82	Arnuity Ellipta.....	120	Aztreonam.....	42
Amphetamine- Dextroamphetamine.....	82	Ascomp-Codeine.....	36	B	
Amphetamine- Dextroamphetamine ER.....	82	Ashlyna.....	102	Bacitracin.....	39
Amphotericin B.....	52	Aspirin-Dipyridamole ER.....	75	Bacitracin-Polymyxin B.....	116
Ampicillin.....	42	Astagraf XL.....	108	Baclofen.....	124
Ampicillin Sodium.....	42	Atazanavir Sulfate.....	67	Balcoltra.....	102
Ampicillin-Sulbactam Sodium	43	Atenolol.....	76	Balsalazide Disodium.....	114
Amzeeq.....	86	Atenolol-Chlorthalidone.....	78	Balversa.....	57
Anadrol-50.....	101	Atomoxetine HCl.....	83	Balziva.....	102
Anagrelide HCl.....	73	Atorvastatin Calcium.....	81	Banzel.....	48
Anastrozole.....	57	Atovaquone.....	60	Baqsimi Two Pack.....	71
Androderm.....	101	Atovaquone-Proguanil HCl...	60	Baraclude.....	65
Angeliq.....	102	Atripia.....	66	Baxdela.....	44
Anoro Ellipta.....	123	Atropine Sulfate.....	116	BCG Vaccine.....	112
Aplenzin.....	49	Atrovent HFA.....	120	Beconase AQ.....	120
Apokyn.....	61	Aubagio.....	84	Belbuca.....	35
Apraclonidine HCl.....	117	Aubra.....	102	Belsomra.....	124
Aprepitant.....	51	Auryxia.....	92	Benazepril HCl.....	75
Apri.....	102	Austedo.....	84	Benazepril-Hydrochlorothiazide	78
Apriso.....	114	Avandia.....	69	Benlysta.....	111
Aptensio XR.....	83	Aviane.....	102	Benznidazole.....	60
Aptiom.....	48	Avita.....	86	Benzoyl Peroxide-Erythromycin	86
Aptivus.....	67	Avonex Pen.....	84	Benzotropine Mesylate.....	60
Aralast NP.....	95	Avonex Prefilled.....	84	Bepreve.....	117
Aranelle.....	102	Ayvakit.....	58	Berinert.....	108
Aranesp.....	73, 74	Azasan.....	108	Beser.....	97
Arcalyst.....	111	Azasite.....	43	Besivance.....	44
Arcapta Neohaler.....	121	Azathioprine.....	108	Betamethasone Dipropionate	97, 98
Arikayce.....	39	Azelaic Acid.....	86	Betamethasone Dipropionate Aug.....	97
Aripiprazole.....	62	Azelastine HCl.....	117, 119	Betamethasone Valerate.....	98
Aripiprazole ODT.....	62	Azelastine-Fluticasone.....	123		
		Azelex.....	86		
		Azithromycin.....	43		

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Betaxolol HCl.....	76, 117	Bromfenac Sodium.....	118	Cabergoline.....	107
Bethanechol Chloride.....	97	Bromocriptine Mesylate.....	61	Cablivi.....	75
Bethkis.....	121	Brovana.....	121	Cabometyx.....	58
Betimol.....	117	Brukinsa.....	58	Calcipotriene.....	86
Betoptic-S.....	117	Bryhali.....	98	Calcipotriene-Betamethasone	86
Bexarotene.....	59	Budesonide.....	114, 120	Calcitonin Salmon.....	114
Bexsero.....	112	Budesonide ER.....	114	Calcitriol.....	86, 115
Bicalutamide.....	56	Bumetanide.....	80	Calcium Acetate.....	92
Bicillin C-R.....	43	Bunavail.....	38	Calquence.....	58
Bicillin C-R 900/300.....	43	Buprenorphine.....	35	Camila.....	106
Bicillin L-A.....	43	Buprenorphine HCl.....	38	Camrese Lo.....	102
BiDil.....	78	Buprenorphine HCl-Naloxone HCl.....	38	Canasa.....	114
Bijuva.....	102	Bupropion HCl.....	49	Candesartan Cilexetil.....	75
Biktarvy.....	66	Bupropion HCl ER.....	49	Candesartan Cilexetil-HCTZ	78
Bimatoprost.....	118	Bupropion HCl SR.....	38, 49	Capex.....	98
Binosto.....	114	Bupropion HCl XL.....	49	Caplyta.....	62
Bisoprolol Fumarate.....	76	Bupropion HCl XL.....	49	Caprelsa.....	58
Bisoprolol-Hydrochlorothiazide	78	Buspirone HCl.....	68	Captopril.....	75
BIVIGAM.....	110	Butalbital-Acetaminophen.....	33	Captopril-Hydrochlorothiazide	78
Blephamide.....	116	Butalbital-Acetaminophen- Caffeine.....	33	Carac.....	86
Blephamide S.O.P.....	116	Butalbital-Acetaminophen- Caffeine-Codeine.....	36	Carafate.....	94
Blisovi 24 Fe.....	102	Butalbital-Aspirin-Caffeine.....	33	Carbaglu.....	89
Blisovi Fe 1.5/30.....	102	Butalbital-Aspirin-Caffeine- Codeine.....	36	Carbamazepine.....	48
Bonjesta.....	51	Butorphanol Tartrate.....	36	Carbamazepine ER.....	48
Boostrix.....	112	Butrans.....	35	Carbidopa.....	61
Bosentan.....	122	Bydureon.....	69	Carbidopa-Levodopa.....	61
Bosulif.....	58	Bydureon BCise.....	69	Carbidopa-Levodopa ER.....	61
Braftovi.....	58	Byetta 10MCG Pen.....	69	Carbidopa-Levodopa ODT.....	61
Breo Ellipta.....	123	Byetta 5MCG Pen.....	69	Carbidopa-Levodopa- Entacapone.....	61
Briellyn.....	102	Bystolic.....	76	Carbinoxamine Maleate.....	119
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Cardura XL.....	96	Chantix.....	38	Clarithromycin.....	43
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CaroSpir.....	80	Chenodal.....	93	Climara Pro.....	102
Carteolol HCl.....	117	Chlordiazepoxide HCl.....	68	Clindacin-P.....	86
Cartia XT.....	77	Chlordiazepoxide-Amitriptyline		Clindamycin HCl.....	39
Carvedilol.....	76	49	Clindamycin Palmitate HCl....	39
Carvedilol Phosphate ER.....	76	Chlorhexidine Gluconate.....	85	Clindamycin Phosphate.....	39,
Caspofungin Acetate.....	52	Chloroquine Phosphate.....	60	86, 87	
Cayston.....	121	Chlorpromazine HCl.....	62	Clindamycin Phosphate in D5W	
Caziant.....	102	Chlorthalidone.....	80	39
Cefaclor.....	41	Chlorzoxazone.....	124	Clindamycin Phosphate-	
Cefaclor ER.....	41	Cholbam.....	95	Benzoyl Peroxide.....	87
Cefadroxil.....	41	Cholestyramine.....	81	Clindamycin-Tretinoin.....	87
Cefazolin Sodium.....	41	Cholestyramine Light.....	81	Clindesse.....	39
Cefdinir.....	41	Ciclopirox.....	52	Clinimix E/Dextrose.....	89
Cefepime HCl.....	41	Ciclopirox Olamine.....	52	Clinimix/Dextrose.....	89
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N				Nora-BE.....	106
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Nadolol.....	76	Nerlynx.....	59	Norethindrone.....	106
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Naftifine HCl.....	53	Neulasta.....	74	Norethindrone Acetate-Ethinyl Estradiol.....	104
Naftin.....	53	Neupro.....	61	Norethindrone Acetate-Ethinyl Estradiol-Fe.....	105
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Namzaric.....	84	Nexium.....	95		
Naproxen.....	34	Niacin ER.....	81		
Naproxen DR.....	34	Niacor.....	81		
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Normosol-R pH 7.4.....	90	Olanzapine.....	63	Oxandrolone.....	101
Norpance CR.....	76	Olanzapine ODT.....	63	Oxaprozin.....	34
Northera.....	75	Olanzapine-Fluoxetine HCl....	49	Oxazepam.....	69
Nortrel 0.5/35.....	105	Olmesartan Medoxomil.....	75	Oxcarbazepine.....	48
Nortrel 1/35.....	105	Olmesartan Medoxomil-HCTZ	79	Oxervate.....	116
Nortrel 7/7/7.....	105	Olmesartan-Amlodipine-HCTZ	79	Oxsoralen Ultra.....	88
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Nouriaz.....	61	Omega-3-Acid Ethyl Esters....	81	Oxycodone HCl.....	37
Noxafil.....	53	Omeprazole.....	95	Oxycodone HCl ER.....	35
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Nucala.....	123	Omnitrope.....	101	Oxycodone-Aspirin.....	37
Nuedexta.....	84	Ondansetron HCl.....	52	OxyContin.....	35
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Nutrilipid.....	91	Onexton.....	88	Oxymorphone HCl ER.....	35
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Nystop.....	53	Orkambi.....	121	Paricalcitol.....	115
O		Orphenadrine Citrate ER....	124	Paromomycin Sulfate.....	39
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Ocella.....	105	Oseltamivir Phosphate.....	68	Paroxetine HCl ER.....	50
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Octreotide Acetate.....	107	Osphena.....	106	Paser.....	55
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Pegasys.....	65	Pioglitazone HCl-Glimepiride	70	Prednicarbate.....	100
Pegasys ProClick.....	65	Pioglitazone HCl-Metformin HCl	70	Prednisolone.....	100
Pemazyre.....	57	Piperacillin-Tazobactam.....	43	Prednisolone Acetate.....	118
Penicillamine.....	97	Piqray.....	57	Prednisolone Sodium Phosphate.....	100, 118
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Penicillin V Potassium.....	43	Piroxicam.....	34	Prednisone.....	100
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Pentoxifylline ER.....	79	Pomalyst.....	56	Premasol.....	91
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Perphenazine.....	51	Potassium Chloride CR.....	91	Prevalite.....	81
Perphenazine-Amitriptyline....	49	Potassium Chloride ER.....	91	Previfem.....	105
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Pexeva.....	50	Potassium Chloride in NaCl...91		Prezcobix.....	68
Phenelzine Sulfate.....	49	Potassium Citrate ER.....	91	Prezista.....	68
Phenobarbital.....	47	Pradaxa.....	73	Priftin.....	55
Phenoxybenzamine HCl.....	75	Praluent.....	81	Prilosec.....	95
Phenytoin.....	48	Pramipexole Dihydrochloride	61	Primaquine Phosphate.....	60
Phenytoin Sodium Extended	48	Pramipexole Dihydrochloride ER.....	61	Primidone.....	47
Phoslyra.....	92	Prasugrel HCl.....	75	Privigen.....	111
Phospholine Iodide.....	118	Pravastatin Sodium.....	81	ProAir HFA.....	121
Picato.....	88	Praziquantel.....	60	ProAir RespiClick.....	121
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Procto-Med HC.....	114	Pyridostigmine Bromide ER	55	Reclipsen.....	105	
Procto-Pak.....	114	Pyrimethamine.....	60	Recombivax HB.....	113	
Proctosol HC.....	114	Q			Rectiv.....	82
Proctozone-HC.....	114	Qbrexza.....	116	Regranex.....	88	
Procysbi.....	95	Qinlock.....	57	Relenza Diskhaler.....	68	
Progesterone Micronized....	106	Qnasl.....	120	Relexxii.....	84	
Proglycem.....	71	Qnasl Childrens.....	120	Relistor.....	93	
Prograf.....	110	Quadracel.....	113	Repaglinide.....	70	
Prolastin-C.....	95	Quetiapine Fumarate.....	63	Repatha.....	81	
Prolensa.....	118	Quetiapine Fumarate ER.....	63	Repatha Pushtronex System	81	
Prolia.....	115	QuilliChew ER.....	84	Repatha SureClick.....	82	
Promacta.....	74	Quillivant XR.....	84	Restasis Single-Use Vials.....	116	
Promethazine HCl.....	119	Quinapril HCl.....	76	Retacrit.....	74	
Promethazine-Phenylephrine	123	Quinapril-Hydrochlorothiazide	79	Retevmo.....	57	
Promethegan.....	119	Quinidine Gluconate ER.....	76	Retin-A Micro Pump.....	88	
Propafenone HCl.....	76	Quinidine Sulfate.....	76	Revlimid.....	56	
Propafenone HCl ER.....	76	Quinine Sulfate.....	60	Rexulti.....	63	
Propantheline Bromide.....	93	R			Reyataz.....	68
Proparacaine HCl.....	116	RabAvert.....	113	Rhofade.....	88	
Propranolol HCl.....	77	Rabeprazole Sodium.....	95	Rhopressa.....	116	
Propranolol HCl ER.....	76	Raloxifene HCl.....	106	Ribavirin.....	65	
Propranolol-HCTZ.....	79	Ramelteon.....	124	Ridaura.....	111	
Propylthiouracil.....	108	Ramipril.....	76	Rifabutin.....	55	
ProQuad.....	113	Ranolazine ER.....	79	Rifampin.....	55	
Prosol.....	91	Rasagiline Mesylate.....	61	Riluzole.....	84	
Protonix.....	95	Rasuvo.....	110	Rimantadine HCl.....	68	
Protriptyline HCl.....	51	RAVICTI.....	95	Rinvoq.....	111	
Pulmicort Flexhaler.....	120	Rayaldee.....	115	Riomet.....	70	
Pulmozyme.....	123	Rebif.....	85	Risedronate Sodium.....	115	
Purixan.....	56	Rebif Rebidose.....	85	Risperdal Consta.....	63, 64	
Pylera.....	93			Risperidone.....	64	

Risperidone ODT.....	64	Selenium Sulfide.....	88	Solosec.....	40
Ritonavir.....	68	Selzentry.....	67	Soltamox.....	56
Rivastigmine.....	48	Serevent Diskus.....	121	Somatuline Depot.....	108
Rivastigmine Tartrate.....	48	Serostim.....	93	Somavert.....	108
Rivelsa.....	105	Sertraline HCl.....	50	Soolantra.....	88
Rizatriptan Benzoate.....	54	Setlakin.....	105	Sorine.....	76
Rizatriptan Benzoate ODT.....	54	Sevelamer Carbonate.....	92	Sotalol HCl.....	76
Rocklatan.....	118	Sevelamer HCl.....	92	Sotalol HCl AF.....	76
Ropinirole HCl.....	61	Seysara.....	46	Sotylize.....	76
Ropinirole HCl ER.....	61	Sharobel.....	106	Sovaldi.....	65
Rosuvastatin Calcium.....	81	Shingrix.....	113	Spiriva HandiHaler.....	120
Rotarix.....	113	Signifor.....	108	Spiriva Respimat.....	120
RotaTeq.....	113	Siklos.....	116	Spiroinolactone.....	80
Roweepra.....	46	Sildenafil Citrate.....	122	Spiroinolactone-HCTZ.....	79
Roweepra XR.....	46	Silenor.....	124	Sprintec 28.....	105
Rozlytrek.....	57	Siliq.....	88	Spritam ODT.....	46
Rubraca.....	57	Silodosin.....	97	Sprix.....	34
Ruconest.....	108	Silver Sulfadiazine.....	45	Sprycel.....	59
Ruzurgi.....	116	Simbrinza.....	118	SPS.....	92
Rybelsus.....	70	Simponi.....	110	Sronyx.....	105
Rydapt.....	59	Simvastatin.....	81	SSD.....	45
Rytary.....	61	Sirolimus.....	110	Stavudine.....	67
S		Sirturo.....	55	Stelara.....	88
Samsca.....	92	Sitavig.....	65	Stimate.....	101
Sancuso.....	52	Sklice.....	60	Stiolto Respimat.....	123
Sandimmune.....	110	Skyrizi.....	110	Stivarga.....	59
Santyl.....	88	Sodium Chloride.....	91	Streptomycin Sulfate.....	39
Saphris.....	64	Sodium Fluoride.....	91	Stribild.....	66
Savaysa.....	73	Sodium Phenylbutyrate.....	96	Striverdi Respimat.....	121
Savella.....	84	Sodium Polystyrene Sulfonate	92	Sucraid.....	96
Savella Titration Pack.....	84	Sofosbuvir-Velpatasvir.....	65	Sucralfate.....	94
Scopolamine.....	51	Solifenacin Succinate.....	96	Sulfacetamide Sodium....	45, 88
Secuado.....	64	Soliqua.....	70	Sulfacetamide-Prednisolone	116

Sulfadiazine.....	45	Taclonex.....	88	Terbinafine HCl.....	53
Sulfamethoxazole- Trimethoprim.....	45	Tacrolimus.....	88, 110	Terbutaline Sulfate.....	121
Sulfasalazine.....	114	Tadalafil.....	97, 122	Terconazole.....	53
Sulindac.....	34	Tafinlar.....	59	Testosterone.....	101
Sumatriptan.....	54	Tagrisso.....	59	Testosterone Cypionate.....	101
Sumatriptan Succinate....	54, 55	Takhzyro.....	108	Testosterone Enanthate.....	101
Sumatriptan Succinate Refill	54	Taltz.....	88	Tetrabenazine.....	84
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Sunosi.....	124	Tamoxifen Citrate.....	56	Texacort.....	100
Suprax.....	42	Tamsulosin HCl.....	97	Thalomid.....	56
Suprep Bowel Prep Kit.....	94	Targretin.....	59	Theo-24.....	122
Sutent.....	59	Tarina 24 Fe.....	105	Theophylline.....	122
Syeda.....	105	Tarina Fe 1/20.....	105	Theophylline ER.....	122
Sylatron.....	65	Tasigna.....	59	Thiola.....	97
Symbicort.....	123	Tavalisse.....	74	Thiola EC.....	97
Symdeko.....	122	Tazarotene.....	88	Thioridazine HCl.....	62
Symfi.....	66	Tazicef.....	42	Thiothixene.....	62
Symfi Lo.....	66	Tazorac.....	88	Tiadyt ER.....	78
Symjepi.....	121	Taztia XT.....	77	Tiagabine HCl.....	47
SymlinPen 120.....	70	Tazverik.....	57	Tibsovo.....	59
SymlinPen 60.....	70	TDVAX.....	113	Tiglutik.....	84
Sympazan.....	47	Tecfidera.....	85	Timolol Maleate.....	54, 118
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Symtuza.....	68	Tegsedi.....	96	Timoptic Ocudose.....	118
Synarel.....	108	Tekturna HCT.....	79	Tinidazole.....	40
Syndros.....	52	Telmisartan.....	75	Tirosint.....	107
Synjardy.....	70	Telmisartan-Amlodipine.....	79	Tirosint-SOL.....	107
Synjardy XR.....	71	Telmisartan-HCTZ.....	79	Tivicay.....	66
Synribo.....	57	Temazepam.....	124	Tivorbex.....	34
T		Tencon.....	33	Tizanidine HCl.....	124
Tabloid.....	56	Tenivac.....	113	TobraDex.....	117
Tabrecta.....	56	Tenofovir Disoproxil Fumarate	67	TobraDex ST.....	117
		Terazosin HCl.....	97	Tobramycin.....	39, 122

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Tobramycin-Dexamethasone	117	Tretinoin Microsphere.....	89	Trospium Chloride ER.....	96
Tobrex.....	39	Trexall.....	110	Trulicity.....	71
Tolak.....	89	Tri-Estarylla.....	105	Trumenba.....	113
Tolcapone.....	61	Tri-Legest Fe.....	105	Truvada.....	67
Tolmetin Sodium.....	34	Tri-Lo-Estarylla.....	105	Tukysa.....	57
Tolterodine Tartrate.....	96	Tri-Lo-Sprintec.....	105	Turalio.....	59
Tolterodine Tartrate ER.....	96	Tri-Mili.....	105	Twinrix.....	113
Topiramate.....	48	Tri-Previfem.....	105	Tybost.....	66
Topiramate ER.....	47	Tri-Sprintec.....	105	Tydemy.....	105
Toremifene Citrate.....	56	Tri-VyLibra.....	105	Tykerb.....	59
Torseamide.....	80	Tri-VyLibra Lo.....	105	Tymlos.....	115
Toujeo Max SoloStar.....	72	Triamcinolone Acetonide.....	86, 100	Typhim Vi.....	113
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Tovet.....	100	Triamterene-HCTZ.....	79	Uceris.....	114
Toviaz.....	96	Trianex.....	100	Udenyca.....	74
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Tramadol HCl.....	37	Trientine HCl.....	92	V	
Tramadol HCl ER.....	36	Trifluoperazine HCl.....	62	Valacyclovir HCl.....	65
Tramadol-Acetaminophen.....	37	Trifluridine.....	65	Valchlor.....	56
Trandolapril.....	76	Trihexyphenidyl HCl.....	60, 61	Valganciclovir HCl.....	64
Trandolapril-Verapamil HCl ER	79	Trijardy XR.....	71	Valproic Acid.....	47
Tranexamic Acid.....	75	Trikafta.....	122	Valsartan.....	75
Tranylcypromine Sulfate.....	49	TriLyte.....	94	Valsartan-Hydrochlorothiazide	80
Travasol.....	91	Trimethobenzamide HCl.....	51	Valtoco 10 MG Dose.....	47
Travoprost.....	119	Trimethoprim.....	40	Valtoco 15 MG Dose.....	47
Trazodone HCl.....	50	Trimipramine Maleate.....	51	Valtoco 20 MG Dose.....	47
Trecator.....	55	Trintellix.....	50	Valtoco 5 MG Dose.....	47
Trelegy Ellipta.....	123	Triumeq.....	66	Vancomycin HCl.....	40
Trelstar Mixject.....	108	Trivora.....	105	Vandazole.....	40
Tremfya.....	89	TrophAmine.....	91	VAQTA.....	113

Varivax.....	113	Voriconazole.....	53	Xpovio.....	56
Varizig.....	111	Vosevi.....	65	Xtampza ER.....	36
Varubi.....	52	Votrient.....	59	Xtandi.....	56
Vascepa.....	82	VP-PNV-DHA.....	92	Xulane.....	106
Vecamyl.....	80	Vraylar.....	64	Xultophy.....	71
Velivet.....	106	Vyfemla.....	106	Xuriden.....	96
Velphoro.....	92	VyLibra.....	106	Xyosted.....	102
Veltassa.....	92	Vyndamax.....	80	Xyrem.....	125
Vemlidy.....	65	Vyndaqel.....	80	Y	
Venclexta.....	59	Vyvanse.....	83	YF-Vax.....	113
Venclexta Starting Pack.....	59	W		Yonsa.....	56
Venlafaxine HCl.....	50	Wakix.....	124	Yuvaferm.....	106
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Ventolin HFA.....	121	WYMZYA Fe.....	106	Zaleplon.....	124
Verapamil HCl.....	78	X		Zarah.....	106
Verapamil HCl ER.....	78	Xalkori.....	59	Zarxio.....	74
Versacloz.....	64	Xarelto.....	73	Zebutal.....	33
Verzenio.....	57	Xarelto Starter Pack.....	73	Zejula.....	57
Viberzi.....	94	Xatmep.....	110	Zelapar ODT.....	61
Vibramycin.....	46	Xcopri.....	46	Zelboraf.....	59
Victoza.....	71	Xeljanz.....	110	Zelnorm.....	93
Viekira Pak.....	65	Xeljanz XR.....	110	Zemaira.....	96
Vienna.....	106	Xelpros.....	119	Zenatane.....	89
Vigabatrin.....	47	Xenleta.....	40	Zenpep.....	96
Vigadrone.....	47	Xepi.....	45	Zenzedi.....	83
Viibryd.....	50	Xermelo.....	93	Zepatier.....	65
Viibryd Starter Pack.....	50	Xgeva.....	115	Zerbaxa.....	42
Vimpat.....	48	Xhance.....	120	Zerviate.....	117
Viracept.....	68	Xifaxan.....	94	Zetonna.....	120
Viread.....	67	Xiidra.....	117	Zidovudine.....	67
Vitrakvi.....	59	Xofluza.....	68	Zileuton ER.....	120
Vivitrol.....	38	Xolair.....	112	Ziprasidone HCl.....	64
Vizimpro.....	59	Xospata.....	59	Ziprasidone Mesylate.....	64

Zirgan.....	64	Zomig.....	55	Zubsolv.....	38
Zithromax.....	44	Zonisamide.....	46	Zyclara Pump.....	89
Zolinza.....	57	Zontivity.....	73	Zydelig.....	59
Zolmitriptan.....	55	Zorbtive.....	93	Zykadia.....	59
Zolmitriptan ODT.....	55	Zortress.....	110	Zylet.....	117
Zolpidem Tartrate.....	124	Zostavax.....	113	Zyprexa Relprev.....	64
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Covered drugs by medical condition

The list below has information about the drugs covered by this plan. Find your medical condition to see what drugs are covered. If you have trouble finding your drug, turn to the “Covered drugs by name (**Drug index**)” on pages 12-32.

The first column lists the drug name, which may include the dosage form and strength. **Brand name** drugs are listed in **bold type** (for example, **Humalog**) and generic drugs are listed in plain type (for example, Simvastatin). The second column lists the drug tier or coverage level. The third column lists any rules or limits for the drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 126-156.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Analgesics			Diclofenac Potassium (Oral Tablet)	1	
Analgesics			Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	1	
Butalbital-Acetaminophen (Oral Tablet)	1	PA; HRM; QL	Diclofenac Sodium (Oral Tablet Delayed Release)	1	
Butalbital-Acetaminophen-Caffeine (Oral Capsule)	1	PA; HRM; QL	Diclofenac Sodium (1% Transdermal Gel)	1	
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	1	PA; HRM; QL	Diclofenac Sodium (Transdermal Solution)	1	PA
Butalbital-Aspirin-Caffeine (Oral Capsule)	1	PA; HRM; QL	Diclofenac-Misoprostol (Oral Tablet Delayed Release)	1	
Tencon (Oral Tablet)	1	PA; HRM; QL	Diflunisal (Oral Tablet)	1	
Zebutal (Oral Capsule)	1	PA; HRM; QL	Etodolac ER (Oral Tablet Extended Release 24 Hour)	1	
Nonsteroidal Anti-inflammatory Drugs			Etodolac (Oral Capsule)	1	
Celecoxib (Oral Capsule)	1	QL	Etodolac (Oral Tablet Immediate Release)	1	
Diclofenac Epolamine (Transdermal Patch)	3	QL	Fenoprofen Calcium (400MG Oral Capsule)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Fenoprofen Calcium (Oral Tablet)	1		Meclofenamate Sodium (Oral Capsule)	1	
Flector (Transdermal Patch)	3	QL	Mefenamic Acid (Oral Capsule)	1	
Flurbiprofen (100MG Oral Tablet)	1		Meloxicam (Oral Tablet)	1	
Ibu (600MG Oral Tablet, 800MG Oral Tablet)	1		Nabumetone (Oral Tablet)	1	
Ibuprofen (Oral Suspension)	1		Naproxen DR (Oral Tablet Delayed Release) (Generic EC-Naprosyn)	1	
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	1		Naproxen (Oral Tablet Immediate Release)	1	
Indocin (Oral Suspension)	3	PA; SP; HRM	Naproxen Sodium (275MG Oral Tablet Immediate Release, 550MG Oral Tablet Immediate Release)	1	
Indocin (Rectal Suppository)	3	SP	Oxaprozin (Oral Tablet)	1	
Indomethacin ER (Oral Capsule Extended Release)	1	PA; HRM	Piroxicam (Oral Capsule)	1	
Indomethacin (25MG Oral Capsule Immediate Release, 50MG Oral Capsule Immediate Release)	1	PA; HRM	Sprix (Nasal Solution)	3	SP
Ketoprofen ER (Oral Capsule Extended Release 24 Hour)	1		Sulindac (Oral Tablet)	1	
Ketoprofen (Oral Capsule Immediate Release)	1		Tivorbex (Oral Capsule)	3	PA; HRM; QL
Ketorolac Tromethamine (Oral Tablet)	1	PA; HRM	Tolmetin Sodium (Oral Capsule)	1	
			Tolmetin Sodium (Oral Tablet)	1	
			Opioid Analgesics, Long-acting		

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Belbuca (150MCG Buccal Film, 300MCG Buccal Film, 450MCG Buccal Film, 75MCG Buccal Film)	2	PA; 7D; DL; QL	Morphine Sulfate ER (Oral Capsule Extended Release 24 Hour) (Generic Kadian)	1	7D; MME; DL; QL
Belbuca (600MCG Buccal Film, 750MCG Buccal Film, 900MCG Buccal Film)	2	PA; SP; 7D; DL; QL	Morphine Sulfate ER (Oral Tablet Extended Release) (Generic MS Contin)	1	7D; MME; DL; QL
Buprenorphine (Transdermal Patch Weekly)	1	7D; 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)	3	7D; MME; DL; QL
Butrans (7.5MCG/HR Transdermal Patch Weekly)	2	7D; DL; QL	Oxycodone HCl ER (60MG Oral Tablet ER 12 Hour Abuse-Deterrent, 80MG Oral Tablet ER 12 Hour Abuse-Deterrent)	3	SP; 7D; MME; DL; QL
Fentanyl (Transdermal Patch 72 Hour)	1	7D; MME; DL; QL	OxyContin (Oral Tablet ER 12 Hour Abuse-Deterrent)	2	7D; MME; DL; QL
Hydrocodone Bitartrate ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	1	PA; 7D; MME; DL; QL	Oxymorphone HCl ER (Oral Tablet Extended Release 12 Hour)	1	7D; MME; DL; QL
Hydromorphone HCl ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	1	7D; MME; DL; QL			
Hysingla ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	2	7D; MME; DL; QL			
Methadone HCl (Oral Solution)	1	7D; MME; DL; QL			
Methadone HCl (Oral Tablet)	1	7D; MME; DL; QL			
Morphine Sulfate ER Beads (Oral Capsule Extended Release 24 Hour) (Generic Avinza)	1	7D; MME; DL; QL			

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour)	1	7D; MME; DL; QL	Carisoprodol-Aspirin-Codeine (Oral Tablet)	1	PA; HRM; 7D; MME; DL; QL
Tramadol HCl ER (Oral Tablet Extended Release 24 Hour)	1	7D; MME; DL; QL	Codeine Sulfate (15MG Oral Tablet)	1	7D; MME; DL; QL
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	2	7D; MME; DL; QL	Codeine Sulfate (30MG Oral Tablet, 60MG Oral Tablet)	1	7D; MME; DL; QL
Opioid Analgesics, Short-acting			Duramorph (Injection Solution)	1	DL
Acetaminophen-Caffeine-Dihydrocodeine (Oral Tablet)	1	7D; MME; DL; QL	Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	1	7D; MME; DL; QL
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	1	7D; MME; DL; QL	Fentanyl Citrate (Buccal Lozenge On A Handle)	1	PA; DL; QL
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	1	7D; MME; DL; QL	Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	1	7D; MME; DL; QL
Ascomp-Codeine (Oral Capsule)	1	PA; HRM; 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)	1	7D; MME; DL; QL
Butalbital-Acetaminophen-Caffeine-Codeine (Oral Capsule)	1	PA; HRM; 7D; MME; DL; QL	Hydrocodone-Ibuprofen (Oral Tablet)	1	7D; MME; DL; QL
Butalbital-Aspirin-Caffeine-Codeine (Oral Capsule)	1	PA; HRM; 7D; MME; DL; QL	Hydromorphone HCl (1MG/ML Oral Liquid)	1	7D; MME; DL; QL
Butorphanol Tartrate (Nasal Solution)	1	7D; MME; DL; QL			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Hydromorphone HCl (Oral Tablet Immediate Release)	1	7D; MME; DL; QL	Oxycodone HCl (Oral Tablet Immediate Release)	1	7D; MME; DL; QL
Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution)	1	DL	Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	1	7D; MME; DL; QL
Lorcet HD (Oral Tablet)	1	7D; MME; DL; QL	Oxycodone-Aspirin (Oral Tablet)	1	7D; MME; DL; QL
Lorcet (Oral Tablet)	1	7D; MME; DL; QL	Oxymorphone HCl (Oral Tablet Immediate Release)	1	7D; MME; DL; QL
Lorcet Plus (7.5-325MG Oral Tablet)	1	7D; MME; DL; QL	Pentazocine-Naloxone HCl (Oral Tablet)	1	PA; HRM; 7D; MME; DL; QL
Meperidine HCl (Oral Solution)	1	PA; HRM; 7D; MME; DL; QL	Tramadol HCl (50MG Oral Tablet Immediate Release)	1	7D; MME; DL; QL
Meperidine HCl (Oral Tablet)	1	PA; HRM; 7D; MME; DL; QL	Tramadol-Acetaminophen (Oral Tablet)	1	7D; MME; DL; QL
Morphine Sulfate (Oral Solution)	1	7D; MME; DL; QL	Anesthetics		
Morphine Sulfate (Oral Tablet Immediate Release)	1	7D; MME; DL; QL	Local Anesthetics		
Oxycodone HCl (Oral Capsule)	1	7D; MME; DL; QL	Lidocaine (5% External Ointment)	1	QL
Oxycodone HCl (100MG/5ML Oral Concentrate)	1	7D; MME; DL; QL	Lidocaine (5% External Patch)	1	PA; QL
Oxycodone HCl (Oral Solution)	1	7D; MME; DL; QL	Lidocaine HCl (4% External Solution)	1	
			Lidocaine HCl (External Gel)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Lidocaine Viscous (2% Mouth/Throat Solution)	1	
Lidocaine-Prilocaine (External Cream)	1	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
Acamprosate Calcium (Oral Tablet Delayed Release)	1	
Disulfiram (Oral Tablet)	1	
Naltrexone HCl (Oral Tablet)	1	
Vivitrol (Intramuscular Suspension Reconstituted)	3	SP
Opioid Dependence Treatments		
Bunavail (Buccal Film)	3	QL
Buprenorphine HCl (Tablet Sublingual)	1	QL
Buprenorphine HCl-Naloxone HCl (Sublingual Film)	1	QL
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Zubsolv (1.4-0.36MG Tablet Sublingual, 11.4-2.9MG Tablet Sublingual, 2.9-0.71MG Tablet Sublingual, 5.7-1.4MG Tablet Sublingual, 8.6-2.1MG Tablet Sublingual)	2	QL
Opioid Reversal Agents		
Naloxone HCl (0.4MG/ML Injection Solution)	1	
Naloxone HCl (Injection Solution Cartridge)	1	
Naloxone HCl (Injection Solution Prefilled Syringe)	1	
Narcan (Nasal Liquid)	2	
Smoking Cessation Agents		
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	1	
Chantix Continuing Month Pak (Oral Tablet)	2	
Chantix (Oral Tablet)	2	
Chantix Starting Month Pak (Oral Tablet)	2	
Nicotrol (Inhalation Inhaler)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Nicotrol NS (Nasal Solution)	3		Tobrex (Ophthalmic Ointment)	3	
Antibacterials			Antibacterials, Other		
Aminoglycosides			Altabax (External Ointment)	3	
Arikayce (Inhalation Suspension)	3	SP	Bacitracin (Ophthalmic Ointment)	1	
Gentak (Ophthalmic Ointment)	1		Cleocin (Vaginal Suppository)	2	
Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	1		Clindamycin HCl (Oral Capsule)	1	
Gentamicin Sulfate (External Cream)	1		Clindamycin Palmitate HCl (Oral Solution Reconstituted)	1	
Gentamicin Sulfate (External Ointment)	1		Clindamycin Phosphate in D5W (Intravenous Solution)	1	
Gentamicin Sulfate (40MG/ML Injection Solution)	1		Clindamycin Phosphate (300MG/2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution)	1	
Gentamicin Sulfate (Ophthalmic Solution)	1		Clindamycin Phosphate (Vaginal Cream)	1	
Neomycin Sulfate (Oral Tablet)	1		Clindesse (Vaginal Cream)	3	
Paromomycin Sulfate (Oral Capsule)	1		Colistimethate Sodium (CBA) (Injection Solution Reconstituted)	1	
Streptomycin Sulfate (Intramuscular Solution Reconstituted)	1		Dalvance (Intravenous Solution Reconstituted)	3	SP
Tobramycin (Ophthalmic Solution)	1				
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	1				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Daptomycin (500MG Intravenous Solution Reconstituted)	1		Nitrofurantoin Macrocrystal (Oral Capsule) (Generic Macrochantin)	1	HRM
Firvanq (Oral Solution Reconstituted)	3		Nitrofurantoin Monohydrate (Generic Macrobid)	1	HRM
Linezolid (Intravenous Solution)	1		Nitrofurantoin (Oral Suspension)	1	HRM
Linezolid (Oral Suspension Reconstituted)	1		Solosec (Oral Packet)	3	
Linezolid (Oral Tablet)	1	QL	Tinidazole (Oral Tablet)	1	
Mafenide Acetate (External Packet)	1		Trimethoprim (Oral Tablet)	1	
Methenamine Hippurate (Oral Tablet)	1		Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)	1	
Metronidazole (External Cream)	1		Vancomycin HCl (250MG Intravenous Solution Reconstituted)	1	
Metronidazole (External Gel)	1		Vancomycin HCl (Oral Capsule)	1	QL
Metronidazole (External Lotion)	1		Vancomycin HCl (Oral Solution Reconstituted)	1	
Metronidazole in NaCl 0.79% (Intravenous Solution)	1		Vandazole (Vaginal Gel)	1	
Metronidazole (Oral Capsule)	1		Xenleta (Oral Tablet)	3	SP; QL
Metronidazole (Oral Tablet)	1				
Metronidazole (Vaginal Gel)	1				
Monurol (Oral Packet)	3				
Mupirocin (External Ointment)	1				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Beta-lactam, Cephalosporins			Cefoxitin Sodium (Injection Solution Reconstituted)	1	
Cefaclor ER (Oral Tablet Extended Release 12 Hour)	1		Cefoxitin Sodium (Intravenous Solution Reconstituted)	1	
Cefaclor (Oral Capsule)	1		Cefpodoxime Proxetil (Oral Suspension Reconstituted)	1	
Cefaclor (Oral Suspension Reconstituted)	1		Cefpodoxime Proxetil (Oral Tablet)	1	
Cefadroxil (Oral Capsule)	1		Cefprozil (Oral Suspension Reconstituted)	1	
Cefadroxil (Oral Suspension Reconstituted)	1		Cefprozil (Oral Tablet)	1	
Cefadroxil (Oral Tablet)	1		Ceftazidime (Injection Solution Reconstituted)	1	
Cefazolin Sodium (1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	1		Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	1	
Cefdinir (Oral Capsule)	1		Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	1	
Cefdinir (Oral Suspension Reconstituted)	1		Cefuroxime Axetil (Oral Tablet)	1	
Cefepime HCl (Injection Solution Reconstituted)	1		Cefuroxime Sodium (Injection Solution Reconstituted)	1	
Cefixime (Oral Capsule)	1				
Cefixime (Oral Suspension Reconstituted)	1				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Cefuroxime Sodium (Intravenous Solution Reconstituted)	1		Amoxicillin (Oral Capsule)	1	
Cephalexin (Oral Capsule)	1		Amoxicillin (Oral Suspension Reconstituted)	1	
Cephalexin (Oral Suspension Reconstituted)	1		Amoxicillin (Oral Tablet Immediate Release)	1	
Cephalexin (Oral Tablet)	1		Amoxicillin (Oral Tablet Chewable)	1	
Suprax (500MG/5ML Oral Suspension Reconstituted)	3		Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour)	1	
Suprax (Oral Tablet Chewable)	3		Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted)	1	
Tazicef (Injection Solution Reconstituted)	1		Amoxicillin-Potassium Clavulanate (Oral Tablet Immediate Release)	1	
Zerbaxa (Intravenous Solution Reconstituted)	3	SP	Amoxicillin-Potassium Clavulanate (Oral Tablet Chewable)	1	
Beta-lactam, Other			Ampicillin (Oral Capsule)	1	
Aztreonam (1GM Injection Solution Reconstituted)	1		Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted)	1	
Ertapenem Sodium (Injection Solution Reconstituted)	1		Ampicillin Sodium (10GM Intravenous Solution Reconstituted)	1	
Imipenem-Cilastatin (Intravenous Solution Reconstituted)	1				
Meropenem (Intravenous Solution Reconstituted)	1				
Beta-lactam, Penicillins					

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)	1	
Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted)	1	
Bicillin C-R 900/300 (Intramuscular Suspension)	3	
Bicillin C-R (Intramuscular Suspension)	3	
Bicillin L-A (Intramuscular Suspension)	3	
Dicloxacillin Sodium (Oral Capsule)	1	
Nafcillin Sodium (1GM Injection Solution Reconstituted, 2GM Injection Solution Reconstituted)	1	
Nafcillin Sodium (10GM Intravenous Solution Reconstituted)	1	
Oxacillin Sodium in Dextrose (Intravenous Solution)	3	
Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Penicillin V Potassium (Oral Solution Reconstituted)	1	
Penicillin V Potassium (Oral Tablet)	1	
Piperacillin-Tazobactam (Intravenous Solution Reconstituted)	1	
Macrolides		
Azasite (Ophthalmic Solution)	3	
Azithromycin (Intravenous Solution Reconstituted)	1	
Azithromycin (Oral Packet)	1	
Azithromycin (Oral Suspension Reconstituted)	1	
Azithromycin (Oral Tablet)	1	
Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	1	
Clarithromycin (Oral Suspension Reconstituted)	1	
Clarithromycin (Oral Tablet Immediate Release)	1	
Dificid (Oral Tablet)	3	SP
E.E.S. Granules (Oral Suspension Reconstituted)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
EryPed 200 (Oral Suspension Reconstituted)	3	
Erythrocin Lactobionate (Intravenous Solution Reconstituted)	3	
Erythrocin Stearate (Oral Tablet)	3	
Erythromycin Base (Oral Capsule Delayed Release Particles)	1	
Erythromycin Base (Oral Tablet Immediate Release)	1	
Erythromycin Base (Oral Tablet Delayed Release)	1	
Erythromycin Ethylsuccinate (Oral Suspension Reconstituted)	1	
Erythromycin Ethylsuccinate (Oral Tablet)	1	
Erythromycin (Ophthalmic Ointment)	1	
Zithromax (Oral Packet)	3	
Quinolones		
Baxdela (Oral Tablet)	3	SP
Besivance (Ophthalmic Suspension)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ciloxan (Ophthalmic Ointment)	3	
Cipro (Oral Suspension Reconstituted)	3	
Ciprofloxacin HCl (Ophthalmic Solution)	1	
Ciprofloxacin HCl (Oral Tablet Immediate Release)	1	
Ciprofloxacin in D5W (200MG/100ML Intravenous Solution)	1	
Gatifloxacin (Ophthalmic Solution)	1	
Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution)	1	
Levofloxacin (Intravenous Solution)	1	
Levofloxacin (Ophthalmic Solution)	1	
Levofloxacin (Oral Solution)	1	
Levofloxacin (Oral Tablet)	1	
Moxeza (Ophthalmic Solution)	2	
Moxifloxacin HCl in NaCl (Intravenous Solution)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox)	1		Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release)	1	
Moxifloxacin HCl (Oral Tablet)	1				
Ofloxacin (Ophthalmic Solution)	1				
Ofloxacin (Oral Tablet)	1				
Ofloxacin (Otic Solution)	1				
Xepi (External Cream)	3		Doxycycline Hyclate (Oral Tablet Delayed Release)	1	
Sulfonamides			Doxycycline Monohydrate (Oral Capsule)	1	
Silver Sulfadiazine (External Cream)	1		Doxycycline Monohydrate (Oral Suspension Reconstituted)	1	
SSD (External Cream)	1		Doxycycline Monohydrate (Oral Tablet)	1	
Sulfacetamide Sodium (Ophthalmic Ointment)	1		Minocycline HCl ER (Oral Tablet Extended Release 24 Hour)	1	QL
Sulfacetamide Sodium (Ophthalmic Solution)	1		Minocycline HCl (Oral Capsule)	1	
Sulfadiazine (Oral Tablet)	1		Minocycline HCl (Oral Tablet Immediate Release)	1	
Sulfamethoxazole-Trimethoprim (Oral Suspension)	1		Mondoxylene NL (Oral Capsule)	1	
Sulfamethoxazole-Trimethoprim (Oral Tablet)	1		Nuzyra (Intravenous Solution Reconstituted)	3	SP
Tetracyclines			Nuzyra (Oral Tablet)	3	SP; QL
Demeclocycline HCl (Oral Tablet)	1				
Doxy 100 (Intravenous Solution Reconstituted)	1				
Doxycycline Hyclate (Oral Capsule)	1				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Seysara (Oral Tablet)	3	SP
Tetracycline HCl (Oral Capsule)	1	
Vibramycin (50MG/5ML Oral Syrup)	3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT (Oral Solution)	3	PA; SP; QL
BRIVIACT (Oral Tablet)	3	PA; SP; QL
Epidiolex (Oral Solution)	3	PA; SP
Levetiracetam ER (Oral Tablet Extended Release 24 Hour)	1	
Levetiracetam (Oral Solution)	1	
Levetiracetam (Oral Tablet Immediate Release)	1	
Nayzilam (Nasal Solution)	3	SP
Roweepra (Oral Tablet Immediate Release)	1	
Roweepra XR (Oral Tablet Extended Release 24 Hour)	1	
Spritam ODT (Oral Tablet Disintegrating Soluble)	3	
Xcopri (250 MG Daily Dose) (Oral Tablet Therapy Pack)	3	PA; SP; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Xcopri (350 MG Daily Dose) (Oral Tablet Therapy Pack)	3	PA; SP; QL
Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	3	PA; QL
Xcopri (200MG Oral Tablet)	3	PA; SP; QL
Xcopri (14x12.5MG & 14x25MG Oral Tablet Therapy Pack)	3	PA; QL
Xcopri (14x150MG & 14x200MG Oral Tablet Therapy Pack, 14x50MG & 14x100MG Oral Tablet Therapy Pack)	3	PA; SP; QL
Calcium Channel Modifying Agents		
Celontin (Oral Capsule)	3	
Ethosuximide (Oral Capsule)	1	
Ethosuximide (Oral Solution)	1	
Zonisamide (Oral Capsule)	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
Clobazam (Oral Suspension)	1	PA; QL
Clobazam (Oral Tablet)	1	PA; QL
Diastat AcuDial (Rectal Gel)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Diastat Pediatric (Rectal Gel)	3		Vigabatrin (Oral Packet)	1	PA; LA; QL
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	1		Vigabatrin (Oral Tablet)	1	PA; LA; QL
Gabapentin (Oral Capsule)	1		Vigadrone (Oral Packet)	1	PA; LA; QL
Gabapentin (250MG/5ML Oral Solution)	1		Glutamate Reducing Agents		
Gabapentin (Oral Tablet)	1		Felbamate (Oral Suspension)	1	
Phenobarbital (Oral Elixir)	1	PA; HRM	Felbamate (Oral Tablet)	1	
Phenobarbital (Oral Tablet)	1	PA; HRM	Fycompa (Oral Suspension)	3	SP
Primidone (Oral Tablet)	1		Fycompa (Oral Tablet)	3	SP
Sympazan (Oral Film)	3	PA; SP; QL	Lamictal XR (Oral Kit)	3	
Tiagabine HCl (Oral Tablet)	1		Lamotrigine ER (Oral Tablet Extended Release 24 Hour)	1	
Valproic Acid (Oral Capsule)	1		Lamotrigine (Oral Tablet Immediate Release)	1	
Valproic Acid (Oral Solution)	1		Lamotrigine (Oral Tablet Chewable)	1	
Valtoco 10 MG Dose (Nasal Liquid)	3	SP; QL	Lamotrigine ODT (Oral Tablet Dispersible)	1	
Valtoco 15 MG Dose (Nasal Liquid Therapy Pack)	3	SP; QL	Lamotrigine Starter Kit-Blue (Oral Kit)	1	
Valtoco 20 MG Dose (Nasal Liquid Therapy Pack)	3	SP; QL	Lamotrigine Starter Kit-Green (Oral Kit)	1	
Valtoco 5 MG Dose (Nasal Liquid)	3	SP; QL	Lamotrigine Starter Kit-Orange (Oral Kit)	1	
			Topiramate ER (Oral Capsule ER 24 Hour Sprinkle)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Topiramate (Oral Capsule Sprinkle Immediate Release)	1		Phenytoin (Oral Tablet Chewable)	1	
Topiramate (Oral Tablet)	1		Phenytoin Sodium Extended (Oral Capsule)	1	
Sodium Channel Agents			Vimpat (Oral Solution)	3	QL
Aptiom (Oral Tablet)	3	SP; QL	Vimpat (Oral Tablet)	3	QL
Banzel (Oral Suspension)	3	SP	Antidementia Agents		
Banzel (Oral Tablet)	3	SP	Cholinesterase Inhibitors		
Carbamazepine ER (Oral Capsule Extended Release 12 Hour)	1		Donepezil HCl (Oral Tablet)	1	QL
Carbamazepine ER (Oral Tablet Extended Release 12 Hour)	1		Donepezil HCl ODT (Oral Tablet Dispersible)	1	QL
Carbamazepine (Oral Suspension)	1		Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	1	
Carbamazepine (Oral Tablet Immediate Release)	1		Galantamine Hydrobromide (Oral Solution)	1	
Carbamazepine (Oral Tablet Chewable)	1		Galantamine Hydrobromide (Oral Tablet)	1	
Dilantin (30MG Oral Capsule)	3		Rivastigmine Tartrate (Oral Capsule)	1	
Epitol (Oral Tablet)	1		Rivastigmine (Transdermal Patch 24 Hour)	1	QL
Oxcarbazepine (Oral Suspension)	1		N-methyl-D-aspartate (NMDA) Receptor Antagonist		
Oxcarbazepine (Oral Tablet)	1		Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	1	PA; QL
Peganone (Oral Tablet)	3				
Phenytoin (Oral Suspension)	1				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Memantine HCl (2MG/ML Oral Solution)	1	PA; QL	Forfivo XL (Oral Tablet Extended Release 24 Hour)	3	
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet)	1	PA; QL	Mirtazapine (Oral Tablet)	1	
Memantine HCl Titration Pak (Oral Tablet)	1	PA	Mirtazapine ODT (Oral Tablet Dispersible)	1	
Namenda XR Titration Pack (Oral Capsule Extended Release 24 Hour)	3	PA; QL	Olanzapine-Fluoxetine HCl (Oral Capsule)	1	
Antidepressants			Monoamine Oxidase Inhibitors		
Antidepressants, Other			Emsam (Transdermal Patch 24 Hour)	3	SP; QL
Aplenzin (Oral Tablet Extended Release 24 Hour)	3	SP	Marplan (Oral Tablet)	3	
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	1		Phenelzine Sulfate (Oral Tablet)	1	
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	1		Tranylcypromine Sulfate (Oral Tablet)	1	
Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour)	2		SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
Bupropion HCl (Oral Tablet Immediate Release)	1		Citalopram Hydrobromide (Oral Solution)	1	
Chlordiazepoxide-Amitriptyline (Oral Tablet)	1	PA; HRM	Citalopram Hydrobromide (Oral Tablet)	1	
			Desvenlafaxine ER (Oral Tablet Extended Release 24 Hour) (Brand Equivalent Khedezla)	3	QL

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	1		Maprotiline HCl (Oral Tablet)	1	
Escitalopram Oxalate (Oral Solution)	1		Nefazodone HCl (Oral Tablet)	1	
Escitalopram Oxalate (Oral Tablet)	1		Paroxetine HCl ER (Oral Tablet Extended Release 24 Hour)	1	PA; HRM
Fetzima (Oral Capsule Extended Release 24 Hour)	3	ST; QL	Paroxetine HCl (Oral Tablet Immediate Release)	1	PA; HRM
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	3	ST	Paroxetine Mesylate (Oral Capsule)	1	PA; HRM
Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)	1		Paxil (Oral Suspension)	2	PA; HRM
Fluoxetine HCl (Oral Capsule Delayed Release)	1		Pexeva (Oral Tablet)	3	PA; HRM
Fluoxetine HCl (20MG/5ML Oral Solution)	1		Sertraline HCl (Oral Concentrate)	1	
Fluoxetine HCl (Oral Tablet)	1		Sertraline HCl (Oral Tablet)	1	
Fluvoxamine Maleate ER (Oral Capsule Extended Release 24 Hour)	1		Trazodone HCl (Oral Tablet)	1	
Fluvoxamine Maleate (Oral Tablet)	1		Trintellix (Oral Tablet)	3	
			Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	1	
			Venlafaxine HCl ER (Oral Tablet Extended Release 24 Hour)	1	
			Venlafaxine HCl (Oral Tablet Immediate Release)	1	
			Viibryd (Oral Tablet)	3	
			Viibryd Starter Pack (Oral Kit)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tricyclics		
Amitriptyline HCl (Oral Tablet)	1	HRM
Amoxapine (Oral Tablet)	1	PA; HRM
Clomipramine HCl (Oral Capsule)	1	PA; HRM
Desipramine HCl (Oral Tablet)	1	PA; HRM
Doxepin HCl (Oral Capsule)	1	PA; HRM
Doxepin HCl (Oral Concentrate)	1	PA; HRM
Imipramine HCl (Oral Tablet)	1	PA; HRM
Imipramine Pamoate (Oral Capsule)	1	PA; HRM
Nortriptyline HCl (Oral Capsule)	1	PA; HRM
Nortriptyline HCl (Oral Solution)	1	PA; HRM
Protriptyline HCl (Oral Tablet)	1	PA; HRM
Trimipramine Maleate (Oral Capsule)	1	PA; HRM
Antiemetics		
Antiemetics, Other		
Bonjesta (Oral Tablet Extended Release)	3	PA; HRM
Compro (Rectal Suppository)	1	
Doxylamine-Pyridoxine (Oral Tablet Delayed Release)	1	PA; HRM

Drug Name	Drug Tier	Coverage Rules or Limits on use
Hydroxyzine Pamoate (Oral Capsule)	1	PA; HRM
Meclizine HCl (Oral Tablet)	1	HRM
Metoclopramide HCl (10MG/10ML Oral Solution)	1	
Metoclopramide HCl (Oral Tablet)	1	
Metoclopramide HCl ODT (Oral Tablet Dispersible)	1	
Perphenazine (Oral Tablet)	1	
Prochlorperazine Maleate (Oral Tablet)	1	
Prochlorperazine (Rectal Suppository)	1	
Scopolamine (Transdermal Patch 72 Hour)	1	PA; HRM
Trimethobenzamide HCl (Oral Capsule)	1	B/D, PA
Emetogenic Therapy Adjuncts		
Aprepitant (Oral Therapy Pack, Oral Capsule)	1	PA
Dronabinol (Oral Capsule)	1	PA
Emend (Oral Suspension Reconstituted)	3	PA
Granisetron HCl (Oral Tablet)	1	B/D, PA; QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ondansetron HCl (Oral Solution)	1	B/D, PA	Ciclopirox Olamine (External Cream)	1	
Ondansetron HCl (Oral Tablet)	1	B/D, PA	Ciclopirox Olamine (External Suspension)	1	
Ondansetron ODT (Oral Tablet Dispersible)	1	B/D, PA	Clotrimazole (External Cream)	1	
Sancuso (Transdermal Patch)	3	SP	Clotrimazole (External Solution)	1	
Syndros (Oral Solution)	3	PA; SP	Clotrimazole (Mouth/Throat Lozenge)	1	
Varubi (180 MG Dose) (Oral Tablet Therapy Pack)	3	B/D, PA	Cresemba (Oral Capsule)	3	SP
Antifungals			Econazole Nitrate (External Cream)	1	QL
Antifungals			Fluconazole in Sodium Chloride (Intravenous Solution)	1	
Abelcet (Intravenous Suspension)	3	B/D, PA	Fluconazole (Oral Suspension Reconstituted)	1	
AmBisome (Intravenous Suspension Reconstituted)	3	B/D, PA; SP	Fluconazole (Oral Tablet)	1	
Amphotericin B (Intravenous Solution Reconstituted)	1	B/D, PA	Flucytosine (Oral Capsule)	1	
Caspofungin Acetate (Intravenous Solution Reconstituted)	1		Griseofulvin Microsize (Oral Suspension)	1	
Ciclopirox (External Gel)	1		Griseofulvin Microsize (Oral Tablet)	1	
Ciclopirox (External Shampoo)	1		Griseofulvin Ultramicronsize (Oral Tablet)	1	
Ciclopirox (External Solution)	1		Gynazole-1 (Vaginal Cream)	3	
			Itraconazole (Oral Capsule)	1	PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Itraconazole (Oral Solution)	1	PA	Nystatin-Triamcinolone (External Cream)	1	
Kerydin (External Solution)	3	SP	Nystatin-Triamcinolone (External Ointment)	1	
Ketoconazole (External Cream)	1	QL	Nystop (External Powder)	1	
Ketoconazole (External Shampoo)	1		Posaconazole (Oral Tablet Delayed Release)	1	QL
Ketoconazole (Oral Tablet)	1		Terbinafine HCl (Oral Tablet)	1	
Miconazole 3 (Vaginal Suppository)	1		Terconazole (Vaginal Cream)	1	
Naftifine HCl (External Cream)	1		Terconazole (Vaginal Suppository)	1	
Naftin (2% External Gel)	3		Voriconazole (Intravenous Solution Reconstituted)	1	
Natacyn (Ophthalmic Suspension)	2		Voriconazole (Oral Suspension Reconstituted)	1	
Noxafil (Oral Suspension)	3	SP; QL	Voriconazole (Oral Tablet)	1	
Noxafil (Oral Tablet Delayed Release)	3	SP; QL	Antigout Agents		
Nyamyc (External Powder)	1		Antigout Agents		
Nystatin (External Cream)	1		Allopurinol (Oral Tablet)	1	
Nystatin (External Ointment)	1		Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	3	QL
Nystatin (External Powder)	1		Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	1	QL
Nystatin (Mouth/Throat Suspension)	1		Colcrys (Oral Tablet)	2	QL
Nystatin (Oral Tablet)	1				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Febuxostat (Oral Tablet)	1	ST
Mitigare (Oral Capsule)	3	QL
Probenecid (Oral Tablet)	1	
Probenecid-Colchicine (Oral Tablet)	1	
Antimigraine Agents		
Ergot Alkaloids		
Dihydroergotamine Mesylate (Nasal Solution)	1	
Ergotamine-Caffeine (Oral Tablet)	1	
Migergot (Rectal Suppository)	3	SP
Prophylactic		
Aimovig (Subcutaneous Solution Auto-Injector)	2	PA; QL
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	2	PA; QL
Emgality (Subcutaneous Solution Auto-Injector)	2	PA; QL
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	2	PA; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Timolol Maleate (Oral Tablet)	1	
Serotonin (5-HT) 1b/1d Receptor Agonists		
Almotriptan Malate (Oral Tablet)	1	QL
Eletriptan Hydrobromide (Oral Tablet)	1	QL
Frovatriptan Succinate (Oral Tablet)	1	QL
Naratriptan HCl (Oral Tablet)	1	QL
Onzetra Xsail (Nasal Exhaler Powder)	3	SP; QL
Rizatriptan Benzoate (Oral Tablet)	1	QL
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	1	QL
Sumatriptan (Nasal Solution)	1	QL
Sumatriptan Succinate (Oral Tablet)	1	QL
Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)	1	QL
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	1	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector)	1	QL	Pyridostigmine Bromide (Oral Solution)	1	
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex STATdose)	1	QL	Pyridostigmine Bromide (Oral Tablet Immediate Release)	1	
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Prefilled Syringe)	1	QL	Antimycobacterials		
Sumatriptan-Naproxen Sodium (Oral Tablet)	1	QL	Antimycobacterials, Other		
Zolmitriptan (Oral Tablet)	1	QL	Dapsone (Oral Tablet)	1	
Zolmitriptan ODT (Oral Tablet Dispersible)	1	QL	Pretomanid (Oral Tablet)	3	
Zomig (Nasal Solution)	3	QL	Rifabutin (Oral Capsule)	1	
Antimyasthenic Agents			Antituberculars		
Parasympathomimetics			Ethambutol HCl (Oral Tablet)	1	
Guanidine HCl (Oral Tablet)	3		Isoniazid (Oral Syrup)	1	
Pyridostigmine Bromide ER (Oral Tablet Extended Release)	1		Isoniazid (Oral Tablet)	1	
			Paser (Oral Packet)	3	
			Priftin (Oral Tablet)	3	
			Pyrazinamide (Oral Tablet)	1	
			Rifampin (Intravenous Solution Reconstituted)	1	
			Rifampin (Oral Capsule)	1	
			Sirturo (100MG Oral Tablet)	3	LA; SP
			Trecator (Oral Tablet)	3	
			Antineoplastics		
			Alkylating Agents		
			Cyclophosphamide (Oral Capsule)	1	B/D, PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Gleostine (100MG Oral Capsule)	3	SP
Gleostine (10MG Oral Capsule)	2	
Gleostine (40MG Oral Capsule)	3	
Leukeran (Oral Tablet)	2	SP
Matulane (Oral Capsule)	2	LA; SP
Valchlor (External Gel)	3	PA; LA; SP
Antiandrogens		
Abiraterone Acetate (Oral Tablet)	1	PA
Bicalutamide (Oral Tablet)	1	
Erleada (Oral Tablet)	3	PA; SP; QL
Flutamide (Oral Capsule)	1	
Nilutamide (Oral Tablet)	1	
Nubeqa (Oral Tablet)	3	PA; SP; QL
Xtandi (Oral Capsule)	3	PA; LA; SP
Yonsa (Oral Tablet)	3	PA; SP
Antiangiogenic Agents		
Pomalyst (Oral Capsule)	3	PA; SP
Revlimid (Oral Capsule)	2	PA; LA; SP
Tabrecta (Oral Tablet)	3	PA; SP; QL
Thalomid (Oral Capsule)	2	PA; SP; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Antiestrogens/Modifiers		
Emcyt (Oral Capsule)	2	SP
Soltamox (Oral Solution)	3	SP
Tamoxifen Citrate (Oral Tablet)	1	
Toremifene Citrate (Oral Tablet)	1	
Antimetabolites		
Droxia (Oral Capsule)	3	
Hydroxyurea (Oral Capsule)	1	
Mercaptopurine (Oral Tablet)	1	
Purixan (Oral Suspension)	3	SP
Tabloid (Oral Tablet)	2	
Antineoplastics		
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	3	PA; SP; QL
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	3	PA; SP; QL
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	3	PA; SP; QL
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	3	PA; SP; QL
Antineoplastics, Other		
Copiktra (Oral Capsule)	3	PA; SP; QL
Inrebic (Oral Capsule)	3	PA; SP; QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Kisqali (200MG Dose) (Oral Tablet)	3	PA; SP	Retevmo (Oral Capsule)	3	PA; SP; QL
Kisqali (400MG Dose) (Oral Tablet)	3	PA; SP	Rozlytrek (Oral Capsule)	3	PA; SP; QL
Kisqali (600MG Dose) (Oral Tablet)	3	PA; SP	Synribo (Subcutaneous Solution Reconstituted)	3	PA; SP
Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)	3	PA; SP	Tazverik (Oral Tablet)	3	PA; SP; QL
Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)	3	PA; SP	Tukyza (Oral Tablet)	3	PA; SP; QL
Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)	3	PA; SP	Verzenio (Oral Tablet)	3	PA; LA; SP
Leucovorin Calcium (Oral Tablet)	1		Zolinza (Oral Capsule)	2	PA; SP
Lonsurf (Oral Tablet)	3	PA; LA; SP	Aromatase Inhibitors, 3rd Generation		
Lorbrena (Oral Tablet)	3	PA; SP; QL	Anastrozole (Oral Tablet)	1	
Ninlaro (Oral Capsule)	3	PA; SP; QL	Exemestane (Oral Tablet)	1	
Pemazyre (Oral Tablet)	3	PA; SP; QL	Letrozole (Oral Tablet)	1	
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	3	PA; SP; QL	Enzyme Inhibitors		
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	3	PA; SP; QL	Balversa (Oral Tablet)	3	PA; SP; QL
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	3	PA; SP; QL	Rubraca (Oral Tablet)	2	PA; LA; SP
Qinlock (Oral Tablet)	3	PA; SP; QL	Talzenna (Oral Capsule)	3	PA; LA; SP; QL
			Zejula (Oral Capsule)	2	PA; LA; SP; QL
			Molecular Target Inhibitors		
			Afinitor Disperz (Oral Tablet Soluble)	3	PA; SP
			Afinitor (Oral Tablet)	2	PA; SP
			Alecensa (Oral Capsule)	3	PA; LA; SP

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Alunbrig (Oral Tablet)	3	PA; LA; SP; QL
Alunbrig (Oral Tablet Therapy Pack)	3	PA; LA; SP; QL
Ayvakit (Oral Tablet)	3	PA; LA; SP; QL
Bosulif (Oral Tablet)	3	PA; SP
Braftovi (Oral Capsule)	3	PA; SP
Brukinsa (Oral Capsule)	3	PA; LA; SP; QL
Cabometyx (Oral Tablet)	2	PA; LA; SP; QL
Calquence (Oral Capsule)	3	PA; SP; QL
Caprelsa (Oral Tablet)	2	PA; LA; SP
Cometriq (100MG Daily Dose) (Oral Kit)	3	PA; LA; SP
Cometriq (140MG Daily Dose) (Oral Kit)	3	PA; LA; SP
Cometriq (60MG Daily Dose) (Oral Kit)	3	PA; LA; SP
Cotellic (Oral Tablet)	3	PA; LA; SP
Daurismo (Oral Tablet)	3	PA; LA; SP; QL
Erivedge (Oral Capsule)	2	PA; LA; SP; QL
Erlotinib HCl (Oral Tablet)	1	PA; QL
Everolimus (2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	1	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Farydak (Oral Capsule)	3	PA; SP
Gilotrif (Oral Tablet)	3	PA; LA; SP
Ibrance (Oral Capsule)	3	PA; LA; SP
Ibrance (Oral Tablet)	3	PA; LA; SP
Iclusig (Oral Tablet)	3	PA; LA; SP
IDHIFA (Oral Tablet)	3	PA; LA; SP
Imatinib Mesylate (Oral Tablet)	1	PA; QL
Imbruvica (Oral Capsule)	3	PA; LA; SP; QL
Imbruvica (Oral Tablet)	3	PA; SP; QL
Inlyta (Oral Tablet)	3	PA; LA; SP; QL
Iressa (Oral Tablet)	3	PA; LA; SP; QL
Jakafi (Oral Tablet)	2	PA; LA; SP; QL
Koselugo (Oral Capsule)	3	PA; SP; QL
Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)	3	PA; LA; SP
Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)	3	PA; LA; SP
Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)	3	PA; LA; SP
Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)	3	PA; LA; SP

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)	3	PA; LA; SP	Turalio (Oral Capsule)	3	PA; LA; SP; QL
Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)	3	PA; LA; SP	Tykerb (Oral Tablet)	2	PA; LA; SP
Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)	3	PA; LA; SP	Venclexta (100MG Oral Tablet, 50MG Oral Tablet)	3	PA; LA; SP
Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)	3	PA; LA; SP	Venclexta (10MG Oral Tablet)	2	PA; LA
Lynparza (Oral Tablet)	2	PA; LA; SP	Venclexta Starting Pack (Oral Tablet Therapy Pack)	3	PA; LA; SP
Mekinist (Oral Tablet)	2	PA; LA; SP	Vitrakvi (Oral Capsule)	3	PA; LA; SP; QL
Mektovi (Oral Tablet)	3	PA; SP	Vitrakvi (Oral Solution)	3	PA; LA; SP; QL
Nerlynx (Oral Tablet)	3	PA; LA; SP; QL	Vizimpro (Oral Tablet)	3	PA; LA; SP
Nexavar (Oral Tablet)	2	PA; LA; SP	Votrient (Oral Tablet)	3	PA; LA; SP; QL
Odomzo (Oral Capsule)	3	PA; LA; SP; QL	Xalkori (Oral Capsule)	2	PA; LA; SP
Rydapt (Oral Capsule)	3	PA; SP; QL	Xospata (Oral Tablet)	3	PA; SP; QL
Sprycel (Oral Tablet)	2	PA; SP	Zelboraf (Oral Tablet)	3	PA; LA; SP; QL
Stivarga (Oral Tablet)	3	PA; LA; SP; QL	Zydelig (Oral Tablet)	3	PA; LA; SP
Sutent (Oral Capsule)	2	PA; SP	Zykadia (Oral Tablet)	3	PA; SP
Tafinlar (Oral Capsule)	2	PA; LA; SP	Retinoids		
Tagrisso (Oral Tablet)	3	PA; LA; SP	Bexarotene (Oral Capsule)	1	PA
Tasigna (Oral Capsule)	3	PA; SP	Panretin (External Gel)	3	SP
Tibsovo (Oral Tablet)	3	PA; SP; QL	Targretin (External Gel)	3	SP
			Tretinoin (Oral Capsule)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Treatment Adjuncts		
Mesnex (Oral Tablet)	3	SP
Antiparasitics		
Anthelmintics		
Albendazole (Oral Tablet)	1	QL
Emverm (Oral Tablet Chewable)	2	SP
Ivermectin (Oral Tablet)	1	
Praziquantel (Oral Tablet)	1	
Sklice (External Lotion)	3	
Antiprotozoals		
Alinia (Oral Suspension Reconstituted)	2	SP
Alinia (Oral Tablet)	2	SP
Atovaquone (Oral Suspension)	1	
Atovaquone-Proguanil HCl (Oral Tablet)	1	
Benznidazole (Oral Tablet)	3	
Chloroquine Phosphate (Oral Tablet)	1	
Coartem (Oral Tablet)	3	
DARAPRIM (Oral Tablet)	3	SP
Hydroxychloroquine Sulfate (Oral Tablet)	1	
Krintafel (Oral Tablet)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Mefloquine HCl (Oral Tablet)	1	
Nebupent (Inhalation Solution Reconstituted)	2	B/D, PA; QL
PENTAM 300 (Injection Solution Reconstituted)	3	
Pentamidine Isethionate (Inhalation Solution Reconstituted)	1	B/D, PA; QL
Pentamidine Isethionate (Injection Solution Reconstituted)	1	
Primaquine Phosphate (Oral Tablet)	1	
Pyrimethamine (Oral Tablet)	1	
Quinine Sulfate (Oral Capsule)	1	PA
Pediculicides/Scabicides		
Lindane (External Shampoo)	1	
Malathion (External Lotion)	1	
Permethrin (External Cream)	1	
Antiparkinson Agents		
Anticholinergics		
Benzotropine Mesylate (Oral Tablet)	1	PA; HRM
Trihexyphenidyl HCl (Oral Solution)	1	PA; HRM

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Trihexyphenidyl HCl (Oral Tablet)	1	PA; HRM
Antiparkinson Agents, Other		
Amantadine HCl (Oral Capsule)	1	
Amantadine HCl (Oral Syrup)	1	
Amantadine HCl (Oral Tablet)	1	
Entacapone (Oral Tablet)	1	
Nourianz (Oral Tablet)	3	PA; SP
Tolcapone (Oral Tablet)	1	QL
Dopamine Agonists		
Apokyn (Subcutaneous Solution Cartridge)	2	PA; LA; SP; QL
Bromocriptine Mesylate (Oral Capsule)	1	
Bromocriptine Mesylate (Oral Tablet)	1	
Inbrija (Inhalation Capsule)	3	SP
Neupro (Transdermal Patch 24 Hour)	3	
Pramipexole Dihydrochloride ER (Oral Tablet Extended Release 24 Hour)	1	
Pramipexole Dihydrochloride (Oral Tablet Immediate Release)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ropinirole HCl ER (Oral Tablet Extended Release 24 Hour)	1	
Ropinirole HCl (Oral Tablet Immediate Release)	1	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
Carbidopa (Oral Tablet)	1	
Carbidopa-Levodopa ER (Oral Tablet Extended Release)	1	
Carbidopa-Levodopa (Oral Tablet Immediate Release)	1	
Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	1	
Carbidopa-Levodopa-Entacapone (Oral Tablet)	1	
Duopa (Enteral Suspension)	3	PA; SP
Rytary (Oral Capsule Extended Release)	3	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
Rasagiline Mesylate (Oral Tablet)	1	
Selegiline HCl (Oral Capsule)	1	
Selegiline HCl (Oral Tablet)	1	
Zelapar ODT (Oral Tablet Dispersible)	3	SP

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Antipsychotics		
1st Generation/Typical		
Chlorpromazine HCl (Oral Tablet)	1	
Fluphenazine Decanoate (Injection Solution)	1	
Fluphenazine HCl (Injection Solution)	1	
Fluphenazine HCl (Oral Concentrate)	1	
Fluphenazine HCl (Oral Elixir)	1	
Fluphenazine HCl (Oral Tablet)	1	
Haloperidol Decanoate (Intramuscular Solution)	1	
Haloperidol Lactate (Injection Solution)	1	
Haloperidol Lactate (Oral Concentrate)	1	
Haloperidol (Oral Tablet)	1	
Loxapine Succinate (Oral Capsule)	1	
Molindone HCl (Oral Tablet)	1	
Pimozide (Oral Tablet)	1	
Thioridazine HCl (Oral Tablet)	1	
Thiothixene (Oral Capsule)	1	
Trifluoperazine HCl (Oral Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
2nd Generation/Atypical		
Abilify Maintena (Intramuscular Prefilled Syringe)	3	SP
Abilify Maintena (Intramuscular Suspension Reconstituted ER)	3	SP
Aripiprazole (Oral Solution)	1	QL
Aripiprazole (Oral Tablet)	1	QL
Aripiprazole ODT (Oral Tablet Dispersible)	1	QL
Caplyta (Oral Capsule)	3	ST; SP; QL
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	3	ST; SP; QL
Fanapt (1MG Oral Tablet, 2MG Oral Tablet)	3	ST; QL
Fanapt Titration Pack (Oral Tablet)	3	ST
Geodon (Intramuscular Solution Reconstituted)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe)	3	SP	Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	1	QL
Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)	3		Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	1	QL
Invega Trinza (Intramuscular Suspension Prefilled Syringe)	3	SP	Paliperidone ER (Oral Tablet Extended Release 24 Hour)	1	QL
Latuda (Oral Tablet)	3	SP; QL	Perseris (Subcutaneous Prefilled Syringe)	3	SP
Nuplazid (Oral Capsule)	3	PA; SP; QL	Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)	1	QL
Nuplazid (10MG Oral Tablet)	3	PA; SP; QL	Quetiapine Fumarate (Oral Tablet Immediate Release)	1	QL
Olanzapine (10MG Intramuscular Solution Reconstituted)	1		Rexulti (Oral Tablet)	3	SP; QL
			Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Risperdal Consta (25MG Intramuscular Suspension Reconstituted ER, 37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER)	3	SP	Zyprexa Relprevv (210MG Intramuscular Suspension Reconstituted)	3	
Risperidone (Oral Solution)	1		Treatment-Resistant		
Risperidone (Oral Tablet)	1		Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	1	
Risperidone ODT (Oral Tablet Dispersible)	1		Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)	1	QL
Saphris (Tablet Sublingual)	2	SP	Versacloz (Oral Suspension)	3	SP
Secuado (Transdermal Patch 24 Hour)	3	PA; SP; QL	Antivirals		
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	3	ST; SP; QL	Anti-cytomegalovirus (CMV) Agents		
Vraylar (Oral Capsule Therapy Pack)	3	ST	Prevymis (Oral Tablet)	3	SP; QL
Ziprasidone HCl (Oral Capsule)	1	QL	Valganciclovir HCl (Oral Solution Reconstituted)	1	QL
Ziprasidone Mesylate (Intramuscular Solution Reconstituted)	1		Valganciclovir HCl (Oral Tablet)	1	QL
			Zirgan (Ophthalmic Gel)	3	
			Anti-hepatitis B (HBV) Agents		

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Adefovir Dipivoxil (Oral Tablet)	1		Ledipasvir-Sofosbuvir (Oral Tablet)	2	PA; SP; QL
Baraclude (Oral Solution)	3		Mavyret (Oral Tablet)	2	PA; SP; QL
Entecavir (Oral Tablet)	1		Sofosbuvir-Velpatasvir (Oral Tablet)	2	PA; SP; QL
Epivir HBV (Oral Solution)	2		Sovaldi (Oral Packet)	3	PA; SP; QL
Lamivudine (100MG Oral Tablet)	1		Sovaldi (400MG Oral Tablet)	3	PA; SP; QL
Vemlidy (Oral Tablet)	3	SP; QL	Viekira Pak (Oral Tablet Therapy Pack)	3	PA; SP; QL
Anti-hepatitis C (HCV) Agents, Other			Vosevi (Oral Tablet)	2	PA; SP; QL
Intron A (Injection Solution)	3	PA; LA; SP	Zepatier (Oral Tablet)	3	PA; SP; QL
Intron A (Injection Solution Reconstituted)	3	PA; LA; SP	Antitherpetic Agents		
Pegasys ProClick (Subcutaneous Solution)	2	PA; SP	Acyclovir (External Cream)	1	
Pegasys (Subcutaneous Solution)	2	PA; SP	Acyclovir (External Ointment)	1	
Ribavirin (Oral Capsule)	1		Acyclovir (Oral Capsule)	1	
Ribavirin (Oral Tablet)	1		Acyclovir (Oral Suspension)	1	
Sylatron (200MCG Subcutaneous Kit, 300MCG Subcutaneous Kit)	3	PA; SP	Acyclovir (Oral Tablet)	1	
Anti-hepatitis C (HCV) Direct Acting Agents			Acyclovir Sodium (Intravenous Solution)	1	B/D, PA
Epclusa (Oral Tablet)	2	PA; SP; QL	Denavir (External Cream)	3	SP
Harvoni (Oral Packet)	2	PA; SP; QL	Famciclovir (Oral Tablet)	1	
Harvoni (90-400MG Oral Tablet)	2	PA; SP; QL	Sitavig (Buccal Tablet)	3	
			Trifluridine (Ophthalmic Solution)	1	
			Valacyclovir HCl (Oral Tablet)	1	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
Dovato (Oral Tablet)	2	SP; QL
Genvoya (Oral Tablet)	3	SP; QL
Isentress HD (Oral Tablet)	2	SP; QL
Isentress (Oral Packet)	2	QL
Isentress (Oral Tablet)	2	SP; QL
Isentress (100MG Oral Tablet Chewable)	2	SP; QL
Isentress (25MG Oral Tablet Chewable)	2	QL
Stribild (Oral Tablet)	3	SP; QL
Tivicay (10MG Oral Tablet)	2	QL
Tivicay (25MG Oral Tablet, 50MG Oral Tablet)	2	SP; QL
Triumeq (Oral Tablet)	2	SP; QL
Tybost (Oral Tablet)	2	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
Atripla (Oral Tablet)	2	SP; QL
Complera (Oral Tablet)	2	SP; QL
Delstrigo (Oral Tablet)	3	SP; QL
Edurant (Oral Tablet)	2	SP; QL
Efavirenz (Oral Capsule)	1	QL
Efavirenz (Oral Tablet)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Intelece (100MG Oral Tablet, 200MG Oral Tablet)	2	SP; QL
Intelece (25MG Oral Tablet)	2	QL
Juluca (Oral Tablet)	2	SP; QL
Nevirapine ER (Oral Tablet Extended Release 24 Hour)	1	QL
Nevirapine (Oral Suspension)	1	QL
Nevirapine (Oral Tablet Immediate Release)	1	QL
Odefsey (Oral Tablet)	3	SP; QL
Pifeltro (Oral Tablet)	3	SP; QL
Symfi Lo (Oral Tablet)	2	SP; QL
Symfi (Oral Tablet)	2	SP; QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
Abacavir Sulfate (Oral Solution)	1	QL
Abacavir Sulfate (Oral Tablet)	1	QL
Abacavir Sulfate-Lamivudine (Oral Tablet)	1	QL
Abacavir-Lamivudine-Zidovudine (Oral Tablet)	1	QL
Biktarvy (Oral Tablet)	3	SP; QL
Cimduo (Oral Tablet)	2	SP; QL
Descovy (Oral Tablet)	3	SP; QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Didanosine (Oral Capsule Delayed Release)	1	QL	Fuzeon (Subcutaneous Solution Reconstituted)	2	SP; QL
Emtriva (Oral Capsule)	2	QL	Selzentry (Oral Solution)	2	SP; QL
Emtriva (Oral Solution)	2	QL	Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet)	2	SP; QL
Lamivudine (10MG/ML Oral Solution)	1	QL	Selzentry (25MG Oral Tablet)	2	QL
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet)	1	QL	Anti-HIV Agents, Protease Inhibitors		
Lamivudine-Zidovudine (Oral Tablet)	1	QL	Aptivus (Oral Capsule)	2	SP; QL
Stavudine (Oral Capsule)	1	QL	Aptivus (Oral Solution)	2	SP; QL
Tenofovir Disoproxil Fumarate (Oral Tablet)	1	QL	Atazanavir Sulfate (Oral Capsule)	1	QL
Truvada (Oral Tablet)	2	SP; QL	Crixivan (Oral Capsule)	2	QL
Viread (Oral Powder)	2	SP; QL	Evotaz (Oral Tablet)	2	SP; QL
Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	2	SP; QL	Fosamprenavir Calcium (Oral Tablet)	1	QL
Zidovudine (Oral Capsule)	1	QL	Invirase (Oral Tablet)	2	SP; QL
Zidovudine (Oral Syrup)	1	QL	Kaletra (100-25MG Oral Tablet)	2	QL
Zidovudine (Oral Tablet)	1	QL	Kaletra (200-50MG Oral Tablet)	2	SP; QL
Anti-HIV Agents, Other			Lexiva (Oral Suspension)	2	QL
			Lopinavir-Ritonavir (Oral Solution)	1	QL
			Norvir (Oral Packet)	2	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Norvir (Oral Solution)	2	QL	Bupirone HCl (Oral Tablet)	1	
Prezcobix (Oral Tablet)	2	SP; QL	Hydroxyzine HCl (Oral Syrup)	1	PA; HRM
Prezista (Oral Suspension)	2	SP; QL	Hydroxyzine HCl (Oral Tablet)	1	PA; HRM
Prezista (150MG Oral Tablet, 75MG Oral Tablet)	2	QL	Meprobamate (Oral Tablet)	1	PA; HRM
Prezista (600MG Oral Tablet, 800MG Oral Tablet)	2	SP; QL	Benzodiazepines		
Reyataz (Oral Packet)	2	SP; QL	Alprazolam ER (Oral Tablet Extended Release 24 Hour)	1	PA; QL
Ritonavir (Oral Tablet)	1	QL	Alprazolam Intensol (Oral Concentrate)	1	QL
Symtuza (Oral Tablet)	3	SP; QL	Alprazolam (Oral Tablet Immediate Release)	1	QL
Viracept (Oral Tablet)	2	SP; QL	Alprazolam ODT (Oral Tablet Dispersible)	1	QL
Anti-influenza Agents			Chlordiazepoxide HCl (Oral Capsule)	1	
Oseltamivir Phosphate (Oral Capsule)	1		Clonazepam (Oral Tablet)	1	QL
Oseltamivir Phosphate (Oral Suspension Reconstituted)	1		Clonazepam ODT (Oral Tablet Dispersible)	1	QL
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	3	QL	Clorazepate Dipotassium (Oral Tablet)	1	QL
Rimantadine HCl (Oral Tablet)	1		Diazepam Intensol (5MG/ML Oral Concentrate)	1	QL
Xofluza (Oral Tablet Therapy Pack)	3	QL	Diazepam (5MG/5ML Oral Solution)	1	
Xofluza (80 MG Dose) (Oral Tablet Therapy Pack)	3	QL			
Anxiolytics					
Anxiolytics, Other					

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	1	QL
Estazolam (Oral Tablet)	1	HRM; QL
Lorazepam (2MG/ML Oral Concentrate)	1	QL
Lorazepam (Oral Tablet)	1	QL
Oxazepam (Oral Capsule)	1	
Triazolam (Oral Tablet)	1	HRM; QL
Bipolar Agents		
Mood Stabilizers		
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	1	
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	1	
Divalproex Sodium (Oral Tablet Delayed Release)	1	
Equetro (Oral Capsule Extended Release 12 Hour)	3	
Lithium Carbonate ER (Oral Tablet Extended Release)	1	
Lithium Carbonate (Oral Capsule)	1	
Lithium Carbonate (Oral Tablet Immediate Release)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Lithium (Oral Solution)	1	
Blood Glucose Regulators		
Antidiabetic Agents		
Acarbose (Oral Tablet)	1	
Avandia (Oral Tablet)	3	QL
Bydureon BCise (Subcutaneous Auto-Injector)	2	QL
Bydureon (Subcutaneous Pen-Injector)	2	QL
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	2	QL
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	2	QL
Cycloset (Oral Tablet)	3	
Glimepiride (Oral Tablet)	1	QL
Glipizide ER (Oral Tablet Extended Release 24 Hour)	1	QL
Glipizide (Oral Tablet Immediate Release)	1	QL
Glipizide-Metformin HCl (Oral Tablet)	1	QL
Glyburide Micronized (Oral Tablet)	1	PA; HRM; QL
Glyburide (Oral Tablet)	1	PA; HRM; QL
Glyburide-Metformin (Oral Tablet)	1	PA; HRM; QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Glyxambi (Oral Tablet)	2	QL	Nateglinide (Oral Tablet)	1	QL
Invokamet (Oral Tablet Immediate Release)	2	QL	Ozempic (0.25 or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector)	2	QL
Invokamet XR (Oral Tablet Extended Release 24 Hour)	2	QL	Ozempic (1MG/DOSE) (Subcutaneous Solution Pen-Injector)	2	QL
Invokana (Oral Tablet)	2	QL	Pioglitazone HCl (Oral Tablet)	1	QL
Janumet (Oral Tablet Immediate Release)	2	QL	Pioglitazone HCl-Glimepiride (Oral Tablet)	1	QL
Janumet XR (Oral Tablet Extended Release 24 Hour)	2	QL	Pioglitazone HCl-Metformin HCl (Oral Tablet)	1	QL
Januvia (Oral Tablet)	2	QL	Repaglinide (Oral Tablet)	1	QL
Jardiance (Oral Tablet)	2	QL	Riomet (Oral Solution)	3	QL
Jentadueto (Oral Tablet Immediate Release)	2	QL	Rybelsus (Oral Tablet)	2	QL
Jentadueto XR (Oral Tablet Extended Release 24 Hour)	2	QL	Soliqua (Subcutaneous Solution Pen-Injector)	2	QL
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	1	QL	SymlinPen 120 (Subcutaneous Solution Pen-Injector)	3	PA; SP
Metformin HCl (Oral Solution)	1	QL	SymlinPen 60 (Subcutaneous Solution Pen-Injector)	3	PA; SP
Metformin HCl (Oral Tablet Immediate Release)	1	QL	Synjardy (Oral Tablet Immediate Release)	2	QL
Migliitol (Oral Tablet)	1				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Synjardy XR (Oral Tablet Extended Release 24 Hour)	2	QL	Gvoke PFS (Subcutaneous Solution Prefilled Syringe)	2	
Tradjenta (Oral Tablet)	2	QL	Proglycem (Oral Suspension)	2	SP
Trijardy XR (Oral Tablet Extended Release 24 Hour)	2	QL	Insulins		
Trulicity (Subcutaneous Solution Pen-Injector)	2	QL	Afrezza (12UNIT Inhalation Powder, 4 & 8 & 12UNIT Inhalation Powder, 4 & 8UNIT Inhalation Powder, 8 & 12UNIT Inhalation Powder)	3	PA; SP
Victoza (Subcutaneous Solution Pen-Injector)	2	QL	Afrezza (4UNIT Inhalation Powder, 8UNIT Inhalation Powder)	3	PA
Xultophy (Subcutaneous Solution Pen-Injector)	3	ST; QL	Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)	2	
Glycemic Agents			Humalog KwikPen (Subcutaneous Solution Pen-Injector)	2	
Baqsimi Two Pack (Nasal Powder)	2		Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)	2	
Diazoxide (Oral Suspension)	1		Humalog Mix 50/50 (Subcutaneous Suspension)	2	
GlucaGen HypoKit (Injection Solution Reconstituted)	2				
Glucagon (Injection Kit) (Lilly)	2				
Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector)	2				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)	2		Humulin R U-500 (Concentrated) (Subcutaneous Solution)	2	
Humalog Mix 75/25 (Subcutaneous Suspension)	2		Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)	2	
Humalog (Subcutaneous Solution)	2		Lantus SoloStar (Subcutaneous Solution Pen-Injector)	2	
Humalog (Subcutaneous Solution Cartridge)	2		Lantus (Subcutaneous Solution)	2	
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)	2		Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)	2	
Humulin 70/30 (Subcutaneous Suspension)	2		Toujeo SoloStar (Subcutaneous Solution Pen-Injector)	2	
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)	2		Blood Products/Modifiers/Volume Expanders		
Humulin N (Subcutaneous Suspension)	2		Anticoagulants		
Humulin R (Injection Solution)	2		Eliquis Starter Pack (Oral Tablet)	2	QL
			Eliquis (Oral Tablet)	2	QL
			Enoxaparin Sodium (Subcutaneous Solution)	1	QL
			Fondaparinux Sodium (Subcutaneous Solution)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
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)	3	SP	Xarelto (Oral Tablet)	2	QL
Fragmin (2500UNIT/0.2ML Subcutaneous Solution)	3		Xarelto Starter Pack (Oral Tablet Therapy Pack)	2	QL
Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution)	1		Zontivity (Oral Tablet)	3	
Heparin Sodium (1000UNIT/ML Injection Solution)	1	B/D, PA	Blood Formation Modifiers		
Jantoven (Oral Tablet)	1		Anagrelide HCl (Oral Capsule)	1	
Pradaxa (Oral Capsule)	2	QL	Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 300MCG/ML Injection Solution, 60MCG/ML Injection Solution)	2	PA; SP
Savaysa (Oral Tablet)	3	QL	Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution)	2	PA
Warfarin Sodium (Oral Tablet)	1				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe)	2	PA; SP	Neulasta (Subcutaneous Solution Prefilled Syringe)	3	PA; SP
			Nivestym (Injection Solution)	2	SP
			Nivestym (Injection Solution Prefilled Syringe)	2	SP
			Promacta (Oral Packet)	3	PA; LA; SP; QL
			Promacta (Oral Tablet)	3	PA; LA; SP; QL
Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe)	2	PA	Retacrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	2	PA
			Retacrit (40000UNIT/ML Injection Solution)	2	PA; SP
			Udenyca (Subcutaneous Solution Prefilled Syringe)	3	PA; SP
Doptelet (Oral Tablet)	3	PA; SP	Zarxio (Injection Solution Prefilled Syringe)	2	SP
Leukine (Injection Solution Reconstituted)	3	PA; SP	Hemostasis Agents		
Mulpleta (Oral Tablet)	2	PA; SP	Tavalisse (Oral Tablet)	3	PA; SP; QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tranexamic Acid (Oral Tablet)	1	
Platelet Modifying Agents		
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	1	QL
Brilinta (Oral Tablet)	2	QL
Cablivi (Injection Kit)	3	PA; SP; QL
Cilostazol (Oral Tablet)	1	
Clopidogrel Bisulfate (75MG Oral Tablet)	1	QL
Dipyridamole (Oral Tablet)	1	PA; HRM
Prasugrel HCl (Oral Tablet)	1	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
Clonidine HCl (Oral Tablet Immediate Release)	1	
Clonidine (Transdermal Patch Weekly)	1	
Guanfacine HCl (Oral Tablet Immediate Release)	1	PA; HRM; QL
Methyldopa (Oral Tablet)	1	PA; HRM
Midodrine HCl (Oral Tablet)	1	
Northera (Oral Capsule)	3	PA; LA; SP; QL
Alpha-adrenergic Blocking Agents		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Doxazosin Mesylate (Oral Tablet)	1	
Phenoxybenzamine HCl (Oral Capsule)	1	
Prazosin HCl (Oral Capsule)	1	
Angiotensin II Receptor Antagonists		
Candesartan Cilexetil (Oral Tablet)	1	QL
Edarbi (Oral Tablet)	3	QL
Irbesartan (Oral Tablet)	1	QL
Losartan Potassium (Oral Tablet)	1	QL
Olmesartan Medoxomil (Oral Tablet)	1	QL
Telmisartan (Oral Tablet)	1	QL
Valsartan (Oral Tablet)	1	QL
Angiotensin-converting Enzyme (ACE) Inhibitors		
Benazepril HCl (Oral Tablet)	1	QL
Captopril (Oral Tablet)	1	QL
Enalapril Maleate (Oral Tablet)	1	QL
Fosinopril Sodium (Oral Tablet)	1	QL
Lisinopril (Oral Tablet)	1	QL
Moexipril HCl (Oral Tablet)	1	QL
Perindopril Erbumine (Oral Tablet)	1	QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Quinapril HCl (Oral Tablet)	1	QL
Ramipril (Oral Capsule)	1	QL
Trandolapril (Oral Tablet)	1	QL
Antiarrhythmics		
Amiodarone HCl (Oral Tablet)	1	
Disopyramide Phosphate (Oral Capsule)	1	PA; HRM
Dofetilide (Oral Capsule)	1	
Flecainide Acetate (Oral Tablet)	1	
Mexiletine HCl (Oral Capsule)	1	
Multaq (Oral Tablet)	3	
Norpace CR (Oral Capsule Extended Release 12 Hour)	2	PA; HRM
Pacerone (200MG Oral Tablet)	1	
Propafenone HCl ER (Oral Capsule Extended Release 12 Hour)	1	
Propafenone HCl (Oral Tablet)	1	
Quinidine Gluconate ER (Oral Tablet Extended Release)	1	
Quinidine Sulfate (Oral Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Sorine (Oral Tablet)	1	
Sotalol HCl AF (Oral Tablet)	1	
Sotalol HCl (Oral Tablet)	1	
Sotylize (Oral Solution)	3	
Beta-adrenergic Blocking Agents		
Acebutolol HCl (Oral Capsule)	1	
Atenolol (Oral Tablet)	1	
Betaxolol HCl (Oral Tablet)	1	
Bisoprolol Fumarate (Oral Tablet)	1	
Bystolic (Oral Tablet)	2	QL
Carvedilol (Oral Tablet)	1	
Carvedilol Phosphate ER (Oral Capsule Extended Release 24 Hour)	1	
Labetalol HCl (Oral Tablet)	1	
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	1	
Metoprolol Tartrate (Oral Tablet)	1	
Nadolol (Oral Tablet)	1	
Pindolol (Oral Tablet)	1	
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Propranolol HCl (Oral Solution)	1		Diltiazem HCl (Oral Tablet Immediate Release)	1	
Propranolol HCl (Oral Tablet)	1		Dilt-XR (Oral Capsule Extended Release 24 Hour)	1	
Calcium Channel Blocking Agents			Felodipine ER (Oral Tablet Extended Release 24 Hour)	1	
Amlodipine Besylate (Oral Tablet)	1		Isradipine (Oral Capsule)	1	
Cardizem LA (120MG Oral Tablet Extended Release 24 Hour)	3		Matzim LA (Oral Tablet Extended Release 24 Hour)	1	
Cartia XT (Oral Capsule Extended Release 24 Hour)	1		Nicardipine HCl (Oral Capsule)	1	
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour)	1		Nifedipine ER (Oral Tablet Extended Release 24 Hour)	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)	1		Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	1	
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour)	1		Nifedipine (Oral Capsule)	1	PA; HRM
			Nimodipine (Oral Capsule)	1	
			Nisoldipine ER (Oral Tablet Extended Release 24 Hour)	1	
			Nymalize (6MG/ML Oral Solution)	3	SP
			Taztia XT (Oral Capsule Extended Release 24 Hour)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Tiadylt ER (Oral Capsule Extended Release 24 Hour)	1		Amiloride-Hydrochlorothiazide (Oral Tablet)	1	
Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	1		Amlodipine-Atorvastatin (Oral Tablet)	1	QL
Verapamil HCl ER (360MG Oral Capsule Extended Release 24 Hour)	1		Amlodipine-Benazepril (Oral Capsule)	1	QL
Verapamil HCl ER (Oral Tablet Extended Release)	1		Amlodipine-Olmesartan (Oral Tablet)	1	QL
Verapamil HCl (Oral Tablet Immediate Release)	1		Amlodipine-Valsartan (Oral Tablet)	1	QL
Cardiovascular Agents, Other			Amlodipine-Valsartan-HCTZ (Oral Tablet)	1	
Aldactazide (50-50MG Oral Tablet)	3		Atenolol-Chlorthalidone (Oral Tablet)	1	
Aliskiren Fumarate (Oral Tablet)	1	QL	Benazepril-Hydrochlorothiazide (Oral Tablet)	1	QL
			BiDil (Oral Tablet)	3	
			Bisoprolol-Hydrochlorothiazide (Oral Tablet)	1	QL
			Candesartan Cilexetil-HCTZ (Oral Tablet)	1	QL
			Captopril-Hydrochlorothiazide (Oral Tablet)	1	QL
			Corlanor (Oral Solution)	3	PA; QL
			Corlanor (Oral Tablet)	3	PA; QL
			Demser (Oral Capsule)	3	SP

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Digitek (125MCG Oral Tablet)	1	HRM; QL	Metoprolol-Hydrochlorothiazide (Oral Tablet)	1	
Digitek (250MCG Oral Tablet)	1	PA; HRM	Olmesartan Medoxomil-HCTZ (Oral Tablet)	1	QL
Digox (125MCG Oral Tablet)	1	HRM; QL	Olmesartan-Amlodipine-HCTZ (Oral Tablet)	1	QL
Digox (250MCG Oral Tablet)	1	PA; HRM	Pentoxifylline ER (Oral Tablet Extended Release)	1	
Digoxin (Oral Solution)	1	PA; HRM; QL	Propranolol-HCTZ (Oral Tablet)	1	
Digoxin (125MCG Oral Tablet)	1	HRM; QL	Quinapril-Hydrochlorothiazide (Oral Tablet)	1	QL
Digoxin (250MCG Oral Tablet)	1	PA; HRM	Ranolazine ER (Oral Tablet Extended Release 12 Hour)	1	
Edarbyclor (Oral Tablet)	3	QL	Spirolactone-HCTZ (Oral Tablet)	1	
Enalapril-Hydrochlorothiazide (Oral Tablet)	1	QL	Tekturna HCT (Oral Tablet)	2	QL
Entresto (Oral Tablet)	2	QL	Telmisartan-Amlodipine (Oral Tablet)	1	QL
Fosinopril Sodium-HCTZ (Oral Tablet)	1	QL	Telmisartan-HCTZ (Oral Tablet)	1	QL
Irbesartan-Hydrochlorothiazide (Oral Tablet)	1	QL	Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	1	QL
Lanoxin (62.5MCG Oral Tablet)	2	HRM; QL	Triamterene-HCTZ (Oral Capsule)	1	
Lisinopril-Hydrochlorothiazide (Oral Tablet)	1	QL	Triamterene-HCTZ (Oral Tablet)	1	
Losartan Potassium-HCTZ (Oral Tablet)	1	QL			
Methyldopa-Hydrochlorothiazide (Oral Tablet)	1	PA; HRM			

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Valsartan-Hydrochlorothiazide (Oral Tablet)	1	QL
Vecamyl (Oral Tablet)	3	SP
Vyndamax (Oral Capsule)	3	PA; SP; QL
Vyndaqel (Oral Capsule)	3	PA; SP; QL
Diuretics, Carbonic Anhydrase Inhibitors		
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	1	
Acetazolamide (Oral Tablet)	1	
Keveyis (Oral Tablet)	3	PA; SP; QL
Methazolamide (Oral Tablet)	1	
Diuretics, Loop		
Bumetanide (Injection Solution)	1	
Bumetanide (Oral Tablet)	1	
Ethacrynic Acid (Oral Tablet)	1	
Furosemide (Injection Solution)	1	B/D, PA
Furosemide (Oral Solution)	1	
Furosemide (Oral Tablet)	1	
Torseamide (Oral Tablet)	1	
Diuretics, Potassium-sparing		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Amiloride HCl (Oral Tablet)	1	
CaroSpir (Oral Suspension)	3	
Eplerenone (Oral Tablet)	1	
Spironolactone (Oral Tablet)	1	
Triamterene (Oral Capsule)	1	
Diuretics, Thiazide		
Chlorthalidone (Oral Tablet)	1	
Diuril (Oral Suspension)	3	
Hydrochlorothiazide (Oral Capsule)	1	
Hydrochlorothiazide (Oral Tablet)	1	
Indapamide (Oral Tablet)	1	
Metolazone (Oral Tablet)	1	
Dyslipidemics, Fibric Acid Derivatives		
Fenofibrate Micronized (Oral Capsule)	1	
Fenofibrate (150MG Oral Capsule, 50MG Oral Capsule)	1	
Fenofibrate (145MG Oral Tablet, 160MG Oral Tablet, 48MG Oral Tablet, 54MG Oral Tablet)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Fenofibric Acid (Oral Capsule Delayed Release)	1		Colesevelam HCl (Oral Packet)	1	
Gemfibrozil (Oral Tablet)	1		Colesevelam HCl (Oral Tablet)	1	
Lipofen (Oral Capsule)	3		Colestipol HCl (Oral Packet)	1	
Dyslipidemics, HMG CoA Reductase Inhibitors			Colestipol HCl (Oral Tablet)	1	
Atorvastatin Calcium (Oral Tablet)	1	QL	Ezetimibe (Oral Tablet)	1	
Ezallor Sprinkle (Oral Capsule Sprinkle)	3	QL	Ezetimibe-Simvastatin (Oral Tablet)	1	QL
FloLipid (Oral Suspension)	3	QL	Juxtapid (Oral Capsule)	3	PA; LA; SP
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	1	QL	Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release)	1	
Fluvastatin Sodium (Oral Capsule)	1	QL	Niacor (Oral Tablet)	1	
Livalo (Oral Tablet)	3	QL	Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	1	
Lovastatin (Oral Tablet)	1	QL	Praluent (Subcutaneous Solution Auto-Injector)	2	PA; LA; QL
Pravastatin Sodium (Oral Tablet)	1	QL	Prevalite (Oral Packet)	1	
Rosuvastatin Calcium (Oral Tablet)	1	QL	Repatha Pushtronex System (Subcutaneous Solution Cartridge)	2	PA; QL
Simvastatin (Oral Tablet)	1	QL	Repatha (Subcutaneous Solution Prefilled Syringe)	2	PA; QL
Dyslipidemics, Other					
Cholestyramine Light (Oral Powder)	1				
Cholestyramine (Oral Packet)	1				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Repatha SureClick (Subcutaneous Solution Auto-Injector)	2	PA; QL	Nitroglycerin (Transdermal Patch 24 Hour)	1	
Vascepa (Oral Capsule)	2		Nitroglycerin (Translingual Solution)	1	
Vasodilators, Direct-acting Arterial			Rectiv (Rectal Ointment)	3	
Hydralazine HCl (Oral Tablet)	1		Central Nervous System Agents		
Minoxidil (Oral Tablet)	1		Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
Vasodilators, Direct-acting Arterial/Venous			Adzenys ER (Oral Suspension Extended Release)	3	QL
Isosorbide Dinitrate (Oral Tablet Immediate Release)	1		Adzenys XR-ODT (Oral Tablet Extended Release Dispersible)	3	QL
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour)	1		Amphetamine ER (Oral Suspension Extended Release)	3	QL
Isosorbide Mononitrate (Oral Tablet Immediate Release)	1		Amphetamine Sulfate (Oral Tablet)	1	
Minitran (Transdermal Patch 24 Hour)	1		Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	1	QL
Nitro-Bid (Transdermal Ointment)	3		Amphetamine-Dextroamphetamine (Oral Tablet)	1	QL
Nitro-Dur (0.3MG/HR Transdermal Patch 24 Hour, 0.8MG/HR Transdermal Patch 24 Hour)	3		Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)	1	QL
Nitroglycerin (Tablet Sublingual)	1		Dextroamphetamine Sulfate (Oral Solution)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Dextroamphetamine Sulfate (Oral Tablet)	1	QL	Daytrana (Transdermal Patch)	3	QL
Dyanavel XR (Oral Suspension Extended Release)	3	QL	Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour)	1	
Evekeo ODT (Oral Tablet Dispersible)	3		Dexmethylphenidate HCl (Oral Tablet)	1	QL
Methamphetamine HCl (Oral Tablet)	1	PA	Guanfacine HCl ER (Oral Tablet Extended Release 24 Hour)	1	PA; HRM
Mydayis (Oral Capsule Extended Release 24 Hour)	3	QL	Jornay PM (Oral Capsule Extended Release 24 Hour)	3	QL
Vyvanse (Oral Capsule)	2		Methylphenidate HCl CD (Oral Capsule Extended Release)	1	
Vyvanse (Oral Tablet Chewable)	2		Methylphenidate HCl LA (Oral Capsule Extended Release 24 Hour)	1	
Zenzedi (15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 30MG Oral Tablet, 7.5MG Oral Tablet)	3	QL	Methylphenidate HCl ER (XR) (Oral Capsule Extended Release 24 Hour)	3	QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			Methylphenidate HCl ER Osmotic Release (Oral Tablet Extended Release)	1	QL
Aptensio XR (Oral Capsule Extended Release 24 Hour)	3	QL	Methylphenidate HCl ER (Oral Tablet Extended Release 24 Hour)	1	QL
Atomoxetine HCl (Oral Capsule)	1	QL	Methylphenidate HCl (Oral Solution)	1	QL
Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)	1	PA			
Cotempla XR-ODT (Oral Tablet Extended Release Dispersible)	3	QL			

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	1	QL
Methylphenidate HCl (Oral Tablet Chewable)	1	QL
QuilliChew ER (Oral Tablet Chewable Extended Release)	3	QL
Quillivant XR (Oral Suspension Reconstituted)	3	
Relexxii (Oral Tablet Extended Release)	1	QL
Central Nervous System, Other		
Austedo (Oral Tablet)	3	PA; LA; SP; QL
Gralise (Oral Tablet)	3	PA
Gralise Starter (300 & 600MG Oral)	3	PA
Horizant (Oral Tablet Extended Release)	3	PA
Ingrezza (Oral Capsule)	3	PA; SP; QL
Ingrezza (Oral Capsule Therapy Pack)	3	PA; SP; QL
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	2	PA; QL
Namzaric (Oral Capsule Extended Release 24 Hour)	2	PA; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Nuedexta (Oral Capsule)	3	PA
Riluzole (Oral Tablet)	1	
Tetrabenazine (Oral Tablet)	1	PA; LA
Tiglutik (Oral Suspension)	3	PA; SP
Fibromyalgia Agents		
Drizalma Sprinkle (Oral Capsule Delayed Release Sprinkle)	3	ST; QL
Duloxetine HCl (Oral Capsule Delayed Release Particles)	1	QL
Lyrica CR (Oral Tablet Extended Release 24 Hour)	3	PA; QL
Pregabalin (Oral Capsule)	1	QL
Pregabalin (Oral Solution)	1	QL
Savella (Oral Tablet)	3	
Savella Titration Pack (Oral Tablet)	3	
Multiple Sclerosis Agents		
Aubagio (Oral Tablet)	3	LA; SP; QL
Avonex Pen (Intramuscular Auto-Injector Kit)	2	SP
Avonex Prefilled (Intramuscular Prefilled Syringe Kit)	2	SP

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Betaseron (Subcutaneous Kit)	2	SP	Mavenclad (9 Tabs) (Oral Tablet Therapy Pack)	3	PA; SP
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	1	QL	Mayzent (Oral Tablet)	3	SP; QL
Gilenya (0.5MG Oral Capsule)	3	SP; QL	Rebif Rebidose (Subcutaneous Solution Auto-Injector)	3	SP
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	1		Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)	3	SP
Glatopa (Subcutaneous Solution Prefilled Syringe)	1		Rebif (Subcutaneous Solution Prefilled Syringe)	3	SP
Mavenclad (10 Tabs) (Oral Tablet Therapy Pack)	3	PA; SP	Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)	3	SP
Mavenclad (4 Tabs) (Oral Tablet Therapy Pack)	3	PA; SP	Tecfidera Starter Pack (Oral)	2	LA; SP
Mavenclad (5 Tabs) (Oral Tablet Therapy Pack)	3	PA; SP	Tecfidera (Oral Capsule Delayed Release)	2	LA; SP; QL
Mavenclad (6 Tabs) (Oral Tablet Therapy Pack)	3	PA; SP	Dental and Oral Agents		
Mavenclad (7 Tabs) (Oral Tablet Therapy Pack)	3	PA; SP	Dental and Oral Agents		
Mavenclad (8 Tabs) (Oral Tablet Therapy Pack)	3	PA; SP	Cevimeline HCl (Oral Capsule)	1	
			Chlorhexidine Gluconate (Mouth Solution)	1	
			Pilocarpine HCl (Oral Tablet)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Triamcinolone Acetonide (Dental Paste)	1	
Dermatological Agents		
Dermatological Agents		
Absorica LD (Oral Capsule)	3	PA; SP
Acitretin (Oral Capsule)	1	
Adapalene (External Cream)	1	
Adapalene (External Gel)	1	
Adapalene (External Pad)	3	
Adapalene (External Solution)	3	SP
Adapalene-Benzoyl Peroxide (External Gel)	1	
Altreno (External Lotion)	3	PA
Ammonium Lactate (External Cream)	1	
Ammonium Lactate (External Lotion)	1	
Amnesteem (Oral Capsule)	1	PA
Amzeeq (External Foam)	3	
Avita (External Cream)	1	PA
Avita (External Gel)	1	PA
Azelaic Acid (External Gel)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Azelex (External Cream)	3	
Benzoyl Peroxide-Erythromycin (External Gel)	1	
Calcipotriene (External Cream)	1	
Calcipotriene (External Ointment)	1	
Calcipotriene (External Solution)	1	
Calcipotriene-Betamethasone (External Suspension)	1	
Calcitriol (External Ointment)	1	
Carac (External Cream)	3	SP
Claravis (Oral Capsule)	1	PA
Clindacin-P (External Swab)	1	
Clindamycin Phosphate (External Foam)	1	
Clindamycin Phosphate (External Gel)	1	
Clindamycin Phosphate (External Lotion)	1	
Clindamycin Phosphate (External Solution)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Clindamycin Phosphate (External Swab)	1		Doxepin HCl (External Cream)	1	PA; QL
Clindamycin Phosphate-Benzoyl Peroxide (External Gel)	1		Dupixent (300MG/2ML Subcutaneous Solution Prefilled Syringe)	2	PA; SP; QL
Clindamycin-Tretinoin (External Gel)	1	PA	Epiduo Forte (External Gel)	3	
Clotrimazole-Betamethasone (External Cream)	1		Ery (External Pad)	1	
Clotrimazole-Betamethasone (External Lotion)	1		Erythromycin (External Gel)	1	
Condylox (External Gel)	3		Erythromycin (External Solution)	1	
Cortisporin (External Cream)	3		Eucrisa (External Ointment)	2	QL
Cortisporin (External Ointment)	3		Fabior (External Foam)	3	PA
Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe)	3	PA; LA; SP	Finacea (External Foam)	3	
Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector)	3	PA; LA; SP	Fluoroplex (External Cream)	3	SP
Dapsone (5% External Gel)	1		Fluorouracil (0.5% External Cream)	2	SP
Diclofenac Sodium (3% Transdermal Gel)	1	PA	Fluorouracil (5% External Cream)	1	
Differin (External Lotion)	3		Fluorouracil (External Solution)	1	
			Ilumya (Subcutaneous Solution Prefilled Syringe)	3	PA; SP
			Imiquimod (5% External Cream)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Imiquimod Pump (3.75% External Cream)	3	SP	Siliq (Subcutaneous Solution Prefilled Syringe)	3	PA; SP
Isotretinoin (Oral Capsule)	1	PA	Soolantra (External Cream)	2	
Methoxsalen Rapid (Oral Capsule)	1		Stelara (Subcutaneous Solution)	2	PA; SP
Mirvaso (External Gel)	2		Stelara (Subcutaneous Solution Prefilled Syringe)	2	PA; SP
Myorisan (Oral Capsule)	1	PA	Sulfacetamide Sodium (Acne) (External Lotion)	1	PA
Neo-Synalar (External Cream)	3	SP	Taclonex (External Suspension)	3	SP
Neuac (External Gel)	1		Tacrolimus (External Ointment)	1	
Onexton (External Gel)	3		Taltz (Subcutaneous Solution Auto-Injector)	3	PA; LA; SP
Oxsoralen Ultra (Oral Capsule)	2	SP	Taltz (Subcutaneous Solution Prefilled Syringe)	3	PA; LA; SP
Picato (External Gel)	3		Tazarotene (External Cream)	1	PA
Pimecrolimus (External Cream)	1		Tazorac (0.05% External Cream)	3	PA
Podofilox (External Solution)	1		Tazorac (0.05% External Gel)	3	PA; SP
Regranex (External Gel)	3	PA; SP	Tazorac (0.1% External Gel)	3	PA
Retin-A Micro Pump (0.06% External Gel, 0.08% External Gel)	2	PA; SP			
Rhofade (External Cream)	3				
Santyl (External Ointment)	3				
Selenium Sulfide (External Lotion)	1				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Tolak (External Cream)	3		Clinimix E/Dextrose (4.25/5) (Intravenous Solution)	3	B/D, PA
Tremfya (Subcutaneous Solution Pen-Injector)	2	PA; SP	Clinimix E/Dextrose (5/15) (Intravenous Solution)	3	B/D, PA
Tremfya (Subcutaneous Solution Prefilled Syringe)	2	PA; SP	Clinimix E/Dextrose (5/20) (Intravenous Solution)	3	B/D, PA
Tretinoin (External Cream)	1	PA	Clinimix/Dextrose (4.25/10) (Intravenous Solution)	3	B/D, PA
Tretinoin (External Gel)	1	PA	Clinimix/Dextrose (4.25/5) (Intravenous Solution)	3	B/D, PA
Tretinoin Microsphere (External Gel)	1	PA	Clinimix/Dextrose (5/15) (Intravenous Solution)	3	B/D, PA
Zenatane (Oral Capsule)	1	PA	Clinimix/Dextrose (5/20) (Intravenous Solution)	3	B/D, PA
Zyclara Pump (External Cream)	3	SP	Clinimix/Dextrose (5/20) (Intravenous Solution)	3	B/D, PA
Electrolytes/Minerals/Metals/Vitamins			Dextrose (10% Intravenous Solution)	1	
Electrolyte/Mineral Replacement			Dextrose (5% Intravenous Solution)	1	B/D, PA
Aminosyn II (Intravenous Solution)	3	B/D, PA			
Aminosyn-PF (7% Intravenous Solution)	3	B/D, PA			
Carbaglu (Oral Tablet)	2	LA; SP			
Clinimix E/Dextrose (2.75/5) (Intravenous Solution)	3	B/D, PA			
Clinimix E/Dextrose (4.25/10) (Intravenous Solution)	3	B/D, PA			

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Dextrose-NaCl (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 2.5-0.45% Intravenous Solution, 5-0.2% Intravenous Solution, 5-0.225% Intravenous Solution, 5-0.45% Intravenous Solution)	1		Klor-Con 10 (Oral Tablet Extended Release)	1	
Dextrose-NaCl (5-0.9% Intravenous Solution)	1	B/D, PA	Klor-Con M10 (Oral Tablet Extended Release)	1	
Endari (Oral Packet)	3	PA; SP	Klor-Con M15 (Oral Tablet Extended Release)	1	
FreAmine HBC (Intravenous Solution)	3	B/D, PA	Klor-Con M20 (Oral Tablet Extended Release)	1	
HepatAmine (Intravenous Solution)	1	B/D, PA	Klor-Con (Oral Packet)	1	
Intralipid (20% Intravenous Emulsion)	1	B/D, PA	Klor-Con 8 (Oral Tablet Extended Release)	1	
Intralipid (30% Intravenous Emulsion)	3	B/D, PA	Levocarnitine (1GM/10ML Oral Solution)	1	
Isolyte-P in D5W (Intravenous Solution)	3		Levocarnitine (330MG Oral Tablet)	1	
KCl in Dextrose-NaCl (Intravenous Solution)	1		Magnesium Sulfate (50% Injection Solution)	1	
KCl-Lactated Ringers-D5W (Intravenous Solution)	1		Magnesium Sulfate (50% (10ML Syringe) Injection Solution)	1	
			NephrAmine (Intravenous Solution)	3	B/D, PA
			Normosol-M in D5W (Intravenous Solution)	3	
			Normosol-R in D5W (Intravenous Solution)	3	
			Normosol-R pH 7.4 (Intravenous Solution)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Nutrilipid (Intravenous Emulsion)	1	B/D, PA	Potassium Chloride (Oral Packet)	1	
Plenamine (Intravenous Solution)	1	B/D, PA	Potassium Chloride (Oral Solution)	1	
Potassium Chloride CR (Oral Tablet Extended Release)	1		Potassium Citrate ER (Oral Tablet Extended Release)	1	
Potassium Chloride ER (Oral Capsule Extended Release)	1		Premasol (10% Intravenous Solution)	3	B/D, PA
Potassium Chloride in Dextrose (20MEQ/L Intravenous Solution)	1	B/D, PA	Procalamine (Intravenous Solution)	3	B/D, PA
Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution)	1	B/D, PA	Prosol (Intravenous Solution)	3	B/D, PA
Potassium Chloride in NaCl (20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)	1	B/D, PA	Sodium Chloride (0.45% Intravenous Solution)	1	
Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 40MEQ/100ML Intravenous Solution)	1	B/D, PA	Sodium Chloride (0.9% Intravenous Solution)	1	B/D, PA
Potassium Chloride (2MEQ/ML Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution)	1	B/D, PA	Sodium Chloride (3% Intravenous Solution, 5% Intravenous Solution)	1	B/D, PA
			Sodium Chloride (Irrigation Solution)	1	
			Sodium Fluoride (Oral Tablet)	1	
			TPN Electrolytes (Intravenous Concentrate)	1	
			Travasol (Intravenous Solution)	3	B/D, PA
			TrophAmine (10% Intravenous Solution)	3	B/D, PA
			Electrolyte/Mineral/Metal Modifiers		

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Chemet (Oral Capsule)	3	SP
Clovique (Oral Capsule)	1	PA; QL
Deferasirox (Oral Tablet) (Generic Jadenu)	1	PA
Deferasirox (Oral Tablet Soluble) (Generic Exjade)	1	PA
Ferriprox (Oral Solution)	3	PA; SP
Ferriprox (Oral Tablet)	3	PA; SP
Jadenu (180MG Oral Tablet)	3	PA; SP
Jadenu Sprinkle (Oral Packet)	3	PA; SP
Jynarque (Oral Tablet)	3	SP; QL
Jynarque (Oral Tablet Therapy Pack)	3	SP; QL
Kionex (Oral Suspension)	1	
Lokelma (Oral Packet)	3	QL
Samsca (Oral Tablet)	2	SP; QL
Sodium Polystyrene Sulfonate (Oral Powder)	1	
Sodium Polystyrene Sulfonate (Oral Suspension)	1	
SPS (Oral Suspension)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Trientine HCl (Oral Capsule)	1	PA; QL
Veltassa (Oral Packet)	3	SP; QL
Phosphate Binders		
Auryxia (Oral Tablet)	3	PA; SP
Calcium Acetate (Phosphate Binder) (Oral Capsule)	1	
Calcium Acetate (Phosphate Binder) (Oral Tablet)	1	
Fosrenol (Oral Packet)	3	SP
Lanthanum Carbonate (Oral Tablet Chewable)	1	
Phoslyra (Oral Solution)	3	
Sevelamer Carbonate (Oral Packet)	1	
Sevelamer Carbonate (Oral Tablet) (Generic Renvela)	1	
Sevelamer HCl (Oral Tablet)	1	
Velphoro (Oral Tablet Chewable)	3	SP
Vitamins		
VP-PNV-DHA (Oral Capsule)	1	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
Cuvposa (Oral Solution)	3	PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Dicyclomine HCl (Oral Capsule)	1	HRM	Mytesi (Oral Tablet Delayed Release)	3	SP
Dicyclomine HCl (Oral Solution)	1	HRM	Omeclamox-Pak (Oral)	2	SP
Dicyclomine HCl (Oral Tablet)	1	HRM	Pylera (Oral Capsule)	2	SP
Glycopyrrolate (1MG Oral Tablet, 2MG Oral Tablet)	1	PA	Relistor (Oral Tablet)	3	PA; SP
Methscopolamine Bromide (Oral Tablet)	1		Relistor (Subcutaneous Solution)	3	PA; SP
Propantheline Bromide (Oral Tablet)	1	PA; HRM	Serostim (Subcutaneous Solution Reconstituted)	3	PA; LA; SP
Gastrointestinal Agents, Other			Symproic (Oral Tablet)	2	QL
Amoxicillin-Clarithromycin-Lansoprazole (Oral)	1		Ursodiol (Oral Capsule)	1	
Chenodal (Oral Tablet)	3	SP	Ursodiol (Oral Tablet)	1	
Cromolyn Sodium (Oral Concentrate)	1		Xermelo (Oral Tablet)	3	PA; LA; SP; QL
Diphenoxylate-Atropine (Oral Liquid)	1	PA; HRM	Zelnorm (Oral Tablet)	3	PA; QL
Diphenoxylate-Atropine (Oral Tablet)	1	PA; HRM	Zorbive (Subcutaneous Solution Reconstituted)	3	PA; LA; SP
Gattex (Subcutaneous Kit)	3	PA; LA; SP	Histamine2 (H2) Receptor Antagonists		
Helidac Therapy (Oral)	3	SP	Cimetidine HCl (Oral Solution)	1	
Loperamide HCl (Oral Capsule)	1		Cimetidine (Oral Tablet)	1	
Motegrity (Oral Tablet)	3	QL	Famotidine (Oral Suspension Reconstituted)	1	
Myalept (Subcutaneous Solution Reconstituted)	3	PA; LA; SP			

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	1	
Nizatidine (Oral Capsule)	1	
Nizatidine (Oral Solution)	1	
Irritable Bowel Syndrome Agents		
Alosetron HCl (Oral Tablet)	1	PA
Linzess (Oral Capsule)	2	QL
Viberzi (Oral Tablet)	3	PA; SP; QL
Xifaxan (Oral Tablet)	3	PA; SP
Laxatives		
Clenpiq (Oral Solution)	3	
Constulose (Oral Solution)	1	
Enulose (Oral Solution)	1	
GaviLyte-C (Oral Solution Reconstituted)	1	
GaviLyte-G (Oral Solution Reconstituted)	1	
GaviLyte-N with Flavor Pack (Oral Solution Reconstituted)	1	
Generlac (Oral Solution)	1	
GoLYTELY (227.1GM Oral Solution Reconstituted)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Lactulose (Oral Packet)	1	
Lactulose (10GM/15ML Oral Solution)	1	
OsmoPrep (Oral Tablet)	3	
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	1	
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	1	
Plenvu (Oral Solution Reconstituted)	3	
Suprep Bowel Prep Kit (Oral Solution)	3	
TriLyte (Oral Solution Reconstituted)	1	
Protectants		
Carafate (Oral Suspension)	3	
Misoprostol (Oral Tablet)	1	
Sucralfate (Oral Suspension)	1	
Sucralfate (Oral Tablet)	1	
Proton Pump Inhibitors		
Dexilant (Oral Capsule Delayed Release)	2	QL
Esomeprazole Magnesium (Oral Packet)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Lansoprazole (Oral Capsule Delayed Release)	1	QL	Creon (Oral Capsule Delayed Release Particles)	2	
Lansoprazole ODT (Oral Tablet Delayed Release Dispersible)	1		Cystadane (Oral Powder)	3	SP
Nexium (Oral Packet)	3		Cystagon (Oral Capsule)	3	LA
Omeprazole (10MG Oral Capsule Delayed Release)	1	QL	Galafold (Oral Capsule)	3	LA; SP
Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	1		Glassia (Intravenous Solution)	3	PA; LA; SP
Pantoprazole Sodium (Oral Tablet Delayed Release)	1	QL	Kuvan (Oral Packet)	2	LA; SP
Prilosec (Oral Packet)	3		Kuvan (Oral Tablet Soluble)	2	LA; SP
Protonix (Oral Packet)	3	ST	Miglustat (Oral Capsule)	1	PA; LA
Rabeprazole Sodium (Oral Tablet Delayed Release)	1		Nitisinone (Oral Capsule)	1	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment			Nityr (Oral Tablet)	3	LA; SP
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment			Ocaliva (Oral Tablet)	3	PA; SP; QL
Aralast NP (1000MG Intravenous Solution Reconstituted)	3	PA; LA; SP	Orfadin (Oral Capsule)	3	LA; SP
Cerdelga (Oral Capsule)	3	PA; SP	Orfadin (Oral Suspension)	3	LA; SP
Cholbam (Oral Capsule)	3	PA; SP	Palyngiq (Subcutaneous Solution Prefilled Syringe)	3	PA; SP; QL
			Procysbi (Oral Packet)	3	LA; SP
			Prolastin-C (Intravenous Solution Reconstituted)	3	PA; LA; SP
			RAVICTI (Oral Liquid)	3	LA; SP

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Sodium Phenylbutyrate (Oral Powder)	1		Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	1	
Sodium Phenylbutyrate (Oral Tablet)	1		Oxybutynin Chloride (Oral Syrup)	1	
Sucraid (Oral Solution)	3	LA; SP	Oxybutynin Chloride (Oral Tablet Immediate Release)	1	
Tegsedi (Subcutaneous Solution Prefilled Syringe)	3	PA; LA; SP	Oxytrol (Transdermal Patch Twice Weekly)	3	SP
Xuriden (Oral Packet)	3	PA; LA; SP	Solifenacin Succinate (Oral Tablet)	1	QL
Zemaira (Intravenous Solution Reconstituted)	3	PA; LA; SP	Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour)	1	
Zenpep (Oral Capsule Delayed Release Particles)	2		Tolterodine Tartrate (Oral Tablet)	1	
Genitourinary Agents			Toviaz (Oral Tablet Extended Release 24 Hour)	3	QL
Antispasmodics, Urinary			Trospium Chloride ER (Oral Capsule Extended Release 24 Hour)	1	
Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour)	1	QL	Trospium Chloride (Oral Tablet)	1	
Flavoxate HCl (Oral Tablet)	1		Benign Prostatic Hypertrophy Agents		
Gelnique (Transdermal Gel)	3		Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	1	
Myrbetriq (Oral Tablet Extended Release 24 Hour)	2		Cardura XL (Oral Tablet Extended Release 24 Hour)	3	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Dutasteride (Oral Capsule)	1		Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Dutasteride-Tamsulosin HCl (Oral Capsule)	1		Acthar (Injection Gel)	2	PA; LA; SP
Finasteride (5MG Oral Tablet) (Generic Proscar)	1		Ala Scalp (External Lotion)	3	
Silodosin (Oral Capsule)	1	QL	Ala-Cort (1% External Cream)	1	
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	1	PA; QL	Alclometasone Dipropionate (External Cream)	1	
Tamsulosin HCl (Oral Capsule)	1		Alclometasone Dipropionate (External Ointment)	1	
Terazosin HCl (Oral Capsule)	1		Amcinonide (External Cream)	1	
Genitourinary Agents, Other			Amcinonide (External Lotion)	1	
Bethanechol Chloride (Oral Tablet)	1		Amcinonide (External Ointment)	1	
Depen Titratabs (Oral Tablet)	2	SP	Beser (External Lotion)	1	
Elmiron (Oral Capsule)	2	SP	Betamethasone Dipropionate Aug (External Cream)	1	
Lithostat (Oral Tablet)	3	SP	Betamethasone Dipropionate Aug (External Gel)	1	
Penicillamine (250MG Oral Capsule)	1	PA	Betamethasone Dipropionate Aug (External Lotion)	1	
Penicillamine (250MG Oral Tablet)	1		Betamethasone Dipropionate Aug (External Ointment)	1	
Thiola EC (Oral Tablet Delayed Release)	3	LA; SP	Betamethasone Dipropionate (External Cream)	1	
Thiola (Oral Tablet Immediate Release)	3	LA; SP	Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Betamethasone Dipropionate (External Lotion)	1		Clobetasol Propionate (External Lotion)	1	
Betamethasone Dipropionate (External Ointment)	1		Clobetasol Propionate (External Ointment)	1	
Betamethasone Valerate (External Cream)	1		Clobetasol Propionate (External Shampoo)	1	
Betamethasone Valerate (External Foam)	1		Clobetasol Propionate (External Solution)	1	
Betamethasone Valerate (External Lotion)	1		Clocortolone Pivalate (External Cream)	1	
Betamethasone Valerate (External Ointment)	1		Clodan (External Shampoo)	1	
Bryhali (External Lotion)	3		Cordran (External Tape)	3	SP
Capex (External Shampoo)	3		Cortisone Acetate (Oral Tablet)	1	
Clobetasol Propionate Emollient Base (External Cream)	1		Desonide (External Cream)	1	
Clobetasol Propionate Emulsion (External Foam)	1		Desonide (External Lotion)	1	
Clobetasol Propionate (External Cream)	1		Desonide (External Ointment)	1	
Clobetasol Propionate (External Foam)	1		Desoximetasone (External Cream)	1	
Clobetasol Propionate (External Gel)	1		Desoximetasone (External Gel)	1	
Clobetasol Propionate (External Liquid)	1		Desoximetasone (0.25% External Ointment)	1	
			Dexamethasone Intensol (Oral Concentrate)	1	
			Dexamethasone (Oral Elixir)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Dexamethasone (Oral Tablet)	1		Fluticasone Propionate (External Ointment)	1	
Dexamethasone (Oral Tablet Therapy Pack)	1		Halobetasol Propionate (External Cream)	1	
Emflaza (Oral Suspension)	3	PA; LA; SP	Halobetasol Propionate (External Ointment)	1	
Emflaza (Oral Tablet)	3	PA; LA; SP	Hydrocortisone Butyrate (External Lotion)	1	
Fludrocortisone Acetate (Oral Tablet)	1		Hydrocortisone Butyrate (External Ointment)	1	
Fluocinolone Acetonide (External Cream)	1		Hydrocortisone Butyrate (External Solution)	1	
Fluocinolone Acetonide (External Ointment)	1		Hydrocortisone (1% External Cream, 2.5% External Cream)	1	
Fluocinolone Acetonide (External Solution)	1		Hydrocortisone (2.5% External Lotion)	1	
Fluocinolone Acetonide Scalp (External Oil)	1		Hydrocortisone (1% External Ointment, 2.5% External Ointment)	1	
Fluocinonide Emulsified Base (External Cream)	1		Hydrocortisone (Oral Tablet)	1	
Fluocinonide (External Gel)	1		Hydrocortisone Valerate (External Cream)	1	
Fluocinonide (External Ointment)	1		Hydrocortisone Valerate (External Ointment)	1	
Fluocinonide (External Solution)	1		Medrol (2MG Oral Tablet)	2	
Fluticasone Propionate (External Cream)	1				
Fluticasone Propionate (External Lotion)	1				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Methylprednisolone (Oral Tablet)	1		Prednisone (Oral Tablet Therapy Pack)	1	
Methylprednisolone (Oral Tablet Therapy Pack)	1		Texacort (External Solution)	3	
Millipred (Oral Tablet)	2		Tovet (External Foam)	1	
Mometasone Furoate (External Cream)	1		Triamcinolone Acetonide (External Cream)	1	
Mometasone Furoate (External Ointment)	1		Triamcinolone Acetonide (External Lotion)	1	
Mometasone Furoate (External Solution)	1		Triamcinolone Acetonide (External Ointment)	1	
Nolix (External Cream)	1		Trianex (External Ointment)	1	
Prednicarbate (External Cream)	1		Triderm (0.1% External Cream)	1	
Prednicarbate (External Ointment)	1		Tridesilon (External Cream)	1	
Prednisolone (Oral Solution)	1		Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Prednisolone Sodium Phosphate (10MG/5ML Oral Solution, 20MG/5ML Oral Solution, 25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution)	1		Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Prednisolone Sodium Phosphate ODT (Oral Tablet Dispersible)	1		DDAVP Rhinal Tube (Nasal Solution)	2	
Prednisone Intensol (Oral Concentrate)	1		Desmopressin Acetate (Oral Tablet)	1	
Prednisone (5MG/5ML Oral Solution)	1		Desmopressin Acetate Spray (Nasal Solution)	1	
Prednisone (Oral Tablet)	1		Increlex (Subcutaneous Solution)	2	PA; LA; SP
			Nocturna (Tablet Sublingual)	3	PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Norditropin FlexPro (Subcutaneous Solution)	2	PA; SP	Androderm (Transdermal Patch 24 Hour)	2	
Nutropin AQ NuSpin 10 (Subcutaneous Solution)	2	PA; SP	Danazol (Oral Capsule)	1	
Nutropin AQ NuSpin 20 (Subcutaneous Solution)	2	PA; SP	Intrarosa (Vaginal Insert)	3	PA; QL
Nutropin AQ NuSpin 5 (Subcutaneous Solution)	2	PA; SP	Methitest (Oral Tablet)	3	PA; SP
Omnitrope (Subcutaneous Solution)	2	PA; SP	Methyltestosterone (Oral Capsule)	1	PA
Omnitrope (Subcutaneous Solution Reconstituted)	2	PA; SP	Oxandrolone (Oral Tablet)	1	PA; QL
Stimate (Nasal Solution)	3	SP	Testosterone Cypionate (Intramuscular Solution)	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			Testosterone Enanthate (Intramuscular Solution)	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			Testosterone (10 MG/ACT(2%) Transdermal Gel, 12.5 MG/ACT(1%) Transdermal Gel, 20.25 MG/1.25GM(1.62%) Transdermal Gel, 20.25 MG/ACT(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)	1	
Korlym (Oral Tablet)	3	PA; LA; SP; QL	Testosterone (Transdermal Solution)	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)					
Androgens					
Anadrol-50 (Oral Tablet)	3	PA; SP			

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Xyosted (Subcutaneous Solution Auto-Injector)	3	PA
Estrogens		
Alora (Transdermal Patch Twice Weekly)	3	PA; HRM; QL
Altavera (Oral Tablet)	1	
Alyacen 1/35 (Oral Tablet)	1	
Amabelz (Oral Tablet)	1	PA; HRM
Amethia Lo (Oral Tablet)	1	
Amethia (Oral Tablet)	1	
Angeliq (Oral Tablet)	3	PA; HRM
Apri (Oral Tablet)	1	
Aranelle (Oral Tablet)	1	
Ashlyna (Oral Tablet)	1	
Aubra (Oral Tablet)	1	
Aviane (Oral Tablet)	1	
Balcoltra (Oral Tablet)	3	
Balziva (Oral Tablet)	1	
Bijuva (Oral Capsule)	3	PA; HRM
Blisovi 24 Fe (Oral Tablet)	1	
Blisovi Fe 1.5/30 (Oral Tablet)	1	
Briellyn (Oral Tablet)	1	
Camrese Lo (Oral Tablet)	1	
Caziant (Oral Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Climara Pro (Transdermal Patch Weekly)	2	PA; HRM
CombiPatch (Transdermal Patch Twice Weekly)	3	PA; HRM
Cryselle-28 (Oral Tablet)	1	
Cyclafem 1/35 (Oral Tablet)	1	
Cyclafem 7/7/7 (Oral Tablet)	1	
Cyred (Oral Tablet)	1	
Delestrogen (10MG/ML Intramuscular Oil)	3	
Depo-Estradiol (Intramuscular Oil)	3	
Desogestrel-Ethinyl Estradiol (Oral Tablet)	1	
Divigel (1MG/GM Transdermal Gel)	3	PA; HRM
Dotti (Transdermal Patch Twice Weekly)	1	PA; HRM; QL
Drospirenone-Ethinyl Estradiol (Oral Tablet)	1	
Drospirenone-Ethinyl Estradiol-Levomefolate (3-0.02-0.451MG Oral Tablet)	1	
Duavee (Oral Tablet)	2	PA; HRM
Elestrin (Transdermal Gel)	3	PA; HRM
EluRyng (Vaginal Ring)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Emoquette (Oral Tablet)	1		Femring (Vaginal Ring)	3	
Enpresse-28 (Oral Tablet)	1		Femynor (Oral Tablet)	1	
Enskyce (Oral Tablet)	1		Fyavolv (Oral Tablet)	1	PA; HRM
Estarylla (Oral Tablet)	1		Gianvi (Oral Tablet)	1	
Estradiol (Oral Tablet)	1	PA; HRM	Hailey 24 Fe (Oral Tablet)	1	
Estradiol (Transdermal Patch Twice Weekly)	1	PA; HRM; QL	Imvexxy Maintenance Pack (Vaginal Insert)	3	PA; QL
Estradiol (Transdermal Patch Weekly)	1	PA; HRM; QL	Imvexxy Starter Pack (Vaginal Insert)	3	PA; QL
Estradiol (Vaginal Cream)	1		Introvale (Oral Tablet)	1	
Estradiol (Vaginal Tablet)	1		Isibloom (Oral Tablet)	1	
Estradiol Valerate (Intramuscular Oil)	1		Jasmiel (Oral Tablet)	1	
Estradiol-Norethindrone Acetate (Oral Tablet)	1	PA; HRM	Jinteli (Oral Tablet)	1	PA; HRM
Estring (Vaginal Ring)	3		Juleber (Oral Tablet)	1	
Estrogel (Transdermal Gel)	3	PA; HRM	Junel 1.5/30 (Oral Tablet)	1	
Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet)	1		Junel 1/20 (Oral Tablet)	1	
Etonogestrel-Ethinyl Estradiol (Vaginal Ring)	1		Junel Fe 1.5/30 (Oral Tablet)	1	
Evamist (Transdermal Solution)	3	PA; HRM	Junel Fe 1/20 (Oral Tablet)	1	
Falmina (Oral Tablet)	1		Junel Fe 24 (Oral Tablet)	1	
Fayosim (Oral Tablet)	1		Kaitlib Fe (Oral Tablet Chewable)	1	
			Kariva (Oral Tablet)	1	
			Kelnor 1/35 (Oral Tablet)	1	
			Kelnor 1/50 (Oral Tablet)	1	
			Kurvelo (Oral Tablet)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
LARIN 1.5/30 (Oral Tablet)	1		Menest (Oral Tablet)	2	PA; HRM
LARIN 1/20 (Oral Tablet)	1		Menostar (Transdermal Patch Weekly)	3	PA; HRM; QL
LARIN Fe 1.5/30 (Oral Tablet)	1		Mibelas 24 Fe (Oral Tablet Chewable)	1	
LARIN Fe 1/20 (Oral Tablet)	1		Microgestin 1.5/30 (Oral Tablet)	1	
Larissia (Oral Tablet)	1		Microgestin 1/20 (Oral Tablet)	1	
Layolis Fe (Oral Tablet Chewable)	1		Microgestin Fe 1.5/30 (Oral Tablet)	1	
Leena (Oral Tablet)	1		Microgestin Fe 1/20 (Oral Tablet)	1	
Lessina (Oral Tablet)	1		Mili (Oral Tablet)	1	
Levonest (Oral Tablet)	1		Mimvey (Oral Tablet)	1	PA; HRM
Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet)	1		Natazia (Oral Tablet)	2	
Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet)	1		Necon 0.5/35 (28) (Oral Tablet)	1	
Levonorgestrel-Ethinyl Estradiol (Oral Tablet)	1		Nikki (Oral Tablet)	1	
Levora 0.15/30 (28) (Oral Tablet)	1		Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)	1	PA; HRM
Lo Loestrin Fe (Oral Tablet)	3		Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet)	1	
Lopreeza (Oral Tablet)	1	PA; HRM			
Loryna (Oral Tablet)	1				
Low-Ogestrel (Oral Tablet)	1				
Lutera (Oral Tablet)	1				
Marlissa (Oral Tablet)	1				
Melodetta 24 Fe (Oral Tablet Chewable)	1				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	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)	1		Prempro (Oral Tablet)	2	PA; HRM; QL
Norgestimate-Ethinyl Estradiol (Oral Tablet)	1		Previfem (Oral Tablet)	1	
Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)	1		Reclipsen (Oral Tablet)	1	
Nortrel 0.5/35 (28) (Oral Tablet)	1		Rivelsa (Oral Tablet)	1	
Nortrel 1/35 (21) (Oral Tablet)	1		Setlakin (Oral Tablet)	1	
Nortrel 1/35 (28) (Oral Tablet)	1		Sprintec 28 (Oral Tablet)	1	
Nortrel 7/7/7 (Oral Tablet)	1		Sronyx (Oral Tablet)	1	
Ocella (Oral Tablet)	1		Syeda (Oral Tablet)	1	
Orsythia (Oral Tablet)	1		Tarina 24 Fe (Oral Tablet)	1	
Pimtreea (Oral Tablet)	1		Tarina Fe 1/20 (Oral Tablet)	1	
Pirmella 1/35 (Oral Tablet)	1		Tri-Estarylla (Oral Tablet)	1	
Portia-28 (Oral Tablet)	1		Tri-Legest Fe (Oral Tablet)	1	
Prefest (Oral Tablet)	3	PA; HRM	Tri-Lo-Estarylla (Oral Tablet)	1	
Premarin (Oral Tablet)	2	PA; HRM; QL	Tri-Lo-Sprintec (Oral Tablet)	1	
Premarin (Vaginal Cream)	2		Tri-Mili (Oral Tablet)	1	
Premphase (Oral Tablet)	2	PA; HRM; QL	Tri-Previfem (Oral Tablet)	1	
			Tri-Sprintec (Oral Tablet)	1	
			Trivora (28) (Oral Tablet)	1	
			Tri-VyLibra Lo (Oral Tablet)	1	
			Tri-VyLibra (Oral Tablet)	1	
			Tydemy (Oral Tablet)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Velivet (Oral Tablet)	1	
Vienna (Oral Tablet)	1	
Vyfemla (Oral Tablet)	1	
VyLibra (Oral Tablet)	1	
WYMZYA Fe (Oral Tablet Chewable)	1	
Xulane (Transdermal Patch Weekly)	1	
Yuvaferm (Vaginal Tablet)	1	
Zarah (Oral Tablet)	1	
Zovia 1/35E (28) (Oral Tablet)	1	
Progestins		
Camila (Oral Tablet)	1	
Crinone (Vaginal Gel)	3	PA
Deblitane (Oral Tablet)	1	
Depo-Provera (400MG/ML Intramuscular Suspension)	3	
Depo-SubQ Provera 104 (Subcutaneous Suspension Prefilled Syringe)	3	
Errin (Oral Tablet)	1	
Incassia (Oral Tablet)	1	
Lyza (Oral Tablet)	1	
Medroxyprogesterone Acetate (Intramuscular Suspension)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Medroxyprogesterone Acetate (Intramuscular Suspension Prefilled Syringe)	1	
Medroxyprogesterone Acetate (Oral Tablet)	1	
Megestrol Acetate (40MG/ML Oral Suspension, 625MG/5ML Oral Suspension)	1	PA; HRM
Megestrol Acetate (Oral Tablet)	1	PA; HRM
Nora-BE (Oral Tablet)	1	
Norethindrone Acetate (5MG Oral Tablet)	1	
Norethindrone (0.35MG Oral Tablet)	1	
Progesterone Micronized (Oral Capsule)	1	
Sharobel (Oral Tablet)	1	
Selective Estrogen Receptor Modifying Agents		
Osphena (Oral Tablet)	3	PA; QL
Raloxifene HCl (Oral Tablet)	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Euthyrox (Oral Tablet)	1	
Levo-T (Oral Tablet)	1	
Levothyroxine Sodium (Oral Tablet)	1	
Levoxyl (Oral Tablet)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Liothyronine Sodium (Oral Tablet)	1		Firmagon (120MG Subcutaneous Solution Reconstituted)	3	PA; SP
Tirosint (Oral Capsule)	3		Firmagon (80MG Subcutaneous Solution Reconstituted)	3	PA
Tirosint-SOL (Oral Solution)	3		Leuprolide Acetate (Injection Kit)	1	PA
Unithroid (100MCG Oral Tablet, 112MCG Oral Tablet, 125MCG Oral Tablet, 150MCG Oral Tablet, 175MCG Oral Tablet, 200MCG Oral Tablet, 25MCG Oral Tablet, 300MCG Oral Tablet, 50MCG Oral Tablet, 75MCG Oral Tablet, 88MCG Oral Tablet)	1		Lupaneta Pack (Combination Kit)	3	PA; SP
Hormonal Agents, Suppressant (Adrenal)			Lupron Depot (1-Month) (3.75MG Intramuscular Kit)	3	PA; SP
Hormonal Agents, Suppressant (Adrenal)			Lupron Depot (1-Month) (7.5MG Intramuscular Kit)	2	PA; SP
Lysodren (Oral Tablet)	2	SP	Lupron Depot (3-Month) (11.25MG Intramuscular Kit)	3	PA; SP
Hormonal Agents, Suppressant (Pituitary)			Lupron Depot (3-Month) (22.5MG Intramuscular Kit)	2	PA; SP
Hormonal Agents, Suppressant (Pituitary)			Lupron Depot (4-Month) (Intramuscular Kit)	2	PA; SP
Cabergoline (Oral Tablet)	1		Lupron Depot (6-Month) (Intramuscular Kit)	2	PA; SP
Egrifta (1MG Subcutaneous Solution Reconstituted)	3	PA; LA; SP	Octreotide Acetate (Injection Solution)	1	PA
Eligard (Subcutaneous Kit)	3	PA	Orilissa (Oral Tablet)	2	PA; SP; QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Signifor (Subcutaneous Solution)	3	PA; LA; SP	Icatibant Acetate (Subcutaneous Solution)	1	PA; QL
Somatuline Depot (Subcutaneous Solution)	3	SP	Ruconest (Intravenous Solution Reconstituted)	3	PA; LA; SP
Somavert (Subcutaneous Solution Reconstituted)	3	PA; LA; SP; QL	Takhzyro (Subcutaneous Solution)	3	PA; SP
Synarel (Nasal Solution)	2	SP	Immune Suppressants		
Trelstar Mixject (Intramuscular Suspension Reconstituted)	3	PA; SP	Astagraf XL (0.5MG Oral Capsule Extended Release 24 Hour, 1MG Oral Capsule Extended Release 24 Hour)	3	B/D, PA
Hormonal Agents, Suppressant (Thyroid)			Astagraf XL (5MG Oral Capsule Extended Release 24 Hour)	3	B/D, PA; SP
Antithyroid Agents			Azasan (100MG Oral Tablet)	3	B/D, PA
Methimazole (Oral Tablet)	1		Azasan (75MG Oral Tablet)	3	B/D, PA; SP
Propylthiouracil (Oral Tablet)	1		Azathioprine (Oral Tablet)	1	B/D, PA
Immunological Agents			Cimzia Prefilled (Subcutaneous Kit)	2	PA; SP
Angioedema Agents			Cimzia (Subcutaneous Kit)	2	PA; SP
Berinert (Intravenous Kit)	3	PA; LA; SP	Cyclosporine Modified (Oral Capsule)	1	B/D, PA
Cinryze (Intravenous Solution Reconstituted)	2	PA; LA; SP	Cyclosporine Modified (Oral Solution)	1	B/D, PA
Haegarda (Subcutaneous Solution Reconstituted)	3	PA; LA; SP			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Cyclosporine (Oral Capsule)	1	B/D, PA	Humira Pen (Subcutaneous Pen-Injector Kit)	2	PA; SP
Dupixent (200MG/1.14ML Subcutaneous Solution Prefilled Syringe)	2	PA; SP; QL	Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit)	2	PA; SP
Enbrel Mini (Subcutaneous Solution Cartridge)	2	PA; SP	Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit)	2	PA; SP
Enbrel (Subcutaneous Solution Prefilled Syringe)	2	PA; SP	Humira (Subcutaneous Prefilled Syringe Kit)	2	PA; SP
Enbrel (Subcutaneous Solution Reconstituted)	2	PA; SP	Kineret (Subcutaneous Solution Prefilled Syringe)	3	PA; SP
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	2	PA; SP	Methotrexate (Oral Tablet)	1	
Envarsus XR (Oral Tablet Extended Release 24 Hour)	3	B/D, PA	Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	1	
Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet)	1	B/D, PA	Methotrexate Sodium (50MG/2ML Injection Solution)	1	
Gengraf (Oral Capsule)	1	B/D, PA	Mycophenolate Mofetil (Oral Capsule)	1	B/D, PA
Gengraf (Oral Solution)	1	B/D, PA	Mycophenolate Mofetil (Oral Suspension Reconstituted)	1	B/D, PA
Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit)	2	PA; SP	Mycophenolate Mofetil (Oral Tablet)	1	B/D, PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Mycophenolate Sodium (Oral Tablet Delayed Release)	1	B/D, PA	Simponi (Subcutaneous Solution Prefilled Syringe)	2	PA; SP
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	3	PA; SP	Sirolimus (Oral Solution)	1	B/D, PA
Orencia (Subcutaneous Solution Prefilled Syringe)	3	PA; SP	Sirolimus (Oral Tablet)	1	B/D, PA
Otrexup (10MG/0.4ML Subcutaneous Solution Auto-Injector, 15MG/0.4ML Subcutaneous Solution Auto-Injector, 20MG/0.4ML Subcutaneous Solution Auto-Injector, 25MG/0.4ML Subcutaneous Solution Auto-Injector)	3	PA	Skyrizi (150 MG Dose) (Subcutaneous Prefilled Syringe Kit)	2	PA; SP
Prograf (Oral Packet)	3	B/D, PA; SP	Tacrolimus (Oral Capsule)	1	B/D, PA
Rasuvo (Subcutaneous Solution Auto-Injector)	2	PA	Trexall (Oral Tablet)	3	
Sandimmune (Oral Solution)	2	B/D, PA; SP	Xatmep (Oral Solution)	3	
Simponi (Subcutaneous Solution Auto-Injector)	2	PA; SP	Xeljanz (Oral Tablet Immediate Release)	2	PA; SP; QL
			Xeljanz XR (Oral Tablet Extended Release 24 Hour)	2	PA; SP; QL
			Zortress (Oral Tablet)	3	B/D, PA; SP
			Immunizing Agents, Passive		
			BIVIGAM (Intravenous Solution)	2	PA; SP
			Flebogamma DIF (5GM/50ML Intravenous Solution)	2	PA; SP
			Gammagard (2.5GM/25ML Injection Solution)	2	PA; SP
			Gammagard S/D Less IgA (Intravenous Solution Reconstituted)	2	PA; SP

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Gammaked (1GM/10ML Injection Solution)	2	PA; SP	Actimmune (Subcutaneous Solution)	2	LA; SP
Gammplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)	2	PA; SP	Arcalyst (Subcutaneous Solution Reconstituted)	3	PA; LA; SP
Gamunex-C (1GM/10ML Injection Solution)	2	PA; SP	Benlysta (Subcutaneous Solution Auto-Injector)	3	PA; SP
Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)	2	PA; SP	Benlysta (Subcutaneous Solution Prefilled Syringe)	3	PA; SP
Privigen (20GM/200ML Intravenous Solution)	2	PA; SP	Kevzara (Subcutaneous Solution Auto-Injector)	3	PA; SP
Varizig (Intramuscular Solution)	2	SP	Kevzara (Subcutaneous Solution Prefilled Syringe)	3	PA; SP
Immunomodulators			Leflunomide (Oral Tablet)	1	
Actemra ACTPen (Subcutaneous Solution Auto-Injector)	3	PA; SP	Otezla (Oral Tablet)	2	PA; LA; SP
Actemra (Subcutaneous Solution Prefilled Syringe)	3	PA; SP	Otezla (Oral Tablet Therapy Pack)	2	PA; LA; SP
			Ridaura (Oral Capsule)	3	SP
			Rinvoq (Oral Tablet Extended Release 24 Hour)	2	PA; SP

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Xolair (Subcutaneous Solution Prefilled Syringe)	2	PA; LA; SP
Xolair (Subcutaneous Solution Reconstituted)	2	PA; LA; SP
Vaccines		
ActHIB (Intramuscular Solution Reconstituted)	2	
Adacel (Intramuscular Suspension)	2	
BCG Vaccine (Injection)	2	
Bexsero (Intramuscular Suspension Prefilled Syringe)	2	
Boostrix (5-2.5-18.5 Intramuscular Suspension, 5-2.5-18.5 (0.5ML Syringe) Intramuscular Suspension)	2	
Daptacel (Intramuscular Suspension)	2	
Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Engerix-B (Injection Suspension)	2	B/D, PA
Gardasil 9 (Intramuscular Suspension)	2	
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	2	
Havrix (Intramuscular Suspension)	2	PA
Hiberix (Injection Solution Reconstituted)	2	
Imovax Rabies (Intramuscular Injectable)	2	B/D, PA
Infanrix (Intramuscular Suspension)	2	
IPOL (Injection)	2	
Ixiaro (Intramuscular Suspension)	2	
Kinrix (Intramuscular Suspension)	2	
Menactra (Intramuscular Injectable)	2	
Menveo (Intramuscular Solution Reconstituted)	2	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
M-M-R II (Injection Solution Reconstituted)	2		TDVAX (Intramuscular Suspension)	2	
Pediarix (Intramuscular Suspension)	2		Tenivac (Intramuscular Injectable)	2	
Pedvax HIB (Intramuscular Suspension)	2		Trumenba (Intramuscular Suspension Prefilled Syringe)	2	
ProQuad (Subcutaneous Suspension Reconstituted)	2		Twinrix (Intramuscular Suspension Prefilled Syringe)	2	
Quadracel (Intramuscular Suspension)	2		Typhim Vi (Intramuscular Solution)	2	
RabAvert (Intramuscular Suspension Reconstituted)	2	B/D, PA	VAQTA (Intramuscular Suspension)	2	PA
Recombivax HB (Injection Suspension)	2	B/D, PA	Varivax (Subcutaneous Injectable)	2	
Rotarix (Oral Suspension Reconstituted)	2		YF-Vax (Subcutaneous Injectable)	2	
RotaTeq (Oral Solution)	2		Zostavax (Subcutaneous Suspension Reconstituted)	3	PA
Shingrix (Intramuscular Suspension Reconstituted)	2	PA	Inflammatory Bowel Disease Agents		
			Aminosalicylates		

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Apriso (Oral Capsule Extended Release 24 Hour)	2	QL	Hydrocortisone Acetate-Pramoxine (1-1% External Cream)	1	
Balsalazide Disodium (Oral Capsule)	1		Hydrocortisone (Rectal Enema)	1	
Canasa (Rectal Suppository)	3	SP	Procto-Med HC (External Cream)	1	
Mesalamine ER (0.375MG Oral Capsule Extended Release 24 Hour) (Generic Apriso)	1	QL	Procto-Pak (External Cream)	1	
Mesalamine (400MG Oral Capsule Delayed Release) (Generic Delzicol)	1		Proctosol HC (External Cream)	1	
Mesalamine (800MG Oral Tablet Delayed Release) (Generic Asacol)	1	QL	Proctozone-HC (External Cream)	1	
Mesalamine (Rectal Enema)	1		Uceris (Rectal Foam)	3	
Mesalamine (Rectal Suppository)	1		Sulfonamides		
Pentasa (Oral Capsule Extended Release)	3	QL	Sulfasalazine (Oral Tablet Immediate Release)	1	
Glucocorticoids			Sulfasalazine (Oral Tablet Delayed Release)	1	
Budesonide ER (Oral Tablet Extended Release 24 Hour)	1		Metabolic Bone Disease Agents		
Budesonide (Oral Capsule Delayed Release Particles)	1		Metabolic Bone Disease Agents		
			Alendronate Sodium (Oral Solution)	1	
			Alendronate Sodium (10MG Oral Tablet)	1	
			Alendronate Sodium (35MG Oral Tablet, 70MG Oral Tablet)	1	QL
			Binosto (Oral Tablet Effervescent)	3	QL
			Calcitonin Salmon (Nasal Solution)	1	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Calcitriol (Oral Capsule)	1	B/D, PA	Risedronate Sodium (150MG Oral Tablet Immediate Release, 35MG Oral Tablet Immediate Release, 35MG (12 PACK) Oral Tablet Immediate Release, 35MG (4 PACK) Oral Tablet Immediate Release)	1	QL
Calcitriol (Oral Solution)	1	B/D, PA	Risedronate Sodium (30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	1	
Cinacalcet HCl (Oral Tablet)	1	B/D, PA; QL	Risedronate Sodium (Oral Tablet Delayed Release)	1	QL
Doxercalciferol (Oral Capsule)	1	B/D, PA	Tymlos (Subcutaneous Solution Pen-Injector)	2	PA; SP
Evenity (Subcutaneous Solution Prefilled Syringe)	3	PA; SP; QL	Xgeva (Subcutaneous Solution)	2	PA; SP
Forteo (Subcutaneous Solution Pen-Injector)	2	PA; SP	Miscellaneous Therapeutic Agents		
Fosamax Plus D (Oral Tablet)	3	QL	Miscellaneous Therapeutic Agents		
Ibandronate Sodium (Oral Tablet)	1	QL	Alcohol Prep Pads	1	
Natpara (Subcutaneous Cartridge)	3	PA; LA; SP	Ergoloid Mesylates (Oral Tablet)	1	PA; HRM
Paricalcitol (Oral Capsule)	1	B/D, PA	Firdapse (Oral Tablet)	3	PA; LA; SP; QL
Prolia (Subcutaneous Solution Prefilled Syringe)	2	QL	Gauze (Non-medicated 2X2 Pad)	2	
Rayaldee (Oral Capsule Extended Release)	3	SP; QL	Insulin Syringes, Needles	1	
			Lucemyra (Oral Tablet)	3	SP; QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Odactra (Tablet Sublingual)	3	PA	Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	1	
Qbrexza (External Pad)	3		Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	1	
Ruzurgi (Oral Tablet)	3	PA; SP; QL	Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	1	
Siklos (Oral Tablet)	3	PA; SP	Neomycin-Polymyxin-HC (Ophthalmic Suspension)	1	
Ophthalmic Agents			Oxervate (Ophthalmic Solution)	3	PA; SP; QL
Ophthalmic Agents, Other			Polymyxin B-Trimethoprim (Ophthalmic Solution)	1	
Atropine Sulfate (1% Ophthalmic Solution)	1		Pred-G (Ophthalmic Suspension)	3	
Bacitracin-Polymyxin B (Ophthalmic Ointment)	1		Pred-G S.O.P. (Ophthalmic Ointment)	3	
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	1		Proparacaine HCl (Ophthalmic Solution)	1	
Blephamide (Ophthalmic Suspension)	3		Restasis Single-Use Vials (Ophthalmic Emulsion)	2	QL
Blephamide S.O.P. (Ophthalmic Ointment)	3		Rhopressa (Ophthalmic Solution)	2	
Cequa (Ophthalmic Solution)	3	PA; QL	Sulfacetamide-Prednisolone (Ophthalmic Solution)	1	
Cystaran (Ophthalmic Solution)	3	LA; SP			
Lacrisert (Ophthalmic Insert)	3				
Lastacaft (Ophthalmic Solution)	3				
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)	1				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
TobraDex (Ophthalmic Ointment)	3		Apraclonidine HCl (Ophthalmic Solution)	1	
TobraDex ST (Ophthalmic Suspension)	3		Azopt (Ophthalmic Suspension)	2	
Tobramycin-Dexamethasone (Ophthalmic Suspension)	1		Betaxolol HCl (Ophthalmic Solution)	1	
Xiidra (Ophthalmic Solution)	2	QL	Betimol (Ophthalmic Solution)	3	
Zylet (Ophthalmic Suspension)	3		Betoptic-S (Ophthalmic Suspension)	3	
Ophthalmic Anti-allergy Agents			Brimonidine Tartrate (0.15% Ophthalmic Solution)	1	
Alomide (Ophthalmic Solution)	3		Brimonidine Tartrate (0.2% Ophthalmic Solution)	1	
Azelastine HCl (Ophthalmic Solution)	1		Carteolol HCl (Ophthalmic Solution)	1	
Bepreve (Ophthalmic Solution)	3		Combigan (Ophthalmic Solution)	2	
Cromolyn Sodium (Ophthalmic Solution)	1		Dorzolamide HCl (Ophthalmic Solution)	1	
Epinastine HCl (Ophthalmic Solution)	1		Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	1	
Olopatadine HCl (Ophthalmic Solution)	1		Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution)	1	
Pazeo (Ophthalmic Solution)	2		Iopidine (1% Ophthalmic Solution)	3	SP
Zerviate (Ophthalmic Solution)	3		Levobunolol HCl (Ophthalmic Solution)	1	
Ophthalmic Antiglaucoma Agents					
Alphagan P (0.1% Ophthalmic Solution)	2				

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Phospholine Iodide (Ophthalmic Solution Reconstituted)	2		Flurbiprofen Sodium (Ophthalmic Solution)	1	
Pilocarpine HCl (Ophthalmic Solution)	1		FML Forte (Ophthalmic Suspension)	2	
Rocklatan (Ophthalmic Solution)	2		FML (Ophthalmic Ointment)	2	
Simbrinza (Ophthalmic Suspension)	2		Inveltys (Ophthalmic Suspension)	3	
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	1		Ketorolac Tromethamine (Ophthalmic Solution)	1	
Timolol Maleate (Ophthalmic Solution) (Generic Timoptic)	1		Lotemax SM (Ophthalmic Gel)	3	
Timoptic Ocudose (Ophthalmic Solution)	3		Loteprednol Etabonate (Ophthalmic Suspension)	1	
Ophthalmic Anti-inflammatories			Maxidex (Ophthalmic Suspension)	3	
Bromfenac Sodium (Once-Daily) (Ophthalmic Solution)	1		Pred Mild (Ophthalmic Suspension)	2	
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	1		Prednisolone Acetate (Ophthalmic Suspension)	1	
Diclofenac Sodium (Ophthalmic Solution)	1		Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	1	
Flarex (Ophthalmic Suspension)	3		Prolensa (Ophthalmic Solution)	2	
Fluorometholone (Ophthalmic Suspension)	1		Ophthalmic Prostaglandin and Prostanoid Analogs		
			Bimatoprost (Ophthalmic Solution)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Latanoprost (Ophthalmic Solution)	1		Carbinoxamine Maleate (4MG Oral Tablet)	1	PA; HRM
Lumigan (Ophthalmic Solution)	2		Cetirizine HCl (1MG/ML Oral Solution)	1	
Travoprost (BAK Free) (Ophthalmic Solution)	1		Clemastine Fumarate (2.68MG Oral Tablet)	1	PA; HRM
Xelpros (Ophthalmic Emulsion)	3		Cyproheptadine HCl (Oral Syrup)	1	PA; HRM
Otic Agents			Cyproheptadine HCl (Oral Tablet)	1	PA; HRM
Otic Agents			Desloratadine (Oral Tablet)	1	
Acetic Acid (Otic Solution)	1		Desloratadine ODT (Oral Tablet Dispersible)	1	
Cipro HC (Otic Suspension)	3		Dexchlorpheniramine Maleate (Oral Solution)	1	PA; HRM
Ciprodex (Otic Suspension)	2		Levocetirizine Dihydrochloride (Oral Solution)	1	
Ciprofloxacin HCl (Otic Solution)	1		Levocetirizine Dihydrochloride (Oral Tablet)	1	
Flac (Otic Oil)	1		Olopatadine HCl (Nasal Solution)	1	
Fluocinolone Acetonide (Otic Oil)	1		Promethazine HCl (Oral Syrup)	1	PA; HRM
Hydrocortisone-Acetic Acid (Otic Solution)	1		Promethazine HCl (Oral Tablet)	1	PA; HRM
Neomycin-Polymyxin-HC (1% Otic Solution)	1		Promethazine HCl (Rectal Suppository)	1	PA; HRM
Neomycin-Polymyxin-HC (Otic Suspension)	1		Promethegan (25MG Rectal Suppository, 50MG Rectal Suppository)	1	PA; HRM
Respiratory Tract/Pulmonary Agents					
Antihistamines					
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution)	1				
Carbinoxamine Maleate (Oral Solution)	1	PA; HRM			

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Anti-inflammatories, Inhaled Corticosteroids		
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	2	QL
Beconase AQ (Nasal Suspension)	3	
Budesonide (Inhalation Suspension)	1	B/D, PA
Flovent Diskus (Inhalation Aerosol Powder Breath Activated)	2	QL
Flovent HFA (Inhalation Aerosol)	2	QL
Flunisolide (Nasal Solution)	1	
Fluticasone Propionate (Nasal Suspension)	1	
Mometasone Furoate (Nasal Suspension)	1	
Omnaris (Nasal Suspension)	3	
Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated)	2	QL
Qnasl Childrens (Nasal Aerosol Solution)	3	
Qnasl (Nasal Aerosol Solution)	3	
Xhance (Nasal Exhaler Suspension)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Zetonna (Nasal Aerosol Solution)	3	
Antileukotrienes		
Montelukast Sodium (Oral Packet)	1	QL
Montelukast Sodium (Oral Tablet)	1	QL
Montelukast Sodium (Oral Tablet Chewable)	1	QL
Zafirlukast (Oral Tablet)	1	
Zileuton ER (Oral Tablet Extended Release 12 Hour)	1	ST
Bronchodilators, Anticholinergic		
Atrovent HFA (Inhalation Aerosol Solution)	3	
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	2	QL
Ipratropium Bromide (Inhalation Solution)	1	B/D, PA
Ipratropium Bromide (Nasal Solution)	1	
Lonhala Magnair (Inhalation Solution)	3	SP; QL
Spiriva HandiHaler (Inhalation Capsule)	2	QL
Spiriva Respimat (Inhalation Aerosol Solution)	2	QL
Bronchodilators, Sympathomimetic		

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Albuterol Sulfate ER (Oral Tablet Extended Release 12 Hour)	1		ProAir HFA (Inhalation Aerosol Solution)	2	
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution (Generic Proair), 108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil)	1		ProAir RespiClick (Inhalation Aerosol Powder Breath Activated)	2	
Albuterol Sulfate (Inhalation Nebulization Solution)	1	B/D, PA	Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	2	QL
Albuterol Sulfate (Oral Syrup)	1		Striverdi Respimat (Inhalation Aerosol Solution)	3	ST; QL
Albuterol Sulfate (Oral Tablet Immediate Release)	1		Symjepi (Injection Solution Prefilled Syringe)	3	QL
Arcapta Neohaler (Inhalation Capsule)	3	ST	Terbutaline Sulfate (Oral Tablet)	1	
Brovana (Inhalation Nebulization Solution)	3	B/D, PA; SP; QL	Ventolin HFA (Inhalation Aerosol Solution)	2	
Epinephrine (Injection Solution Auto-Injector)	1	QL	Cystic Fibrosis Agents		
Levalbuterol HCl (Inhalation Nebulization Solution)	1	B/D, PA	Bethkis (Inhalation Nebulization Solution)	2	B/D, PA; SP; QL
Metaproterenol Sulfate (Oral Syrup)	1		Cayston (Inhalation Solution Reconstituted)	3	PA; LA; SP
Perforomist (Inhalation Nebulization Solution)	3	B/D, PA; QL	Orkambi (Oral Packet)	3	PA; LA; SP; QL
			Orkambi (Oral Tablet)	3	PA; LA; SP; QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Symdeko (Oral Tablet Therapy Pack)	3	PA; SP; QL
Tobramycin (Inhalation Nebulization Solution)	1	B/D, PA; QL
Trikafta (Oral Tablet Therapy Pack)	3	PA; SP; QL
Mast Cell Stabilizers		
Cromolyn Sodium (Inhalation Nebulization Solution)	1	B/D, PA
Phosphodiesterase Inhibitors, Airways Disease		
Daliresp (Oral Tablet)	3	PA
Theo-24 (Oral Capsule Extended Release 24 Hour)	3	
Theophylline ER (300MG Oral Tablet Extended Release 12 Hour)	1	
Theophylline ER (Oral Tablet Extended Release 24 Hour)	1	
Theophylline (Oral Solution)	1	
Pulmonary Antihypertensives		
Adempas (Oral Tablet)	2	PA; LA; SP
Alyq (Oral Tablet)	1	PA
Ambrisentan (Oral Tablet)	1	LA; QL
Bosentan (Oral Tablet)	1	PA; LA; QL
Opsumit (Oral Tablet)	2	PA; LA; SP

Drug Name	Drug Tier	Coverage Rules or Limits on use
Orenitram (0.125MG Oral Tablet Extended Release)	3	PA; LA
Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release)	3	PA; LA; SP
Sildenafil Citrate (Oral Suspension Reconstituted)	1	PA; QL
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	1	PA; QL
Tadalafil (PAH) (20MG Oral Tablet)	1	PA
Tracleer (Oral Tablet Soluble)	3	PA; LA; SP; QL
Uptravi (Oral Tablet)	3	PA; LA; SP; QL
Uptravi (Oral Tablet Therapy Pack)	3	PA; LA; SP
Ventavis (Inhalation Solution)	3	PA; LA; SP; QL
Pulmonary Fibrosis Agents		
Esbriet (Oral Capsule)	3	PA; LA; SP; QL
Esbriet (Oral Tablet)	3	PA; LA; SP; QL
Ofev (Oral Capsule)	3	PA; LA; SP; QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Respiratory Tract Agents, Other			Ipratropium-Albuterol (Inhalation Solution)	1	B/D, PA
Acetylcysteine (Inhalation Solution)	1	B/D, PA	Kalydeco (Oral Packet)	3	PA; LA; SP
Advair HFA (Inhalation Aerosol)	2	QL	Kalydeco (Oral Tablet)	3	PA; LA; SP
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	2	QL	Nucala (Subcutaneous Solution Auto-Injector)	2	PA; LA; SP; QL
Azelastine-Fluticasone (Nasal Suspension)	1		Nucala (Subcutaneous Solution Prefilled Syringe)	2	PA; LA; SP; QL
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	2	QL	Nucala (Subcutaneous Solution Reconstituted)	2	PA; LA; SP; QL
Combivent Respimat (Inhalation Aerosol Solution)	2	QL	Oralair 300IR (Tablet Sublingual)	3	PA; QL
Dymista (Nasal Suspension)	2		Promethazine-Phenylephrine (Oral Syrup)	1	PA; HRM
Fasenra Pen (Subcutaneous Solution Auto-Injector)	2	PA; LA; SP	Pulmozyme (Inhalation Solution)	2	B/D, PA; SP; QL
Fasenra (Subcutaneous Solution Prefilled Syringe)	2	PA; LA; SP	Stiolto Respimat (Inhalation Aerosol Solution)	2	QL
Fluticasone-Salmeterol (Inhalation Aerosol Powder Breath Activated)	1	QL	Symbicort (Inhalation Aerosol)	2	QL
Grastek (Tablet Sublingual)	3	PA	Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	2	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	1	QL
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
Baclofen (Oral Tablet)	1	
Carisoprodol (Oral Tablet)	1	PA; HRM; QL
Carisoprodol-Aspirin (Oral Tablet)	1	PA; HRM
Chlorzoxazone (375MG Oral Tablet, 500MG Oral Tablet, 750MG Oral Tablet)	1	PA; HRM
Cyclobenzaprine HCl ER (Oral Capsule Extended Release 24 Hour)	1	PA; HRM
Cyclobenzaprine HCl (Oral Tablet)	1	PA; HRM
Dantrolene Sodium (Oral Capsule)	1	
Metaxalone (Oral Tablet)	1	PA; HRM
Methocarbamol (Oral Tablet)	1	PA; HRM
Orphenadrine Citrate ER (Oral Tablet Extended Release 12 Hour)	1	PA; HRM
Tizanidine HCl (Oral Capsule)	1	
Tizanidine HCl (Oral Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Sleep Disorder Agents		
GABA Receptor Modulators		
Eszopiclone (Oral Tablet)	1	PA; HRM; QL
Flurazepam HCl (Oral Capsule)	1	HRM; QL
Temazepam (Oral Capsule)	1	HRM; QL
Zaleplon (Oral Capsule)	1	HRM
Zolpidem Tartrate ER (Oral Tablet Extended Release)	1	PA; HRM; QL
Zolpidem Tartrate (Oral Tablet Immediate Release)	1	PA; HRM
Zolpidem Tartrate (Tablet Sublingual)	1	PA; HRM
Sleep Disorders, Other		
Armodafinil (Oral Tablet)	1	PA; QL
Belsomra (Oral Tablet)	2	QL
Doxepin HCl (Oral Tablet)	1	
Hetlioz (Oral Capsule)	3	PA; LA; SP; QL
Modafinil (Oral Tablet)	1	PA; QL
Ramelteon (Oral Tablet)	1	QL
Silenor (Oral Tablet)	3	
Sunosi (Oral Tablet)	2	PA; QL
Wakix (Oral Tablet)	3	PA; SP; QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Xyrem (Oral Solution)	3	PA; LA; SP; 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 contact us by calling Customer Service toll-free at **(866) 868-0609** (TTY: **711**), 7 a.m. – 7 p.m. CT, Monday – Friday, 7 a.m. – 3 p.m. CT, Saturday.

Drugs are listed in alphabetical order in the chart below.

Drug Name	Quantity Limit
Abacavir Sulfate (Oral Solution)	Maximum of 32 ml per day
Abacavir Sulfate (Oral Tablet)	Maximum of 2 tablets per day
Abacavir Sulfate-Lamivudine (Oral Tablet)	Maximum of 1 tablet per day
Abacavir-Lamivudine-Zidovudine (Oral Tablet)	Maximum of 2 tablets per day
Acetaminophen-Caffeine-Dihydrocodeine (Oral Tablet)	Maximum of 10 tablets per day
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	Maximum of 150 ml per day
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	Maximum of 13 tablets per day
Advair HFA (Inhalation Aerosol)	Maximum of 1 inhaler (12 grams) per 30 days
Adzenys ER (Oral Suspension Extended Release)	Maximum of 15 ml per day
Adzenys XR-ODT (Oral Tablet Extended Release Dispersible)	Maximum of 1 tablet per day
Aimovig (140MG/ML Subcutaneous Solution Auto-Injector)	Maximum of 1 pen (1 ml) per 30 days
Aimovig (70MG/ML Subcutaneous Solution Auto-Injector)	Maximum of 2 pens (2 ml) per 30 days
Albendazole (Oral Tablet)	Maximum of 16 tablets per day
Alendronate Sodium (35MG Oral Tablet)	Maximum of 8 tablets per 28 days
Alendronate Sodium (70MG Oral Tablet)	Maximum of 4 tablets per 28 days
Aliskiren Fumarate (Oral Tablet)	Maximum of 1 tablet per day
Almotriptan Malate (Oral Tablet)	Maximum of 12 tablets per 30 days
Alora (Transdermal Patch Twice Weekly)	Maximum of 8 patches per 28 days
Alprazolam ER (0.5MG Oral Tablet Extended Release 24 Hour, 1MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Alprazolam ER (2MG Oral Tablet Extended Release 24 Hour)	Maximum of 5 tablets per day
Alprazolam ER (3MG Oral Tablet Extended Release 24 Hour)	Maximum of 3 tablets per day
Alprazolam Intensol (Oral Concentrate)	Maximum of 10 ml per day
Alprazolam (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day
Alprazolam (2MG Oral Tablet Immediate Release)	Maximum of 5 tablets per day
Alprazolam ODT (0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	Maximum of 4 tablets per day
Alprazolam ODT (2MG Oral Tablet Dispersible)	Maximum of 5 tablets per day
Alunbrig (180MG Oral Tablet, 90MG Oral Tablet)	Maximum of 1 tablet per day
Alunbrig (30MG Oral Tablet)	Maximum of 4 tablets per day
Alunbrig (Oral Tablet Therapy Pack)	Maximum of 1 pack (30 tablets) per 30 days
Ambrisentan (Oral Tablet)	Maximum of 1 tablet per day
Amlodipine-Atorvastatin (Oral Tablet)	Maximum of 1 tablet per day
Amlodipine-Benazepril (Oral Capsule)	Maximum of 1 capsule per day
Amlodipine-Olmesartan (Oral Tablet)	Maximum of 1 tablet per day
Amlodipine-Valsartan (Oral Tablet)	Maximum of 1 tablet per day
Amphetamine ER (Oral Suspension Extended Release)	Maximum of 15 ml per day
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	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)	Maximum of 2 tablets per day
Amphetamine-Dextroamphetamine (20MG Oral Tablet)	Maximum of 3 tablets per day
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (60 blisters) per 30 days
Apokyn (Subcutaneous Solution Cartridge)	Maximum of 3 ml per day
Apriso (Oral Capsule Extended Release 24 Hour)	Maximum of 4 capsules per day
Aptensio XR (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day

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Plain type = Generic drug

Drug Name	Quantity Limit
Aptiom (200MG Oral Tablet, 400MG Oral Tablet)	Maximum of 1 tablet per day
Aptiom (600MG Oral Tablet, 800MG Oral Tablet)	Maximum of 2 tablets per day
Aptivus (Oral Capsule)	Maximum of 4 capsules per day
Aptivus (Oral Solution)	Maximum of 4 bottles (380 ml) per 30 days
Aripiprazole (1MG/ML Oral Solution)	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)	Maximum of 1 tablet per day
Aripiprazole ODT (10MG Oral Tablet Dispersible)	Maximum of 3 tablets per day
Aripiprazole ODT (15MG Oral Tablet Dispersible)	Maximum of 2 tablets per day
Armodafinil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	Maximum of 1 tablet per day
Armodafinil (50MG Oral Tablet)	Maximum of 2 tablets per day
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (30 blisters) per 30 days
Ascomp-Codeine (Oral Capsule)	Maximum of 6 capsules per day
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	Maximum of 2 capsules per day
Atazanavir Sulfate (150MG Oral Capsule, 300MG Oral Capsule)	Maximum of 1 capsule per day
Atazanavir Sulfate (200MG Oral Capsule)	Maximum of 2 capsules per day
Atomoxetine HCl (100MG Oral Capsule, 60MG Oral Capsule, 80MG Oral Capsule)	Maximum of 1 capsule per day
Atomoxetine HCl (10MG Oral Capsule, 18MG Oral Capsule, 25MG Oral Capsule, 40MG Oral Capsule)	Maximum of 2 capsules per day
Atorvastatin Calcium (Oral Tablet)	Maximum of 1 tablet per day
Atripla (Oral Tablet)	Maximum of 1 tablet per day
Aubagio (Oral Tablet)	Maximum of 1 tablet per day
Austedo (Oral Tablet)	Maximum of 4 tablets per day
Avandia (2MG Oral Tablet)	Maximum of 4 tablets per day
Avandia (4MG Oral Tablet)	Maximum of 2 tablets per day
Ayvakit (Oral Tablet)	Maximum of 1 tablet per day
Balversa (3MG Oral Tablet)	Maximum of 3 tablets per day
Balversa (4MG Oral Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Balversa (5MG Oral Tablet)	Maximum of 1 tablet per day
Belbuca (Buccal Film)	Maximum of 2 films per day
Belsomra (Oral Tablet)	Maximum of 1 tablet per day
Benazepril HCl (Oral Tablet)	Maximum of 2 tablets per day
Benazepril-Hydrochlorothiazide (Oral Tablet)	Maximum of 1 tablet per day
Bethkis (Inhalation Nebulization Solution)	Maximum of 2 ampules (8 ml) per day
Biktarvy (Oral Tablet)	Maximum of 1 tablet per day
Binosto (Oral Tablet Effervescent)	Maximum of 4 tablets per 28 days
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	Maximum of 2 tablets per day
Bosentan (Oral Tablet)	Maximum of 2 tablets per day
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (60 blisters) per 30 days
Brilinta (Oral Tablet)	Maximum of 2 tablets per day
BRIVIACT (10MG/ML Oral Solution)	Maximum of 20 ml per day
BRIVIACT (100MG Oral Tablet, 10MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	Maximum of 2 tablets per day
Brovana (Inhalation Nebulization Solution)	Maximum of 2 vials (4 ml) per day
Brukinsa (Oral Capsule)	Maximum of 4 capsules per day
Bunavail (Buccal Film)	Maximum of 2 films per day
Buprenorphine HCl (Tablet Sublingual)	Maximum of 3 tablets per day
Buprenorphine HCl-Naloxone HCl (12-3MG Sublingual Film, 4-1MG Sublingual Film)	Maximum of 2 films per day
Buprenorphine HCl-Naloxone HCl (2-0.5MG Sublingual Film, 8-2MG Sublingual Film)	Maximum of 3 films per day
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	Maximum of 3 tablets per day
Buprenorphine (Transdermal Patch Weekly)	Maximum of 4 patches per 28 days
Butalbital-Acetaminophen (25-325MG Oral Tablet)	Maximum of 12 tablets per day
Butalbital-Acetaminophen (50-300MG Oral Tablet, 50-325MG Oral Tablet)	Maximum of 6 tablets per day
Butalbital-Acetaminophen-Caffeine (50-300-40MG Oral Capsule, 50-325-40MG Oral Capsule)	Maximum of 6 capsules per day
Butalbital-Acetaminophen-Caffeine (50-325-40MG Oral Tablet)	Maximum of 6 tablets per day
Butalbital-Acetaminophen-Caffeine-Codeine (Oral Capsule)	Maximum of 6 capsules per day

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Plain type = Generic drug

Drug Name	Quantity Limit
Butalbital-Aspirin-Caffeine (Oral Capsule)	Maximum of 6 capsules per day
Butalbital-Aspirin-Caffeine-Codeine (Oral Capsule)	Maximum of 6 capsules per day
Butorphanol Tartrate (Nasal Solution)	Maximum of 2 bottles (5 ml) per 30 days
Butrans (7.5MCG/HR Transdermal Patch Weekly)	Maximum of 4 patches per 28 days
Bydureon BCise (Subcutaneous Auto-Injector)	Maximum of 4 pens (3.4 ml) per 28 days
Bydureon (Subcutaneous Pen-Injector)	Maximum of 4 pens per 28 days
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	Maximum of 1 pen (2.4 ml) per 30 days
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	Maximum of 1 pen (1.2 ml) per 30 days
Bystolic (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet per day
Bystolic (20MG Oral Tablet)	Maximum of 2 tablets per day
Cablivi (Injection Kit)	Maximum of 1 kit per day
Cabometyx (20MG Oral Tablet, 60MG Oral Tablet)	Maximum of 1 tablet per day
Cabometyx (40MG Oral Tablet)	Maximum of 2 tablets per day
Calcitonin Salmon (Nasal Solution)	Maximum of 1 bottle per 28 days
Calquence (Oral Capsule)	Maximum of 2 capsules per day
Candesartan Cilexetil (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet)	Maximum of 1 tablet per day
Candesartan Cilexetil (8MG Oral Tablet)	Maximum of 3 tablets per day
Candesartan Cilexetil-HCTZ (Oral Tablet)	Maximum of 1 tablet per day
Caplyta (Oral Capsule)	Maximum of 1 capsule per day
Captopril (100MG Oral Tablet)	Maximum of 4 tablets per day
Captopril (12.5MG Oral Tablet, 25MG Oral Tablet)	Maximum of 3 tablets per day
Captopril (50MG Oral Tablet)	Maximum of 9 tablets per day
Captopril-Hydrochlorothiazide (25-15MG Oral Tablet, 50-15MG Oral Tablet)	Maximum of 3 tablets per day
Captopril-Hydrochlorothiazide (25-25MG Oral Tablet, 50-25MG Oral Tablet)	Maximum of 2 tablets per day
Cardura XL (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Carisoprodol (Oral Tablet)	Maximum of 4 tablets per day
Carisoprodol-Aspirin-Codeine (Oral Tablet)	Maximum of 4 tablets per day

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Drug Name	Quantity Limit
Celecoxib (Oral Capsule)	Maximum of 2 capsules per day
Cequa (Ophthalmic Solution)	Maximum of 2 vials per day
Cimduo (Oral Tablet)	Maximum of 1 tablet per day
Cinacalcet HCl (30MG Oral Tablet, 60MG Oral Tablet)	Maximum of 2 tablets per day
Cinacalcet HCl (90MG Oral Tablet)	Maximum of 4 tablets per day
Clobazam (2.5MG/ML Oral Suspension)	Maximum of 16 ml per day
Clobazam (10MG Oral Tablet, 20MG Oral Tablet)	Maximum of 2 tablets per day
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	Maximum of 4 tablets per day
Clonazepam (2MG Oral Tablet)	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)	Maximum of 4 tablets per day
Clonazepam ODT (2MG Oral Tablet Dispersible)	Maximum of 10 tablets per day
Clopidogrel Bisulfate (75MG Oral Tablet)	Maximum of 4 tablets per day
Clorazepate Dipotassium (15MG Oral Tablet)	Maximum of 6 tablets per day
Clorazepate Dipotassium (3.75MG Oral Tablet)	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5MG Oral Tablet)	Maximum of 12 tablets per day
Clovique (Oral Capsule)	Maximum of 8 capsules per day
Clozapine ODT (100MG Oral Tablet Dispersible)	Maximum of 9 tablets per day
Clozapine ODT (12.5MG Oral Tablet Dispersible)	Maximum of 2 tablets per day
Clozapine ODT (150MG Oral Tablet Dispersible)	Maximum of 6 tablets per day
Clozapine ODT (200MG Oral Tablet Dispersible)	Maximum of 4 tablets per day
Clozapine ODT (25MG Oral Tablet Dispersible)	Maximum of 3 tablets per day
Codeine Sulfate (15MG Oral Tablet)	Maximum of 6 tablets per day
Codeine Sulfate (30MG Oral Tablet, 60MG Oral Tablet)	Maximum of 6 tablets per day
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	Maximum of 4 capsules per day
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	Maximum of 4 tablets per day
Colcrys (Oral Tablet)	Maximum of 4 tablets per day
Combivent Respimat (Inhalation Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 20 days
Complera (Oral Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Copiktra (Oral Capsule)	Maximum of 2 capsules per day
Corlanor (Oral Solution)	Maximum of 15 ml per day
Corlanor (Oral Tablet)	Maximum of 2 tablets per day
Cotempla XR-ODT (Oral Tablet Extended Release Dispersible)	Maximum of 2 tablets per day
Crixivan (200MG Oral Capsule)	Maximum of 9 capsules per day
Crixivan (400MG Oral Capsule)	Maximum of 6 capsules per day
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	Maximum of 2 tablets per day
Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Daurismo (100MG Oral Tablet)	Maximum of 1 tablet per day
Daurismo (25MG Oral Tablet)	Maximum of 2 tablets per day
Daytrana (Transdermal Patch)	Maximum of 1 patch per day
Delstrigo (Oral Tablet)	Maximum of 1 tablet per day
Descovy (Oral Tablet)	Maximum of 1 tablet per day
Desvenlafaxine ER (100 MG Oral Tablet Extended Release 24 Hour) (Brand Equivalent Khedezla)	Maximum of 4 tablets per day
Desvenlafaxine ER (50 MG Oral Tablet Extended Release 24 Hour) (Brand Equivalent Khedezla)	Maximum of 1 tablet per day
Dexilant (Oral Capsule Delayed Release)	Maximum of 1 capsule per day
Dexmethylphenidate HCl (Oral Tablet)	Maximum of 2 tablets per day
Dextroamphetamine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour)	Maximum of 6 capsules per day
Dextroamphetamine Sulfate ER (15MG Oral Capsule Extended Release 24 Hour)	Maximum of 4 capsules per day
Dextroamphetamine Sulfate ER (5MG Oral Capsule Extended Release 24 Hour)	Maximum of 3 capsules per day
Dextroamphetamine Sulfate (Oral Tablet)	Maximum of 6 tablets per day
Diazepam Intensol (5MG/ML Oral Concentrate)	Maximum of 8 ml per day
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	Maximum of 4 tablets per day
Diclofenac Epolamine (Transdermal Patch)	Maximum of 2 patches per day
Didanosine (250MG Oral Capsule Delayed Release, 400MG Oral Capsule Delayed Release)	Maximum of 1 capsule per day
Digitek (125MCG Oral Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Digox (125MCG Oral Tablet)	Maximum of 1 tablet per day
Digoxin (Oral Solution)	Maximum of 5 ml per day
Digoxin (125MCG Oral Tablet)	Maximum of 1 tablet per day
Donepezil HCl (10MG Oral Tablet)	Maximum of 2 tablets per day
Donepezil HCl (23MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet per day
Donepezil HCl ODT (10MG Oral Tablet Dispersible)	Maximum of 2 tablets per day
Donepezil HCl ODT (5MG Oral Tablet Dispersible)	Maximum of 1 tablet per day
Dotti (Transdermal Patch Twice Weekly)	Maximum of 8 patches per 28 days
Dovato (Oral Tablet)	Maximum of 1 tablet per day
Doxepin HCl (External Cream)	Maximum of 90 grams per 30 days
Drizalma Sprinkle (20MG Oral Capsule Delayed Release Sprinkle, 30MG Oral Capsule Delayed Release Sprinkle, 60MG Oral Capsule Delayed Release Sprinkle)	Maximum of 2 capsules per day
Drizalma Sprinkle (40MG Oral Capsule Delayed Release Sprinkle)	Maximum of 3 capsules per day
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	Maximum of 2 capsules per day
Duloxetine HCl (40MG Oral Capsule Delayed Release Particles)	Maximum of 3 capsules per day
Dupixent (200MG/1.14ML Subcutaneous Solution Prefilled Syringe)	Maximum of 4 syringes (4.56 ml) per 28 days
Dupixent (300MG/2ML Subcutaneous Solution Prefilled Syringe)	Maximum of 4 syringes (8 ml) per 28 days
Dyanavel XR (Oral Suspension Extended Release)	Maximum of 8 ml per day
Econazole Nitrate (External Cream)	Maximum of 90 grams per 30 days
Edarbi (Oral Tablet)	Maximum of 1 tablet per day
Edarbyclor (Oral Tablet)	Maximum of 1 tablet per day
Edurant (Oral Tablet)	Maximum of 1 tablet per day
Efavirenz (Oral Capsule)	Maximum of 3 capsules per day
Efavirenz (Oral Tablet)	Maximum of 1 tablet per day
Eletriptan Hydrobromide (Oral Tablet)	Maximum of 12 tablets per 30 days
Eliquis Starter Pack (Oral Tablet)	Maximum of 1 pack (74 tablets) per 30 days

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Drug Name	Quantity Limit
Eliquis (Oral Tablet)	Maximum of 2 tablets per day
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	Maximum of 3 syringes or pens (3 ml) per 30 days
Emgality (Subcutaneous Solution Auto-Injector)	Maximum of 2 syringes or pens (2 ml) per 30 days
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	Maximum of 2 syringes or pens (2 ml) per 30 days
Emsam (Transdermal Patch 24 Hour)	Maximum of 1 patch per day
Emtriva (Oral Capsule)	Maximum of 1 capsule per day
Emtriva (Oral Solution)	Maximum of 5 bottles (850 ml) per 30 days
Enalapril Maleate (Oral Tablet)	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (10-25MG Oral Tablet)	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (5-12.5MG Oral Tablet)	Maximum of 1 tablet per day
Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	Maximum of 12 tablets per day
Enoxaparin Sodium (100MG/ML Subcutaneous Solution, 150MG/ML Subcutaneous Solution)	Maximum of 2 syringes (2 ml) per day
Enoxaparin Sodium (120MG/0.8ML Subcutaneous Solution, 80MG/0.8ML Subcutaneous Solution)	Maximum of 2 syringes (1.6 ml) per day
Enoxaparin Sodium (30MG/0.3ML Subcutaneous Solution)	Maximum of 2 syringes (0.6 ml) per day
Enoxaparin Sodium (40MG/0.4ML Subcutaneous Solution)	Maximum of 2 syringes (0.8 ml) per day
Enoxaparin Sodium (60MG/0.6ML Subcutaneous Solution)	Maximum of 2 syringes (1.2 ml) per day
Entresto (Oral Tablet)	Maximum of 2 tablets per day
Epclusa (Oral Tablet)	Maximum of 1 tablet per day
Epinephrine (Injection Solution Auto-Injector)	Maximum of 4 pens (2 boxes) per 30 days
Erivedge (Oral Capsule)	Maximum of 1 capsule per day
Erleada (Oral Tablet)	Maximum of 4 tablets per day
Erlotinib HCl (100MG Oral Tablet, 150MG Oral Tablet)	Maximum of 1 tablet per day
Erlotinib HCl (25MG Oral Tablet)	Maximum of 3 tablets per day
Esbriet (Oral Capsule)	Maximum of 9 capsules per day
Esbriet (267MG Oral Tablet)	Maximum of 9 tablets per day
Esbriet (801MG Oral Tablet)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Estazolam (Oral Tablet)	Maximum of 1 tablet per day
Estradiol (Transdermal Patch Twice Weekly)	Maximum of 8 patches per 28 days
Estradiol (Transdermal Patch Weekly)	Maximum of 4 patches per 28 days
Eszopiclone (Oral Tablet)	Maximum of 1 tablet per day
Eucrisa (External Ointment)	Maximum of 100 grams per 30 days
Eventy (Subcutaneous Solution Prefilled Syringe)	Maximum of 2 syringes (2.34 ml) per 28 days
Evotaz (Oral Tablet)	Maximum of 1 tablet per day
Ezallor Sprinkle (Oral Capsule Sprinkle)	Maximum of 1 capsule per day
Ezetimibe-Simvastatin (Oral Tablet)	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)	Maximum of 2 tablets per day
Fentanyl Citrate (Buccal Lozenge On A Handle)	Maximum of 4 lozenges per day
Fentanyl (Transdermal Patch 72 Hour)	Maximum of 15 patches per 30 days
Fetzima (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Firdapse (Oral Tablet)	Maximum of 8 tablets per day
Flector (Transdermal Patch)	Maximum of 2 patches per day
FloLipid (20MG/5ML Oral Suspension)	Maximum of 5 ml per day
FloLipid (40MG/5ML Oral Suspension)	Maximum of 10 ml per day
Flovent Diskus (Inhalation Aerosol Powder Breath Activated)	Maximum of 2 inhalers (120 blisters) per 30 days
Flovent HFA (110MCG/ACT Inhalation Aerosol)	Maximum of 1 inhaler (12 grams) per 30 days
Flovent HFA (220MCG/ACT Inhalation Aerosol)	Maximum of 2 inhalers (24 grams) per 30 days
Flovent HFA (44MCG/ACT Inhalation Aerosol)	Maximum of 1 inhaler (10.6 grams) per 30 days
Flurazepam HCl (Oral Capsule)	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)	Maximum of 1 inhaler (60 blisters) per 30 days

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Drug Name	Quantity Limit
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)	Maximum of 1 inhaler per 30 days
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Fluvastatin Sodium (20MG Oral Capsule)	Maximum of 1 capsule per day
Fluvastatin Sodium (40MG Oral Capsule)	Maximum of 2 capsules per day
Fosamax Plus D (Oral Tablet)	Maximum of 4 tablets per 28 days
Fosamprenavir Calcium (Oral Tablet)	Maximum of 4 tablets per day
Fosinopril Sodium (Oral Tablet)	Maximum of 2 tablets per day
Fosinopril Sodium-HCTZ (Oral Tablet)	Maximum of 4 tablets per day
Frovatriptan Succinate (Oral Tablet)	Maximum of 12 tablets per 30 days
Fuzeon (Subcutaneous Solution Reconstituted)	Maximum of 2 vials per day
Genvoya (Oral Tablet)	Maximum of 1 tablet per day
Gilenya (0.5MG Oral Capsule)	Maximum of 1 pack (30 capsules) per 30 days
Glimepiride (1MG Oral Tablet)	Maximum of 8 tablets per day
Glimepiride (2MG Oral Tablet)	Maximum of 4 tablets per day
Glimepiride (4MG Oral Tablet)	Maximum of 2 tablets per day
Glipizide ER (10MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Glipizide ER (2.5MG Oral Tablet Extended Release 24 Hour)	Maximum of 8 tablets per day
Glipizide ER (5MG Oral Tablet Extended Release 24 Hour)	Maximum of 4 tablets per day
Glipizide (10MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day
Glipizide (5MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-250MG Oral Tablet)	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)	Maximum of 4 tablets per day
Glyburide Micronized (1.5MG Oral Tablet)	Maximum of 8 tablets per day
Glyburide Micronized (3MG Oral Tablet)	Maximum of 4 tablets per day
Glyburide Micronized (6MG Oral Tablet)	Maximum of 2 tablets per day
Glyburide (1.25MG Oral Tablet)	Maximum of 16 tablets per day

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Drug Name	Quantity Limit
Glyburide (2.5MG Oral Tablet)	Maximum of 8 tablets per day
Glyburide (5MG Oral Tablet)	Maximum of 4 tablets per day
Glyburide-Metformin (1.25-250MG Oral Tablet)	Maximum of 8 tablets per day
Glyburide-Metformin (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)	Maximum of 4 tablets per day
Glyxambi (Oral Tablet)	Maximum of 1 tablet per day
Granisetron HCl (Oral Tablet)	Maximum of 2 tablets per day
Guanfacine HCl (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Harvoni (33.75-150MG Oral Packet)	Maximum of 1 carton (28 packets) per 28 days
Harvoni (45-200MG Oral Packet)	Maximum of 2 cartons (56 packets) per 28 days
Harvoni (90-400MG Oral Tablet)	Maximum of 1 tablet per day
Hetlioz (Oral Capsule)	Maximum of 1 capsule per day
Hydrocodone Bitartrate ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	Maximum of 2 capsules per day
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	Maximum of 180 ml per day
Hydrocodone-Acetaminophen (10-300MG Oral Tablet, 5-300MG Oral Tablet, 7.5-300MG Oral Tablet)	Maximum of 13 tablets per day
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	Maximum of 12 tablets per day
Hydrocodone-Ibuprofen (Oral Tablet)	Maximum of 5 tablets per day
Hydromorphone HCl ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
Hydromorphone HCl (1MG/ML Oral Liquid)	Maximum of 50 ml per day
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Hydromorphone HCl (8MG Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Hysingla ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	Maximum of 1 tablet per day
Ibandronate Sodium (Oral Tablet)	Maximum of 1 tablet per 28 days
Icatibant Acetate (Subcutaneous Solution)	Maximum of 3 syringes (9 ml) per day
Imatinib Mesylate (Oral Tablet)	Maximum of 3 tablets per day
Imbruvica (140MG Oral Capsule)	Maximum of 4 capsules per day
Imbruvica (70MG Oral Capsule)	Maximum of 1 capsule per day

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Drug Name	Quantity Limit
Imbruvica (Oral Tablet)	Maximum of 1 tablet per day
Imvexxy Maintenance Pack (Vaginal Insert)	Maximum of 1 vaginal insert per day
Imvexxy Starter Pack (Vaginal Insert)	Maximum of 1 vaginal insert per day
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (30 blisters) per 30 days
Ingrezza (Oral Capsule)	Maximum of 1 capsule per day
Ingrezza (Oral Capsule Therapy Pack)	Maximum of 1 pack (28 capsules) per 28 days
Inlyta (Oral Tablet)	Maximum of 4 tablets per day
Inrebic (Oral Capsule)	Maximum of 4 capsules per day
Intence (100MG Oral Tablet, 200MG Oral Tablet)	Maximum of 2 tablets per day
Intence (25MG Oral Tablet)	Maximum of 4 tablets per day
Intrarosa (Vaginal Insert)	Maximum of 1 vaginal insert per day
Invirase (Oral Tablet)	Maximum of 4 tablets per day
Invokamet (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Invokamet XR (Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Invokana (Oral Tablet)	Maximum of 1 tablet per day
Irbesartan (150MG Oral Tablet, 300MG Oral Tablet)	Maximum of 1 tablet per day
Irbesartan (75MG Oral Tablet)	Maximum of 3 tablets per day
Irbesartan-Hydrochlorothiazide (Oral Tablet)	Maximum of 1 tablet per day
Iressa (Oral Tablet)	Maximum of 2 tablets per day
Isentress HD (Oral Tablet)	Maximum of 2 tablets per day
Isentress (Oral Packet)	Maximum of 2 packets per day
Isentress (Oral Tablet)	Maximum of 2 tablets per day
Isentress (Oral Tablet Chewable)	Maximum of 6 tablets per day
Jakafi (Oral Tablet)	Maximum of 2 tablets per day
Janumet (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Janumet XR (100-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Janumet XR (50-1000MG Oral Tablet Extended Release 24 Hour, 50-500MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Januvia (Oral Tablet)	Maximum of 1 tablet per day
Jardiance (Oral Tablet)	Maximum of 1 tablet per day
Jentaduoeto (Oral Tablet Immediate Release)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Jentaduetto XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Jentaduetto XR (5-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Jornay PM (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Juluca (Oral Tablet)	Maximum of 1 tablet per day
Jynarque (15MG Oral Tablet)	Maximum of 2 tablets per day
Jynarque (30MG Oral Tablet)	Maximum of 1 tablet per day
Jynarque (Oral Tablet Therapy Pack)	Maximum of 2 tablets per day
Kaletra (100-25MG Oral Tablet)	Maximum of 2 tablets per day
Kaletra (200-50MG Oral Tablet)	Maximum of 4 tablets per day
Ketoconazole (External Cream)	Maximum of 90 grams per 30 days
Keveyis (Oral Tablet)	Maximum of 4 tablets per day
Korlym (Oral Tablet)	Maximum of 4 tablets per day
Koselugo (10MG Oral Capsule)	Maximum of 8 capsules per day
Koselugo (25MG Oral Capsule)	Maximum of 4 capsules per day
Lamivudine (10MG/ML Oral Solution)	Maximum of 32 ml per day
Lamivudine (150MG Oral Tablet)	Maximum of 2 tablets per day
Lamivudine (300MG Oral Tablet)	Maximum of 1 tablet per day
Lamivudine-Zidovudine (Oral Tablet)	Maximum of 2 tablets per day
Lanoxin (62.5MCG Oral Tablet)	Maximum of 2 tablets per day
Lansoprazole (Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Latuda (120MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 60MG Oral Tablet)	Maximum of 1 tablet per day
Latuda (80MG Oral Tablet)	Maximum of 2 tablets per day
Ledipasvir-Sofosbuvir (Oral Tablet)	Maximum of 1 tablet per day
Lexiva (Oral Suspension)	Maximum of 60 ml per day
Lidocaine (5% External Ointment)	Maximum of 152 grams per 30 days
Lidocaine (5% External Patch)	Maximum of 3 patches per day
Linezolid (Oral Tablet)	Maximum of 2 tablets per day
Linzess (Oral Capsule)	Maximum of 1 capsule per day
Lisinopril (Oral Tablet)	Maximum of 2 tablets per day
Lisinopril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	Maximum of 1 tablet per day
Lisinopril-Hydrochlorothiazide (20-12.5MG Oral Tablet)	Maximum of 4 tablets per day

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Drug Name	Quantity Limit
Lisinopril-Hydrochlorothiazide (20-25MG Oral Tablet)	Maximum of 2 tablets per day
Livalo (Oral Tablet)	Maximum of 1 tablet per day
Lokelma (Oral Packet)	Maximum of 90 packets per 30 days
Lonhala Magnair (Inhalation Solution)	Maximum of 2 vials (2 ml) per day
Lopinavir-Ritonavir (Oral Solution)	Maximum of 2 bottles (320 ml) per 30 days
Lorazepam (2MG/ML Oral Concentrate)	Maximum of 5 ml per day
Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	Maximum of 4 tablets per day
Lorazepam (2MG Oral Tablet)	Maximum of 5 tablets per day
Lorbrena (100MG Oral Tablet)	Maximum of 1 tablet per day
Lorbrena (25MG Oral Tablet)	Maximum of 3 tablets per day
Lorcet HD (Oral Tablet)	Maximum of 12 tablets per day
Lorcet (Oral Tablet)	Maximum of 12 tablets per day
Lorcet Plus (Oral Tablet)	Maximum of 12 tablets per day
Losartan Potassium (100MG Oral Tablet)	Maximum of 1 tablet per day
Losartan Potassium (25MG Oral Tablet, 50MG Oral Tablet)	Maximum of 2 tablets per day
Losartan Potassium-HCTZ (100-12.5MG Oral Tablet, 100-25MG Oral Tablet)	Maximum of 1 tablet per day
Losartan Potassium-HCTZ (50-12.5MG Oral Tablet)	Maximum of 2 tablets per day
Lovastatin (10MG Oral Tablet, 20MG Oral Tablet)	Maximum of 1 tablet per day
Lovastatin (40MG Oral Tablet)	Maximum of 2 tablets per day
Lucemyra (Oral Tablet)	Maximum of 16 tablets per day
Lyrica CR (165MG Oral Tablet Extended Release 24 Hour, 82.5MG Oral Tablet Extended Release 24 Hour)	Maximum of 3 tablets per day
Lyrica CR (330MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Mavyret (Oral Tablet)	Maximum of 3 tablets per day
Mayzent (0.25MG Oral Tablet)	Maximum of 8 tablets per day
Mayzent (2MG Oral Tablet)	Maximum of 1 tablet per day
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Memantine HCl (2MG/ML Oral Solution)	Maximum of 10 ml per day
Memantine HCl (10MG Oral Tablet)	Maximum of 2 tablets per day
Memantine HCl (5MG Oral Tablet)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Menostar (Transdermal Patch Weekly)	Maximum of 4 patches per 28 days
Meperidine HCl (Oral Solution)	Maximum of 90 ml per day
Meperidine HCl (100MG Oral Tablet)	Maximum of 9 tablets per day
Meperidine HCl (50MG Oral Tablet)	Maximum of 18 tablets per day
Mesalamine ER (0.375MG Oral Capsule Extended Release 24 Hour) (Generic Apriso)	Maximum of 4 capsules per day
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	Maximum of 4 tablets per day
Mesalamine (800MG Oral Tablet Delayed Release) (Generic Asacol)	Maximum of 6 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	Maximum of 4 tablets per day
Metformin HCl ER (750MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	Maximum of 2 tablets per day
Metformin HCl (500MG/5ML Oral Solution)	Maximum of 25.5 ml per day
Metformin HCl (1000MG Oral Tablet Immediate Release)	Maximum of 2.5 tablets per day
Metformin HCl (500MG Oral Tablet Immediate Release)	Maximum of 5 tablets per day
Metformin HCl (850MG Oral Tablet Immediate Release)	Maximum of 3 tablets per day
Methadone HCl (10MG/5ML Oral Solution)	Maximum of 60 ml per day
Methadone HCl (5MG/5ML Oral Solution)	Maximum of 120 ml per day
Methadone HCl (10MG Oral Tablet)	Maximum of 12 tablets per day
Methadone HCl (5MG Oral Tablet)	Maximum of 8 tablets per day
Methylphenidate HCl ER (XR) (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Methylphenidate HCl ER (10MG Oral Tablet Extended Release)	Maximum of 4 tablets per day
Methylphenidate HCl ER Osmotic Release (18MG Oral Tablet Extended Release), Methylphenidate HCl ER (20MG Oral Tablet Extended Release)	Maximum of 3 tablets per day
Methylphenidate HCl ER (18MG Oral Tablet Extended Release 24 Hour)	Maximum of 3 tablets per day
Methylphenidate HCl ER (27MG Oral Tablet Extended Release 24 Hour, 36MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Methylphenidate HCl ER (54MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Methylphenidate HCl ER Osmotic Release (27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release)	Maximum of 2 tablets per day
Methylphenidate HCl ER Osmotic Release (54MG Oral Tablet Extended Release, 72MG Oral Tablet Extended Release)	Maximum of 1 tablet per day
Methylphenidate HCl (10MG/5ML Oral Solution)	Maximum of 30 ml per day
Methylphenidate HCl (5MG/5ML Oral Solution)	Maximum of 60 ml per day
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	Maximum of 3 tablets per day
Methylphenidate HCl (10MG Oral Tablet Chewable)	Maximum of 6 tablets per day
Methylphenidate HCl (2.5MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	Maximum of 3 tablets per day
Minocycline HCl ER (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Mitigare (Oral Capsule)	Maximum of 4 capsules per day
Modafinil (100MG Oral Tablet)	Maximum of 1 tablet per day
Modafinil (200MG Oral Tablet)	Maximum of 2 tablets per day
Moexipril HCl (Oral Tablet)	Maximum of 2 tablets per day
Montelukast Sodium (Oral Packet)	Maximum of 1 packet per day
Montelukast Sodium (Oral Tablet)	Maximum of 1 tablet per day
Montelukast Sodium (Oral Tablet Chewable)	Maximum of 1 tablet per day
Morphine Sulfate (100MG/5ML Oral Solution)	Maximum of 10 ml per day
Morphine Sulfate ER Beads (120MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	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)	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)	Maximum of 4 capsules per day

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Drug Name	Quantity Limit
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)	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)	Maximum of 2 capsules per day
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release) (Generic MS Contin)	Maximum of 3 tablets per day
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	Maximum of 2 tablets per day
Morphine Sulfate ER (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	Maximum of 4 tablets per day
Morphine Sulfate (10MG/5ML Oral Solution)	Maximum of 100 ml per day
Morphine Sulfate (20MG/5ML Oral Solution)	Maximum of 50 ml per day
Morphine Sulfate (15MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Morphine Sulfate (30MG Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Motegrity (Oral Tablet)	Maximum of 1 tablet per day
Mydayis (12.5MG Oral Capsule Extended Release 24 Hour, 25MG Oral Capsule Extended Release 24 Hour)	Maximum of 2 capsules per day
Mydayis (37.5MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Namenda XR Titration Pack (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	Maximum of 1 capsule per day
Namzaric (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Naratriptan HCl (Oral Tablet)	Maximum of 12 tablets per 30 days
Nateglinide (120MG Oral Tablet)	Maximum of 3 tablets per day
Nateglinide (60MG Oral Tablet)	Maximum of 6 tablets per day

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Drug Name	Quantity Limit
Nebupent (Inhalation Solution Reconstituted)	Maximum of 1 vial (300 mg) per 28 days
Nerlynx (Oral Tablet)	Maximum of 6 tablets per day
Nevirapine ER (100MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Nevirapine (Oral Suspension)	Maximum of 40 ml per day
Nevirapine (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Ninlaro (Oral Capsule)	Maximum of 3 capsules per 28 days
Northera (100MG Oral Capsule)	Maximum of 3 capsules per day
Northera (200MG Oral Capsule, 300MG Oral Capsule)	Maximum of 6 capsules per day
Norvir (Oral Packet)	Maximum of 12 packets per day
Norvir (Oral Solution)	Maximum of 16 ml per day
Noxafil (Oral Suspension)	Maximum of 20 ml per day
Noxafil (Oral Tablet Delayed Release)	Maximum of 6 tablets per day
Nubeqa (Oral Tablet)	Maximum of 4 tablets per day
Nucala (Subcutaneous Solution Auto-Injector)	Maximum of 3 ml per 28 days
Nucala (Subcutaneous Solution Prefilled Syringe)	Maximum of 3 ml per 28 days
Nucala (Subcutaneous Solution Reconstituted)	Maximum of 3 vials per 28 days
Nuplazid (Oral Capsule)	Maximum of 1 capsule per day
Nuplazid (10MG Oral Tablet)	Maximum of 1 tablet per day
Nuzyra (Oral Tablet)	Maximum of 2 tablets per day
Ocaliva (Oral Tablet)	Maximum of 1 tablet per day
Odefsey (Oral Tablet)	Maximum of 1 tablet per day
Odomzo (Oral Capsule)	Maximum of 1 capsule per day
Ofev (Oral Capsule)	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)	Maximum of 1 tablet per day
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	Maximum of 1 tablet per day
Olmesartan Medoxomil (20MG Oral Tablet, 40MG Oral Tablet)	Maximum of 1 tablet per day
Olmesartan Medoxomil (5MG Oral Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Olmesartan Medoxomil-HCTZ (Oral Tablet)	Maximum of 1 tablet per day
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	Maximum of 1 tablet per day
Omeprazole (10MG Oral Capsule Delayed Release)	Maximum of 3 capsules per day
Onzetra Xsail (Nasal Exhaler Powder)	Maximum of 1 kit (16 exhalers) per 30 days
Oralair 300IR (Tablet Sublingual)	Maximum of 1 tablet per day
Orilissa (150MG Oral Tablet)	Maximum of 1 tablet per day
Orilissa (200MG Oral Tablet)	Maximum of 2 tablets per day
Orkambi (Oral Packet)	Maximum of 56 packets per 28 days
Orkambi (Oral Tablet)	Maximum of 112 tablets per 28 days
Osphena (Oral Tablet)	Maximum of 1 tablet per day
Oxandrolone (10MG Oral Tablet)	Maximum of 2 tablets per day
Oxandrolone (2.5MG Oral Tablet)	Maximum of 4 tablets per day
Oxervate (Ophthalmic Solution)	Maximum of 2 vials (2 ml) per day
Oxycodone HCl ER (Oral Tablet ER 12 Hour Abuse-Deterrent)	Maximum of 3 tablets per day
Oxycodone HCl (5MG Oral Capsule)	Maximum of 12 capsules per day
Oxycodone HCl (100MG/5ML Oral Concentrate)	Maximum of 6 ml per day
Oxycodone HCl (5MG/5ML Oral Solution)	Maximum of 130 ml per day
Oxycodone HCl (10MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	Maximum of 12 tablets per day
Oxycodone HCl (15MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Oxycodone HCl (20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	Maximum of 12 tablets per day
Oxycodone-Aspirin (Oral Tablet)	Maximum of 12 tablets per day
OxyContin (Oral Tablet ER 12 Hour Abuse-Deterrent)	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)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Oxymorphone HCl ER (30MG Oral Tablet Extended Release 12 Hour)	Maximum of 4 tablets per day
Oxymorphone HCl ER (40MG Oral Tablet Extended Release 12 Hour)	Maximum of 3 tablets per day
Oxymorphone HCl (Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Ozempic (0.25 or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector)	Maximum of 1 pen (1.5 ml) per 28 days
Ozempic (1MG/DOSE) (Subcutaneous Solution Pen-Injector)	Maximum of 2 pens (3 ml) per 28 days
Paliperidone ER (1.5MG Oral Tablet Extended Release 24 Hour, 3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Paliperidone ER (6MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Palyngiq (10MG/0.5ML Subcutaneous Solution Prefilled Syringe)	Maximum of 28 syringes per 28 days
Palyngiq (2.5MG/0.5ML Subcutaneous Solution Prefilled Syringe)	Maximum of 8 syringes per 28 days
Palyngiq (20MG/ML Subcutaneous Solution Prefilled Syringe)	Maximum of 56 syringes per 28 days
Pantoprazole Sodium (20MG Oral Tablet Delayed Release)	Maximum of 3 tablets per day
Pantoprazole Sodium (40MG Oral Tablet Delayed Release)	Maximum of 2 tablets per day
Pemazyre (Oral Tablet)	Maximum of 1 tablet per day
Pentamidine Isethionate (Inhalation Solution Reconstituted)	Maximum of 1 vial (300 mg) per 28 days
Pentasa (250MG Oral Capsule Extended Release)	Maximum of 12 capsules per day
Pentasa (500MG Oral Capsule Extended Release)	Maximum of 8 capsules per day
Pentazocine-Naloxone HCl (Oral Tablet)	Maximum of 12 tablets per day
Perforomist (Inhalation Nebulization Solution)	Maximum of 2 vials (4 ml) per day
Perindopril Erbumine (Oral Tablet)	Maximum of 2 tablets per day
Pifeltro (Oral Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl (15MG Oral Tablet)	Maximum of 3 tablets per day
Pioglitazone HCl (30MG Oral Tablet, 45MG Oral Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Pioglitazone HCl-Glimepiride (Oral Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl-Metformin HCl (Oral Tablet)	Maximum of 3 tablets per day
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	Maximum of 1 tablet per day
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	Maximum of 2 tablets per day
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	Maximum of 2 tablets per day
Posaconazole (Oral Tablet Delayed Release)	Maximum of 6 tablets per day
Pradaxa (Oral Capsule)	Maximum of 2 capsules per day
Praluent (Subcutaneous Solution Auto-Injector)	Maximum of 2 pens (2 ml) per 28 days
Pravastatin Sodium (Oral Tablet)	Maximum of 1 tablet per day
Pregabalin (100MG Oral Capsule, 150MG Oral Capsule, 200MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	Maximum of 3 capsules per day
Pregabalin (225MG Oral Capsule, 300MG Oral Capsule)	Maximum of 2 capsules per day
Pregabalin (Oral Solution)	Maximum of 30 ml per day
Premarin (Oral Tablet)	Maximum of 1 tablet per day
Premphase (Oral Tablet)	Maximum of 1 tablet per day
Prempro (Oral Tablet)	Maximum of 1 tablet per day
Prevymis (Oral Tablet)	Maximum of 1 tablet per day
Prezcobix (Oral Tablet)	Maximum of 1 tablet per day
Prezista (Oral Suspension)	Maximum of 2 bottles (400 ml) per 30 days
Prezista (150MG Oral Tablet)	Maximum of 6 tablets per day
Prezista (600MG Oral Tablet, 75MG Oral Tablet)	Maximum of 2 tablets per day
Prezista (800MG Oral Tablet)	Maximum of 1 tablet per day
Prolia (Subcutaneous Solution Prefilled Syringe)	Maximum of 1 syringe per 180 days
Promacta (Oral Packet)	Maximum of 6 packets per day
Promacta (12.5MG Oral Tablet, 25MG Oral Tablet)	Maximum of 1 tablet per day
Promacta (50MG Oral Tablet, 75MG Oral Tablet)	Maximum of 2 tablets per day
Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated)	Maximum of 2 inhalers per 30 days

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Drug Name	Quantity Limit
Pulmozyme (Inhalation Solution)	Maximum of 2 ampules (5 ml) per day
Qinlock (Oral Tablet)	Maximum of 3 tablets per day
Quetiapine Fumarate ER (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	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)	Maximum of 2 tablets per day
Quetiapine Fumarate (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	Maximum of 3 tablets per day
Quetiapine Fumarate (25MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day
Quetiapine Fumarate (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	Maximum of 2 tablets per day
QuilliChew ER (20MG Oral Tablet Chewable Extended Release, 40MG Oral Tablet Chewable Extended Release)	Maximum of 1 tablet per day
QuilliChew ER (30MG Oral Tablet Chewable Extended Release)	Maximum of 2 tablets per day
Quinapril HCl (Oral Tablet)	Maximum of 2 tablets per day
Quinapril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	Maximum of 1 tablet per day
Quinapril-Hydrochlorothiazide (20-12.5MG Oral Tablet, 20-25MG Oral Tablet)	Maximum of 2 tablets per day
Ramelteon (Oral Tablet)	Maximum of 1 tablet per day
Ramipril (Oral Capsule)	Maximum of 2 capsules per day
Royaldee (Oral Capsule Extended Release)	Maximum of 2 capsules per day
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	Maximum of 3 inhalers (60 blisters) per 30 days
Relexxii (Oral Tablet Extended Release)	Maximum of 1 tablet per day
Repaglinide (0.5MG Oral Tablet)	Maximum of 32 tablets per day
Repaglinide (1MG Oral Tablet)	Maximum of 16 tablets per day
Repaglinide (2MG Oral Tablet)	Maximum of 8 tablets per day
Repatha Pushtronex System (Subcutaneous Solution Cartridge)	Maximum of 1 cartridge (3.5 ml) per 28 days

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Drug Name	Quantity Limit
Repatha (Subcutaneous Solution Prefilled Syringe)	Maximum of 3 syringes (3 ml) per 28 days
Repatha SureClick (Subcutaneous Solution Auto-Injector)	Maximum of 3 pens (3 ml) per 28 days
Restasis (Ophthalmic Emulsion)	Maximum of 2 vials per day
Retevmo (40MG Oral Capsule)	Maximum of 6 capsules per day
Retevmo (80MG Oral Capsule)	Maximum of 4 capsules per day
Rexulti (Oral Tablet)	Maximum of 1 tablet per day
Reyataz (Oral Packet)	Maximum of 6 packets per day
Riomet (Oral Solution)	Maximum of 25.5 ml per day
Risedronate Sodium (150MG Oral Tablet Immediate Release)	Maximum of 1 tablet per 30 days
Risedronate Sodium (35MG Oral Tablet Immediate Release, 35MG (12 PACK) Oral Tablet Immediate Release, 35MG (4 PACK) Oral Tablet Immediate Release)	Maximum of 4 tablets per 28 days
Risedronate Sodium (Oral Tablet Delayed Release)	Maximum of 4 tablets per 28 days
Ritonavir (Oral Tablet)	Maximum of 12 tablets per day
Rivastigmine (Transdermal Patch 24 Hour)	Maximum of 1 patch per day
Rizatriptan Benzoate (Oral Tablet)	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	Maximum of 12 tablets per 30 days
Rosuvastatin Calcium (Oral Tablet)	Maximum of 1 tablet per day
Rozlytrek (100MG Oral Capsule)	Maximum of 5 capsules per day
Rozlytrek (200MG Oral Capsule)	Maximum of 3 capsules per day
Ruzurgi (Oral Tablet)	Maximum of 10 tablets per day
Rybelsus (Oral Tablet)	Maximum of 1 tablet per day
Rydapt (Oral Capsule)	Maximum of 8 capsules per day
Samsca (Oral Tablet)	Maximum of 2 tablets per day
Savaysa (Oral Tablet)	Maximum of 1 tablet per day
Secuado (Transdermal Patch 24 Hour)	Maximum of 1 patch per day
Selzentry (Oral Solution)	Maximum of 8 bottles (1840 ml) per 30 days
Selzentry (150MG Oral Tablet, 75MG Oral Tablet)	Maximum of 2 tablets per day
Selzentry (25MG Oral Tablet, 300MG Oral Tablet)	Maximum of 4 tablets per day
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (60 inhalations) per 30 days

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Drug Name	Quantity Limit
Sildenafil Citrate (Oral Suspension Reconstituted)	Maximum of 6 ml per day
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	Maximum of 3 tablets per day
Silodosin (Oral Capsule)	Maximum of 1 capsule per day
Simvastatin (Oral Tablet)	Maximum of 1 tablet per day
Sofosbuvir-Velpatasvir (Oral Tablet)	Maximum of 1 tablet per day
Solifenacin Succinate (Oral Tablet)	Maximum of 1 tablet per day
Soliqua (Subcutaneous Solution Pen-Injector)	Maximum of 6 pens (18 ml) per 30 days
Somavert (Subcutaneous Solution Reconstituted)	Maximum of 1 vial per day
Sovaldi (150MG Oral Packet)	Maximum of 1 carton (28 packets) per 28 days
Sovaldi (200MG Oral Packet)	Maximum of 2 cartons (56 packets) per 28 days
Sovaldi (400MG Oral Tablet)	Maximum of 1 tablet per day
Spiriva HandiHaler (Inhalation Capsule)	Maximum of 1 capsule per day
Spiriva Respimat (Inhalation Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
Stavudine (Oral Capsule)	Maximum of 2 capsules per day
Stiolto Respimat (Inhalation Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
Stivarga (Oral Tablet)	Maximum of 4 tablets per day
Stribild (Oral Tablet)	Maximum of 1 tablet per day
Striverdi Respimat (Inhalation Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
Sumatriptan (Nasal Solution)	Maximum of 12 devices per 30 days
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	Maximum of 12 tablets per 30 days
Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	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)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex STATdose)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Prefilled Syringe)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan-Naproxen Sodium (Oral Tablet)	Maximum of 9 tablets per 30 days

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Drug Name	Quantity Limit
Sunosi (Oral Tablet)	Maximum of 1 tablet per day
Symbicort (120 Inhalation Aerosol)	Maximum of 1 inhaler (10.2 grams) per 30 days
Symdeko (Oral Tablet Therapy Pack)	Maximum of 1 pack (56 tablets) per 28 days
Symfi Lo (Oral Tablet)	Maximum of 1 tablet per day
Symfi (Oral Tablet)	Maximum of 1 tablet per day
Symjepi (Injection Solution Prefilled Syringe)	Maximum of 4 syringes per 30 days
Sympazan (Oral Film)	Maximum of 2 films per day
Symproic (Oral Tablet)	Maximum of 1 tablet per day
Symtuza (Oral Tablet)	Maximum of 1 tablet per day
Synjardy (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Synjardy XR (10-1000MG Oral Tablet Extended Release 24 Hour, 25-1000MG Oral Tablet Extended Release 24 Hour)	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)	Maximum of 2 tablets per day
Tabrecta (Oral Tablet)	Maximum of 4 tablets per day
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet per day
Talzenna (0.25MG Oral Capsule)	Maximum of 3 capsules per day
Talzenna (1MG Oral Capsule)	Maximum of 1 capsule per day
Tavalisse (Oral Tablet)	Maximum of 2 tablets per day
Tazverik (Oral Tablet)	Maximum of 8 tablets per day
Tecfidera (Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Tekturna HCT (Oral Tablet)	Maximum of 1 tablet per day
Telmisartan (Oral Tablet)	Maximum of 1 tablet per day
Telmisartan-Amlodipine (Oral Tablet)	Maximum of 1 tablet per day
Telmisartan-HCTZ (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)	Maximum of 1 tablet per day
Telmisartan-HCTZ (80-12.5MG Oral Tablet)	Maximum of 2 tablets per day
Temazepam (Oral Capsule)	Maximum of 1 capsule per day
Tencon (Oral Tablet)	Maximum of 6 tablets per day
Tenofovir Disoproxil Fumarate (Oral Tablet)	Maximum of 1 tablet per day
Thalomid (100MG Oral Capsule, 50MG Oral Capsule)	Maximum of 1 capsule per day
Thalomid (150MG Oral Capsule, 200MG Oral Capsule)	Maximum of 2 capsules per day
Tibsovo (Oral Tablet)	Maximum of 2 tablets per day
Tivicay (10MG Oral Tablet, 25MG Oral Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Tivicay (50MG Oral Tablet)	Maximum of 2 tablets per day
Tivorbex (Oral Capsule)	Maximum of 3 capsules per day
Tobramycin (Inhalation Nebulization Solution)	Maximum of 2 ampules (10 ml) per day
Tolcapone (Oral Tablet)	Maximum of 6 tablets per day
Toviaz (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Tracleer (Oral Tablet Soluble)	Maximum of 8 tablets per day
Tradjenta (Oral Tablet)	Maximum of 1 tablet per day
Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Tramadol HCl ER (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Tramadol HCl (50MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Tramadol-Acetaminophen (Oral Tablet)	Maximum of 8 tablets per day
Trandolapril (1MG Oral Tablet, 2MG Oral Tablet)	Maximum of 1 tablet per day
Trandolapril (4MG Oral Tablet)	Maximum of 2 tablets per day
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	Maximum of 1 tablet per day
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (60 blisters) per 30 days
Triazolam (0.125MG Oral Tablet)	Maximum of 1 tablet per day
Triazolam (0.25MG Oral Tablet)	Maximum of 2 tablets per day
Trientine HCl (Oral Capsule)	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)	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)	Maximum of 2 tablets per day
Trikafta (Oral Tablet Therapy Pack)	Maximum of 1 pack (84 tablets) per 28 days
Triumeq (Oral Tablet)	Maximum of 1 tablet per day
Trulicity (Subcutaneous Solution Pen-Injector)	Maximum of 4 pens (2 ml) per 28 days
Truvada (Oral Tablet)	Maximum of 1 tablet per day
Tukysa (150MG Oral Tablet)	Maximum of 4 tablets per day
Tukysa (50MG Oral Tablet)	Maximum of 12 tablets per day
Turalio (Oral Capsule)	Maximum of 4 capsules per day

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Drug Name	Quantity Limit
Tybost (Oral Tablet)	Maximum of 1 tablet per day
Uptravi (1000MCG Oral Tablet, 1200MCG Oral Tablet, 1400MCG Oral Tablet, 1600MCG Oral Tablet, 400MCG Oral Tablet, 600MCG Oral Tablet, 800MCG Oral Tablet)	Maximum of 2 tablets per day
Uptravi (200MCG Oral Tablet)	Maximum of 5 tablets per day
Valacyclovir HCl (1GM Oral Tablet)	Maximum of 4 tablets per day
Valacyclovir HCl (500MG Oral Tablet)	Maximum of 2 tablets per day
Valganciclovir HCl (50MG/ML Oral Solution Reconstituted)	Maximum of 36 ml per day
Valganciclovir HCl (450MG Oral Tablet)	Maximum of 4 tablets per day
Valsartan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	Maximum of 2 tablets per day
Valsartan (320MG Oral Tablet)	Maximum of 1 tablet per day
Valsartan-Hydrochlorothiazide (Oral Tablet)	Maximum of 1 tablet per day
Valtoco 10 MG Dose (Nasal Liquid)	Maximum of 10 blister packs (10 spray devices) per 30 days
Valtoco 15 MG Dose (Nasal Liquid Therapy Pack)	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 20 MG Dose (Nasal Liquid Therapy Pack)	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 5 MG Dose (Nasal Liquid)	Maximum of 10 blister packs (10 spray devices) per 30 days
Vancomycin HCl (125MG Oral Capsule)	Maximum of 4 capsules per day
Vancomycin HCl (250MG Oral Capsule)	Maximum of 8 capsules per day
Veltassa (Oral Packet)	Maximum of 1 packet per day
Vemlidy (Oral Tablet)	Maximum of 1 tablet per day
Ventavis (10MCG/ML Inhalation Solution)	Maximum of 7 ml per day
Ventavis (20MCG/ML Inhalation Solution)	Maximum of 3 ml per day
Viberzi (Oral Tablet)	Maximum of 2 tablets per day
Victoza (Subcutaneous Solution Pen-Injector)	Maximum of 3 pens (9 ml) per 30 days
Viekira Pak (Oral Tablet Therapy Pack)	Maximum of 1 pack (112 tablets) per 28 days
Vigabatrin (Oral Packet)	Maximum of 6 packets per day
Vigabatrin (Oral Tablet)	Maximum of 6 tablets per day
Vigadrone (Oral Packet)	Maximum of 6 packets per day
Vimpat (Oral Solution)	Maximum of 40 ml per day
Vimpat (Oral Tablet)	Maximum of 2 tablets per day
Viracept (250MG Oral Tablet)	Maximum of 10 tablets per day

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Drug Name	Quantity Limit
Viracept (625MG Oral Tablet)	Maximum of 4 tablets per day
Viread (Oral Powder)	Maximum of 4 bottles (240 grams) per 30 days
Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	Maximum of 1 tablet per day
Vitrakvi (100MG Oral Capsule)	Maximum of 4 capsules per day
Vitrakvi (25MG Oral Capsule)	Maximum of 6 capsules per day
Vitrakvi (Oral Solution)	Maximum of 20 ml per day
Vosevi (Oral Tablet)	Maximum of 1 tablet per day
Votrient (Oral Tablet)	Maximum of 4 tablets per day
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	Maximum of 1 capsule per day
Vyndamax (Oral Capsule)	Maximum of 1 capsule per day
Vyndaqel (Oral Capsule)	Maximum of 4 capsules per day
Wakix (Oral Tablet)	Maximum of 2 tablets per day
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	Maximum of 1 inhaler (60 blisters) per 30 days
Xarelto (10MG Oral Tablet, 20MG Oral Tablet)	Maximum of 1 tablet per day
Xarelto (15MG Oral Tablet, 2.5MG Oral Tablet)	Maximum of 2 tablets per day
Xarelto Starter Pack (Oral Tablet Therapy Pack)	Maximum of 1 pack (51 tablets) per 30 days
Xcopri (250 MG Daily Dose) (Oral Tablet Therapy Pack)	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (350 MG Daily Dose) (Oral Tablet Therapy Pack)	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	Maximum of 1 tablet per day
Xcopri (200MG Oral Tablet)	Maximum of 2 tablets per day
Xcopri (Oral Tablet Titration Therapy Pack)	Maximum of 1 pack (28 tablets) per 28 days
Xeljanz (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Xenleta (Oral Tablet)	Maximum of 2 tablets per day
Xermelo (Oral Tablet)	Maximum of 3 tablets per day
Xiidra (Ophthalmic Solution)	Maximum of 2 vials per day
Xofluza (Oral Tablet Therapy Pack)	Maximum of 2 tablets per 30 days
Xofluza (80 MG Dose) (Oral Tablet Therapy Pack)	Maximum of 2 tablets per 30 days

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Xospata (Oral Tablet)	Maximum of 3 tablets per day
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	Maximum of 20 tablets per 28 days
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	Maximum of 12 tablets per 28 days
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	Maximum of 16 tablets per 28 days
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	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)	Maximum of 3 capsules per day
Xtampza ER (27MG Oral Capsule ER 12 Hour Abuse-Deterrent, 36MG Oral Capsule ER 12 Hour Abuse-Deterrent)	Maximum of 6 capsules per day
Xultophy (Subcutaneous Solution Pen-Injector)	Maximum of 5 pens (15 ml) per 30 days
Xyrem (Oral Solution)	Maximum of 18 ml per day
Zebutal (Oral Capsule)	Maximum of 6 capsules per day
Zejula (Oral Capsule)	Maximum of 3 capsules per day
Zelboraf (Oral Tablet)	Maximum of 8 tablets per day
Zelnorm (Oral Tablet)	Maximum of 2 tablets per day
Zenzedi (15MG Oral Tablet, 20MG Oral Tablet)	Maximum of 3 tablets per day
Zenzedi (2.5MG Oral Tablet, 7.5MG Oral Tablet)	Maximum of 6 tablets per day
Zenzedi (30MG Oral Tablet)	Maximum of 2 tablets per day
Zepatier (Oral Tablet)	Maximum of 1 tablet per day
Zidovudine (Oral Capsule)	Maximum of 6 capsules per day
Zidovudine (Oral Syrup)	Maximum of 64 ml per day
Zidovudine (Oral Tablet)	Maximum of 2 tablets per day
Ziprasidone HCl (Oral Capsule)	Maximum of 2 capsules per day
Zolmitriptan (Oral Tablet)	Maximum of 12 tablets per 30 days
Zolmitriptan ODT (Oral Tablet Dispersible)	Maximum of 12 tablets per 30 days
Zolpidem Tartrate ER (Oral Tablet Extended Release)	Maximum of 1 tablet per day
Zomig (2.5MG Nasal Solution)	Maximum of 18 devices per 30 days
Zomig (5MG Nasal Solution)	Maximum of 12 devices per 30 days
Zubsolv (1.4-0.36MG Tablet Sublingual, 5.7-1.4MG Tablet Sublingual)	Maximum of 3 tablets per day

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Plain type = Generic drug

Drug Name	Quantity Limit
Zubsolv (11.4-2.9MG Tablet Sublingual)	Maximum of 1 tablet per day
Zubsolv (2.9-0.71MG Tablet Sublingual)	Maximum of 5 tablets per day
Zubsolv (8.6-2.1MG Tablet Sublingual)	Maximum of 2 tablets 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.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Please call Customer Service. Our contact information is on the cover.

HealthSelect Medicare Rx is an Employer Prescription Drug Plan provided by ERS and administered by UnitedHealthcare Insurance Company, a Medicare-approved Part D sponsor. Enrollment in UnitedHealthcare depends on UnitedHealthcare's contract renewal with Medicare.



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

Toll-free **(866) 868-0609** (TTY: **711**)

7 a.m. – 7 p.m. CT, Monday – Friday, 7 a.m. – 3 p.m. CT, Saturday

www.HSMedicareRx.com