

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 

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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 December 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 33–126 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 127-158.

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.....	67	Advair HFA.....	124
Abacavir Sulfate-Lamivudine	67	Adzenys ER.....	83
Abacavir-Lamivudine- Zidovudine.....	67	Adzenys XR-ODT.....	83
Abelcet.....	52	Aemcolo.....	39
Abilify Maintena.....	63	Afinitor.....	58
Abiraterone Acetate.....	56	Afinitor Disperz.....	58
Absorica LD.....	87	Afrezza.....	72
Acamprosate Calcium.....	38	Aimovig.....	54
Acarbose.....	70	Ala Scalp.....	98
Acebutolol HCl.....	77	Ala-Cort.....	98
Acetaminophen-Caffeine- Dihydrocodeine.....	36	Albendazole.....	60
Acetaminophen-Codeine.....	36	Albuterol Sulfate.....	122
Acetazolamide.....	81	Albuterol Sulfate ER.....	122
Acetazolamide ER.....	81	Albuterol Sulfate HFA.....	122
Acetic Acid.....	120	Alclometasone Dipropionate	98
Acetylcysteine.....	124	Alcohol Prep Pads.....	117
Acitretin.....	87	Aldactazide.....	79
Actemra.....	112	Alecensa.....	58
Actemra ACTPen.....	112	Alendronate Sodium.....	116
Acthar.....	98	Alfuzosin HCl ER.....	98
ActHIB.....	113	Alinia.....	61
Actimmune.....	112	Aliskiren Fumarate.....	79
Acyclovir.....	66	Allopurinol.....	54
Acyclovir Sodium.....	66	Almotriptan Malate.....	55
Adacel.....	113	Alomide.....	118
Adapalene.....	87	Alora.....	103
Adapalene-Benzoyl Peroxide	87	Alosetron HCl.....	95
Adefovir Dipivoxil.....	66	Alphagan P.....	118
Adempas.....	124	Alprazolam.....	69
		Alprazolam ER.....	69
		Alprazolam Intensol.....	69
		Alprazolam ODT.....	69
		Altanax.....	39
		Altavera.....	103
		Altreno.....	87
		Alunbrig.....	58
		Alyacen 1/35.....	103
		Alyq.....	124
		Amabelz.....	103
		Amantadine HCl.....	61
		AmBisome.....	52
		Ambrisentan.....	124
		Amcinonide.....	98
		Amethia.....	103
		Amethia Lo.....	103
		Amiloride HCl.....	81
		Amiloride-Hydrochlorothiazide	79
		Aminosyn II.....	90
		Aminosyn-PF.....	90
		Amiodarone HCl.....	77
		Amitriptyline HCl.....	51
		Amlodipine Besylate.....	78
		Amlodipine-Atorvastatin.....	79
		Amlodipine-Benazepril.....	79
		Amlodipine-Olmesartan.....	79
		Amlodipine-Valsartan.....	79
		Amlodipine-Valsartan-HCTZ	79
		Ammonium Lactate.....	87
		Amnesteem.....	87
		Amoxapine.....	51
		Amoxicillin.....	42
		Amoxicillin-Clarithromycin- Lansoprazole.....	94
		Amoxicillin-Potassium Clavulanate.....	42

Amoxicillin-Potassium Clavulanate ER.....	42	Aripiprazole.....	63	Azelex.....	87
Amphetamine ER.....	83	Aripiprazole ODT.....	63	Azithromycin.....	43
Amphetamine Sulfate.....	83	Armodafinil.....	126	Azopt.....	119
Amphetamine- Dextroamphetamine.....	84	Arnuity Ellipta.....	121	Aztreonam.....	42
Amphetamine- Dextroamphetamine ER.....	83	Ascomp-Codeine.....	36	B	
Amphotericin B.....	52	Ashlyna.....	103	Bacitracin.....	39
Ampicillin.....	42	Aspirin-Dipyridamole ER.....	76	Bacitracin-Polymyxin B.....	117
Ampicillin Sodium.....	43	Astagraf XL.....	109	Baclofen.....	125
Ampicillin-Sulbactam Sodium	43	Atazanavir Sulfate.....	68	Balcoltra.....	103
Amzeeq.....	87	Atenolol.....	77	Balsalazide Disodium.....	115
Anadrol-50.....	102	Atenolol-Chlorthalidone.....	79	Balversa.....	58
Anagrelide HCl.....	74	Atomoxetine HCl.....	84	Balziva.....	103
Anastrozole.....	58	Atorvastatin Calcium.....	82	Banzel.....	48
Androderm.....	102	Atovaquone.....	61	Baqsimi Two Pack.....	72
Angeliq.....	103	Atovaquone-Proguanil HCl... 61		Baraclude.....	66
Anoro Ellipta.....	124	Atripla.....	67	Baxdela.....	44
Aplenzin.....	49	Atropine Sulfate.....	117	BCG Vaccine.....	113
Apokyn.....	62	Atrovent HFA.....	122	Beconase AQ.....	121
Apraclonidine HCl.....	118	Aubagio.....	86	Belbuca.....	35
Aprepitant.....	52	Aubra.....	103	Belsomra.....	126
Apri.....	103	Auryxia.....	93	Benazepril HCl.....	76
Apriso.....	115	Austedo.....	85	Benazepril-Hydrochlorothiazide	79
Aptensio XR.....	84	Avandia.....	70	Benlysta.....	113
Aptiom.....	48	Aviane.....	103	Benznidazole.....	61
Aptivus.....	68	Avita.....	87	Benzoyl Peroxide-Erythromycin	87
Aralast NP.....	96	Avonex Pen.....	86	Benzotropine Mesylate.....	61
Aranelle.....	103	Avonex Prefilled.....	86	Bepreve.....	118
Aranesp.....	74, 75	Ayvakit.....	58	Berinert.....	109
Arcalyst.....	113	Azasan.....	109, 110	Beser.....	98
Arcapta Neohaler.....	122	Azasite.....	43	Besivance.....	44
Arikayce.....	39	Azathioprine.....	110	Betamethasone Dipropionate	99
		Azelaic Acid.....	87		
		Azelastine HCl.....	118, 120		
		Azelastine-Fluticasone.....	124		

Betamethasone Dipropionate Aug.....	99	Brilinta.....	76	Bystolic.....	77
Betamethasone Valerate.....	99	Brimonidine Tartrate.....	119	C	
Betaseron.....	86	BRIVIACT.....	46	Cabergoline.....	108
Betaxolol HCl.....	77, 119	Bromfenac Sodium.....	119	Cablivi.....	76
Bethanechol Chloride.....	98	Bromocriptine Mesylate.....	62	Cabometyx.....	58
Bethkis.....	123	Brovana.....	122	Calcipotriene.....	87
Betimol.....	119	Brukinsa.....	58	Calcipotriene-Betamethasone	87
Betoptic-S.....	119	Bryhali.....	99	Calcitonin Salmon.....	116
Bexarotene.....	60	Budesonide.....	115, 121	Calcitriol.....	87, 116
Bexsero.....	113	Budesonide ER.....	115	Calcium Acetate.....	93
Bicalutamide.....	56	Bumetanide.....	81	Calquence.....	58
Bicillin C-R.....	43	Bunavail.....	38	Camila.....	107
Bicillin C-R 900/300.....	43	Buprenorphine.....	35	Camrese Lo.....	103
Bicillin L-A.....	43	Buprenorphine HCl.....	38	Canasa.....	115
BiDil.....	79	Buprenorphine HCl-Naloxone HCl.....	38	Candesartan Cilexetil.....	76
Bijuva.....	103	Bupropion HCl.....	50	Candesartan Cilexetil-HCTZ	79
Biktaryv.....	67	Bupropion HCl ER.....	49	Capex.....	99
Bimatoprost.....	120	Bupropion HCl SR.....	38, 49	Caplyta.....	63
Binosto.....	116	Bupropion HCl XL.....	49	Caprelsa.....	59
Bisoprolol Fumarate.....	77	Bupropion HCl XL.....	49	Captopril.....	76
Bisoprolol-Hydrochlorothiazide	79	Buspirone HCl.....	69	Captopril-Hydrochlorothiazide	79
BIVIGAM.....	112	Butalbital-Acetaminophen.....	33	Carac.....	87
Blephamide.....	117	Butalbital-Acetaminophen- Caffeine.....	33	Carafate.....	96
Blephamide S.O.P.....	117	Butalbital-Acetaminophen- Caffeine-Codeine.....	36	Carbaglu.....	90
Blisovi 24 Fe.....	103	Butalbital-Aspirin-Caffeine.....	33	Carbamazepine.....	48
Blisovi Fe 1.5/30.....	103	Butalbital-Aspirin-Caffeine- Codeine.....	36	Carbamazepine ER.....	48
Bonjesta.....	52	Butorphanol Tartrate.....	36	Carbidopa.....	62
Boostrix.....	113	Butrans.....	35	Carbidopa-Levodopa.....	62
Bosentan.....	124	Bydureon.....	70	Carbidopa-Levodopa ER.....	62
Bosulif.....	58	Bydureon BCise.....	70	Carbidopa-Levodopa ODT.....	62
Braftovi.....	58	Byetta 10MCG Pen.....	70	Carbidopa-Levodopa- Entacapone.....	62
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Cardizem LA.....	78	Chantix.....	38	Citalopram Hydrobromide.....	50
Cardura XL.....	98	Chantix Continuing Month Pak	38	Claravis.....	87
Carisoprodol.....	125	Chantix Starting Month Pak...38		Clarithromycin.....	44
Carisoprodol-Aspirin-Codeine	36	Chemet.....	93	Clarithromycin ER.....	43
CaroSpir.....	81	Chenodal.....	94	Clemastine Fumarate.....	121
Carteolol HCl.....	119	Chlordiazepoxide HCl.....	69	Clenpiq.....	95
Cartia XT.....	78	Chlordiazepoxide-Amitriptyline	50	Cleocin.....	39
Carvedilol.....	77	Chlorhexidine Gluconate.....	87	Climara Pro.....	103
Carvedilol Phosphate ER.....	77	Chloroquine Phosphate.....	61	Clindacin-P.....	88
Casposfungin Acetate.....	52	Chlorpromazine HCl.....	62	Clindamycin HCl.....	39
Cayston.....	123	Chlorthalidone.....	81	Clindamycin Palmitate HCl....	39
Caziant.....	103	Chlorzoxazone.....	125	Clindamycin Phosphate...39, 88	
Cefaclor.....	41	Cholbam.....	96	Clindamycin Phosphate in D5W	39
Cefaclor ER.....	41	Cholestyramine.....	82	Clindamycin Phosphate- Benzoyl Peroxide.....	88
Cefadroxil.....	41	Cholestyramine Light.....	82	Clindamycin-Tretinoin.....	88
Cefazolin Sodium.....	41	Ciclopirox.....	53	Clindesse.....	39
Cefdinir.....	41	Ciclopirox Olamine.....	53	Clinimix E/Dextrose.....	90
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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 127-158.

Drug Name	Drug Tier	Coverage Rules or Limits on use
Analgesics		
Analgesics		
Butalbital-Acetaminophen (Oral Tablet)	1	PA; HRM; QL
Butalbital-Acetaminophen-Caffeine (Oral Capsule)	1	PA; HRM; QL
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	1	PA; HRM; QL
Butalbital-Aspirin-Caffeine (Oral Capsule)	1	PA; HRM; QL
Tencon (Oral Tablet)	1	PA; HRM; QL
Zebutal (Oral Capsule)	1	PA; HRM; QL
Nonsteroidal Anti-inflammatory Drugs		
Celecoxib (Oral Capsule)	1	QL
Diclofenac Epolamine (Transdermal Patch)	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Diclofenac Potassium (Oral Tablet)	1	
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	1	
Diclofenac Sodium (Oral Tablet Delayed Release)	1	
Diclofenac Sodium (1% Transdermal Gel)	1	
Diclofenac Sodium (Transdermal Solution)	1	PA
Diclofenac-Misoprostol (Oral Tablet Delayed Release)	1	
Diflunisal (Oral Tablet)	1	
Etodolac ER (Oral Tablet Extended Release 24 Hour)	1	
Etodolac (Oral Capsule)	1	
Etodolac (Oral Tablet Immediate Release)	1	
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		Ketorolac Tromethamine (Oral Tablet)	1	PA; HRM
Flector (Transdermal Patch)	3	QL	Meclofenamate Sodium (Oral Capsule)	1	
Flurbiprofen (100MG Oral Tablet)	1		Mefenamic Acid (Oral Capsule)	1	
Ibu (600MG Oral Tablet, 800MG Oral Tablet)	1		Meloxicam (Oral Tablet)	1	
Ibuprofen (Oral Suspension)	1		Nabumetone (Oral Tablet)	1	
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	1		Naproxen DR (Oral Tablet Delayed Release) (Generic EC-Naprosyn)	1	
Indocin (Oral Suspension)	3	PA; SP; HRM	Naproxen (Oral Tablet Immediate Release)	1	
Indocin (Rectal Suppository)	3	SP	Naproxen Sodium (275MG Oral Tablet Immediate Release, 550MG Oral Tablet Immediate Release)	1	
Indomethacin ER (Oral Capsule Extended Release)	1	PA; HRM	Naproxen-Esomeprazole (Oral Tablet Delayed Release)	1	
Indomethacin (25MG Oral Capsule Immediate Release, 50MG Oral Capsule Immediate Release)	1	PA; HRM	Oxaprozin (Oral Tablet)	1	
Ketoprofen ER (Oral Capsule Extended Release 24 Hour)	1		Piroxicam (Oral Capsule)	1	
Ketoprofen (Oral Capsule Immediate Release)	1		Sprix (Nasal Solution)	3	SP
Ketorolac Tromethamine (Nasal Solution)	3	SP	Sulindac (Oral Tablet)	1	
			Tivorbex (Oral Capsule)	3	PA; HRM; QL
			Tolmetin Sodium (Oral Capsule)	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
Tolmetin Sodium (Oral Tablet)	1		Morphine Sulfate ER Beads (Oral Capsule Extended Release 24 Hour) (Generic Avinza)	1	7D; MME; DL; QL
Opioid Analgesics, Long-acting			Morphine Sulfate ER (Oral Capsule Extended Release 24 Hour) (Generic Kadian)	1	7D; MME; DL; QL
Belbuca (150MCG Buccal Film, 300MCG Buccal Film, 450MCG Buccal Film, 75MCG Buccal Film)	2	PA; 7D; DL; QL	Morphine Sulfate ER (Oral Tablet Extended Release) (Generic MS Contin)	1	7D; MME; DL; QL
Belbuca (600MCG Buccal Film, 750MCG Buccal Film, 900MCG Buccal Film)	2	PA; SP; 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
Buprenorphine (Transdermal Patch Weekly)	1	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
Butrans (7.5MCG/HR Transdermal Patch Weekly)	2	7D; DL; QL	OxyContin (Oral Tablet ER 12 Hour Abuse-Deterrent)	2	7D; MME; DL; QL
Fentanyl (Transdermal Patch 72 Hour)	1	7D; MME; DL; QL			
Hydrocodone Bitartrate ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	1	PA; 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			

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Oxymorphone HCl ER (Oral Tablet Extended Release 12 Hour)	1	7D; MME; DL; QL	Butorphanol Tartrate (Nasal Solution)	1	7D; MME; DL; QL
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			Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	1	7D; MME; DL; QL
Acetaminophen-Caffeine-Dihydrocodeine (Oral Tablet)	1	7D; MME; DL; QL	Fentanyl Citrate (Buccal Lozenge On A Handle)	1	PA; DL; QL
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	1	7D; MME; DL; QL	Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	1	7D; MME; DL; QL
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	1	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
Ascomp-Codeine (Oral Capsule)	1	PA; HRM; 7D; MME; DL; QL	Hydrocodone-Ibuprofen (Oral Tablet)	1	7D; MME; DL; QL
Butalbital-Acetaminophen-Caffeine-Codeine (Oral Capsule)	1	PA; HRM; 7D; MME; DL; QL	Hydromorphone HCl (1MG/ML Oral Liquid)	1	7D; MME; DL; QL
Butalbital-Aspirin-Caffeine-Codeine (Oral Capsule)	1	PA; HRM; 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-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	1	7D; MME; DL; QL
Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution)	1	DL	Oxycodone-Aspirin (Oral Tablet)	1	7D; MME; DL; QL
Meperidine HCl (Oral Solution)	1	PA; HRM; 7D; MME; DL; QL	Oxymorphone HCl (Oral Tablet Immediate Release)	1	7D; MME; DL; QL
Meperidine HCl (Oral Tablet)	1	PA; HRM; 7D; MME; DL; QL	Pentazocine-Naloxone HCl (Oral Tablet)	1	PA; HRM; 7D; MME; DL; QL
Morphine Sulfate (Oral Solution)	1	7D; MME; DL; QL	Tramadol HCl (50MG Oral Tablet Immediate Release)	1	7D; MME; DL; QL
Morphine Sulfate (Oral Tablet Immediate Release)	1	7D; MME; DL; QL	Tramadol-Acetaminophen (Oral Tablet)	1	7D; MME; DL; QL
Oxycodone HCl (Oral Capsule)	1	7D; MME; DL; QL	Anesthetics		
Oxycodone HCl (100MG/5ML Oral Concentrate)	1	7D; MME; DL; QL	Local Anesthetics		
Oxycodone HCl (Oral Solution)	1	7D; MME; DL; QL	Lidocaine (5% External Ointment)	1	QL
Oxycodone HCl (Oral Tablet Immediate Release)	1	7D; MME; DL; QL	Lidocaine (5% External Patch)	1	PA; QL
			Lidocaine HCl (4% External Solution)	1	
			Lidocaine HCl (External Gel)	1	
			Lidocaine Viscous (2% Mouth/Throat Solution)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
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
Nicotrol NS (Nasal Solution)	3	
Antibacterials		
Aminoglycosides		
Arikayce (Inhalation Suspension)	3	SP
Gentak (Ophthalmic Ointment)	1	
Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	1	
Gentamicin Sulfate (External Cream)	1	
Gentamicin Sulfate (External Ointment)	1	
Gentamicin Sulfate (40MG/ML Injection Solution)	1	
Gentamicin Sulfate (Ophthalmic Solution)	1	
Neomycin Sulfate (Oral Tablet)	1	
Paromomycin Sulfate (Oral Capsule)	1	
Streptomycin Sulfate (Intramuscular Solution Reconstituted)	1	
Tobramycin (Ophthalmic Solution)	1	
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tobrex (Ophthalmic Ointment)	3	
Antibacterials, Other		
Aemcolo (Oral Tablet Delayed Release)	3	PA
Altabax (External Ointment)	3	
Bacitracin (Ophthalmic Ointment)	1	
Cleocin (Vaginal Suppository)	2	
Clindamycin HCl (Oral Capsule)	1	
Clindamycin Palmitate HCl (Oral Solution Reconstituted)	1	
Clindamycin Phosphate in D5W (Intravenous Solution)	1	
Clindamycin Phosphate (300MG/2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution)	1	
Clindamycin Phosphate (Vaginal Cream)	1	
Clindesse (Vaginal Cream)	3	
Colistimethate Sodium (CBA) (Injection Solution 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
Dalvance (Intravenous Solution Reconstituted)	3	SP	Mupirocin (External Ointment)	1	
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				
Metronidazole (Oral Capsule)	1				
Metronidazole (Oral Tablet)	1				
Metronidazole (Vaginal Gel)	1				
Monurol (Oral Packet)	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
Vandazole (Vaginal Gel)	1		Cefixime (Oral Suspension Reconstituted)	1	
Xenleta (Oral Tablet)	3	SP; QL	Cefoxitin Sodium (Injection Solution Reconstituted)	1	
Beta-lactam, Cephalosporins			Cefoxitin Sodium (Intravenous Solution Reconstituted)	1	
Cefaclor ER (Oral Tablet Extended Release 12 Hour)	1		Cefpodoxime Proxetil (Oral Suspension Reconstituted)	1	
Cefaclor (Oral Capsule)	1		Cefpodoxime Proxetil (Oral Tablet)	1	
Cefaclor (Oral Suspension Reconstituted)	1		Cefprozil (Oral Suspension Reconstituted)	1	
Cefadroxil (Oral Capsule)	1		Cefprozil (Oral Tablet)	1	
Cefadroxil (Oral Suspension Reconstituted)	1		Ceftazidime (Injection Solution Reconstituted)	1	
Cefadroxil (Oral Tablet)	1		Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	1	
Cefazolin Sodium (1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	1		Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	1	
Cefdinir (Oral Capsule)	1		Cefuroxime Axetil (Oral Tablet)	1	
Cefdinir (Oral Suspension Reconstituted)	1				
Cefepime HCl (Injection Solution Reconstituted)	1				
Cefixime (Oral Capsule)	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 (Injection Solution Reconstituted)	1		Meropenem (Intravenous Solution Reconstituted)	1	
Cefuroxime Sodium (Intravenous Solution Reconstituted)	1		Beta-lactam, Penicillins		
Cephalexin (Oral Capsule)	1		Amoxicillin (Oral Capsule)	1	
Cephalexin (Oral Suspension Reconstituted)	1		Amoxicillin (Oral Suspension Reconstituted)	1	
Cephalexin (Oral Tablet)	1		Amoxicillin (Oral Tablet Immediate Release)	1	
Suprax (500MG/5ML Oral Suspension Reconstituted)	3		Amoxicillin (Oral Tablet Chewable)	1	
Suprax (Oral Tablet Chewable)	3		Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour)	1	
Tazicef (Injection Solution Reconstituted)	1		Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted)	1	
Zerbaxa (Intravenous Solution Reconstituted)	3	SP	Amoxicillin-Potassium Clavulanate (Oral Tablet Immediate Release)	1	
Beta-lactam, Other			Amoxicillin-Potassium Clavulanate (Oral Tablet Chewable)	1	
Aztreonam (1GM Injection Solution Reconstituted)	1		Ampicillin (Oral Capsule)	1	
Ertapenem Sodium (Injection Solution Reconstituted)	1				
Imipenem-Cilastatin (Intravenous Solution Reconstituted)	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
Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted)	1		Nafcillin Sodium (10GM Intravenous Solution Reconstituted)	1	
Ampicillin Sodium (10GM Intravenous Solution Reconstituted)	1		Oxacillin Sodium in Dextrose (Intravenous Solution)	3	
Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)	1		Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)	1	
Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted)	1		Penicillin V Potassium (Oral Solution Reconstituted)	1	
Bicillin C-R 900/300 (Intramuscular Suspension)	3		Penicillin V Potassium (Oral Tablet)	1	
Bicillin C-R (Intramuscular Suspension)	3		Piperacillin-Tazobactam (Intravenous Solution Reconstituted)	1	
Bicillin L-A (Intramuscular Suspension)	3		Macrolides		
Dicloxacillin Sodium (Oral Capsule)	1		Azasite (Ophthalmic Solution)	3	
Nafcillin Sodium (1GM Injection Solution Reconstituted, 2GM Injection Solution Reconstituted)	1		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	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Clarithromycin (Oral Suspension Reconstituted)	1		Erythromycin (Ophthalmic Ointment)	1	
Clarithromycin (Oral Tablet Immediate Release)	1		Zithromax (Oral Packet)	3	
Dificid (Oral Tablet)	3	SP	Quinolones		
E.E.S. Granules (Oral Suspension Reconstituted)	3		Baxdela (Oral Tablet)	3	SP
EryPed 200 (Oral Suspension Reconstituted)	3		Besivance (Ophthalmic Suspension)	3	
Erythrocin Lactobionate (Intravenous Solution Reconstituted)	3		Ciloxan (Ophthalmic Ointment)	3	
Erythrocin Stearate (Oral Tablet)	3		Cipro (Oral Suspension Reconstituted)	3	
Erythromycin Base (Oral Capsule Delayed Release Particles)	1		Ciprofloxacin HCl (Ophthalmic Solution)	1	
Erythromycin Base (Oral Tablet Immediate Release)	1		Ciprofloxacin HCl (Oral Tablet Immediate Release)	1	
Erythromycin Base (Oral Tablet Delayed Release)	1		Ciprofloxacin in D5W (200MG/100ML Intravenous Solution)	1	
Erythromycin Ethylsuccinate (Oral Suspension Reconstituted)	1		Gatifloxacin (Ophthalmic Solution)	1	
Erythromycin Ethylsuccinate (Oral Tablet)	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	

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
Levofloxacin (Oral Tablet)	1		Demeclocycline HCl (Oral Tablet)	1	
Moxeza (Ophthalmic Solution)	2		Doxy 100 (Intravenous Solution Reconstituted)	1	
Moxifloxacin HCl in NaCl (Intravenous Solution)	1		Doxycycline Hyclate (Oral Capsule)	1	
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		Doxycycline Hyclate (100MG Oral Tablet Delayed Release, 150MG Oral Tablet Delayed Release, 200MG Oral Tablet Delayed Release, 50MG Oral Tablet Delayed Release, 75MG Oral Tablet Delayed Release)	1	
Ofloxacin (Ophthalmic Solution)	1		Doxycycline Monohydrate (Oral Capsule)	1	
Ofloxacin (Oral Tablet)	1		Doxycycline Monohydrate (Oral Suspension Reconstituted)	1	
Ofloxacin (Otic Solution)	1		Doxycycline Monohydrate (Oral Tablet)	1	
Xepi (External Cream)	3				
Sulfonamides					
Silver Sulfadiazine (External Cream)	1				
SSD (External Cream)	1				
Sulfacetamide Sodium (Ophthalmic Ointment)	1				
Sulfacetamide Sodium (Ophthalmic Solution)	1				
Sulfadiazine (Oral Tablet)	1				
Sulfamethoxazole-Trimethoprim (Oral Suspension)	1				
Sulfamethoxazole-Trimethoprim (Oral Tablet)	1				
Tetracyclines					

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Minocycline HCl ER (Oral Tablet Extended Release 24 Hour)	1	QL	Levetiracetam (Oral Tablet Immediate Release)	1	
Minocycline HCl (Oral Capsule)	1		Nayzilam (Nasal Solution)	3	SP
Minocycline HCl (Oral Tablet Immediate Release)	1		Roweepra (Oral Tablet Immediate Release)	1	
Mondoxyne NL (Oral Capsule)	1		Roweepra XR (Oral Tablet Extended Release 24 Hour)	1	
Nuzyra (Intravenous Solution Reconstituted)	3	SP	Spritam ODT (Oral Tablet Disintegrating Soluble)	3	
Nuzyra (Oral Tablet)	3	SP; QL	Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)	3	PA; SP; QL
Seysara (Oral Tablet)	3	SP	Xcopri (350MG Daily Dose) (Oral Tablet Therapy Pack)	3	PA; SP; QL
Tetracycline HCl (Oral Capsule)	1		Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	3	PA; QL
Vibramycin (50MG/ 5ML Oral Syrup)	3		Xcopri (200MG Oral Tablet)	3	PA; SP; QL
Anticonvulsants			Xcopri (14x12.5MG & 14x25MG Oral Tablet Therapy Pack)	3	PA; QL
Anticonvulsants, Other			Xcopri (14x150MG & 14x200MG Oral Tablet Therapy Pack, 14x50MG & 14x100MG Oral Tablet Therapy Pack)	3	PA; SP; QL
BRIVIACT (Oral Solution)	3	PA; SP; QL	Calcium Channel Modifying Agents		
BRIVIACT (Oral Tablet)	3	PA; SP; QL			
Epidiolex (Oral Solution)	3	PA; SP			
Fintepla (Oral Solution)	3	PA; SP; QL			
Levetiracetam ER (Oral Tablet Extended Release 24 Hour)	1				
Levetiracetam (Oral 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
Celontin (Oral Capsule)	3		Tiagabine HCl (Oral Tablet)	1	
Ethosuximide (Oral Capsule)	1		Valproic Acid (Oral Capsule)	1	
Ethosuximide (Oral Solution)	1		Valproic Acid (Oral Solution)	1	
Zonisamide (Oral Capsule)	1		Valtoco 10 MG Dose (Nasal Liquid)	3	SP; QL
Gamma-aminobutyric Acid (GABA) Augmenting Agents			Valtoco 15 MG Dose (Nasal Liquid Therapy Pack)	3	SP; QL
Clobazam (Oral Suspension)	1	PA; QL	Valtoco 20 MG Dose (Nasal Liquid Therapy Pack)	3	SP; QL
Clobazam (Oral Tablet)	1	PA; QL	Valtoco 5 MG Dose (Nasal Liquid)	3	SP; QL
Diastat AcuDial (Rectal Gel)	3		Vigabatrin (Oral Packet)	1	PA; LA; QL
Diastat Pediatric (Rectal Gel)	3		Vigabatrin (Oral Tablet)	1	PA; LA; QL
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	1		Vigadrone (Oral Packet)	1	PA; LA; QL
Gabapentin (Oral Capsule)	1		Glutamate Reducing Agents		
Gabapentin (250MG/5ML Oral Solution)	1		Felbamate (Oral Suspension)	1	
Gabapentin (Oral Tablet)	1		Felbamate (Oral Tablet)	1	
Phenobarbital (Oral Elixir)	1	PA; HRM	Fycompa (Oral Suspension)	3	SP
Phenobarbital (Oral Tablet)	1	PA; HRM	Fycompa (Oral Tablet)	3	SP
Primidone (Oral Tablet)	1		Lamictal XR (Oral Kit)	3	
Sympazan (Oral Film)	3	PA; SP; QL			

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Lamotrigine ER (Oral Tablet Extended Release 24 Hour)	1	
Lamotrigine (Oral Kit)	1	
Lamotrigine (Oral Tablet Immediate Release)	1	
Lamotrigine (Oral Tablet Chewable)	1	
Lamotrigine ODT (Oral Tablet Dispersible)	1	
Lamotrigine Starter Kit-Blue (Oral Kit)	1	
Lamotrigine Starter Kit-Green (Oral Kit)	1	
Lamotrigine Starter Kit-Orange (Oral Kit)	1	
Topiramate ER (Oral Capsule ER 24 Hour Sprinkle)	1	
Topiramate (Oral Capsule Sprinkle Immediate Release)	1	
Topiramate (Oral Tablet)	1	
Trokendi XR (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour)	3	PA; SP

Drug Name	Drug Tier	Coverage Rules or Limits on use
Trokendi XR (25MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	3	PA
Sodium Channel Agents		
Aptiom (Oral Tablet)	3	SP; QL
Banzel (Oral Suspension)	3	SP
Banzel (Oral Tablet)	3	SP
Carbamazepine ER (Oral Capsule Extended Release 12 Hour)	1	
Carbamazepine ER (Oral Tablet Extended Release 12 Hour)	1	
Carbamazepine (Oral Suspension)	1	
Carbamazepine (Oral Tablet Immediate Release)	1	
Carbamazepine (Oral Tablet Chewable)	1	
Dilantin (30MG Oral Capsule)	3	
Epitol (Oral Tablet)	1	
Oxcarbazepine (Oral Suspension)	1	
Oxcarbazepine (Oral Tablet)	1	
Peganone (Oral Tablet)	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
Phenytoin (125MG/5ML Oral Suspension)	1		Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	1	PA; QL
Phenytoin (Oral Tablet Chewable)	1		Memantine HCl (2MG/ML Oral Solution)	1	PA; QL
Phenytoin Sodium Extended (Oral Capsule)	1		Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet)	1	PA; QL
Vimpat (Oral Solution)	3	QL	Memantine HCl Titration Pak (Oral Tablet)	1	PA
Vimpat (Oral Tablet)	3	QL	Namenda XR Titration Pack (Oral Capsule Extended Release 24 Hour)	3	PA; QL
Antidementia Agents			Antidepressants		
Cholinesterase Inhibitors			Antidepressants, Other		
Donepezil HCl (Oral Tablet)	1	QL	Aplenzin (Oral Tablet Extended Release 24 Hour)	3	SP
Donepezil HCl ODT (Oral Tablet Dispersible)	1	QL	Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	1	
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	1		Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	1	
Galantamine Hydrobromide (Oral Solution)	1		Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour)	2	
Galantamine Hydrobromide (Oral Tablet)	1				
Rivastigmine Tartrate (Oral Capsule)	1				
Rivastigmine (Transdermal Patch 24 Hour)	1	QL			
N-methyl-D-aspartate (NMDA) Receptor Antagonist					

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Bupropion HCl (Oral Tablet Immediate Release)	1		Desvenlafaxine ER (Oral Tablet Extended Release 24 Hour) (Brand Equivalent Khedezla)	3	QL
Chlordiazepoxide-Amitriptyline (Oral Tablet)	1	PA; HRM	Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	1	
Forfivo XL (Oral Tablet Extended Release 24 Hour)	3		Escitalopram Oxalate (Oral Solution)	1	
Mirtazapine (Oral Tablet)	1		Escitalopram Oxalate (Oral Tablet)	1	
Mirtazapine ODT (Oral Tablet Dispersible)	1		Fetzima (Oral Capsule Extended Release 24 Hour)	3	ST; QL
Olanzapine-Fluoxetine HCl (Oral Capsule)	1		Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	3	ST
Perphenazine-Amitriptyline (Oral Tablet)	1	PA; HRM	Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)	1	
Monoamine Oxidase Inhibitors			Fluoxetine HCl (Oral Capsule Delayed Release)	1	
Emsam (Transdermal Patch 24 Hour)	3	SP; QL	Fluoxetine HCl (20MG/5ML Oral Solution)	1	
Marplan (Oral Tablet)	3		Fluoxetine HCl (Oral Tablet)	1	
Phenelzine Sulfate (Oral Tablet)	1				
Tranylcypromine Sulfate (Oral Tablet)	1				
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)					
Citalopram Hydrobromide (Oral Solution)	1				
Citalopram Hydrobromide (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
Fluvoxamine Maleate ER (Oral Capsule Extended Release 24 Hour)	1		Venlafaxine HCl (Oral Tablet Immediate Release)	1	
Fluvoxamine Maleate (Oral Tablet)	1		Viibryd (Oral Tablet)	3	
Maprotiline HCl (Oral Tablet)	1		Viibryd Starter Pack (Oral Kit)	3	
Nefazodone HCl (Oral Tablet)	1		Tricyclics		
Paroxetine HCl ER (Oral Tablet Extended Release 24 Hour)	1	PA; HRM	Amitriptyline HCl (Oral Tablet)	1	HRM
Paroxetine HCl (Oral Tablet Immediate Release)	1	PA; HRM	Amoxapine (Oral Tablet)	1	PA; HRM
Paroxetine Mesylate (Oral Capsule)	1	PA; HRM	Clomipramine HCl (Oral Capsule)	1	PA; HRM
Paxil (Oral Suspension)	2	PA; HRM	Desipramine HCl (Oral Tablet)	1	PA; HRM
Pexeva (Oral Tablet)	3	PA; HRM	Doxepin HCl (Oral Capsule)	1	PA; HRM
Sertraline HCl (Oral Concentrate)	1		Doxepin HCl (Oral Concentrate)	1	PA; HRM
Sertraline HCl (Oral Tablet)	1		Imipramine HCl (Oral Tablet)	1	PA; HRM
Trazodone HCl (Oral Tablet)	1		Imipramine Pamoate (Oral Capsule)	1	PA; HRM
Trintellix (Oral Tablet)	3		Nortriptyline HCl (Oral Capsule)	1	PA; HRM
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	1		Nortriptyline HCl (Oral Solution)	1	PA; HRM
Venlafaxine HCl ER (Oral Tablet Extended Release 24 Hour)	1		Protriptyline HCl (Oral Tablet)	1	PA; HRM
			Trimipramine Maleate (Oral Capsule)	1	PA; HRM
			Antiemetics		
			Antiemetics, Other		

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Bonjesta (Oral Tablet Extended Release)	3	PA; HRM	Dronabinol (Oral Capsule)	1	PA
Compro (Rectal Suppository)	1		Emend (Oral Suspension Reconstituted)	3	PA
Doxylamine-Pyridoxine (Oral Tablet Delayed Release)	1	PA; HRM	Granisetron HCl (Oral Tablet)	1	B/D, PA; QL
Hydroxyzine Pamoate (Oral Capsule)	1	PA; HRM	Ondansetron HCl (Oral Solution)	1	B/D, PA
Meclizine HCl (Oral Tablet)	1	HRM	Ondansetron HCl (Oral Tablet)	1	B/D, PA
Metoclopramide HCl (10MG/10ML Oral Solution)	1		Ondansetron ODT (Oral Tablet Dispersible)	1	B/D, PA
Metoclopramide HCl (Oral Tablet)	1		Sancuso (Transdermal Patch)	3	SP
Metoclopramide HCl ODT (Oral Tablet Dispersible)	1		Syndros (Oral Solution)	3	PA; SP
Perphenazine (Oral Tablet)	1		Varubi (180 MG Dose) (Oral Tablet Therapy Pack)	3	B/D, PA
Prochlorperazine Maleate (Oral Tablet)	1		Antifungals		
Prochlorperazine (Rectal Suppository)	1		Antifungals		
Scopolamine (Transdermal Patch 72 Hour)	1	PA; HRM	Abelcet (Intravenous Suspension)	3	B/D, PA
Trimethobenzamide HCl (Oral Capsule)	1	B/D, PA	AmBisome (Intravenous Suspension Reconstituted)	3	B/D, PA; SP
Emetogenic Therapy Adjuncts			Amphotericin B (Intravenous Solution Reconstituted)	1	B/D, PA
Aprepitant (Oral Therapy Pack, Oral Capsule)	1	PA	Caspofungin Acetate (Intravenous Solution Reconstituted)	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
Ciclopirox (External Gel)	1		Griseofulvin Ultramicrosized (Oral Tablet)	1	
Ciclopirox (External Shampoo)	1		Gynazole-1 (Vaginal Cream)	3	
Ciclopirox (External Solution)	1		Itraconazole (Oral Capsule)	1	PA
Ciclopirox Olamine (External Cream)	1		Itraconazole (Oral Solution)	1	PA
Ciclopirox Olamine (External Suspension)	1		Kerydin (External Solution)	3	SP
Clotrimazole (External Cream)	1		Ketoconazole (External Cream)	1	QL
Clotrimazole (External Solution)	1		Ketoconazole (External Shampoo)	1	
Clotrimazole (Mouth/Throat Troche)	1		Ketoconazole (Oral Tablet)	1	
Cresemba (Oral Capsule)	3	SP	Miconazole 3 (Vaginal Suppository)	1	
Econazole Nitrate (External Cream)	1	QL	Naftifine HCl (External Cream)	1	
Fluconazole in Sodium Chloride (Intravenous Solution)	1		Naftin (2% External Gel)	3	
Fluconazole (Oral Suspension Reconstituted)	1		Natacyn (Ophthalmic Suspension)	2	
Fluconazole (Oral Tablet)	1		Noxafil (Oral Suspension)	3	SP; QL
Flucytosine (Oral Capsule)	1		Noxafil (Oral Tablet Delayed Release)	3	SP; QL
Griseofulvin Microsize (Oral Suspension)	1		Nyamyc (External Powder)	1	
Griseofulvin Microsize (Oral Tablet)	1		Nystatin (External Cream)	1	
			Nystatin (External Ointment)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Nystatin (External Powder)	1	
Nystatin (Mouth/Throat Suspension)	1	
Nystatin (Oral Tablet)	1	
Nystatin-Triamcinolone (External Cream)	1	
Nystatin-Triamcinolone (External Ointment)	1	
Nystop (External Powder)	1	
Posaconazole (Oral Tablet Delayed Release)	1	QL
Terbinafine HCl (Oral Tablet)	1	
Terconazole (Vaginal Cream)	1	
Terconazole (Vaginal Suppository)	1	
Voriconazole (Intravenous Solution Reconstituted)	1	
Voriconazole (Oral Suspension Reconstituted)	1	
Voriconazole (Oral Tablet)	1	
Antigout Agents		
Antigout Agents		
Allopurinol (Oral Tablet)	1	
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	1	QL
Colcrys (Oral Tablet)	2	QL
Febuxostat (Oral Tablet)	1	ST
Mitigare (Oral Capsule)	3	QL
Probenecid (Oral Tablet)	1	
Probenecid-Colchicine (Oral Tablet)	1	
Antimigraine Agents		
Antimigraine Agents		
Nurtec ODT (Oral Tablet Dispersible)	2	PA; SP; QL
Ubrelvy (Oral Tablet)	2	PA; SP; QL
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

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
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	2	PA; QL	Sumatriptan Succinate (Oral Tablet)	1	QL
Emgality (Subcutaneous Solution Auto-Injector)	2	PA; QL	Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)	1	QL
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	2	PA; QL	Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	1	QL
Timolol Maleate (Oral Tablet)	1		Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector)	1	QL
Serotonin (5-HT) 1b/1d Receptor Agonists			Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex STATdose)	1	QL
Almotriptan Malate (Oral Tablet)	1	QL	Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Prefilled Syringe)	1	QL
Eletriptan Hydrobromide (Oral Tablet)	1	QL	Sumatriptan-Naproxen Sodium (Oral Tablet)	1	QL
Frovatriptan Succinate (Oral Tablet)	1	QL	Zolmitriptan (Oral Tablet)	1	QL
Naratriptan HCl (Oral Tablet)	1	QL	Zolmitriptan ODT (Oral Tablet Dispersible)	1	QL
Onzetra Xsail (Nasal Exhaler Powder)	3	SP; QL	Zomig (Nasal Solution)	3	QL
Rizatriptan Benzoate (Oral Tablet)	1	QL			
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	1	QL			
Sumatriptan (Nasal Solution)	1	QL			

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Antimyasthenic Agents		
Parasympathomimetics		
Guanidine HCl (Oral Tablet)	3	
Pyridostigmine Bromide ER (Oral Tablet Extended Release)	1	
Pyridostigmine Bromide (Oral Solution)	1	
Pyridostigmine Bromide (Oral Tablet Immediate Release)	1	
Antimycobacterials		
Antimycobacterials, Other		
Dapsone (Oral Tablet)	1	
Pretomanid (Oral Tablet)	3	
Rifabutin (Oral Capsule)	1	
Antituberculars		
Ethambutol HCl (Oral Tablet)	1	
Isoniazid (Oral Syrup)	1	
Isoniazid (Oral Tablet)	1	
Paser (Oral Packet)	3	
Priftin (Oral Tablet)	3	
Pyrazinamide (Oral Tablet)	1	
Rifampin (Intravenous Solution Reconstituted)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Rifampin (Oral Capsule)	1	
Sirturo (Oral Tablet)	3	LA; SP
Trecator (Oral Tablet)	3	
Antineoplastics		
Alkylating Agents		
Cyclophosphamide (Oral Capsule)	1	B/D, PA
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

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
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
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 (40MG Once Weekly) (Oral Tablet Therapy Pack)	3	PA; SP; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)	3	PA; SP; QL
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	3	PA; SP; QL
Xpovio (60MG Twice 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
Kisqali (200MG Dose) (Oral Tablet)	3	PA; SP
Kisqali (400MG Dose) (Oral Tablet)	3	PA; SP
Kisqali (600MG Dose) (Oral Tablet)	3	PA; SP
Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)	3	PA; SP
Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)	3	PA; SP
Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)	3	PA; SP

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Leucovorin Calcium (Oral Tablet)	1	
Lonsurf (Oral Tablet)	3	PA; LA; SP
Lorbrena (Oral Tablet)	3	PA; SP; QL
Ninlaro (Oral Capsule)	3	PA; SP; QL
Pemazyre (Oral Tablet)	3	PA; SP; QL
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	3	PA; SP; QL
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	3	PA; SP; QL
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	3	PA; SP; QL
Qinlock (Oral Tablet)	3	PA; SP; QL
Retevmo (Oral Capsule)	3	PA; SP; QL
Rozlytrek (Oral Capsule)	3	PA; SP; QL
Synribo (Subcutaneous Solution Reconstituted)	3	PA; SP
Tazverik (Oral Tablet)	3	PA; SP; QL
Tukysa (Oral Tablet)	3	PA; SP; QL
Verzenio (Oral Tablet)	3	PA; LA; SP
Zolinza (Oral Capsule)	2	PA; SP
Aromatase Inhibitors, 3rd Generation		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Anastrozole (Oral Tablet)	1	
Exemestane (Oral Tablet)	1	
Letrozole (Oral Tablet)	1	
Enzyme Inhibitors		
Balversa (Oral Tablet)	3	PA; SP; QL
Rubraca (Oral Tablet)	2	PA; LA; SP
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
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

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
Caprelsa (Oral Tablet)	2	PA; LA; SP	Inlyta (Oral Tablet)	3	PA; LA; SP; QL
Cometriq (100MG Daily Dose) (Oral Kit)	3	PA; LA; SP	Inqovi (Oral Tablet)	3	PA; SP; QL
Cometriq (140MG Daily Dose) (Oral Kit)	3	PA; LA; SP	Iressa (Oral Tablet)	3	PA; LA; SP; QL
Cometriq (60MG Daily Dose) (Oral Kit)	3	PA; LA; SP	Jakafi (Oral Tablet)	2	PA; LA; SP; QL
Cotellic (Oral Tablet)	3	PA; LA; SP	Koselugo (Oral Capsule)	3	PA; SP; QL
Daurismo (Oral Tablet)	3	PA; LA; SP; QL	Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)	3	PA; LA; SP
Erivedge (Oral Capsule)	2	PA; LA; SP; QL	Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)	3	PA; LA; SP
Erlotinib HCl (Oral Tablet)	1	PA; QL	Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)	3	PA; LA; SP
Everolimus (2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	1	PA	Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)	3	PA; LA; SP
Farydak (Oral Capsule)	3	PA; SP	Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)	3	PA; LA; SP
Gavreto (Oral Capsule)	3	PA; SP; QL	Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)	3	PA; LA; SP
Gilotrif (Oral Tablet)	3	PA; LA; SP	Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)	3	PA; LA; SP
Ibrance (Oral Capsule)	3	PA; LA; SP	Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)	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			

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Lynparza (Oral Tablet)	2	PA; LA; SP
Mekinist (Oral Tablet)	2	PA; LA; SP
Mektovi (Oral Tablet)	3	PA; SP
Nerlynx (Oral Tablet)	3	PA; LA; SP; QL
Nexavar (Oral Tablet)	2	PA; LA; SP
Odomzo (Oral Capsule)	3	PA; LA; SP; QL
Rydapt (Oral Capsule)	3	PA; SP; QL
Sprycel (Oral Tablet)	2	PA; SP
Stivarga (Oral Tablet)	3	PA; LA; SP; QL
Sutent (Oral Capsule)	2	PA; SP
Tafinlar (Oral Capsule)	2	PA; LA; SP
Tagrisso (Oral Tablet)	3	PA; LA; SP
Tasigna (Oral Capsule)	3	PA; SP
Tibsovo (Oral Tablet)	3	PA; SP; QL
Turalio (Oral Capsule)	3	PA; LA; SP; QL
Tykerb (Oral Tablet)	2	PA; LA; SP
Venclexta (100MG Oral Tablet, 50MG Oral Tablet)	3	PA; LA; SP
Venclexta (10MG Oral Tablet)	2	PA; LA
Venclexta Starting Pack (Oral Tablet Therapy Pack)	3	PA; LA; SP
Vitrakvi (Oral Capsule)	3	PA; LA; SP; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Vitrakvi (Oral Solution)	3	PA; LA; SP; QL
Vizimpro (Oral Tablet)	3	PA; LA; SP
Votrient (Oral Tablet)	3	PA; LA; SP; QL
Xalkori (Oral Capsule)	2	PA; LA; SP
Xospata (Oral Tablet)	3	PA; SP; QL
Zelboraf (Oral Tablet)	3	PA; LA; SP; QL
Zydelig (Oral Tablet)	3	PA; LA; SP
Zykadia (Oral Tablet)	3	PA; SP
Retinoids		
Bexarotene (Oral Capsule)	1	PA
Panretin (External Gel)	3	SP
Targretin (External Gel)	3	SP
Tretinoin (Oral Capsule)	1	
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	

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
Sklice (External Lotion)	3		Pentamidine Isethionate (Injection Solution Reconstituted)	1	
Antiprotozoals			Primaquine Phosphate (Oral Tablet)	1	
Alinia (Oral Suspension Reconstituted)	2	SP	Pyrimethamine (Oral Tablet)	1	
Alinia (Oral Tablet)	2	SP	Quinine Sulfate (Oral Capsule)	1	PA
Atovaquone (Oral Suspension)	1		Pediculicides/Scabicides		
Atovaquone-Proguanil HCl (Oral Tablet)	1		Lindane (External Shampoo)	1	
Benznidazole (Oral Tablet)	3		Malathion (External Lotion)	1	
Chloroquine Phosphate (Oral Tablet)	1		Permethrin (External Cream)	1	
Coartem (Oral Tablet)	3		Antiparkinson Agents		
DARAPRIM (Oral Tablet)	3	SP	Anticholinergics		
Hydroxychloroquine Sulfate (Oral Tablet)	1		Benztropine Mesylate (Oral Tablet)	1	PA; HRM
Krintafel (Oral Tablet)	3		Trihexyphenidyl HCl (Oral Solution)	1	PA; HRM
Mefloquine HCl (Oral Tablet)	1		Trihexyphenidyl HCl (Oral Tablet)	1	PA; HRM
Nebupent (Inhalation Solution Reconstituted)	2	B/D, PA; QL	Antiparkinson Agents, Other		
PENTAM 300 (Injection Solution Reconstituted)	3		Amantadine HCl (Oral Capsule)	1	
Pentamidine Isethionate (Inhalation Solution Reconstituted)	1	B/D, PA; QL	Amantadine HCl (Oral Syrup)	1	
			Amantadine HCl (Oral Tablet)	1	
			Entacapone (Oral Tablet)	1	
			Nourianz (Oral Tablet)	3	PA; SP

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Drug Name	Drug Tier	Coverage Rules or Limits on use
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	
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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
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
Antipsychotics		
1st Generation/Typical		
Chlorpromazine HCl (Oral Tablet)	1	
Fluphenazine Decanoate (Injection Solution)	1	
Fluphenazine HCl (Injection 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
Fluphenazine HCl (Oral Concentrate)	1		Aripiprazole (Oral Solution)	1	QL
Fluphenazine HCl (Oral Elixir)	1		Aripiprazole (Oral Tablet)	1	QL
Fluphenazine HCl (Oral Tablet)	1		Aripiprazole ODT (Oral Tablet Dispersible)	1	QL
Haloperidol Decanoate (Intramuscular Solution)	1		Caplyta (Oral Capsule)	3	ST; SP; QL
Haloperidol Lactate (Injection Solution)	1		Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	3	ST; SP; QL
Haloperidol Lactate (Oral Concentrate)	1		Fanapt (1MG Oral Tablet, 2MG Oral Tablet)	3	ST; QL
Haloperidol (Oral Tablet)	1		Fanapt Titration Pack (Oral Tablet)	3	ST
Loxapine Succinate (Oral Capsule)	1		Geodon (Intramuscular Solution Reconstituted)	3	
Molindone HCl (Oral Tablet)	1				
Pimozide (Oral Tablet)	1				
Thioridazine HCl (Oral Tablet)	1				
Thiothixene (Oral Capsule)	1				
Trifluoperazine HCl (Oral Tablet)	1				
2nd Generation/Atypical					
Abilify Maintena (Intramuscular Prefilled Syringe)	3	SP			
Abilify Maintena (Intramuscular Suspension Reconstituted ER)	3	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
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	

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
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		

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Adefovir Dipivoxil (Oral Tablet)	1	
Baraclude (Oral Solution)	3	
Entecavir (Oral Tablet)	1	
Epivir HBV (Oral Solution)	2	
Lamivudine (100MG Oral Tablet)	1	
Vemlidy (Oral Tablet)	3	SP; QL
Anti-hepatitis C (HCV) Agents, Other		
Intron A (Injection Solution)	3	PA; LA; SP
Intron A (Injection Solution Reconstituted)	3	PA; LA; SP
Pegasys ProClick (Subcutaneous Solution)	2	PA; SP
Pegasys (Subcutaneous Solution)	2	PA; SP
Ribavirin (Oral Capsule)	1	
Ribavirin (Oral Tablet)	1	
Anti-hepatitis C (HCV) Direct Acting Agents		
Epclusa (Oral Tablet)	2	PA; SP; QL
Harvoni (Oral Packet)	2	PA; SP; QL
Harvoni (90-400MG Oral Tablet)	2	PA; SP; QL
Ledipasvir-Sofosbuvir (Oral Tablet)	2	PA; SP; QL
Mavyret (Oral Tablet)	2	PA; SP; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Sofosbuvir-Velpatasvir (Oral Tablet)	2	PA; SP; QL
Sovaldi (Oral Packet)	3	PA; SP; QL
Sovaldi (400MG Oral Tablet)	3	PA; SP; QL
Viekira Pak (Oral Tablet Therapy Pack)	3	PA; SP; QL
Vosevi (Oral Tablet)	2	PA; SP; QL
Zepatier (Oral Tablet)	3	PA; SP; QL
Antiherpetic Agents		
Acyclovir (External Cream)	1	
Acyclovir (External Ointment)	1	
Acyclovir (Oral Capsule)	1	
Acyclovir (Oral Suspension)	1	
Acyclovir (Oral Tablet)	1	
Acyclovir Sodium (Intravenous Solution)	1	B/D, PA
Denavir (External Cream)	3	SP
Famciclovir (Oral Tablet)	1	
Sitavig (Buccal Tablet)	3	
Trifluridine (Ophthalmic Solution)	1	
Valacyclovir HCl (Oral Tablet)	1	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
Dovato (Oral Tablet)	2	SP; QL
Genvoya (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
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
Tivicay PD (Oral Tablet Soluble)	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
Intence (100MG Oral Tablet, 200MG Oral Tablet)	2	SP; QL
Intence (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

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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
Emtricitabine (Oral Capsule)	1	QL	Rukobia (Oral Tablet Extended Release 12 Hour)	3	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

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
Lopinavir-Ritonavir (Oral Solution)	1	QL
Norvir (Oral Packet)	2	QL
Norvir (Oral Solution)	2	QL
Prezcobix (Oral Tablet)	2	SP; QL
Prezista (Oral Suspension)	2	SP; QL
Prezista (150MG Oral Tablet, 75MG Oral Tablet)	2	QL
Prezista (600MG Oral Tablet, 800MG Oral Tablet)	2	SP; QL
Reyataz (Oral Packet)	2	SP; QL
Ritonavir (Oral Tablet)	1	QL
Symtuza (Oral Tablet)	3	SP; QL
Viracept (Oral Tablet)	2	SP; QL
Anti-influenza Agents		
Oseltamivir Phosphate (Oral Capsule)	1	
Oseltamivir Phosphate (Oral Suspension Reconstituted)	1	
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	3	QL
Rimantadine HCl (Oral Tablet)	1	
Xofluza (Oral Tablet Therapy Pack)	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Xofluza (80 MG Dose) (Oral Tablet Therapy Pack)	3	QL
Anxiolytics		
Anxiolytics, Other		
Bupirone HCl (Oral Tablet)	1	
Hydroxyzine HCl (Oral Syrup)	1	PA; HRM
Hydroxyzine HCl (Oral Tablet)	1	PA; HRM
Meprobamate (Oral Tablet)	1	PA; HRM
Benzodiazepines		
Alprazolam ER (Oral Tablet Extended Release 24 Hour)	1	PA; QL
Alprazolam Intensol (Oral Concentrate)	1	QL
Alprazolam (Oral Tablet Immediate Release)	1	QL
Alprazolam ODT (Oral Tablet Dispersible)	1	QL
Chlordiazepoxide HCl (Oral Capsule)	1	
Clonazepam (Oral Tablet)	1	QL
Clonazepam ODT (Oral Tablet Dispersible)	1	QL
Clorazepate Dipotassium (Oral Tablet)	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
Diazepam Intensol (5MG/ML Oral Concentrate)	1	QL	Lithium Carbonate (Oral Capsule)	1	
Diazepam (5MG/5ML Oral Solution)	1		Lithium Carbonate (Oral Tablet Immediate Release)	1	
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	1	QL	Lithium (Oral Solution)	1	
Estazolam (Oral Tablet)	1	HRM; QL	Blood Glucose Regulators		
Lorazepam (2MG/ML Oral Concentrate)	1	QL	Antidiabetic Agents		
Lorazepam (Oral Tablet)	1	QL	Acarbose (Oral Tablet)	1	
Oxazepam (Oral Capsule)	1		Avandia (Oral Tablet)	3	QL
Triazolam (Oral Tablet)	1	HRM; QL	Bydureon BCise (Subcutaneous Auto-Injector)	2	QL
Bipolar Agents			Bydureon (Subcutaneous Pen-Injector)	2	QL
Mood Stabilizers			Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	2	QL
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	1		Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	2	QL
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	1		Cycloset (Oral Tablet)	3	
Divalproex Sodium (Oral Tablet Delayed Release)	1		Farxiga (Oral Tablet)	3	ST; QL
Equetro (Oral Capsule Extended Release 12 Hour)	3		Glimepiride (Oral Tablet)	1	QL
Lithium Carbonate ER (Oral Tablet Extended Release)	1		Glipizide ER (Oral Tablet Extended Release 24 Hour)	1	QL
			Glipizide (Oral Tablet Immediate Release)	1	QL
			Glipizide-Metformin HCl (Oral Tablet)	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
Glyburide Micronized (Oral Tablet)	1	PA; HRM; QL	Metformin HCl (Oral Solution)	1	QL
Glyburide (Oral Tablet)	1	PA; HRM; QL	Metformin HCl (Oral Tablet Immediate Release)	1	QL
Glyburide-Metformin (Oral Tablet)	1	PA; HRM; QL	Miglitol (Oral Tablet)	1	
Glyxambi (Oral Tablet)	2	QL	Nateglinide (Oral Tablet)	1	QL
Invokamet (Oral Tablet Immediate Release)	2	QL	Ozempic (0.25MG/DOSE 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 ER (Oral Suspension Reconstituted ER)	3	QL
Jentadueto (Oral Tablet Immediate Release)	2	QL	Riomet (Oral Solution)	3	QL
Jentadueto XR (Oral Tablet Extended Release 24 Hour)	2	QL	Rybelsus (Oral Tablet)	2	QL
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	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
Soliqua (Subcutaneous Solution Pen-Injector)	2	QL	Diazoxide (Oral Suspension)	1	
SymLinPen 120 (Subcutaneous Solution Pen-Injector)	3	PA; SP	GlucaGen HypoKit (Injection Solution Reconstituted)	2	
SymLinPen 60 (Subcutaneous Solution Pen-Injector)	3	PA; SP	Glucagon (Injection Kit) (Lilly)	2	
Synjardy (Oral Tablet Immediate Release)	2	QL	Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector)	2	
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
Xigduo XR (Oral Tablet Extended Release 24 Hour)	3	ST; QL	Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)	2	
Xultophy (Subcutaneous Solution Pen-Injector)	3	ST; QL			
Glycemic Agents					
Baqsimi Two Pack (Nasal Powder)	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 KwikPen (Subcutaneous Solution Pen-Injector)	2		Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)	2	
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)	2		Humulin N (Subcutaneous Suspension)	2	
Humalog Mix 50/50 (Subcutaneous Suspension)	2		Humulin R (Injection Solution)	2	
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	
			Blood Products/Modifiers/Volume Expanders		
			Anticoagulants		
			Eliquis Starter Pack (Oral Tablet)	2	QL
			Eliquis (Oral Tablet)	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
Enoxaparin Sodium (Subcutaneous Solution)	1	QL	Pradaxa (Oral Capsule)	2	QL
Fondaparinux Sodium (Subcutaneous Solution)	1		Savaysa (Oral Tablet)	3	QL
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	Warfarin Sodium (Oral Tablet)	1	
Fragmin (2500UNIT/0.2ML Subcutaneous Solution)	3		Xarelto (Oral Tablet)	2	QL
Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution)	1		Xarelto Starter Pack (Oral Tablet Therapy Pack)	2	QL
Heparin Sodium (1000UNIT/ML Injection Solution)	1	B/D, PA	Zontivity (Oral Tablet)	3	
Jantoven (Oral Tablet)	1		Blood Formation Modifiers		
			Anagrelide HCl (Oral Capsule)	1	
			Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 300MCG/ML Injection Solution, 60MCG/ML Injection Solution)	2	PA; SP
			Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution)	2	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
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,	2	PA; SP	Neulasta (Subcutaneous Solution Prefilled Syringe)	3	PA; SP
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	Nivestym (Injection Solution)	2	SP
Doptelet (Oral Tablet)	3	PA; SP	Nivestym (Injection Solution Prefilled Syringe)	2	SP
Leukine (Injection Solution Reconstituted)	3	PA; SP	Promacta (Oral Packet)	3	PA; LA; SP; QL
Mulpleta (Oral Tablet)	2	PA; SP	Promacta (Oral Tablet)	3	PA; LA; SP; QL
			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
			Zarxio (Injection Solution Prefilled Syringe)	2	SP
			Ziextenzo (Subcutaneous Solution Prefilled Syringe)	3	PA; SP

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Hemostasis Agents		
Tavalisse (Oral Tablet)	3	PA; SP; QL
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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Northera (Oral Capsule)	3	PA; LA; SP; QL
Alpha-adrenergic Blocking Agents		
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

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
Perindopril Erbumine (Oral Tablet)	1	QL	Quinidine Sulfate (Oral Tablet)	1	
Quinapril HCl (Oral Tablet)	1	QL	Sorine (Oral Tablet)	1	
Ramipril (Oral Capsule)	1	QL	Sotalol HCl AF (Oral Tablet)	1	
Trandolapril (Oral Tablet)	1	QL	Sotalol HCl (Oral Tablet)	1	
Antiarrhythmics			Sotylize (Oral Solution)	3	
Amiodarone HCl (Oral Tablet)	1		Beta-adrenergic Blocking Agents		
Disopyramide Phosphate (Oral Capsule)	1	PA; HRM	Acebutolol HCl (Oral Capsule)	1	
Dofetilide (Oral Capsule)	1		Atenolol (Oral Tablet)	1	
Flecainide Acetate (Oral Tablet)	1		Betaxolol HCl (Oral Tablet)	1	
Mexiletine HCl (Oral Capsule)	1		Bisoprolol Fumarate (Oral Tablet)	1	
Multaq (Oral Tablet)	3		Bystolic (Oral Tablet)	2	QL
Norpace CR (Oral Capsule Extended Release 12 Hour)	2	PA; HRM	Carvedilol (Oral Tablet)	1	
Pacerone (200MG Oral Tablet)	1		Carvedilol Phosphate ER (Oral Capsule Extended Release 24 Hour)	1	
Propafenone HCl ER (Oral Capsule Extended Release 12 Hour)	1		Labetalol HCl (Oral Tablet)	1	
Propafenone HCl (Oral Tablet)	1		Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	1	
Quinidine Gluconate ER (Oral Tablet Extended Release)	1		Metoprolol Tartrate (Oral Tablet)	1	
			Nadolol (Oral Tablet)	1	
			Pindolol (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
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour)	1		Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour)	1	
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	
			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

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
Taztia XT (Oral Capsule Extended Release 24 Hour)	1		Aliskiren Fumarate (Oral Tablet)	1	QL
Tiadyt 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	
			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

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Demser (Oral Capsule)	3	SP	Methyldopa-Hydrochlorothiazide (Oral Tablet)	1	PA; HRM
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			
Lisinopril-Hydrochlorothiazide (Oral Tablet)	1	QL			
Losartan Potassium-HCTZ (Oral Tablet)	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
Triamterene-HCTZ (Oral Capsule)	1	
Triamterene-HCTZ (Oral Tablet)	1	
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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Torsemide (Oral Tablet)	1	
Diuretics, Potassium-sparing		
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	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Fenofibrate (145MG Oral Tablet, 160MG Oral Tablet, 48MG Oral Tablet, 54MG Oral Tablet)	1		Cholestyramine Light (Oral Powder)	1	
Fenofibric Acid (Oral Capsule Delayed Release)	1		Cholestyramine (Oral Packet)	1	
Gemfibrozil (Oral Tablet)	1		Colesevelam HCl (Oral Packet)	1	
Lipofen (Oral Capsule)	3		Colesevelam HCl (Oral Tablet)	1	
Dyslipidemics, HMG CoA Reductase Inhibitors			Colestipol HCl (Oral Packet)	1	
Atorvastatin Calcium (Oral Tablet)	1	QL	Colestipol HCl (Oral Tablet)	1	
Ezallor Sprinkle (Oral Capsule Sprinkle)	3	QL	Ezetimibe (Oral Tablet)	1	
FloLipid (Oral Suspension)	3	QL	Ezetimibe-Simvastatin (Oral Tablet)	1	QL
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	1	QL	Juxtapid (10MG Oral Capsule, 20MG Oral Capsule, 30MG Oral Capsule, 5MG Oral Capsule)	3	PA; LA; SP
Fluvastatin Sodium (Oral Capsule)	1	QL	Nexletol (Oral Tablet)	2	PA; QL
Livalo (Oral Tablet)	3	QL	Nexlizet (Oral Tablet)	2	PA; QL
Lovastatin (Oral Tablet)	1	QL	Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release)	1	
Pravastatin Sodium (Oral Tablet)	1	QL	Niacor (Oral Tablet)	1	
Rosuvastatin Calcium (Oral Tablet)	1	QL	Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	1	
Simvastatin (Oral Tablet)	1	QL	Praluent (Subcutaneous Solution Auto-Injector)	2	PA; LA; QL
Dyslipidemics, Other			Prevalite (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
Repatha Pushtronex System (Subcutaneous Solution Cartridge)	2	PA; QL	Nitro-Dur (0.3MG/HR Transdermal Patch 24 Hour, 0.8MG/HR Transdermal Patch 24 Hour)	3	
Repatha (Subcutaneous Solution Prefilled Syringe)	2	PA; QL	Nitroglycerin (Tablet Sublingual)	1	
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				

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

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
Methylphenidate HCl ER (XR) (Oral Capsule Extended Release 24 Hour) (Brand Equivalent Aptensio XR)	3	QL	Ingrezza (Oral Capsule)	3	PA; SP; QL
Methylphenidate HCl ER Osmotic Release (Oral Tablet Extended Release)	1	QL	Ingrezza (Oral Capsule Therapy Pack)	3	PA; SP; QL
Methylphenidate HCl ER (Oral Tablet Extended Release 24 Hour)	1	QL	Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	2	PA; QL
Methylphenidate HCl (Oral Solution)	1	QL	Namzaric (Oral Capsule Extended Release 24 Hour)	2	PA; QL
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	1	QL	Nuedexta (Oral Capsule)	3	PA
Methylphenidate HCl (Oral Tablet Chewable)	1	QL	Riluzole (Oral Tablet)	1	
QuilliChew ER (Oral Tablet Chewable Extended Release)	3	QL	Tetrabenazine (Oral Tablet)	1	PA; LA
Quillivant XR (Oral Suspension Reconstituted)	3		Tiglutik (Oral Suspension)	3	PA; SP
Relexxii (Oral Tablet Extended Release)	1	QL	Fibromyalgia Agents		
Central Nervous System, Other			Drizalma Sprinkle (Oral Capsule Delayed Release Sprinkle)	3	ST; QL
Austedo (Oral Tablet)	3	PA; LA; SP; QL	Duloxetine HCl (Oral Capsule Delayed Release Particles)	1	QL
Gralise (Oral Tablet)	3	PA	Lyrica CR (Oral Tablet Extended Release 24 Hour)	3	PA; QL
Horizant (Oral Tablet Extended Release)	3	PA	Pregabalin (Oral Capsule)	1	QL
			Pregabalin (Oral Solution)	1	QL
			Savella (Oral Tablet)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
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
Betaseron (Subcutaneous Kit)	2	SP
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	1	QL
Dimethyl Fumarate (120MG Oral Capsule Delayed Release, 240MG Oral Capsule Delayed Release)	1	QL
Gilenya (0.5MG Oral Capsule)	3	SP; QL
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	1	
Glatopa (Subcutaneous Solution Prefilled Syringe)	1	
Mavenclad (10 Tabs) (Oral Tablet Therapy Pack)	3	PA; SP

Drug Name	Drug Tier	Coverage Rules or Limits on use
Mavenclad (4 Tabs) (Oral Tablet Therapy Pack)	3	PA; SP
Mavenclad (5 Tabs) (Oral Tablet Therapy Pack)	3	PA; SP
Mavenclad (6 Tabs) (Oral Tablet Therapy Pack)	3	PA; SP
Mavenclad (7 Tabs) (Oral Tablet Therapy Pack)	3	PA; SP
Mavenclad (8 Tabs) (Oral Tablet Therapy Pack)	3	PA; SP
Mavenclad (9 Tabs) (Oral Tablet Therapy Pack)	3	PA; SP
Mayzent (Oral Tablet)	3	SP; QL
Rebif Rebidose (Subcutaneous Solution Auto-Injector)	3	SP
Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)	3	SP
Rebif (Subcutaneous Solution Prefilled Syringe)	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
Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)	3	SP	Altreno (External Lotion)	3	PA
Tecfidera Starter Pack (Oral)	2	LA; SP	Ammonium Lactate (External Cream)	1	
Dental and Oral Agents			Ammonium Lactate (External Lotion)	1	
Dental and Oral Agents			Amnesteem (Oral Capsule)	1	PA
Cevimeline HCl (Oral Capsule)	1		Amzeeq (External Foam)	3	
Chlorhexidine Gluconate (Mouth Solution)	1		Avita (External Cream)	1	PA
Pilocarpine HCl (Oral Tablet)	1		Avita (External Gel)	1	PA
Triamcinolone Acetonide (Dental Paste)	1		Azelaic Acid (External Gel)	1	
Dermatological Agents			Azelex (External Cream)	3	
Dermatological Agents			Benzoyl Peroxide-Erythromycin (External Gel)	1	
Absorica LD (Oral Capsule)	3	PA; SP	Calcipotriene (External Cream)	1	
Acitretin (Oral Capsule)	1		Calcipotriene (External Ointment)	1	
Adapalene (External Cream)	1		Calcipotriene (External Solution)	1	
Adapalene (External Gel)	1		Calcipotriene-Betamethasone (External Suspension)	1	
Adapalene (External Pad)	3		Calcitriol (External Ointment)	1	
Adapalene (External Solution)	3	SP	Carac (External Cream)	3	SP
Adapalene-Benzoyl Peroxide (External Gel)	1		Claravis (Oral Capsule)	1	PA

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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
Clindacin-P (External Swab)	1		Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe)	3	PA; LA; SP
Clindamycin Phosphate (External Foam)	1		Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector)	3	PA; LA; SP
Clindamycin Phosphate (External Gel)	1		Dapsone (5% External Gel)	1	
Clindamycin Phosphate (External Lotion)	1		Diclofenac Sodium (3% Transdermal Gel)	1	PA
Clindamycin Phosphate (External Solution)	1		Differin (External Lotion)	3	
Clindamycin Phosphate (External Swab)	1		Doxepin HCl (External Cream)	1	PA; QL
Clindamycin Phosphate-Benzoyl Peroxide (External Gel)	1		Dupixent (Subcutaneous Solution Pen-Injector)	2	PA; SP; QL
Clindamycin-Tretinoin (External Gel)	1	PA	Dupixent (300MG/ 2ML Subcutaneous Solution Prefilled Syringe)	2	PA; SP; QL
Clotrimazole-Betamethasone (External Cream)	1		Epiduo Forte (External Gel)	3	
Clotrimazole-Betamethasone (External Lotion)	1		Ery (External Pad)	1	
Condylox (External Gel)	3		Erythromycin (External Gel)	1	
Cortisporin (External Cream)	3		Erythromycin (External Solution)	1	
Cortisporin (External Ointment)	3		Eucrisa (External Ointment)	2	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
Fabior (External Foam)	3	PA	Oxsoralen Ultra (Oral Capsule)	2	SP
Finacea (External Foam)	3		Picato (External Gel)	3	
Fluoroplex (External Cream)	3	SP	Pimecrolimus (External Cream)	1	
Fluorouracil (0.5% External Cream)	2	SP	Podofilox (External Solution)	1	
Fluorouracil (5% External Cream)	1		Regranex (External Gel)	3	PA; SP
Fluorouracil (External Solution)	1		Retin-A Micro Pump (0.06% External Gel, 0.08% External Gel)	2	PA; SP
Ilumya (Subcutaneous Solution Prefilled Syringe)	3	PA; SP	Rhofade (External Cream)	3	
Imiquimod (5% External Cream)	1		Santyl (External Ointment)	3	
Imiquimod Pump (3.75% External Cream)	3	SP	Selenium Sulfide (External Lotion)	1	
Isotretinoin (Oral Capsule)	1	PA	Siliq (Subcutaneous Solution Prefilled Syringe)	3	PA; SP
Methoxsalen Rapid (Oral Capsule)	1		Soolantra (External Cream)	2	
Mirvaso (External Gel)	2		Stelara (Subcutaneous Solution)	2	PA; SP
Myorisan (Oral Capsule)	1	PA	Stelara (Subcutaneous Solution Prefilled Syringe)	2	PA; SP
Neo-Synalar (External Cream)	3	SP	Sulfacetamide Sodium (Acne) (External Lotion)	1	PA
Neuac (External Gel)	1				
Onexton (External Gel)	3				

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Taclonex (External Suspension)	3	SP
Tacrolimus (External Ointment)	1	
Taltz (Subcutaneous Solution Auto-Injector)	3	PA; LA; SP
Taltz (Subcutaneous Solution Prefilled Syringe)	3	PA; LA; SP
Tazarotene (External Cream)	1	PA
Tazorac (0.05% External Cream)	3	PA
Tazorac (0.05% External Gel)	3	PA; SP
Tazorac (0.1% External Gel)	3	PA
Tolak (External Cream)	3	
Tremfya (Subcutaneous Solution Pen-Injector)	2	PA; SP
Tremfya (Subcutaneous Solution Prefilled Syringe)	2	PA; SP
Tretinoin (External Cream)	1	PA
Tretinoin (External Gel)	1	PA
Tretinoin Microsphere (External Gel)	1	PA
Zenatane (Oral Capsule)	1	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Zyclara Pump (External Cream)	3	SP
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
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
Clinimix E/Dextrose (4.25/5) (Intravenous Solution)	3	B/D, PA
Clinimix E/Dextrose (5/15) (Intravenous Solution)	3	B/D, PA
Clinimix E/Dextrose (5/20) (Intravenous Solution)	3	B/D, PA
Clinimix/Dextrose (4.25/10) (Intravenous Solution)	3	B/D, PA
Clinimix/Dextrose (4.25/5) (Intravenous Solution)	3	B/D, PA
Clinimix/Dextrose (5/15) (Intravenous Solution)	3	B/D, 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
Clinimix/Dextrose (5/20) (Intravenous Solution)	3	B/D, PA	KCl-Lactated Ringers-D5W (Intravenous Solution)	1	
Dextrose (10% Intravenous Solution)	1		Klor-Con 10 (Oral Tablet Extended Release)	1	
Dextrose (5% Intravenous Solution)	1	B/D, PA	Klor-Con M10 (Oral Tablet Extended Release)	1	
Dextrose-NaCl (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 2.5-0.45% Intravenous Solution, 5-0.2% Intravenous Solution, 5-0.45% Intravenous Solution)	1		Klor-Con M15 (Oral Tablet Extended Release)	1	
Dextrose-NaCl (5-0.9% Intravenous Solution)	1	B/D, PA	Klor-Con M20 (Oral Tablet Extended Release)	1	
Endari (Oral Packet)	3	PA; SP	Klor-Con (Oral Packet)	1	
FreAmine HBC (Intravenous Solution)	3	B/D, PA	Klor-Con 8 (Oral Tablet Extended Release)	1	
HepatAmine (Intravenous Solution)	1	B/D, PA	Levocarnitine (1GM/10ML Oral Solution)	1	
Intralipid (20% Intravenous Emulsion)	1	B/D, PA	Levocarnitine (330MG Oral Tablet)	1	
Intralipid (30% Intravenous Emulsion)	3	B/D, PA	Magnesium Sulfate (50% Injection Solution)	1	
Isolyte-P in D5W (Intravenous Solution)	3		Magnesium Sulfate (50% (10ML Syringe) Injection Solution)	1	
KCl in Dextrose-NaCl (Intravenous Solution)	1		NephrAmine (Intravenous Solution)	3	B/D, PA
			Normosol-M in D5W (Intravenous Solution)	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
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 (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		

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
Chemet (Oral Capsule)	3	SP	Sodium Polystyrene Sulfonate (Oral Suspension)	1	
Clovique (Oral Capsule)	1	PA; QL	SPS (Oral Suspension)	1	
Deferasirox Granules (Oral Packet)	1	PA	Tolvaptan (30MG Oral Tablet)	1	QL
Deferasirox (Oral Tablet) (Generic Jadenu)	1	PA	Trientine HCl (Oral Capsule)	1	PA; QL
Deferasirox (Oral Tablet Soluble) (Generic Exjade)	1	PA	Veltassa (Oral Packet)	3	SP; QL
Deferiprone (Oral Tablet)	1	PA	Phosphate Binders		
Ferriprox (Oral Solution)	3	PA; SP	Auryxia (Oral Tablet)	3	PA; SP
Ferriprox (Oral Tablet)	3	PA; SP	Calcium Acetate (Phosphate Binder) (Oral Capsule)	1	
Jadenu (180MG Oral Tablet)	3	PA; SP	Calcium Acetate (Phosphate Binder) (Oral Tablet)	1	
Jadenu Sprinkle (Oral Packet)	3	PA; SP	Fosrenol (Oral Packet)	3	SP
Jynarque (Oral Tablet)	3	SP; QL	Lanthanum Carbonate (Oral Tablet Chewable)	1	
Jynarque (Oral Tablet Therapy Pack)	3	SP; QL	Phoslyra (Oral Solution)	3	
Kionex (Oral Suspension)	1		Sevelamer Carbonate (Oral Packet)	1	
Lokelma (Oral Packet)	3	QL	Sevelamer Carbonate (Oral Tablet) (Generic Renvela)	1	
Samsca (Oral Tablet)	2	SP; QL	Sevelamer HCl (Oral Tablet)	1	
Sodium Polystyrene Sulfonate (Oral Powder)	1		Velphoro (Oral Tablet Chewable)	3	SP
			Vitamins		
			VP-PNV-DHA (Oral Capsule)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
Cuvposa (Oral Solution)	3	PA
Dicyclomine HCl (Oral Capsule)	1	HRM
Dicyclomine HCl (Oral Solution)	1	HRM
Dicyclomine HCl (Oral Tablet)	1	HRM
Glycopyrrolate (1MG Oral Tablet, 2MG Oral Tablet)	1	PA
Methscopolamine Bromide (Oral Tablet)	1	
Propantheline Bromide (Oral Tablet)	1	PA; HRM
Gastrointestinal Agents, Other		
Amoxicillin-Clarithromycin-Lansoprazole (Oral)	1	
Chenodal (Oral Tablet)	3	SP
Cromolyn Sodium (Oral Concentrate)	1	
Diphenoxylate-Atropine (Oral Liquid)	1	PA; HRM
Diphenoxylate-Atropine (Oral Tablet)	1	PA; HRM
Gattex (Subcutaneous Kit)	3	PA; LA; SP
Helidac Therapy (Oral)	3	SP
Loperamide HCl (Oral Capsule)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Motegrity (Oral Tablet)	3	QL
Myalept (Subcutaneous Solution Reconstituted)	3	PA; LA; SP
Mytesi (Oral Tablet Delayed Release)	3	SP
Omeclamox-Pak (Oral)	2	SP
Pylera (Oral Capsule)	2	SP
Relistor (Oral Tablet)	3	PA; SP
Relistor (Subcutaneous Solution)	3	PA; SP
Serostim (Subcutaneous Solution Reconstituted)	3	PA; LA; SP
Symproic (Oral Tablet)	2	QL
Talicia (Oral Capsule Delayed Release)	3	
Ursodiol (Oral Capsule)	1	
Ursodiol (Oral Tablet)	1	
Xermelo (Oral Tablet)	3	PA; LA; SP; QL
Zelnorm (Oral Tablet)	3	PA; QL
Zorbtive (Subcutaneous Solution Reconstituted)	3	PA; LA; SP
Histamine2 (H2) Receptor Antagonists		

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
Cimetidine HCl (Oral Solution)	1		GaviLyte-N with Flavor Pack (Oral Solution Reconstituted)	1	
Cimetidine (Oral Tablet)	1		Generlac (Oral Solution)	1	
Famotidine (Oral Suspension Reconstituted)	1		GoLYTELY (227.1GM Oral Solution Reconstituted)	3	
Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	1		Lactulose (Oral Packet)	1	
Nizatidine (Oral Capsule)	1		Lactulose (10GM/15ML Oral Solution)	1	
Nizatidine (Oral Solution)	1		OsmoPrep (Oral Tablet)	3	
Irritable Bowel Syndrome Agents			PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	1	
Alosetron HCl (Oral Tablet)	1	PA	PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	1	
Linzess (Oral Capsule)	2	QL	PEG-3350, Sodium Sulfate, Sodium Chloride, Potassium Chloride, Sodium Ascorbate and Ascorbic Acid (Oral Solution Reconstituted)	1	
Viberzi (Oral Tablet)	3	PA; SP; QL	Plenvu (Oral Solution Reconstituted)	3	
Xifaxan (Oral Tablet)	3	PA; SP	Suprep Bowel Prep Kit (Oral Solution)	3	
Laxatives			TriLyte (Oral Solution Reconstituted)	1	
Clenpiq (Oral Solution)	3		Protectants		
Constulose (Oral Solution)	1				
Enulose (Oral Solution)	1				
GaviLyte-C (Oral Solution Reconstituted)	1				
GaviLyte-G (Oral Solution Reconstituted)	1				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
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	
Lansoprazole (Oral Capsule Delayed Release)	1	QL
Lansoprazole ODT (Oral Tablet Delayed Release Dispersible)	1	
Nexium (Oral Packet)	3	
Omeprazole (10MG Oral Capsule Delayed Release)	1	QL
Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	1	
Pantoprazole Sodium (Oral Packet)	1	
Pantoprazole Sodium (Oral Tablet Delayed Release)	1	QL
Prilosec (Oral Packet)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Protonix (Oral Packet)	3	
Rabeprazole Sodium (Oral Tablet Delayed Release)	1	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Aralast NP (1000MG Intravenous Solution Reconstituted)	3	PA; LA; SP
Cerdelga (Oral Capsule)	3	PA; SP
Cholbam (Oral Capsule)	3	PA; SP
Creon (Oral Capsule Delayed Release Particles)	2	
Cystadane (Oral Powder)	3	SP
Cystagon (Oral Capsule)	3	LA
Galafold (Oral Capsule)	3	LA; SP
Glassia (Intravenous Solution)	3	PA; LA; SP
Kuvan (Oral Packet)	2	LA; SP
Kuvan (Oral Tablet Soluble)	2	LA; SP
Miglustat (Oral Capsule)	1	PA; LA
Nitisinone (Oral Capsule)	1	
Nityr (Oral Tablet)	3	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
Ocaliva (Oral Tablet)	3	PA; SP; QL
Orfadin (Oral Capsule)	3	LA; SP
Orfadin (Oral Suspension)	3	LA; SP
Palynziq (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
Sodium Phenylbutyrate (Oral Powder)	1	
Sodium Phenylbutyrate (Oral Tablet)	1	
Sucraid (Oral Solution)	3	LA; SP
Tegsedi (Subcutaneous Solution Prefilled Syringe)	3	PA; LA; SP
Xuriden (Oral Packet)	3	PA; LA; SP
Zemaira (Intravenous Solution Reconstituted)	3	PA; LA; SP
Zenpep (Oral Capsule Delayed Release Particles)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Genitourinary Agents		
Antispasmodics, Urinary		
Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour)	1	QL
Flavoxate HCl (Oral Tablet)	1	
Gelnique (Transdermal Gel)	3	
Myrbetriq (Oral Tablet Extended Release 24 Hour)	2	
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	1	
Oxybutynin Chloride (Oral Syrup)	1	
Oxybutynin Chloride (Oral Tablet Immediate Release)	1	
Oxytrol (Transdermal Patch Twice Weekly)	3	SP
Solifenacin Succinate (Oral Tablet)	1	QL
Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour)	1	
Tolterodine Tartrate (Oral Tablet)	1	
Toviaz (Oral Tablet Extended Release 24 Hour)	3	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Trospium Chloride ER (Oral Capsule Extended Release 24 Hour)	1	
Trospium Chloride (Oral Tablet)	1	
Benign Prostatic Hypertrophy Agents		
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	1	
Cardura XL (Oral Tablet Extended Release 24 Hour)	3	QL
Dutasteride (Oral Capsule)	1	
Dutasteride-Tamsulosin HCl (Oral Capsule)	1	
Finasteride (5MG Oral Tablet) (Generic Proscar)	1	
Silodosin (Oral Capsule)	1	QL
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	1	PA; QL
Tamsulosin HCl (Oral Capsule)	1	
Terazosin HCl (Oral Capsule)	1	
Genitourinary Agents, Other		
Bethanechol Chloride (Oral Tablet)	1	
Depen Titratabs (Oral Tablet)	2	SP

Drug Name	Drug Tier	Coverage Rules or Limits on use
Elmiron (Oral Capsule)	2	SP
Lithostat (Oral Tablet)	3	SP
Penicillamine (250MG Oral Capsule)	1	PA
Penicillamine (250MG Oral Tablet)	1	
Thiola EC (Oral Tablet Delayed Release)	3	LA; SP
Thiola (Oral Tablet Immediate Release)	3	LA; SP
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Acthar (Injection Gel)	2	PA; LA; SP
Ala Scalp (External Lotion)	3	
Ala-Cort (1% External Cream)	1	
Alclometasone Dipropionate (External Cream)	1	
Alclometasone Dipropionate (External Ointment)	1	
Amcinonide (External Cream)	1	
Amcinonide (External Lotion)	1	
Amcinonide (External Ointment)	1	
Beser (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
Betamethasone Dipropionate Aug (External Cream)	1		Capex (External Shampoo)	3	
Betamethasone Dipropionate Aug (External Gel)	1		Clobetasol Propionate Emollient Base (External Cream)	1	
Betamethasone Dipropionate Aug (External Lotion)	1		Clobetasol Propionate Emulsion (External Foam)	1	
Betamethasone Dipropionate Aug (External Ointment)	1		Clobetasol Propionate (External Cream)	1	
Betamethasone Dipropionate (External Cream)	1		Clobetasol Propionate (External Foam)	1	
Betamethasone Dipropionate (External Lotion)	1		Clobetasol Propionate (External Gel)	1	
Betamethasone Dipropionate (External Ointment)	1		Clobetasol Propionate (External Liquid Spray)	1	
Betamethasone Valerate (External Cream)	1		Clobetasol Propionate (External Lotion)	1	
Betamethasone Valerate (External Foam)	1		Clobetasol Propionate (External Ointment)	1	
Betamethasone Valerate (External Lotion)	1		Clobetasol Propionate (External Shampoo)	1	
Betamethasone Valerate (External Ointment)	1		Clobetasol Propionate (External Solution)	1	
Bryhali (External Lotion)	3		Clocortolone Pivalate (External Cream)	1	
			Clodan (External Shampoo)	1	
			Cordran (External Tape)	3	SP
			Cortisone Acetate (Oral Tablet)	1	
			Desonide (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
Desonide (External Gel)	1		Fluocinolone Acetonide Scalp (External Oil)	1	
Desonide (External Lotion)	1		Fluocinonide Emulsified Base (External Cream)	1	
Desonide (External Ointment)	1		Fluocinonide (External Gel)	1	
Desoximetasone (External Cream)	1		Fluocinonide (External Ointment)	1	
Desoximetasone (External Gel)	1		Fluocinonide (External Solution)	1	
Desoximetasone (0.25% External Ointment)	1		Fluticasone Propionate (External Cream)	1	
Dexamethasone (Oral Elixir)	1		Fluticasone Propionate (External Lotion)	1	
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	Halog (External Solution)	3	
Fludrocortisone Acetate (Oral Tablet)	1		Hydrocortisone Butyrate (External Lotion)	1	
Fluocinolone Acetonide (External Cream)	1		Hydrocortisone Butyrate (External Ointment)	1	
Fluocinolone Acetonide (External Ointment)	1		Hydrocortisone Butyrate (External Solution)	1	
Fluocinolone Acetonide (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
Hydrocortisone (1% External Cream, 2.5% External Cream)	1		Prednicarbate (External Ointment)	1	
Hydrocortisone (2.5% External Lotion)	1		Prednisolone (Oral Solution)	1	
Hydrocortisone (1% External Ointment, 2.5% External Ointment)	1		Prednisolone Sodium Phosphate (10MG/5ML Oral Solution, 20MG/5ML Oral Solution, 25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution)	1	
Hydrocortisone (Oral Tablet)	1		Prednisolone Sodium Phosphate ODT (Oral Tablet Dispersible)	1	
Hydrocortisone Valerate (External Cream)	1		Prednisone Intensol (Oral Concentrate)	1	
Hydrocortisone Valerate (External Ointment)	1		Prednisone (5MG/5ML Oral Solution)	1	
Medrol (2MG Oral Tablet)	2		Prednisone (Oral Tablet)	1	
Methylprednisolone (Oral Tablet)	1		Prednisone (Oral Tablet Therapy Pack)	1	
Methylprednisolone (Oral Tablet Therapy Pack)	1		Sernivo (External Emulsion)	3	SP
Millipred (Oral Tablet)	2		Texacort (External Solution)	3	
Mometasone Furoate (External Cream)	1		Tovet (External Foam)	1	
Mometasone Furoate (External Ointment)	1		Triamcinolone Acetonide (External Cream)	1	
Mometasone Furoate (External Solution)	1		Triamcinolone Acetonide (External Lotion)	1	
Nolix (External Cream)	1		Triamcinolone Acetonide (External Ointment)	1	
Prednicarbate (External Cream)	1				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Trianex (External Ointment)	1	
Triderm (External Cream)	1	
Tridesilon (External Cream)	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
DDAVP Rhinal Tube (Nasal Solution)	2	
Desmopressin Acetate (Oral Tablet)	1	
Desmopressin Acetate Spray (Nasal Solution)	1	
Increlex (Subcutaneous Solution)	2	PA; LA; SP
Nocurna (Tablet Sublingual)	3	PA
Norditropin FlexPro (Subcutaneous Solution Pen-Injector)	2	PA; SP
Nutropin AQ NuSpin 10 (Subcutaneous Solution Pen-Injector)	2	PA; SP
Nutropin AQ NuSpin 20 (Subcutaneous Solution Pen-Injector)	2	PA; SP
Nutropin AQ NuSpin 5 (Subcutaneous Solution Pen-Injector)	2	PA; SP

Drug Name	Drug Tier	Coverage Rules or Limits on use
Omnitrope (Subcutaneous Solution Cartridge)	2	PA; SP
Omnitrope (Subcutaneous Solution Reconstituted)	2	PA; SP
Stimate (Nasal Solution)	3	SP
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Korlym (Oral Tablet)	3	PA; LA; SP; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
Anadrol-50 (Oral Tablet)	3	PA; SP
Androderm (Transdermal Patch 24 Hour)	2	
Danazol (Oral Capsule)	1	
Intrarosa (Vaginal Insert)	3	PA; QL
Methitest (Oral Tablet)	3	PA; SP
Methyltestosterone (Oral Capsule)	1	PA
Natesto (Nasal Gel)	3	
Oxandrolone (Oral Tablet)	1	PA; 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
Testosterone Cypionate (Intramuscular Solution)	1		Amethia Lo (Oral Tablet)	1	
Testosterone Enanthate (Intramuscular Solution)	1		Amethia (Oral Tablet)	1	
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		Angeliq (Oral Tablet)	3	PA; HRM
Testosterone (Transdermal Solution)	1		Apri (Oral Tablet)	1	
Xyosted (Subcutaneous Solution Auto-Injector)	3	PA	Aranelle (Oral Tablet)	1	
Estrogens			Ashlyna (Oral Tablet)	1	
Alora (Transdermal Patch Twice Weekly)	3	PA; HRM; QL	Aubra (Oral Tablet)	1	
Altavera (Oral Tablet)	1		Aviane (Oral Tablet)	1	
Alyacen 1/35 (Oral Tablet)	1		Balcoltra (Oral Tablet)	3	
Amabelz (Oral Tablet)	1	PA; HRM	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	
			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	

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
Delestrogen (10MG/ML Intramuscular Oil)	3		Estradiol (Vaginal Tablet)	1	
Depo-Estradiol (Intramuscular Oil)	3		Estradiol Valerate (Intramuscular Oil)	1	
Desogestrel-Ethinyl Estradiol (Oral Tablet)	1		Estradiol-Norethindrone Acetate (Oral Tablet)	1	PA; HRM
Divigel (1MG/GM Transdermal Gel)	3	PA; HRM	Estring (Vaginal Ring)	3	
Dotti (Transdermal Patch Twice Weekly)	1	PA; HRM; QL	Estrogel (Transdermal Gel)	3	PA; HRM
Drospirenone-Ethinyl Estradiol (Oral Tablet)	1		Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet)	1	
Drospirenone-Ethinyl Estradiol-Levomefolate (3-0.02-0.451MG Oral Tablet)	1		Etonogestrel-Ethinyl Estradiol (Vaginal Ring)	1	
Duavee (Oral Tablet)	2	PA; HRM	Evamist (Transdermal Solution)	3	PA; HRM
Elestrin (Transdermal Gel)	3	PA; HRM	Falmina (Oral Tablet)	1	
EluRyng (Vaginal Ring)	1		Fayosim (Oral Tablet)	1	
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
Estaylla (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	
			Isibloom (Oral Tablet)	1	
			Jasmiel (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
Jinteli (Oral Tablet)	1	PA; HRM	Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet)	1	
Juleber (Oral Tablet)	1		Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet)	1	
Junel 1.5/30 (Oral Tablet)	1		Levonorgestrel-Ethinyl Estradiol (Oral Tablet)	1	
Junel 1/20 (Oral Tablet)	1		Levora 0.15/30 (28) (Oral Tablet)	1	
Junel Fe 1.5/30 (Oral Tablet)	1		Lo Loestrin Fe (Oral Tablet)	3	
Junel Fe 1/20 (Oral Tablet)	1		Lopreeza (1-0.5MG Oral Tablet)	1	PA; HRM
Junel Fe 24 (Oral Tablet)	1		Loryna (Oral Tablet)	1	
Kaitlib Fe (Oral Tablet Chewable)	1		Low-Ogestrel (Oral Tablet)	1	
Kariva (Oral Tablet)	1		Lutera (Oral Tablet)	1	
Kelnor 1/35 (Oral Tablet)	1		Marlissa (Oral Tablet)	1	
Kelnor 1/50 (Oral Tablet)	1		Melodetta 24 Fe (Oral Tablet Chewable)	1	
Kurvelo (Oral Tablet)	1		Menest (Oral Tablet)	2	PA; HRM
LARIN 1.5/30 (Oral Tablet)	1		Menostar (Transdermal Patch Weekly)	3	PA; HRM; QL
LARIN 1/20 (Oral Tablet)	1		Mibelas 24 Fe (Oral Tablet Chewable)	1	
LARIN Fe 1.5/30 (Oral Tablet)	1		Microgestin 1.5/30 (Oral Tablet)	1	
LARIN Fe 1/20 (Oral Tablet)	1		Microgestin 1/20 (Oral Tablet)	1	
Larissia (Oral Tablet)	1		Microgestin Fe 1.5/30 (Oral Tablet)	1	
Layolis Fe (Oral Tablet Chewable)	1		Microgestin Fe 1/20 (Oral Tablet)	1	
Leena (Oral Tablet)	1				
Lessina (Oral Tablet)	1				
Levonest (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
Mili (Oral Tablet)	1		Nortrel 7/7/7 (Oral Tablet)	1	
Mimvey (Oral Tablet)	1	PA; HRM	Ocella (Oral Tablet)	1	
Natazia (Oral Tablet)	2		Orsythia (Oral Tablet)	1	
Necon 0.5/35 (28) (Oral Tablet)	1		Pimtreea (Oral Tablet)	1	
Nikki (Oral Tablet)	1		Pirmella 1/35 (Oral Tablet)	1	
Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)	1	PA; HRM	Portia-28 (Oral Tablet)	1	
Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet)	1		Prefest (Oral Tablet)	3	PA; HRM
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		Premarin (Oral Tablet)	2	PA; HRM; QL
Norgestimate-Ethinyl Estradiol (Oral Tablet)	1		Premarin (Vaginal Cream)	2	
Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)	1		Premphase (Oral Tablet)	2	PA; HRM; QL
Nortrel 0.5/35 (28) (Oral Tablet)	1		Prempro (Oral Tablet)	2	PA; HRM; QL
Nortrel 1/35 (21) (Oral Tablet)	1		Previfem (Oral Tablet)	1	
Nortrel 1/35 (28) (Oral Tablet)	1		Reclipsen (Oral Tablet)	1	
			Rivelsa (Oral Tablet)	1	
			Setlakin (Oral Tablet)	1	
			Sprintec 28 (Oral Tablet)	1	
			Sronyx (Oral Tablet)	1	
			Syeda (Oral Tablet)	1	
			Tarina 24 Fe (Oral Tablet)	1	
			Tarina Fe 1/20 (Oral Tablet)	1	
			Tri-Estarylla (Oral Tablet)	1	
			Tri-Legest Fe (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
Tri-Lo-Estarylla (Oral Tablet)	1		Depo-Provera (400MG/ML Intramuscular Suspension)	3	
Tri-Lo-Sprintec (Oral Tablet)	1		Depo-SubQ Provera 104 (Subcutaneous Suspension Prefilled Syringe)	3	
Tri-Mili (Oral Tablet)	1		Errin (Oral Tablet)	1	
Tri-Previfem (Oral Tablet)	1		Incassia (Oral Tablet)	1	
Tri-Sprintec (Oral Tablet)	1		Lyza (Oral Tablet)	1	
Trivora (28) (Oral Tablet)	1		Medroxyprogesterone Acetate (Intramuscular Suspension)	1	
Tri-VyLibra Lo (Oral Tablet)	1		Medroxyprogesterone Acetate (Intramuscular Suspension Prefilled Syringe)	1	
Tri-VyLibra (Oral Tablet)	1		Medroxyprogesterone Acetate (Oral Tablet)	1	
Tydemy (Oral Tablet)	1		Megestrol Acetate (40MG/ML Oral Suspension, 625MG/5ML Oral Suspension)	1	PA; HRM
Velivet (Oral Tablet)	1		Megestrol Acetate (Oral Tablet)	1	PA; HRM
Vienva (Oral Tablet)	1		Nora-BE (Oral Tablet)	1	
Vyfemla (Oral Tablet)	1		Norethindrone Acetate (5MG Oral Tablet)	1	
VyLibra (Oral Tablet)	1		Norethindrone (0.35MG Oral Tablet)	1	
WYMZYA Fe (Oral Tablet Chewable)	1		Progesterone Micronized (Oral Capsule)	1	
Xulane (Transdermal Patch Weekly)	1		Sharobel (Oral Tablet)	1	
Yuvafem (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				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
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	
Liothyronine Sodium (Oral Tablet)	1	
Tirosint (Oral Capsule)	3	
Tirosint-SOL (Oral Solution)	3	
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	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Lysodren (Oral Tablet)	2	SP
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
Cabergoline (Oral Tablet)	1	
Egrifta SV (2MG Subcutaneous Solution Reconstituted)	3	PA; LA; SP
Eligard (Subcutaneous Kit)	3	PA
Firmagon (120MG Subcutaneous Solution Reconstituted)	3	PA; SP
Firmagon (80MG Subcutaneous Solution Reconstituted)	3	PA
Leuprolide Acetate (Injection Kit)	1	PA
Lupaneta Pack (Combination Kit)	3	PA; SP
Lupron Depot (1-Month) (3.75MG Intramuscular Kit)	3	PA; SP
Lupron Depot (1-Month) (7.5MG Intramuscular Kit)	2	PA; SP
Lupron Depot (3-Month) (11.25MG Intramuscular Kit)	3	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
Lupron Depot (3-Month) (22.5MG Intramuscular Kit)	2	PA; SP
Lupron Depot (4-Month) (Intramuscular Kit)	2	PA; SP
Lupron Depot (6-Month) (Intramuscular Kit)	2	PA; SP
Octreotide Acetate (Injection Solution)	1	PA
Orilissa (Oral Tablet)	2	PA; SP; QL
Signifor (Subcutaneous Solution)	3	PA; LA; SP
Somatuline Depot (Subcutaneous Solution)	3	SP
Somavert (Subcutaneous Solution Reconstituted)	3	PA; LA; SP; QL
Synarel (Nasal Solution)	2	SP
Trelstar Mixject (Intramuscular Suspension Reconstituted)	3	PA; SP
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
Methimazole (Oral Tablet)	1	
Propylthiouracil (Oral Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Immunological Agents		
Angioedema Agents		
Beriner (Intravenous Kit)	3	PA; LA; SP
Cinryze (Intravenous Solution Reconstituted)	2	PA; LA; SP
Haegarda (Subcutaneous Solution Reconstituted)	3	PA; LA; SP
Icatibant Acetate (Subcutaneous Solution)	1	PA; QL
Ruconest (Intravenous Solution Reconstituted)	3	PA; LA; SP
Takhzyro (Subcutaneous Solution)	3	PA; SP
Immune Suppressants		
Astagraf XL (0.5MG Oral Capsule Extended Release 24 Hour, 1MG Oral Capsule Extended Release 24 Hour)	3	B/D, PA
Astagraf XL (5MG Oral Capsule Extended Release 24 Hour)	3	B/D, PA; SP
Azasan (100MG Oral Tablet)	3	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
Azasan (75MG Oral Tablet)	3	B/D, PA; SP	Enbrel SureClick (Subcutaneous Solution Auto-Injector)	2	PA; SP
Azathioprine (Oral Tablet)	1	B/D, PA	Envarsus XR (Oral Tablet Extended Release 24 Hour)	3	B/D, PA
Cimzia Prefilled (Subcutaneous Kit)	2	PA; SP	Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet)	1	B/D, PA
Cimzia (Subcutaneous Kit)	2	PA; SP	Gengraf (Oral Capsule)	1	B/D, PA
Cyclosporine Modified (Oral Capsule)	1	B/D, PA	Gengraf (Oral Solution)	1	B/D, PA
Cyclosporine Modified (Oral Solution)	1	B/D, PA	Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit)	2	PA; SP
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)	2	PA; SP	Humira (Subcutaneous Prefilled Syringe Kit)	2	PA; SP
Enbrel (Subcutaneous Solution Prefilled Syringe)	2	PA; SP	Kineret (Subcutaneous Solution Prefilled Syringe)	3	PA; SP
Enbrel (Subcutaneous 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
Methotrexate (Oral Tablet)	1		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
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	1		Prograf (Oral Packet)	3	B/D, PA; SP
Methotrexate Sodium (50MG/2ML Injection Solution)	1		Rasuvo (Subcutaneous Solution Auto-Injector)	2	PA
Mycophenolate Mofetil (Oral Capsule)	1	B/D, PA	Sandimmune (Oral Solution)	2	B/D, PA; SP
Mycophenolate Mofetil (Oral Suspension Reconstituted)	1	B/D, PA	Simponi (Subcutaneous Solution Auto-Injector)	2	PA; SP
Mycophenolate Mofetil (Oral Tablet)	1	B/D, PA	Simponi (Subcutaneous Solution Prefilled Syringe)	2	PA; SP
Mycophenolate Sodium (Oral Tablet Delayed Release)	1	B/D, PA	Sirolimus (Oral Solution)	1	B/D, PA
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	3	PA; SP	Sirolimus (Oral Tablet)	1	B/D, PA
Orencia (Subcutaneous Solution Prefilled Syringe)	3	PA; SP	Skyrizi (150 MG Dose) (Subcutaneous Prefilled Syringe Kit)	2	PA; SP

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Tacrolimus (Oral Capsule)	1	B/D, PA
Trexall (Oral Tablet)	3	
Xatmep (Oral Solution)	3	
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
Gammaked (1GM/10ML Injection Solution)	2	PA; SP

Drug Name	Drug Tier	Coverage Rules or Limits on use
Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)	2	PA; SP
Gamunex-C (1GM/10ML Injection Solution)	2	PA; SP
Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)	2	PA; SP
Privigen (20GM/200ML Intravenous Solution)	2	PA; SP
Varizig (Intramuscular Solution)	2	SP
Immunomodulators		
Actemra ACTPen (Subcutaneous Solution Auto-Injector)	3	PA; SP
Actemra (Subcutaneous Solution Prefilled Syringe)	3	PA; SP
Actimmune (Subcutaneous Solution)	2	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
Arcalyst (Subcutaneous Solution Reconstituted)	3	PA; LA; SP	Xolair (Subcutaneous Solution Reconstituted)	2	PA; LA; SP
Benlysta (Subcutaneous Solution Auto-Injector)	3	PA; SP	Vaccines		
Benlysta (Subcutaneous Solution Prefilled Syringe)	3	PA; SP	ActHIB (Intramuscular Solution Reconstituted)	2	
Kevzara (Subcutaneous Solution Auto-Injector)	3	PA; SP	Adacel (Intramuscular Suspension)	2	
Kevzara (Subcutaneous Solution Prefilled Syringe)	3	PA; SP	BCG Vaccine (Injection)	2	
Leflunomide (Oral Tablet)	1		Bexsero (Intramuscular Suspension Prefilled Syringe)	2	
Otezla (Oral Tablet)	2	PA; LA; SP	Boostrix (5-2.5-18.5 Intramuscular Suspension, 5-2.5-18.5 (0.5ML Syringe) Intramuscular Suspension)	2	
Otezla (Oral Tablet Therapy Pack)	2	PA; LA; SP	Daptacel (Intramuscular Suspension)	2	
Ridaura (Oral Capsule)	3	SP	Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension)	2	
Rinvoq (Oral Tablet Extended Release 24 Hour)	2	PA; SP	Engerix-B (Injection Suspension)	2	B/D, PA
Xolair (Subcutaneous Solution Prefilled Syringe)	2	PA; 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
Gardasil 9 (Intramuscular Suspension)	2		M-M-R II (Injection Solution Reconstituted)	2	
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	2		Pediarix (Intramuscular Suspension)	2	
Havrix (Intramuscular Suspension)	2	PA	Pedvax HIB (Intramuscular Suspension)	2	
Hiberix (Injection Solution Reconstituted)	2		ProQuad (Subcutaneous Suspension Reconstituted)	2	
Imovax Rabies (Intramuscular Injectable)	2	B/D, PA	Quadracel (Intramuscular Suspension)	2	
Infanrix (Intramuscular Suspension)	2		RabAvert (Intramuscular Suspension Reconstituted)	2	B/D, PA
IPOL (Injection)	2		Recombivax HB (Injection Suspension)	2	B/D, PA
Ixiaro (Intramuscular Suspension)	2		Rotarix (Oral Suspension Reconstituted)	2	
Kinrix (Intramuscular Suspension)	2		RotaTeq (Oral Solution)	2	
Menactra (Intramuscular Injectable)	2		Shingrix (Intramuscular Suspension Reconstituted)	2	PA
MenQuadfi (Intramuscular Injectable)	2				
Menveo (Intramuscular Solution Reconstituted)	2				

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
TDVAX (Intramuscular Suspension)	2		Canasa (Rectal Suppository)	3	SP
Tenivac (Intramuscular Injectable)	2		Mesalamine ER (0.375MG Oral Capsule Extended Release 24 Hour) (Generic Apriso)	1	QL
Trumenba (Intramuscular Suspension Prefilled Syringe)	2		Mesalamine (400MG Oral Capsule Delayed Release) (Generic Delzicol)	1	
Twinrix (Intramuscular Suspension Prefilled Syringe)	2		Mesalamine (800MG Oral Tablet Delayed Release) (Generic Asacol)	1	QL
Typhim Vi (Intramuscular Solution)	2		Mesalamine (Rectal Enema)	1	
VAQTA (Intramuscular Suspension)	2	PA	Mesalamine (Rectal Suppository)	1	
Varivax (Subcutaneous Injectable)	2		Pentasa (Oral Capsule Extended Release)	3	QL
YF-Vax (Subcutaneous Injectable)	2		Glucocorticoids		
Inflammatory Bowel Disease Agents			Budesonide ER (Oral Tablet Extended Release 24 Hour)	1	
Aminosalicylates			Budesonide (Oral Capsule Delayed Release Particles)	1	
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	
			Procto-Med HC (External Cream)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Procto-Pak (External Cream)	1	
Proctosol HC (External Cream)	1	
Proctozone-HC (External Cream)	1	
Uceris (Rectal Foam)	3	
Sulfonamides		
Sulfasalazine (Oral Tablet Immediate Release)	1	
Sulfasalazine (Oral Tablet Delayed Release)	1	
Metabolic Bone Disease Agents		
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
Calcitriol (Oral Capsule)	1	B/D, PA
Calcitriol (Oral Solution)	1	B/D, PA
Cinacalcet HCl (Oral Tablet)	1	B/D, PA; QL
Doxercalciferol (Oral Capsule)	1	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Evenity (Subcutaneous Solution Prefilled Syringe)	3	PA; SP; QL
Forteo (Subcutaneous Solution Pen-Injector)	2	PA; SP
Fosamax Plus D (Oral Tablet)	3	QL
Ibandronate Sodium (Oral Tablet)	1	QL
Natpara (Subcutaneous Cartridge)	3	PA; LA; SP
Paricalcitol (Oral Capsule)	1	B/D, PA
Prolia (Subcutaneous Solution Prefilled Syringe)	2	QL
Rayaldee (Oral Capsule Extended Release)	3	SP; QL
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

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
Risedronate Sodium (30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	1	
Risedronate Sodium (Oral Tablet Delayed Release)	1	QL
Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector)	2	PA; SP
Tymlos (Subcutaneous Solution Pen-Injector)	2	PA; SP
Xgeva (Subcutaneous Solution)	2	PA; SP
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
Alcohol Prep Pads	1	
Ergoloid Mesylates (Oral Tablet)	1	PA; HRM
Firdapse (Oral Tablet)	3	PA; LA; SP; QL
Gauze (Non-medicated 2X2 Pad)	2	
Insulin Syringes, Needles	1	
Lucemyra (Oral Tablet)	3	SP; QL
Odactra (Tablet Sublingual)	3	PA
Qbrexza (External Pad)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ruzurgi (Oral Tablet)	3	PA; SP; QL
Siklos (Oral Tablet)	3	PA; SP
Ophthalmic Agents		
Ophthalmic Agents, Other		
Atropine Sulfate (1% Ophthalmic Solution)	1	
Bacitracin-Polymyxin B (Ophthalmic Ointment)	1	
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	1	
Blephamide (Ophthalmic Suspension)	3	
Blephamide S.O.P. (Ophthalmic Ointment)	3	
Cequa (Ophthalmic Solution)	3	PA; QL
Cystaran (Ophthalmic Solution)	3	LA; SP
Lacrisert (Ophthalmic Insert)	3	
Lastacft (Ophthalmic Solution)	3	
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)	1	
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	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
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	1		TobraDex ST (Ophthalmic Suspension)	3	
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	1		Tobramycin-Dexamethasone (Ophthalmic Suspension)	1	
Neomycin-Polymyxin-HC (Ophthalmic Suspension)	1		Xiidra (Ophthalmic Solution)	2	QL
Oxervate (Ophthalmic Solution)	3	PA; SP; QL	Zylet (Ophthalmic Suspension)	3	
Polymyxin B-Trimethoprim (Ophthalmic Solution)	1		Ophthalmic Anti-allergy Agents		
Pred-G (Ophthalmic Suspension)	3		Alomide (Ophthalmic Solution)	3	
Pred-G S.O.P. (Ophthalmic Ointment)	3		Azelastine HCl (Ophthalmic Solution)	1	
Proparacaine HCl (Ophthalmic Solution)	1		Bepreve (Ophthalmic Solution)	3	
Restasis Single-Use Vials (Ophthalmic Emulsion)	2	QL	Cromolyn Sodium (Ophthalmic Solution)	1	
Rhopressa (Ophthalmic Solution)	2		Epinastine HCl (Ophthalmic Solution)	1	
Sulfacetamide-Prednisolone (Ophthalmic Solution)	1		Olopatadine HCl (Ophthalmic Solution)	1	
TobraDex (Ophthalmic Ointment)	3		Pazeo (Ophthalmic Solution)	2	
			Zerviate (Ophthalmic Solution)	3	
			Ophthalmic Antiglaucoma Agents		
			Alphagan P (0.1% Ophthalmic Solution)	2	
			Apraclonidine HCl (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
Azopt (Ophthalmic Suspension)	2		Pilocarpine HCl (Ophthalmic Solution)	1	
Betaxolol HCl (Ophthalmic Solution)	1		Rocklatan (Ophthalmic Solution)	2	
Betimol (Ophthalmic Solution)	3		Simbrinza (Ophthalmic Suspension)	2	
Betoptic-S (Ophthalmic Suspension)	3		Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	1	
Brimonidine Tartrate (0.15% Ophthalmic Solution)	1		Timolol Maleate (Ophthalmic Solution) (Generic Timoptic)	1	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	1		Timoptic Ocudose (Ophthalmic Solution)	3	
Carteolol HCl (Ophthalmic Solution)	1		Ophthalmic Anti-inflammatories		
Combigan (Ophthalmic Solution)	2		Bromfenac Sodium (Once-Daily) (Ophthalmic Solution)	1	
Dorzolamide HCl (Ophthalmic Solution)	1		Dexamethasone Sodium Phosphate (Ophthalmic Solution)	1	
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	1		Diclofenac Sodium (Ophthalmic Solution)	1	
Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution)	1		Flarex (Ophthalmic Suspension)	3	
Iopidine (1% Ophthalmic Solution)	3	SP	Fluorometholone (Ophthalmic Suspension)	1	
Levobunolol HCl (Ophthalmic Solution)	1		Flurbiprofen Sodium (Ophthalmic Solution)	1	
Phospholine Iodide (Ophthalmic Solution Reconstituted)	2				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
FML Forte (Ophthalmic Suspension)	2	
FML (Ophthalmic Ointment)	2	
Inveltys (Ophthalmic Suspension)	3	
Ketorolac Tromethamine (Ophthalmic Solution)	1	
Lotemax SM (Ophthalmic Gel)	3	
Loteprednol Etabonate (Ophthalmic Suspension)	1	
Maxidex (Ophthalmic Suspension)	3	
Pred Mild (Ophthalmic Suspension)	2	
Prednisolone Acetate (Ophthalmic Suspension)	1	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	1	
Prolensa (Ophthalmic Solution)	2	
Ophthalmic Prostaglandin and Prostaglandin Analogs		
Bimatoprost (Ophthalmic Solution)	1	
Latanoprost (Ophthalmic Solution)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Promethegan (25MG Rectal Suppository, 50MG Rectal Suppository)	1	PA; HRM
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	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Qnasl (Nasal Aerosol Solution)	3	
Xhance (Nasal Exhaler Suspension)	3	
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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Cayston (Inhalation Solution Reconstituted)	3	PA; LA; SP
Orkambi (Oral Packet)	3	PA; LA; SP; QL
Orkambi (Oral Tablet)	3	PA; LA; SP; QL
Symdeko (Oral Tablet Therapy Pack)	3	PA; SP; QL
Tobramycin (300MG/5ML 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		

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Drug Name	Drug Tier	Coverage Rules or Limits on use
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
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

Drug Name	Drug Tier	Coverage Rules or Limits on use
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
Respiratory Tract Agents, Other		
Acetylcysteine (Inhalation Solution)	1	B/D, PA
Advair HFA (Inhalation Aerosol)	2	QL
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	2	QL
Azelastine-Fluticasone (Nasal Suspension)	1	
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	2	QL
Combivent Respimat (Inhalation Aerosol Solution)	2	QL
Dymista (Nasal Suspension)	2	
Fasenra Pen (Subcutaneous Solution Auto-Injector)	2	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
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 (100-62.5-25MCG/INH Inhalation Aerosol Powder Breath Activated)	2	QL
Ipratropium-Albuterol (Inhalation Solution)	1	B/D, PA	Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	1	QL
Kalydeco (Oral Packet)	3	PA; LA; SP	Skeletal Muscle Relaxants		
Kalydeco (Oral Tablet)	3	PA; LA; SP	Skeletal Muscle Relaxants		
Nucala (Subcutaneous Solution Auto-Injector)	2	PA; LA; SP; QL	Baclofen (Oral Tablet)	1	
Nucala (Subcutaneous Solution Prefilled Syringe)	2	PA; LA; SP; QL	Carisoprodol (Oral Tablet)	1	PA; HRM; QL
Nucala (Subcutaneous Solution Reconstituted)	2	PA; LA; SP; QL	Chlorzoxazone (375MG Oral Tablet, 500MG Oral Tablet, 750MG Oral Tablet)	1	PA; HRM
Oralair 300IR (Tablet Sublingual)	3	PA; QL	Cyclobenzaprine HCl ER (Oral Capsule Extended Release 24 Hour)	1	PA; HRM
Promethazine-Phenylephrine (Oral Syrup)	1	PA; HRM	Cyclobenzaprine HCl (Oral Tablet)	1	PA; HRM
Pulmozyme (Inhalation Solution)	2	B/D, PA; SP; QL	Dantrolene Sodium (Oral Capsule)	1	
			Metaxalone (Oral Tablet)	1	PA; HRM

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Drug Name	Drug Tier	Coverage Rules or Limits on use
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	
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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Zolpidem Tartrate (Oral Tablet Immediate Release)	1	PA; HRM
Zolpidem Tartrate (Tablet Sublingual)	1	PA; HRM
Zolpimist (Oral Solution)	3	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
Xyrem (Oral Solution)	3	PA; LA; SP; QL

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

Covered drugs with a quantity limit (QL)

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

Your plan will cover only a certain amount of these drugs or will only cover these drugs for a certain number of days. For more information about quantity limits, talk with your doctor or pharmacist.

You can also 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

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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
Aptesio 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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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
Dimethyl Fumarate (120MG Oral Capsule Delayed Release, 240MG Oral Capsule Delayed Release)	Maximum of 2 capsules 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 (Subcutaneous Solution Pen-Injector)	Maximum of 4 pens (8 ml) per 28 days
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

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Drug Name	Quantity Limit
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
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
Emtricitabine (Oral Capsule)	Maximum of 1 capsule 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

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Drug Name	Quantity Limit
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
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
Evenity (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
Farxiga (Oral Tablet)	Maximum of 1 tablet 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
Fintepla (Oral Solution)	Maximum of 12 ml 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

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Drug Name	Quantity Limit
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
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
Gavreto (Oral Capsule)	Maximum of 4 capsules 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

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Drug Name	Quantity Limit
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
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 Extended Release 12 Hour)	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 Extended Release 24 Hour)	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

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Drug Name	Quantity Limit
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
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
Inqovi (Oral Tablet)	Maximum of 1 pack (5 tablets) per 28 days
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

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Drug Name	Quantity Limit
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
Jentadueto (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Jentadueto XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Jentadueto 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 8 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

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Drug Name	Quantity Limit
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
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
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

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
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
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) (Brand Equivalent Aptensio XR)	Maximum of 1 capsule per day
Methylphenidate HCl ER (10MG Oral Tablet Extended Release)	Maximum of 4 tablets per day

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Drug Name	Quantity Limit
Methylphenidate HCl ER Osmotic Release (18MG Oral Tablet Extended Release) (Generic Concerta), Methylphenidate HCl ER (20MG Oral Tablet Extended Release) (Generic Metadate ER)	Maximum of 3 tablets per day
Methylphenidate HCl ER Osmotic Release (18MG Oral Tablet Extended Release) (Generic Concerta)	Maximum of 3 tablets per day
Methylphenidate HCl ER Osmotic Release (27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release) (Generic Concerta)	Maximum of 2 tablets per day
Methylphenidate HCl ER Osmotic Release (54MG Oral Tablet Extended Release) (Generic Concerta)	Maximum of 1 tablet per day
Methylphenidate HCl ER Osmotic Release (54MG Oral Tablet Extended Release, 72MG Oral Tablet Extended Release) (Generic Concerta)	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

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Drug Name	Quantity Limit
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
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

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Drug Name	Quantity Limit
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
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
Nexletol (Oral Tablet)	Maximum of 1 tablet per day
Nexlizet (Oral Tablet)	Maximum of 1 tablet 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
Nurtec ODT (Oral Tablet Dispersible)	Maximum of 15 tablets per 30 days

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Drug Name	Quantity Limit
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
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

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Drug Name	Quantity Limit
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
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 (0.25MG/DOSE 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

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Drug Name	Quantity Limit
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
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

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Drug Name	Quantity Limit
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
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

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Drug Name	Quantity Limit
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
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 ER (Oral Suspension Reconstituted ER)	Maximum of 20 ml 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

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Drug Name	Quantity Limit
Rozlytrek (100MG Oral Capsule)	Maximum of 5 capsules per day
Rozlytrek (200MG Oral Capsule)	Maximum of 3 capsules per day
Rukobia (Oral Tablet Extended Release 12 Hour)	Maximum of 2 tablets 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) (60 Inhalations)	Maximum of 1 inhaler (60 inhalations) per 30 days
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

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Drug Name	Quantity Limit
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
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

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Drug Name	Quantity Limit
Tazverik (Oral Tablet)	Maximum of 8 tablets 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
Tivicay (50MG Oral Tablet)	Maximum of 2 tablets per day
Tivicay PD (Oral Tablet Soluble)	Maximum of 6 tablets per day
Tivorbex (Oral Capsule)	Maximum of 3 capsules per day
Tobramycin (300MG/5ML Inhalation Nebulization Solution)	Maximum of 2 ampules (10 ml) per day
Tolcapone (Oral Tablet)	Maximum of 6 tablets per day
Tolvaptan (30MG Oral Tablet)	Maximum of 2 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

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Drug Name	Quantity Limit
Trelegy Ellipta (100-62.5-25MCG/INH Inhalation Aerosol Powder Breath Activated) (60 Blisters)	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
Tybost (Oral Tablet)	Maximum of 1 tablet per day
Ubrelvy (Oral Tablet)	Maximum of 16 tablets per 30 days
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

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Plain type = Generic drug

Drug Name	Quantity Limit
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
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

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Drug Name	Quantity Limit
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 (250MG Daily Dose) (Oral Tablet Therapy Pack)	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (350MG Daily Dose) (Oral Tablet Therapy Pack)	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (100MG Oral Tablet, 50MG Oral Tablet)	Maximum of 1 tablet per day
Xcopri (150MG Oral Tablet, 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
Xigduo XR (10-1000MG Oral Tablet Extended Release 24 Hour, 10-500MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Xigduo XR (2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 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
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 (40MG Once Weekly) (Oral Tablet Therapy Pack)	Maximum of 8 tablets per 28 days
Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)	Maximum of 16 tablets per 28 days
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	Maximum of 12 tablets per 28 days

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Drug Name	Quantity Limit
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)	Maximum of 24 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
Yupelri (Inhalation Solution)	Maximum of 1 vial (3 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
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

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Drug Name	Quantity Limit
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