

2020 COMPLETE DRUG LIST (FORMULARY)



Prescription drug list information

UnitedHealthcare® Group Medicare Advantage (PPO)

Illinois Department of Central Management Services State Employees Group Insurance Program
(State)

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



Toll-free **1-888-223-1092**, TTY **711**
8 a.m. - 8 p.m. local time, Monday - Friday



www.UHCRetiree.com/soi



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What is a drug list?

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

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

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

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

Note to existing members:

This **complete** list of prescription drugs covered by your plan is current as of October 1, 2020.

For an up-to-date list of covered drugs or if you have questions, please call Customer Service. Our contact information is on the cover.

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

When this drug list refers to “we,” “us,” or “our,” it means UnitedHealthcare. When it refers to “plan,” “our plan,” or “your plan,” it means UnitedHealthcare Group Medicare Advantage.

How do I use the drug list?

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

- 1. By name.** Turn to section “Covered drugs by name (**Drug index**)” on pages 12–38 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 39–166 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 1 of 4 drug tiers. Each tier has a copay or coinsurance amount. The chart below shows the differences between the tiers.

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

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

Getting Extra Help

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

Are there any rules or limits on my drug coverage?

Yes, some drugs may have coverage rules or have limits on the amount you can get. If your drug has any coverage rules or limits, there will be a code(s) in the “Coverage Rules or Limits on use” column of the “Covered drugs by medical condition” chart starting on page 39. The codes and what they mean are shown below and on the next page.

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

Coverage Rules and Limits

PA - Prior authorization

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

QL - Quantity limits

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

ST - Step therapy

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

Other Special Coverage Rules

B/D - Medicare Part B or Part D

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

HRM - High-risk medication

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

LA - Limited access

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

MME - Morphine milligram equivalent

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

7D - 7-Day limit

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

DL - Dispensing limit

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

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?

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

If you find out that your drug is not covered, you can do 1 of these things:

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

How can I get an exception?

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

Types of exceptions you can ask for

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

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

Who can ask for an exception?

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

How long does it take to get an exception?

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

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

As a new or continuing member in our plan, we may cover a temporary supply of your drug if it's not on our drug list or if it has rules or limits. For example, you may need a prior authorization from us before you can fill your prescription. During the time when you are getting a temporary supply, you should talk with your doctor to decide if there is a similar drug on the drug list you can take instead. If you and your doctor decide this is the only drug that will work for you, you will need to ask for an exception. 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 167-206.

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, please call Customer Service. Our contact information is on the cover.

Drugs with dosages other than a 1-month supply

Drugs packaged in an extended day supply

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

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

A daily cost-sharing rate may apply when your doctor prescribes less than a full month's supply of certain drugs for you and you are required to pay a 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 1 month under applicable law. The daily cost-sharing requirements do not apply to either of the following:

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

For more information

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

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

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

Covered drugs by name (Drug index)

A					
Abacavir Sulfate.....	88	Actigall.....	125	Agrylin.....	99
Abacavir Sulfate-Lamivudine	88	Actimmune.....	149	Aimovig.....	71
Abacavir-Lamivudine- Zidovudine.....	88	Actiq.....	44	AirDuo RespiClick 113/14	164
Abelcet.....	68	Actonel.....	153	AirDuo RespiClick 232/14	164
Abilify.....	82	Actoplus Met.....	92	AirDuo RespiClick 55/14....	164
Abilify Maintena.....	82	Actos.....	92	Ajovy.....	71
Abilify MyCite.....	82	Acular.....	157	Aklief.....	117
Abiraterone Acetate.....	74	Acular LS.....	157	Ala Scalp.....	132
Absorica.....	117	Acuvail.....	157	Ala-Cort.....	132
Absorica LD.....	117	Acyclovir.....	87	Albendazole.....	78
Acamprosate Calcium.....	46	Acyclovir Sodium.....	87	Albenza.....	78
Acanya.....	117	Aczone.....	117	Albuterol Sulfate.....	161
Acarbose.....	92	Adacel.....	150	Albuterol Sulfate ER.....	161
Accolate.....	160	Adapalene.....	117	Albuterol Sulfate HFA.....	161
Accupril.....	102	Adapalene-Benzoyl Peroxide	117	Alclometasone Dipropionate	132
Accuretic.....	106	Adcirca.....	163	Alcohol Prep Pads.....	154
Acebutolol HCl.....	104	Adderall.....	112	Aldactazide.....	106
Acetaminophen-Caffeine- Dihydrocodeine.....	43	Adderall XR.....	112	Aldactone.....	109
Acetaminophen-Codeine.....	43	Adefovir Dipivoxil.....	86	Aldara.....	117
Acetazolamide.....	109	Adempas.....	163	Alecensa.....	76
Acetazolamide ER.....	109	Adlyxin.....	92	Alendronate Sodium.....	153
Acetic Acid.....	159	Adlyxin Starter Pack.....	92	Alfuzosin HCl ER.....	131
Acetylcysteine.....	164	Admelog.....	95	Alinia.....	78, 79
Aciphex.....	127	Admelog SoloStar.....	95	Aliskiren Fumarate.....	106
Acitretin.....	117	Advair Diskus.....	164	Allopurinol.....	71
Actemra.....	149	Advair HFA.....	164	Almotriptan Malate.....	72
Actemra ACTPen.....	149	Adzenys ER.....	112	Alocril.....	156
Acthar.....	131	Adzenys XR-ODT.....	112	Alogliptin Benzoate.....	92
ActHIB.....	150	Aemcolo.....	48	Alogliptin-Metformin HCl.....	92
Acticlate.....	57	Afinitor.....	76	Alogliptin-Pioglitazone.....	92
		Afinitor Disperz.....	76	Alomide.....	156
		Afrezza.....	95		
		Aggrenox.....	101		

Alora.....	139	Amitriptyline HCl.....	66	Androderm.....	138
Alosetron HCl.....	126	Amlodipine Besylate.....	104	AndroGel.....	138
Alphagan P.....	156	Amlodipine-Atorvastatin.....	106	AndroGel Pump.....	138
Alprazolam.....	90	Amlodipine-Benazepril.....	106	Annovera.....	139
Alprazolam ER.....	90	Amlodipine-Olmesartan.....	106	Anoro Ellipta.....	164
Alprazolam Intensol.....	90	Amlodipine-Valsartan.....	106	Antabuse.....	46
Alprazolam ODT.....	90	Amlodipine-Valsartan-HCTZ		Antara.....	109
Alrex.....	157	106	Anusol-HC.....	152
Altabax.....	48	Ammonium Lactate.....	117	ApexiCon E.....	132
Altace.....	102	Amnesteem.....	117	Apidra.....	95
Altavera.....	139	Amoxapine.....	66	Apidra SoloStar.....	95
Altoprev.....	110	Amoxicillin.....	52	Aplenzin.....	64
Altreno.....	117	Amoxicillin-Clarithromycin-		Apokyn.....	80
Alunbrig.....	76	Lansoprazole.....	125	Apraclonidine HCl.....	156
Alvesco.....	159	Amoxicillin-Potassium		Aprepitant.....	67
Alyacen 1/35.....	139	Clavulanate.....	53	Apri.....	139
Alyq.....	163	Amoxicillin-Potassium		Apriso.....	152
Amantadine HCl.....	80	Clavulanate ER.....	53	Aptensio XR.....	113
Amaryl.....	92	Amphetamine ER.....	112	Aptiom.....	62
Ambien.....	165	Amphetamine Sulfate.....	112	Aptivus.....	89
AmBisome.....	68	Amphetamine-		Aralast NP.....	128
Ambrisentan.....	163	Dextroamphetamine.....	112	Aranelle.....	139
Amcinonide.....	132	Amphetamine-		Aranesp.....	99, 100
Amerge.....	72	Dextroamphetamine ER....	112	Arava.....	149
Amethia.....	139	Amphotericin B.....	68	Arazlo.....	117
Amethia Lo.....	139	Ampicillin.....	53	Arcalyst.....	149
Amikacin Sulfate.....	47	Ampicillin Sodium.....	53	Arcapta Neohaler.....	161
Amiloride HCl.....	109	Ampicillin-Sulbactam Sodium		Aricept.....	63
Amiloride-Hydrochlorothiazide		53	Arikayce.....	47
.....	106	Ampyra.....	115	Arimidex.....	76
Aminosyn II.....	121	Amzeeq.....	117	Aripiprazole.....	82
Aminosyn-PF.....	121	Anadrol-50.....	138	Aripiprazole ODT.....	82
Amiodarone HCl.....	103	Anafranil.....	66	Aristada.....	82
Amitiza.....	126	Anagrelide HCl.....	99	Aristada Initio.....	82
		Anastrozole.....	76		
		Ancobon.....	68		

Arixtra.....	98	Aviane.....	139	Baqsimi Two Pack.....	95	
Armodafinil.....	166	Avita.....	117	Baraclude.....	86	
Arnuity Ellipta.....	159	Avodart.....	131	Basaglar KwikPen.....	95	
Aromasin.....	76	Avonex Pen.....	115	Baxdela.....	55	
Arthrotec.....	39	Avonex Prefilled.....	115	BCG Vaccine.....	150	
Asacol HD.....	152	Avycaz.....	50	Beconase AQ.....	160	
Ashlyna.....	139	Aygestin.....	143	Belbuca.....	41	
Asmanex.....	159, 160	Ayvakit.....	76	Belsomra.....	166	
Asmanex HFA.....	160	Azactam.....	52	Benazepril HCl.....	102	
Aspirin-Dipyridamole ER.....	101	Azasan.....	146	Benazepril-Hydrochlorothiazide	107	
Astagraf XL.....	146	Azasite.....	54	Benicar.....	102	
Atacand.....	102	Azathioprine.....	146	Benicar HCT.....	107	
Atacand HCT.....	106	Azelaic Acid.....	117	Benlysta.....	149, 150	
Atazanavir Sulfate.....	89	Azelastine HCl.....	156, 159	BenzaClin with Pump.....	117	
Atelvia.....	153	Azelastine-Fluticasone.....	164	Benzamycin.....	117	
Atenolol.....	104	Azelex.....	117	Benznidazole.....	79	
Atenolol-Chlorthalidone.....	106	Azilect.....	81	Benzoyl Peroxide-Erythromycin	117	
Ativan.....	90	Azithromycin.....	54	Benzotropine Mesylate.....	79	
Atomoxetine HCl.....	113	Azopt.....	156	Bepreve.....	156	
Atorvastatin Calcium.....	110	Azor.....	106	Berinert.....	146	
Atovaquone.....	79	Aztreonam.....	52	Beser.....	132	
Atovaquone-Proguanil HCl....	79	Azulfidine.....	153	Besivance.....	55	
Atralin.....	117	Azulfidine EN-tabs.....	153	Betamethasone Dipropionate	132	
Atripla.....	88	B			Betamethasone Dipropionate Aug.....	132
Atropine Sulfate.....	154	Bacitracin.....	48	Betamethasone Valerate.....	132	
Atrovent HFA.....	161	Bacitracin-Polymyxin B.....	155	Betapace AF.....	103	
Aubagio.....	115	Baclofen.....	165	Betaseron.....	115	
Aubra.....	139	Bactrim.....	56	Betaxolol HCl.....	104, 156	
Auryxia.....	124	Bactrim DS.....	56	Bethanechol Chloride.....	131	
Austedo.....	114	Balcoltra.....	139	Bethkis.....	162	
Avalide.....	106	Balsalazide Disodium.....	152	Betimol.....	156	
Avandia.....	92	Balversa.....	76			
Avapro.....	102	Balziva.....	139			
Aveed.....	138	Banzel.....	62			

Betoptic-S.....	156	Bromocriptine Mesylate.....	80	Calcipotriene.....	117	
Bevespi Aerosphere.....	164	BromSite.....	157	Calcipotriene-Betamethasone	117, 118	
Bexarotene.....	78	Brovana.....	161	Calcitonin Salmon.....	153	
Bexsero.....	150	Brukinsa.....	76	Calcitriol.....	118, 153	
Beyaz.....	139	Bryhali.....	132	Calcium Acetate.....	124, 125	
Bicalutamide.....	74	Budesonide.....	152, 160	Calquence.....	76	
Bicillin C-R.....	53	Budesonide ER.....	152	Cambia.....	39	
Bicillin C-R 900/300.....	53	Bumetanide.....	109	Camila.....	143	
Bicillin L-A.....	53	Bunavail.....	46	Camrese Lo.....	139	
BiDil.....	107	Buphenyl.....	128	Canasa.....	152	
Biktarvy.....	88	Buprenorphine.....	41	Cancidas.....	68	
Biltricide.....	78	Buprenorphine HCl.....	46	Candesartan Cilexetil.....	102	
Bimatoprost.....	158	Buprenorphine HCl-Naloxone HCl.....	46	Candesartan Cilexetil-HCTZ	107	
Binosto.....	153	Bupropion HCl.....	64	Capex.....	132	
Bisoprolol Fumarate.....	104	Bupropion HCl ER.....	64	Caplyta.....	82	
Bisoprolol-Hydrochlorothiazide	107	Bupropion HCl SR.....	47, 64	Caprelsa.....	76	
BIVIGAM.....	149	Bupropion HCl XL.....	64	Captopril.....	102	
Bleph-10.....	56	Buspirone HCl.....	90	Captopril-Hydrochlorothiazide	107	
Blephamide.....	155	Butorphanol Tartrate.....	44	Carac.....	118	
Blephamide S.O.P.....	155	Butrans.....	41	Carafate.....	127	
Blisovi 24 Fe.....	139	Bydureon.....	92	Carbaglu.....	121	
Blisovi Fe 1.5/30.....	139	Bydureon BCise.....	92	Carbamazepine.....	62	
Boniva.....	153	Byetta 10MCG Pen.....	92	Carbamazepine ER.....	62	
Boostrix.....	150	Byetta 5MCG Pen.....	92	Carbatrol.....	63	
Bosentan.....	163	Bynfezia Pen.....	145	Carbidopa.....	80	
Bosulif.....	76	Bystolic.....	104	Carbidopa-Levodopa.....	80	
Braftovi.....	76	C			Carbidopa-Levodopa ER.....	80
Breo Ellipta.....	164	Cabergoline.....	145	Carbidopa-Levodopa ODT.....	81	
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Cardizem LA.....	105	Celexa.....	65	Cinryze.....	146
Cardura.....	102	Cellcept.....	146	Cipro.....	56
Cardura XL.....	131	Celontin.....	59	Cipro HC.....	159
Carnitor.....	121	Cephalexin.....	51, 52	Ciprodex.....	159
CaroSpir.....	109	Cequa.....	155	Ciprofloxacin HCl.....	56, 159
Carteolol HCl.....	156	Cerdelga.....	128	Ciprofloxacin in D5W.....	56
Cartia XT.....	105	Cetirizine HCl.....	159	Ciprofloxacin-Fluocinolone PF	159
Carvedilol.....	104	Cetraxal.....	159	Citalopram Hydrobromide.....	65
Carvedilol Phosphate ER.....	104	Cevimeline HCl.....	116	Claravis.....	118
Casodex.....	74	Chantix.....	47	Clarinet.....	159
Caspofungin Acetate.....	68	Chantix Continuing Month Pak	47	Clarinet-D 12 Hour.....	164
Catapres.....	102	Chantix Starting Month Pak...47		Clarithromycin.....	54, 55
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		Talzenna.....	76	Temazepam.....	166
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Testosterone Cypionate.....	139	TOBI Podhaler.....	163	Tramadol-Acetaminophen.....	46
Testosterone Enanthate.....	139	TobraDex.....	155	Trandolapril.....	103
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Tetracycline HCl.....	58	Tobramycin Sulfate.....	48	Transderm-Scop.....	67
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Theo-24.....	163	Tolak.....	121	Travasol.....	124
Theophylline.....	163	Tolcapone.....	80	Travatan Z.....	158
Theophylline ER.....	163	Tolmetin Sodium.....	40	Travoprost.....	158
Thiola.....	131	Tolsura.....	70	Trazodone HCl.....	66
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Tiadyt ER.....	106	Topamax.....	62	Tremfya.....	121
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Tigan.....	67	Topiramate.....	62	Tretinoin Microsphere.....	121
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Tri-Mili.....	143	Trospium Chloride ER.....	131	Ursodiol.....	126
Tri-Previfem.....	143	Trulance.....	126	Utibron Neohaler.....	165
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Tricor.....	110	Twynsta.....	108	Valproic Acid.....	60
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Tridesilon.....	137	Tydemy.....	143	Valsartan-Hydrochlorothiazide	108
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Trifluoperazine HCl.....	82	Tykerb.....	78	Valtoco 15 MG Dose.....	60
Trifluridine.....	87	Tymlos.....	154	Valtoco 20 MG Dose.....	60
Triglide.....	110	Typhim Vi.....	152	Valtoco 5 MG Dose.....	60
Trihexyphenidyl HCl.....	79	U		Valtrex.....	87
Trijardy XR.....	94	Ubrelyvy.....	71	Vancocin.....	50
Trikafta.....	163	Uceris.....	153	Vancocin HCl.....	50
Trileptal.....	63	Udenyca.....	101	Vancomycin HCl.....	50
Trilipix.....	110	Uloric.....	71	Vandazole.....	50
TriLyte.....	127	Ultracet.....	46	Vanos.....	137
Trimethobenzamide HCl.....	67	Ultram.....	46	VAQTA.....	152
Trimethoprim.....	50	Ultravate.....	137	Varivax.....	152
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Veltassa.....	124	Viramune XR.....	88	Xanax.....	91
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Venclexta.....	78	Vitrakvi.....	78	Xarelto Starter Pack.....	99
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Venlafaxine HCl.....	66	Vivitrol.....	46	Xcopri.....	59
Venlafaxine HCl ER.....	66	Vivlodex.....	41	Xeljanz.....	149
Ventavis.....	164	Vizimpro.....	78	Xeljanz XR.....	149
Ventolin HFA.....	162	Vogelxo.....	139	Xelpros.....	158
Verapamil HCl.....	106	Vogelxo Pump.....	139	Xenazine.....	114
Verapamil HCl ER.....	106	Voriconazole.....	71	Xenleta.....	50
Verdeso.....	137	Vosevi.....	87	Xepi.....	56
Verelan.....	106	Votrient.....	78	Xerese.....	87
Verelan PM.....	106	VP-PNV-DHA.....	125	Xermelo.....	126
Versacloz.....	86	Vraylar.....	85	Xgeva.....	154
Verzenio.....	76	Vumerity.....	116	Xhance.....	160
Vesicare.....	131	Vyfemla.....	143	Xifaxan.....	126
Vfend.....	70	VyLibra.....	143	Xigduo XR.....	94
Vfend IV.....	70	Vyndamax.....	108	Xiidra.....	156
Viberzi.....	126	Vyndaqel.....	108	Xofluza.....	90
Vibramycin.....	58	Vytorin.....	111	Xolair.....	150
Victoza.....	94	Vyvance.....	113	Xolegel.....	71
Viekira Pak.....	87	Vyzulta.....	158	Xopenex.....	162
Vienna.....	143	W		Xopenex Concentrate.....	162
Vigabatrin.....	60	Wakix.....	166	Xopenex HFA.....	162
Vigadrone.....	60	Warfarin Sodium.....	99	Xospata.....	78
Vigamox.....	56	Welchol.....	111	Xpovio.....	75
Viibryd.....	66	Wellbutrin SR.....	65	Xtampza ER.....	43
Viibryd Starter Pack.....	66	Wellbutrin XL.....	65	Xtandi.....	74
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Xyosted.....	139	Zerbaxa.....	52	Zomig ZMT.....	73
Xyrem.....	166	Zerviate.....	156	Zonalon.....	121
Y					
Yasmin 28.....	143	Zestoretic.....	108	Zonegran.....	59
YAZ.....	143	Zestril.....	103	Zonisamide.....	59
YF-Vax.....	152	Zetia.....	111	Zontivity.....	99
Yonsa.....	74	Zetonna.....	160	Zorbtive.....	126
Yupelri.....	161	Ziac.....	108	Zortress.....	149
Yuvaferm.....	143	Ziagen.....	89	Zorvolex.....	41
Z					
Zafirlukast.....	160	Ziana.....	121	Zosyn.....	54
Zaleplon.....	166	Zidovudine.....	89	Zovia 1/35E.....	143
Zanaflex.....	165	Ziextenzo.....	101	Zovirax.....	87
Zarah.....	143	Zileuton ER.....	160	ZTlido.....	46
Zarontin.....	59	Zioptan.....	158	Zubsolv.....	47
Zarxio.....	101	Ziprasidone HCl.....	85	Zuplenz.....	68
Zavesca.....	130	Ziprasidone Mesylate.....	85	Zyclara Pump.....	121
Zegerid.....	128	Zipsor.....	41	Zydelig.....	78
Zejula.....	76	Zirgan.....	86	Zyflo.....	160
Zelapar ODT.....	81	Zithromax.....	55	Zykadia.....	78
Zelboraf.....	78	Zithromax Tri-Pak.....	55	Zylet.....	156
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Zemdri.....	48	Zohydro ER.....	43	Zyprexa.....	85
Zemplar.....	154	Zolinza.....	76	Zyprexa Relprev.....	85
Zenatane.....	121	Zolmitriptan.....	73	Zyprexa Zydis.....	85
Zenpep.....	130	Zolmitriptan ODT.....	73	Zytiga.....	74
		Zoloft.....	66	Zyvox.....	50
		Zolpidem Tartrate.....	166		

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 12-38.

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 167-206.

Drug Name	Drug Tier	Coverage Rules or Limits on use
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
Arthrotec (Oral Tablet Delayed Release)	3	
Cambia (Oral Packet)	3	
Celebrex (Oral Capsule)	3	QL
Celecoxib (Oral Capsule)	2	QL
Daypro (Oral Tablet)	3	
Diclofenac Epolamine (Transdermal Patch)	3	PA; QL
Diclofenac Potassium (Oral Tablet)	2	
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	1	
Diclofenac Sodium (Oral Tablet Delayed Release)	1	
Diclofenac Sodium (1% Transdermal Gel)	2	
Diclofenac Sodium (Transdermal Solution)	2	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Diclofenac-Misoprostol (Oral Tablet Delayed Release)	3	
Diflunisal (Oral Tablet)	2	
Duexis (Oral Tablet)	4	ST
Etodolac ER (Oral Tablet Extended Release 24 Hour)	3	
Etodolac (Oral Capsule)	2	
Etodolac (Oral Tablet Immediate Release)	2	
Feldene (Oral Capsule)	3	
Fenoprofen Calcium (400MG Oral Capsule)	3	
Fenoprofen Calcium (Oral Tablet)	3	
Flector (Transdermal Patch)	3	PA; QL
Flurbiprofen (100MG Oral Tablet)	2	
Ibu (600MG Oral Tablet, 800MG 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
Ibuprofen (Oral Suspension)	1		Naproxen (Oral Tablet Immediate Release)	1	
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	1		Naproxen Sodium ER (375MG Oral Tablet Extended Release 24 Hour) (Generic Naprelan)	4	
Indocin (Rectal Suppository)	4		Naproxen Sodium ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Naprelan)	3	
Ketoprofen ER (Oral Capsule Extended Release 24 Hour)	3		Naproxen Sodium (275MG Oral Tablet Immediate Release, 550MG Oral Tablet Immediate Release)	2	
Ketoprofen (Oral Capsule Immediate Release)	2		Naproxen-Esomeprazole (Oral Tablet Delayed Release)	4	ST
Lodine (Oral Tablet)	4		Oxaprozin (Oral Tablet)	3	
Meclofenamate Sodium (Oral Capsule)	3		Pennsaid (Transdermal Solution)	4	PA
Mefenamic Acid (Oral Capsule)	3		Piroxicam (Oral Capsule)	2	
Meloxicam (Oral Tablet)	1		Relafen DS (Oral Tablet)	4	ST
Mobic (Oral Tablet)	3		Sprix (Nasal Solution)	4	
Nabumetone (Oral Tablet)	2		Sulindac (Oral Tablet)	1	
Nalfon (Oral Tablet)	3		Tolmetin Sodium (Oral Capsule)	3	
Naprelan (Oral Tablet Extended Release 24 Hour)	4		Tolmetin Sodium (Oral Tablet)	3	
Naproxen DR (Oral Tablet Delayed Release) (Generic EC-Naprosyn)	1				
Naproxen (Oral Suspension)	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
Vimovo (Oral Tablet Delayed Release)	4	ST	Duragesic-25 (Transdermal Patch 72 Hour)	3	7D; MME; DL; QL
Vivlodex (Oral Capsule)	4	QL	Duragesic-50 (Transdermal Patch 72 Hour)	4	7D; MME; DL; QL
Zipsor (Oral Capsule)	4	ST	Duragesic-75 (Transdermal Patch 72 Hour)	4	7D; MME; DL; QL
Zorvolex (Oral Capsule)	3	ST			
Opioid Analgesics, Long-acting					
Belbuca (150MCG Buccal Film, 300MCG Buccal Film, 450MCG Buccal Film, 75MCG Buccal Film)	3	PA; 7D; DL; QL	Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 37.5MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour)	3	7D; MME; DL; QL
Belbuca (600MCG Buccal Film, 750MCG Buccal Film, 900MCG Buccal Film)	4	PA; 7D; DL; QL	Fentanyl (12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour)	2	7D; MME; DL; QL
Buprenorphine (Transdermal Patch Weekly)	2	7D; DL; QL	Fentanyl (62.5MCG/HR Transdermal Patch 72 Hour, 87.5MCG/HR Transdermal Patch 72 Hour)	4	7D; MME; DL; QL
Butrans (Transdermal Patch Weekly)	2	7D; DL; QL	Hydrocodone Bitartrate ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	3	PA; 7D; MME; DL; QL
ConZip (Oral Capsule Extended Release 24 Hour)	3	7D; MME; DL; QL	Hydromorphone HCl ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	3	7D; MME; DL; QL
Dolophine (Oral Tablet)	3	7D; MME; DL; QL			
Duragesic-100 (Transdermal Patch 72 Hour)	4	7D; MME; DL; QL			
Duragesic-12 (Transdermal Patch 72 Hour)	3	7D; MME; DL; QL			

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
Hysingla ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	2	7D; MME; DL; QL	Morphine Sulfate ER Beads (Oral Capsule Extended Release 24 Hour) (Generic Avinza)	3	7D; MME; DL; QL
Kadian (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 40MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour)	4	7D; MME; DL; QL	Morphine Sulfate ER (Oral Capsule Extended Release 24 Hour) (Generic Kadian)	3	7D; MME; DL; QL
Kadian (10MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 30MG Oral Capsule Extended Release 24 Hour)	3	7D; MME; DL; QL	Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	2	7D; MME; DL; QL
Levorphanol Tartrate (Oral Tablet)	4	7D; MME; DL; QL	Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	3	7D; MME; DL; QL
Methadone HCl (Oral Solution)	1	7D; MME; DL; QL	MS Contin (100MG Oral Tablet Extended Release, 200MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release)	4	7D; MME; DL; QL
Methadone HCl (Oral Tablet)	1	7D; MME; DL; QL	MS Contin (15MG Oral Tablet Extended Release)	3	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
Nucynta ER (Oral Tablet Extended Release 12 Hour)	2	7D; MME; DL; QL	Tramadol HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	3	7D; MME; DL; QL
Oxycodone HCl ER (10MG Oral Tablet ER 12 Hour Abuse-Deterrent, 15MG Oral Tablet ER 12 Hour Abuse-Deterrent, 20MG Oral Tablet ER 12 Hour Abuse-Deterrent, 30MG Oral Tablet ER 12 Hour Abuse-Deterrent, 40MG Oral Tablet ER 12 Hour Abuse-Deterrent)	3	7D; MME; DL; QL	Tramadol HCl ER (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	2	7D; MME; DL; QL
Oxycodone HCl ER (60MG Oral Tablet ER 12 Hour Abuse-Deterrent, 80MG Oral Tablet ER 12 Hour Abuse-Deterrent)	4	7D; MME; DL; QL	Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	3	ST; 7D; MME; DL; QL
OxyContin (Oral Tablet ER 12 Hour Abuse-Deterrent)	2	7D; MME; DL; QL	Zohydro ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	3	PA; 7D; MME; DL; QL
Oxymorphone HCl ER (Oral Tablet Extended Release 12 Hour)	3	7D; MME; DL; QL	Opioid Analgesics, Short-acting		
Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour)	2	7D; MME; DL; QL	Acetaminophen-Caffeine-Dihydrocodeine (Oral Tablet)	3	7D; MME; DL; QL
			Acetaminophen-Codeine (120-12MG/5ML 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

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
Actiq (Buccal Lozenge On A Handle)	4	PA; 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)	2	7D; MME; DL; QL
Butorphanol Tartrate (Nasal Solution)	2	7D; MME; DL; QL	Hydrocodone-Ibuprofen (10-200MG Oral Tablet, 5-200MG Oral Tablet)	3	7D; MME; DL; QL
Codeine Sulfate (15MG Oral Tablet)	2	7D; MME; DL; QL	Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	2	7D; MME; DL; QL
Codeine Sulfate (30MG Oral Tablet, 60MG Oral Tablet)	2	7D; MME; DL; QL	Hydromorphone HCl (1MG/ML Oral Liquid)	2	7D; MME; DL; QL
Dilaudid (Oral Liquid)	3	7D; MME; DL; QL	Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release, 8MG Oral Tablet Immediate Release)	1	7D; MME; DL; QL
Dilaudid (2MG Oral Tablet, 4MG Oral Tablet)	3	7D; MME; DL; QL	Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution)	3	DL
Dilaudid (8MG Oral Tablet)	4	7D; MME; DL; QL	Lorcet HD (Oral Tablet)	2	7D; MME; DL; QL
Dvorah (Oral Tablet)	3	7D; MME; DL; QL	Lorcet (Oral Tablet)	2	7D; MME; DL; QL
Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	2	7D; MME; DL; QL	Morphine Sulfate (Oral Solution)	1	7D; MME; DL; QL
Fentanyl Citrate (Buccal Lozenge On A Handle)	4	PA; DL; QL			
Fentanyl Citrate (Buccal Tablet)	4	PA; DL; QL			
Fentora (Buccal Tablet)	4	PA; DL; QL			
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	2	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
Morphine Sulfate (Oral Tablet Immediate Release)	2	7D; MME; DL; QL	Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	2	7D; MME; DL; QL
Norco (Oral Tablet)	3	7D; MME; DL; QL	Oxycodone-Aspirin (Oral Tablet)	2	7D; MME; DL; QL
Nucynta (100MG Oral Tablet Immediate Release)	4	7D; MME; DL; QL	Oxymorphone HCl (Oral Tablet Immediate Release)	3	7D; MME; DL; QL
Nucynta (50MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release)	3	7D; MME; DL; QL	Percocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	4	7D; MME; DL; QL
Oxycodone HCl (5MG Oral Capsule)	2	7D; MME; DL; QL	Percocet (2.5-325MG Oral Tablet)	3	7D; MME; DL; QL
Oxycodone HCl (100MG/5ML Oral Concentrate)	3	7D; MME; DL; QL	Primlev (Oral Tablet)	4	7D; MME; DL; QL
Oxycodone HCl (5MG/5ML Oral Solution)	2	7D; MME; DL; QL	Prolate (Oral Tablet)	4	7D; MME; DL; QL
Oxycodone HCl (10MG Oral Tablet Immediate Release, 15MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	1	7D; MME; DL; QL	Roxicodone (15MG Oral Tablet, 5MG Oral Tablet)	3	7D; MME; DL; QL
			Roxicodone (30MG Oral Tablet)	4	7D; MME; DL; QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Subsys (100MCG Sublingual Liquid, 200MCG Sublingual Liquid, 400MCG Sublingual Liquid, 600MCG Sublingual Liquid, 800MCG Sublingual Liquid)	4	PA; DL; QL
Tramadol HCl (50MG Oral Tablet Immediate Release)	1	7D; MME; DL; QL
Tramadol-Acetaminophen (Oral Tablet)	1	7D; MME; DL; QL
Trezix (Oral Capsule)	3	7D; MME; DL; QL
Ultracet (Oral Tablet)	3	7D; MME; DL; QL
Ultram (Oral Tablet Immediate Release)	3	7D; MME; DL; QL
Anesthetics		
Local Anesthetics		
Lidocaine (5% External Ointment)	3	QL
Lidocaine (5% External Patch)	3	PA; QL
Lidocaine HCl (4% External Solution)	1	
Lidocaine HCl (External Gel)	1	
Lidocaine Viscous (2% Mouth/Throat Solution)	1	
Lidocaine-Prilocaine (External Cream)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Lidoderm (External Patch)	4	PA; QL
Pliaglis (External Cream)	3	
ZTlido (External Patch)	3	PA; QL
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
Acamprosate Calcium (Oral Tablet Delayed Release)	3	
Antabuse (Oral Tablet)	3	
Disulfiram (Oral Tablet)	2	
Naltrexone HCl (Oral Tablet)	2	
Vivitrol (Intramuscular Suspension Reconstituted)	4	
Opioid Dependence Treatments		
Bunavail (Buccal Film)	3	ST; QL
Buprenorphine HCl (Tablet Sublingual)	1	QL
Buprenorphine HCl-Naloxone HCl (Sublingual Film)	3	QL
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	1	QL
Suboxone (Sublingual Film)	3	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
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)	3	QL	Chantix (Oral Tablet)	2	
Opioid Reversal Agents			Chantix Starting Month Pak (Oral Tablet)	2	
Evzio (Injection Solution Auto-Injector)	4	ST	Nicotrol (Inhalation Inhaler)	3	
Naloxone HCl (0.4MG/ML Injection Solution)	1		Nicotrol NS (Nasal Solution)	3	
Naloxone HCl (Injection Solution Auto-Injector)	3	ST	Antibacterials		
Naloxone HCl (Injection Solution Cartridge)	1		Aminoglycosides		
Naloxone HCl (Injection Solution Prefilled Syringe)	1		Amikacin Sulfate (500MG/2ML Injection Solution)	2	
Narcan (Nasal Liquid)	2		Arikayce (Inhalation Suspension)	4	
Smoking Cessation Agents			Gentak (Ophthalmic Ointment)	1	
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	1		Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	1	
Chantix Continuing Month Pak (Oral Tablet)	2		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)	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
Streptomycin Sulfate (Intramuscular Solution Reconstituted)	4		Cleocin (Vaginal Suppository)	3	
Tobramycin (Ophthalmic Solution)	1		Clindamycin HCl (Oral Capsule)	1	
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	3		Clindamycin Palmitate HCl (Oral Solution Reconstituted)	3	
Tobrex (Ophthalmic Ointment)	3		Clindamycin Phosphate in D5W (Intravenous Solution)	2	
Tobrex (Ophthalmic Solution)	3		Clindamycin Phosphate (300MG/2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution)	2	
Zemdri (Intravenous Solution)	4		Clindamycin Phosphate (Vaginal Cream)	2	
Antibacterials, Other			Clindesse (Vaginal Cream)	3	
Aemcolo (Oral Tablet Delayed Release)	3	PA	Colistimethate Sodium (CBA) (Injection Solution Reconstituted)	4	
Altabax (External Ointment)	3		Cubicin (Intravenous Solution Reconstituted)	4	
Bacitracin (Ophthalmic Ointment)	2		Dalvance (Intravenous Solution Reconstituted)	4	PA
Cleocin (150MG Oral Capsule, 75MG Oral Capsule)	3		Daptomycin (350MG Intravenous Solution Reconstituted)	4	
Cleocin (300MG Oral Capsule)	4				
Cleocin (Oral Solution Reconstituted)	3				
Cleocin Phosphate (900MG/6ML Injection Solution)	3				
Cleocin (Vaginal Cream)	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
Daptomycin (500MG Intravenous Solution Reconstituted)	4		Metronidazole (0.75% External Lotion)	3	
Firvanq (Oral Solution Reconstituted)	3		Metronidazole in NaCl 0.79% (Intravenous Solution)	1	
Flagyl (Oral Capsule)	3		Metronidazole (375MG Oral Capsule)	3	
Flagyl (Oral Tablet)	3		Metronidazole (250MG Oral Tablet, 500MG Oral Tablet)	1	
Hiprex (Oral Tablet)	3		Metronidazole (0.75% Vaginal Gel)	2	
Linezolid (Intravenous Solution)	3		Monurol (Oral Packet)	3	
Linezolid (Oral Suspension Reconstituted)	4		Mupirocin Calcium (External Cream)	3	
Linezolid (Oral Tablet)	3		Mupirocin (External Ointment)	1	
Macrobid (Oral Capsule)	3	HRM	Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrobid)	2	HRM
Macrochantin (Oral Capsule)	3	HRM	Nitrofurantoin Macrocrystal (25MG Oral Capsule) (Generic Macrobid)	3	HRM
Mafenide Acetate (External Packet)	3		Nitrofurantoin Monohydrate (Generic Macrobid)	2	HRM
Methenamine Hippurate (Oral Tablet)	2		Nitrofurantoin (Oral Suspension)	3	HRM
MetroCream (External Cream)	3		Noritrate (External Cream)	4	
Metrogel (External Gel)	3		Polymyxin B Sulfate (Injection Solution Reconstituted)	2	
Metronidazole (0.75% External Cream)	2				
Metronidazole (0.75% External Gel, 1% External Gel)	3				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Sivextro (Intravenous Solution Reconstituted)	4	PA	Vancomycin HCl (250MG Intravenous Solution Reconstituted)	2	
Sivextro (Oral Tablet)	4	PA	Vancomycin HCl (Oral Capsule)	3	QL
Solosec (Oral Packet)	3		Vancomycin HCl (Oral Solution Reconstituted)	3	
Sulfamylon (External Cream)	3		Vandazole (Vaginal Gel)	2	
Sulfamylon (External Packet)	4		Xenleta (Oral Tablet)	4	PA; QL
Tigecycline (Intravenous Solution Reconstituted)	4		Zyvox (600MG/300ML Intravenous Solution)	4	
Tinidazole (Oral Tablet)	2		Zyvox (Oral Suspension Reconstituted)	4	
Trimethoprim (Oral Tablet)	1		Zyvox (Oral Tablet)	4	
Tygacil (Intravenous Solution Reconstituted)	4		Beta-lactam, Cephalosporins		
Vancocin HCl (125MG Oral Capsule)	4	QL	Avycaz (Intravenous Solution Reconstituted)	4	PA
Vancocin (250MG Oral Capsule)	4	QL	Cefaclor ER (Oral Tablet Extended Release 12 Hour)	3	
Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)	2		Cefaclor (Oral Capsule)	2	
			Cefaclor (Oral Suspension Reconstituted)	3	
			Cefadroxil (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
Cefadroxil (Oral Suspension Reconstituted)	2		Cefpodoxime Proxetil (Oral Suspension Reconstituted)	3	
Cefadroxil (Oral Tablet)	3		Cefpodoxime Proxetil (Oral Tablet)	2	
Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	2		Cefprozil (Oral Suspension Reconstituted)	2	
Cefdinir (Oral Capsule)	2		Cefprozil (Oral Tablet)	2	
Cefdinir (Oral Suspension Reconstituted)	2		Ceftazidime (Injection Solution Reconstituted)	2	
Cefepime HCl (Injection Solution Reconstituted)	3		Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	2	
Cefixime (Oral Capsule)	2		Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	2	
Cefixime (Oral Suspension Reconstituted)	3		Cefuroxime Axetil (Oral Tablet)	1	
Cefotetan Disodium (Injection Solution Reconstituted)	3		Cefuroxime Sodium (Injection Solution Reconstituted)	1	
Cefoxitin Sodium (Injection Solution Reconstituted)	2		Cefuroxime Sodium (Intravenous Solution Reconstituted)	1	
Cefoxitin Sodium (Intravenous Solution Reconstituted)	2		Cephalexin (250MG Oral Capsule, 500MG 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
Cephalexin (750MG Oral Capsule)	3		Ertapenem Sodium (Injection Solution Reconstituted)	3	
Cephalexin (Oral Suspension Reconstituted)	1		Imipenem-Cilastatin (Intravenous Solution Reconstituted)	3	
Cephalexin (Oral Tablet)	2		Invanz (Injection Solution Reconstituted)	4	
Suprax (Oral Capsule)	2		Meropenem (1GM Intravenous Solution Reconstituted)	3	
Suprax (100MG/5ML Oral Suspension Reconstituted, 200MG/5ML Oral Suspension Reconstituted)	3		Meropenem (500MG Intravenous Solution Reconstituted)	2	
Suprax (500MG/5ML Oral Suspension Reconstituted)	3		Merrem (500MG Intravenous Solution Reconstituted)	3	
Suprax (Oral Tablet Chewable)	2		Primaxin IV (Intravenous Solution Reconstituted)	3	
Tazicef (Injection Solution Reconstituted)	2		Vabomere (Intravenous Solution Reconstituted)	4	
Teflaro (Intravenous Solution Reconstituted)	4		Beta-lactam, Penicillins		
Zerbaxa (Intravenous Solution Reconstituted)	4	PA	Amoxicillin (Oral Capsule)	1	
Beta-lactam, Other			Amoxicillin (Oral Suspension Reconstituted)	1	
Azactam (Injection Solution Reconstituted)	3		Amoxicillin (Oral Tablet Immediate Release)	1	
Aztreonam (1GM Injection Solution Reconstituted)	3		Amoxicillin (Oral Tablet Chewable)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour)	3		Ampicillin (Oral Capsule)	1	
Amoxicillin-Potassium Clavulanate (200-28.5MG/5ML Oral Suspension Reconstituted, 400-57MG/5ML Oral Suspension Reconstituted, 600-42.9MG/5ML Oral Suspension Reconstituted)	1		Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted)	2	
Amoxicillin-Potassium Clavulanate (250-62.5MG/5ML Oral Suspension Reconstituted)	2		Ampicillin Sodium (10GM Intravenous Solution Reconstituted)	2	
Amoxicillin-Potassium Clavulanate (250-125MG Oral Tablet Immediate Release)	2		Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)	2	
Amoxicillin-Potassium Clavulanate (500-125MG Oral Tablet Immediate Release, 875-125MG Oral Tablet Immediate Release)	1		Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted)	2	
Amoxicillin-Potassium Clavulanate (200-28.5MG Oral Tablet Chewable, 400-57MG Oral Tablet Chewable)	2		Bicillin C-R 900/300 (Intramuscular Suspension)	3	
			Bicillin C-R (Intramuscular Suspension)	3	
			Bicillin L-A (Intramuscular Suspension)	3	
			Dicloxacillin Sodium (Oral Capsule)	1	
			Nafcillin Sodium (1GM Injection Solution Reconstituted, 2GM Injection Solution Reconstituted)	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
Nafcillin Sodium (10GM Intravenous Solution Reconstituted)	3		Piperacillin-Tazobactam (Intravenous Solution Reconstituted)	3	
Oxacillin Sodium in Dextrose (Intravenous Solution)	3		Unasyn (3 (2-1)GM Injection Solution Reconstituted)	3	
Oxacillin Sodium (Injection Solution Reconstituted)	3		Unasyn (Intravenous Solution Reconstituted)	3	
Oxacillin Sodium (Intravenous Solution Reconstituted)	3		Zosyn (2-0.25GM/50ML Intravenous Solution, 3-0.375GM/50ML Intravenous Solution)	3	
Penicillin G Potassium in Dextrose (40000UNIT/ML Intravenous Solution, 60000UNIT/ML Intravenous Solution)	3		Macrolides		
Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)	3		Azasite (Ophthalmic Solution)	3	
Penicillin G Procaine (Intramuscular Suspension)	3		Azithromycin (Intravenous Solution Reconstituted)	1	
Penicillin G Sodium (Injection Solution Reconstituted)	4		Azithromycin (Oral Packet)	1	
Penicillin V Potassium (Oral Solution Reconstituted)	1		Azithromycin (Oral Suspension Reconstituted)	1	
Penicillin V Potassium (Oral Tablet)	1		Azithromycin (Oral Tablet)	1	
			Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	2	
			Clarithromycin (Oral Suspension Reconstituted)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Clarithromycin (Oral Tablet Immediate Release)	2		Erythromycin Ethylsuccinate (400MG/5ML Oral Suspension Reconstituted)	4	
Dificid (Oral Tablet)	4		Erythromycin Ethylsuccinate (Oral Tablet)	3	
E.E.S. Granules (Oral Suspension Reconstituted)	3		Erythromycin (Ophthalmic Ointment)	1	
EryPed 200 (Oral Suspension Reconstituted)	3		Zithromax (Intravenous Solution Reconstituted)	3	
EryPed 400 (Oral Suspension Reconstituted)	4		Zithromax (Oral Packet)	3	
Ery-Tab (Oral Tablet Delayed Release)	3		Zithromax (Oral Suspension Reconstituted)	3	
Erythrocin Lactobionate (Intravenous Solution Reconstituted)	3		Zithromax (Oral Tablet)	3	
Erythrocin Stearate (Oral Tablet)	3		Zithromax Tri-Pak (Oral Tablet)	3	
Erythromycin Base (Oral Capsule Delayed Release Particles)	3		Zithromax Z-Pak (Oral Tablet)	3	
Erythromycin Base (Oral Tablet Immediate Release)	3		Quinolones		
Erythromycin Base (Oral Tablet Delayed Release)	3		Baxdela (Intravenous Solution Reconstituted)	4	
Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted)	3		Baxdela (Oral Tablet)	4	
			Besivance (Ophthalmic Suspension)	3	
			Ciloxan (Ophthalmic 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
Ciloxan (Ophthalmic Solution)	3		Levofloxacin (250MG Oral Tablet, 500MG Oral Tablet, 750MG Oral Tablet)	1	
Cipro (Oral Suspension Reconstituted)	3		Moxeza (Ophthalmic Solution)	3	
Cipro (Oral Tablet Immediate Release)	3		Moxifloxacin HCl in NaCl (Intravenous Solution)	3	
Ciprofloxacin HCl (Ophthalmic Solution)	1		Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox)	2	
Ciprofloxacin HCl (100MG Oral Tablet Immediate Release)	3		Moxifloxacin HCl (Oral Tablet)	2	
Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	1		Ocuflox (Ophthalmic Solution)	3	
Ciprofloxacin in D5W (200MG/100ML Intravenous Solution)	1		Ofloxacin (Ophthalmic Solution)	1	
Gatifloxacin (Ophthalmic Solution)	2		Ofloxacin (Oral Tablet)	3	
Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution)	2		Ofloxacin (Otic Solution)	2	
Levofloxacin (25MG/ML Intravenous Solution)	3		Vigamox (Ophthalmic Solution)	3	
Levofloxacin (0.5% Ophthalmic Solution)	2		Xepi (External Cream)	3	
Levofloxacin (25MG/ML Oral Solution)	3		Zymaxid (Ophthalmic Solution)	3	
			Sulfonamides		
			Bactrim DS (Oral Tablet)	3	
			Bactrim (Oral Tablet)	3	
			Bleph-10 (Ophthalmic Solution)	3	
			Silvadene (External Cream)	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
Silver Sulfadiazine (External Cream)	1		Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release)	2	
SSD (External Cream)	1		Doxycycline Hyclate (150MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release)	3	
Sulfacetamide Sodium (Ophthalmic Ointment)	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)	3	
Sulfacetamide Sodium (Ophthalmic Solution)	1		Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule)	1	
Sulfadiazine (Oral Tablet)	3		Doxycycline Monohydrate (150MG Oral Capsule, 75MG Oral Capsule)	3	
Sulfamethoxazole-Trimethoprim (Oral Suspension)	2		Doxycycline Monohydrate (Oral Suspension Reconstituted)	3	
Sulfamethoxazole-Trimethoprim (Oral Tablet)	1		Doxycycline Monohydrate (Oral Tablet)	2	
Tetracyclines					
Acticlate (Oral Tablet)	3				
Demeclocycline HCl (Oral Tablet)	3				
Doryx MPC (Oral Tablet Delayed Release)	3				
Doryx (200MG Oral Tablet Delayed Release)	4				
Doryx (50MG Oral Tablet Delayed Release)	3				
Doxy 100 (Intravenous Solution Reconstituted)	3				
Doxycycline Hyclate (Oral Capsule)	2				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Minocycline HCl ER (Oral Tablet Extended Release 24 Hour)	3	QL
Minocycline HCl (Oral Capsule)	1	
Minocycline HCl (Oral Tablet Immediate Release)	3	
Minolira (Oral Tablet Extended Release 24 Hour)	3	QL
Mondoxyne NL (100MG Oral Capsule)	1	
Mondoxyne NL (75MG Oral Capsule)	3	
Nuzyra (Intravenous Solution Reconstituted)	4	PA
Nuzyra (Oral Tablet)	4	PA; QL
Oracea (Oral Capsule Delayed Release)	3	
Seysara (Oral Tablet)	4	
Solodyn (Oral Tablet Extended Release 24 Hour)	4	QL
TARGADOX (Oral Tablet)	3	
Tetracycline HCl (Oral Capsule)	3	
Vibramycin (Oral Capsule)	3	
Vibramycin (Oral Suspension Reconstituted)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Vibramycin (50MG/5ML Oral Syrup)	3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT (Oral Solution)	4	PA; QL
BRIVIACT (Oral Tablet)	4	PA; QL
Epidiolex (Oral Solution)	4	PA
Fintepla (Oral Solution)	4	PA; QL
Keppra (Oral Solution)	4	
Keppra (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	4	
Keppra (250MG Oral Tablet Immediate Release)	3	
Keppra XR (Oral Tablet Extended Release 24 Hour)	4	
Levetiracetam ER (Oral Tablet Extended Release 24 Hour)	2	
Levetiracetam (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
Levetiracetam (Oral Tablet Immediate Release)	1	
Nayzilam (Nasal Solution)	4	
Roweepra (Oral Tablet Immediate Release)	1	
Roweepra XR (Oral Tablet Extended Release 24 Hour)	2	
Spritam ODT (Oral Tablet Disintegrating Soluble)	3	
Xcopri (250 MG Daily Dose) (Oral Tablet Therapy Pack)	4	PA; QL
Xcopri (350 MG Daily Dose) (Oral Tablet Therapy Pack)	4	PA; QL
Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	3	PA; QL
Xcopri (200MG Oral Tablet)	4	PA; QL
Xcopri (14x12.5MG & 14x25MG Oral Tablet Therapy Pack)	3	PA; QL
Xcopri (14x150MG & 14x200MG Oral Tablet Therapy Pack, 14x50MG & 14x100MG Oral Tablet Therapy Pack)	4	PA; QL
Calcium Channel Modifying Agents		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Celontin (Oral Capsule)	3	
Ethosuximide (Oral Capsule)	3	
Ethosuximide (Oral Solution)	3	
Zarontin (Oral Capsule)	3	
Zarontin (Oral Solution)	3	
Zonegran (Oral Capsule)	4	
Zonisamide (Oral Capsule)	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
Clobazam (2.5MG/ML Oral Suspension)	4	PA; QL
Clobazam (10MG Oral Tablet)	3	PA; QL
Clobazam (20MG Oral Tablet)	4	PA; QL
Diastat AcuDial (Rectal Gel)	3	
Diastat Pediatric (Rectal Gel)	3	
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	3	
Gabapentin (Oral Capsule)	1	
Gabapentin (250MG/5ML Oral Solution)	2	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Gabapentin (Oral Tablet)	1	
Gabitril (Oral Tablet)	4	
Mysoline (Oral Tablet)	4	
Neurontin (100MG Oral Capsule)	3	
Neurontin (300MG Oral Capsule, 400MG Oral Capsule)	4	
Neurontin (Oral Solution)	3	
Neurontin (Oral Tablet)	4	
Onfi (Oral Suspension)	4	PA; QL
Onfi (Oral Tablet)	4	PA; QL
Phenobarbital (Oral Elixir)	3	PA; HRM
Phenobarbital (Oral Tablet)	3	PA; HRM
Primidone (Oral Tablet)	1	
Sabril (Oral Packet)	4	PA; LA; QL
Sabril (Oral Tablet)	4	PA; LA; QL
Sympazan (Oral Film)	4	PA; QL
Tiagabine HCl (Oral Tablet)	3	
Valproic Acid (Oral Capsule)	2	
Valproic Acid (Oral Solution)	1	
Valtoco 10 MG Dose (Nasal Liquid)	4	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Valtoco 15 MG Dose (Nasal Liquid Therapy Pack)	4	QL
Valtoco 20 MG Dose (Nasal Liquid Therapy Pack)	4	QL
Valtoco 5 MG Dose (Nasal Liquid)	4	QL
Vigabatrin (Oral Packet)	4	PA; LA; QL
Vigabatrin (Oral Tablet)	4	PA; LA; QL
Vigadrone (Oral Packet)	4	PA; LA; QL
Glutamate Reducing Agents		
Felbamate (Oral Suspension)	4	
Felbamate (Oral Tablet)	3	
Felbatol (Oral Suspension)	4	
Felbatol (Oral Tablet)	4	
Fycompa (Oral Suspension)	4	
Fycompa (Oral Tablet)	4	
Lamictal ODT (Oral Tablet Dispersible)	4	

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
Lamictal (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release)	4		Lamotrigine ER (Oral Tablet Extended Release 24 Hour)	3	
Lamictal (25MG Oral Tablet Chewable)	4		Lamotrigine (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release)	1	
Lamictal (5MG Oral Tablet Chewable)	3		Lamotrigine (25MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	2	
Lamictal Starter (35 Tablets Oral Kit, 49 Tablets Oral Kit)	3		Lamotrigine ODT (Oral Tablet Dispersible)	3	
Lamictal Starter (98 Tablets Oral Kit)	4		Lamotrigine Starter Kit-Blue (Oral Kit)	3	
Lamictal XR (Oral Kit)	3		Lamotrigine Starter Kit-Green (Oral Kit)	4	
Lamictal XR (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 250MG Oral Tablet Extended Release 24 Hour, 25MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	4		Lamotrigine Starter Kit-Orange (Oral Kit)	3	
			Qudexy XR (100MG Oral Capsule ER 24 Hour Sprinkle, 25MG Oral Capsule ER 24 Hour Sprinkle, 50MG Oral Capsule ER 24 Hour Sprinkle)	3	PA
			Qudexy XR (150MG Oral Capsule ER 24 Hour Sprinkle, 200MG Oral Capsule ER 24 Hour Sprinkle)	4	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
Topamax (100MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet)	4		Trokendi XR (25MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	3	PA
Topamax (25MG Oral Tablet)	3		Sodium Channel Agents		
Topamax Sprinkle (15MG Oral Capsule Sprinkle)	3		Aptiom (Oral Tablet)	4	QL
Topamax Sprinkle (25MG Oral Capsule Sprinkle)	4		Banzel (Oral Suspension)	4	
Topiramate ER (100MG Oral Capsule ER 24 Hour Sprinkle, 25MG Oral Capsule ER 24 Hour Sprinkle, 50MG Oral Capsule ER 24 Hour Sprinkle)	3	PA	Banzel (Oral Tablet)	4	
Topiramate ER (150MG Oral Capsule ER 24 Hour Sprinkle, 200MG Oral Capsule ER 24 Hour Sprinkle)	4	PA	Carbamazepine ER (100MG Oral Capsule Extended Release 12 Hour, 200MG Oral Capsule Extended Release 12 Hour, 300MG Oral Capsule Extended Release 12 Hour)	2	
Topiramate (Oral Capsule Sprinkle Immediate Release)	2		Carbamazepine ER (100MG Oral Tablet Extended Release 12 Hour, 200MG Oral Tablet Extended Release 12 Hour, 400MG Oral Tablet Extended Release 12 Hour)	3	
Topiramate (Oral Tablet)	1		Carbamazepine (Oral Suspension)	2	
Trokendi XR (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour)	4	PA	Carbamazepine (Oral Tablet Immediate Release)	2	
			Carbamazepine (Oral Tablet Chewable)	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
Carbatrol (Oral Capsule Extended Release 12 Hour)	3		Phenytoin Sodium Extended (Oral Capsule)	1	
Dilantin INFATABS (Oral Tablet Chewable)	2		Tegretol (Oral Suspension)	3	
Dilantin (Oral Capsule)	2		Tegretol (Oral Tablet Immediate Release)	3	
Dilantin (Oral Suspension)	3		Tegretol XR (Oral Tablet Extended Release 12 Hour)	3	
Epitol (Oral Tablet)	2		Trileptal (Oral Suspension)	4	
Oxcarbazepine (300MG/5ML Oral Suspension)	3		Trileptal (150MG Oral Tablet)	3	
Oxcarbazepine (150MG Oral Tablet, 300MG Oral Tablet, 600MG Oral Tablet)	2		Trileptal (300MG Oral Tablet, 600MG Oral Tablet)	4	
Oxtellar XR (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	3	PA	Vimpat (Oral Solution)	3	QL
Oxtellar XR (600MG Oral Tablet Extended Release 24 Hour)	4	PA	Vimpat (Oral Tablet)	3	QL
Peganone (Oral Tablet)	3		Antidementia Agents		
Phenytek (Oral Capsule)	1		Cholinesterase Inhibitors		
Phenytoin (125MG/5ML Oral Suspension)	1		Aricept (Oral Tablet)	3	QL
Phenytoin (Oral Tablet Chewable)	1		Donepezil HCl (10MG Oral Tablet, 5MG Oral Tablet)	1	QL
			Donepezil HCl (23MG Oral Tablet)	2	QL
			Donepezil HCl ODT (Oral Tablet Dispersible)	1	QL
			Exelon (Transdermal Patch 24 Hour)	3	ST; 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
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	3		Namenda Titration Pak (Oral Tablet)	3	PA
Galantamine Hydrobromide (Oral Solution)	3		Namenda XR (Oral Capsule Extended Release 24 Hour)	3	PA; QL
Galantamine Hydrobromide (Oral Tablet)	2		Namenda XR Titration Pak (Oral Capsule Extended Release 24 Hour)	3	PA; QL
Razadyne ER (Oral Capsule Extended Release 24 Hour)	3		Antidepressants		
Rivastigmine Tartrate (Oral Capsule)	2		Antidepressants, Other		
Rivastigmine (Transdermal Patch 24 Hour)	3	ST; QL	Aplenzin (Oral Tablet Extended Release 24 Hour)	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist			Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	1	
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	3	PA; QL	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	1	
Memantine HCl (2MG/ML Oral Solution)	3	PA; QL	Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour)	3	
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet)	1	PA; QL	Bupropion HCl (Oral Tablet Immediate Release)	1	
Memantine HCl Titration Pak (Oral Tablet)	1	PA	Forfivo XL (Oral Tablet Extended Release 24 Hour)	3	
Namenda (Oral Tablet)	3	PA; QL	Mirtazapine (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
Mirtazapine ODT (Oral Tablet Dispersible)	2		Citalopram Hydrobromide (Oral Tablet)	1	
Olanzapine-Fluoxetine HCl (Oral Capsule)	3		Desvenlafaxine ER (Oral Tablet Extended Release 24 Hour) (Brand Equivalent Khedezla)	3	
Remeron (Oral Tablet)	3		Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	2	
Remeron SolTab (Oral Tablet Dispersible)	3		Effexor XR (Oral Capsule Extended Release 24 Hour)	3	
Symbyax (Oral Capsule)	3		Escitalopram Oxalate (Oral Solution)	3	
Wellbutrin SR (Oral Tablet Extended Release 12 Hour)	3		Escitalopram Oxalate (Oral Tablet)	1	
Wellbutrin XL (Oral Tablet Extended Release 24 Hour)	4		Fetzima (Oral Capsule Extended Release 24 Hour)	3	ST
Monoamine Oxidase Inhibitors			Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	3	ST
Emsam (Transdermal Patch 24 Hour)	4		Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)	1	
Marplan (Oral Tablet)	3		Fluoxetine HCl (90MG Oral Capsule Delayed Release)	3	
Nardil (Oral Tablet)	3				
Parnate (Oral Tablet)	4				
Phenelzine Sulfate (Oral Tablet)	2				
Tranylcypromine Sulfate (Oral Tablet)	3				
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)					
Celexa (Oral Tablet)	3				
Citalopram Hydrobromide (Oral Solution)	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
Fluoxetine HCl (20MG/5ML Oral Solution)	1		Sertraline HCl (Oral Concentrate)	2	
Fluoxetine HCl (10MG Oral Tablet)	1		Sertraline HCl (Oral Tablet)	1	
Fluoxetine HCl (20MG Oral Tablet, 60MG Oral Tablet)	3		Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	1	
Fluvoxamine Maleate ER (Oral Capsule Extended Release 24 Hour)	3		Trazodone HCl (300MG Oral Tablet)	2	
Fluvoxamine Maleate (Oral Tablet)	2		Trintellix (Oral Tablet)	3	
Lexapro (Oral Tablet)	3		Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	1	
Maprotiline HCl (Oral Tablet)	2		Venlafaxine HCl ER (Oral Tablet Extended Release 24 Hour)	3	
Nefazodone HCl (Oral Tablet)	3		Venlafaxine HCl (Oral Tablet Immediate Release)	1	
Paroxetine HCl (Oral Tablet Immediate Release)	1	PA; HRM	Viibryd (Oral Tablet)	3	
Paxil (Oral Suspension)	3	PA; HRM	Viibryd Starter Pack (Oral Kit)	3	
Paxil (Oral Tablet Immediate Release)	3	PA; HRM	Zoloft (Oral Concentrate)	3	
Pristiq (Oral Tablet Extended Release 24 Hour)	3		Zoloft (Oral Tablet)	3	
Prozac (10MG Oral Capsule)	3		Tricyclics		
Prozac (20MG Oral Capsule, 40MG Oral Capsule)	4		Amitriptyline HCl (Oral Tablet)	3	HRM
Sarafem (Oral Tablet)	3		Amoxapine (Oral Tablet)	2	PA; HRM
			Anafranil (Oral Capsule)	4	PA; HRM

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Clomipramine HCl (Oral Capsule)	3	PA; HRM	Metoclopramide HCl (Oral Tablet)	1	
Desipramine HCl (Oral Tablet)	3	PA; HRM	Metoclopramide HCl ODT (Oral Tablet Dispersible)	3	
Doxepin HCl (Oral Capsule)	3	PA; HRM	Perphenazine (Oral Tablet)	2	
Doxepin HCl (Oral Concentrate)	3	PA; HRM	Prochlorperazine Maleate (Oral Tablet)	1	
Imipramine HCl (Oral Tablet)	3	PA; HRM	Prochlorperazine (Rectal Suppository)	3	
Imipramine Pamoate (Oral Capsule)	3	PA; HRM	Reglan (Oral Tablet)	3	
Norpramin (Oral Tablet)	3	PA; HRM	Scopolamine (Transdermal Patch 72 Hour)	2	PA; HRM
Nortriptyline HCl (Oral Capsule)	1	PA; HRM	Tigan (Oral Capsule)	3	B/D, PA
Nortriptyline HCl (Oral Solution)	2	PA; HRM	Transderm-Scop (1.5MG) (Transdermal Patch 72 Hour)	3	PA; HRM
Pamelor (Oral Capsule)	4	PA; HRM	Trimethobenzamide HCl (Oral Capsule)	2	B/D, PA
Protriptyline HCl (Oral Tablet)	3	PA; HRM	Vistaril (Oral Capsule)	3	PA; HRM
Trimipramine Maleate (Oral Capsule)	3	PA; HRM	Emetogenic Therapy Adjuncts		
Antiemetics			Aprepitant (Oral Therapy Pack, Oral Capsule)	3	PA
Antiemetics, Other			Dronabinol (Oral Capsule)	3	PA
Compro (Rectal Suppository)	3		Emend (80MG Oral Capsule)	3	PA
Hydroxyzine Pamoate (Oral Capsule)	3	PA; HRM	Emend (Oral Suspension Reconstituted)	3	PA
Meclizine HCl (12.5MG Oral Tablet)	1	HRM			
Metoclopramide HCl (10MG/10ML 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
Emend Tri-Pack (Oral Capsule)	4	PA	Amphotericin B (Intravenous Solution Reconstituted)	3	B/D, PA
Granisetron HCl (Oral Tablet)	2	B/D, PA	Ancobon (Oral Capsule)	4	
Marinol (10MG Oral Capsule, 5MG Oral Capsule)	4	PA	Cancidas (Intravenous Solution Reconstituted)	4	
Marinol (2.5MG Oral Capsule)	3	PA	Caspofungin Acetate (50MG Intravenous Solution Reconstituted)	4	
Ondansetron HCl (Oral Solution)	2	B/D, PA	Caspofungin Acetate (70MG Intravenous Solution Reconstituted)	3	
Ondansetron HCl (Oral Tablet)	1	B/D, PA	Ciclopirox (External Gel)	2	
Ondansetron ODT (Oral Tablet Dispersible)	1	B/D, PA	Ciclopirox (External Shampoo)	2	
Sancuso (Transdermal Patch)	4		Ciclopirox (External Solution)	2	
Syndros (Oral Solution)	4	PA	Ciclopirox Olamine (External Cream)	2	
Varubi (180 MG Dose) (Oral Tablet Therapy Pack)	3	B/D, PA	Ciclopirox Olamine (External Suspension)	2	
Zofran (8MG Oral Tablet)	4	B/D, PA	Clotrimazole (External Cream)	1	
Zuplenz (Oral Film)	4	B/D, PA	Clotrimazole (External Solution)	2	
Antifungals			Clotrimazole (Mouth/Throat Troche)	1	
Antifungals			Cresemba (Oral Capsule)	4	PA
Abelcet (Intravenous Suspension)	3	B/D, PA			
AmBisome (Intravenous Suspension Reconstituted)	4	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
Diflucan (Oral Suspension Reconstituted)	3		Griseofulvin Ultramicrosize (Oral Tablet)	3	
Diflucan (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	3		Gynazole-1 (Vaginal Cream)	3	
Diflucan (200MG Oral Tablet)	4		Itraconazole (Oral Capsule)	3	PA
Econazole Nitrate (External Cream)	2	QL	Itraconazole (Oral Solution)	4	PA
Eraxis (100MG Intravenous Solution Reconstituted)	4		Jublia (External Solution)	3	
Eraxis (50MG Intravenous Solution Reconstituted)	3		Kerydin (External Solution)	4	ST
Ertaczo (External Cream)	4		Ketoconazole (External Cream)	1	QL
Extina (External Foam)	4	QL	Ketoconazole (External Foam)	3	QL
Fluconazole in Sodium Chloride (Intravenous Solution)	2		Ketoconazole (External Shampoo)	1	
Fluconazole (Oral Suspension Reconstituted)	2		Ketoconazole (Oral Tablet)	1	
Fluconazole (Oral Tablet)	1		Ketodan (External Foam)	3	QL
Flucytosine (Oral Capsule)	4		Loprox (External Cream)	3	
Griseofulvin Microsize (Oral Suspension)	2		Loprox (External Shampoo)	4	
Griseofulvin Microsize (Oral Tablet)	3		Luliconazole (External Cream)	3	QL
			Luzu (External Cream)	3	QL
			Mentax (External Cream)	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
Micafungin Sodium (Intravenous Solution Reconstituted)	4		Nystop (External Powder)	1	
Miconazole 3 (Vaginal Suppository)	2		Oravig (Buccal Tablet)	4	
Mycamine (Intravenous Solution Reconstituted)	4		Oxiconazole Nitrate (External Cream)	3	QL
Naftifine HCl (External Cream)	3		Oxistat (External Cream)	4	QL
Naftin (External Cream)	3		Oxistat (External Lotion)	4	QL
Naftin (External Gel)	3		Posaconazole (Oral Tablet Delayed Release)	4	PA; QL
Natacyn (Ophthalmic Suspension)	3		Sporanox (Oral Capsule)	4	PA
Noxafil (Oral Suspension)	4	QL	Sporanox (Oral Solution)	4	PA
Noxafil (Oral Tablet Delayed Release)	4	PA; QL	Terbinafine HCl (Oral Tablet)	1	
Nyamyc (External Powder)	1		Terconazole (Vaginal Cream)	2	
Nystatin (External Cream)	1		Terconazole (Vaginal Suppository)	2	
Nystatin (External Ointment)	1		Tolsura (Oral Capsule)	4	PA
Nystatin (External Powder)	1		Vfend IV (Intravenous Solution Reconstituted)	4	
Nystatin (Mouth/Throat Suspension)	1		Vfend (Oral Suspension Reconstituted)	4	
Nystatin (Oral Tablet)	1		Vfend (Oral Tablet)	4	
Nystatin-Triamcinolone (External Cream)	2				
Nystatin-Triamcinolone (External Ointment)	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
Voriconazole (Intravenous Solution Reconstituted)	4	
Voriconazole (Oral Suspension Reconstituted)	4	
Voriconazole (Oral Tablet)	3	
Xolegel (External Gel)	4	PA; QL
Antigout Agents		
Antigout Agents		
Allopurinol (Oral Tablet)	1	
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	2	QL
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	2	QL
Colcrys (Oral Tablet)	3	PA; QL
Febuxostat (Oral Tablet)	2	ST
Gloperba (Oral Solution)	3	PA; QL
Mitigare (Oral Capsule)	3	QL
Probenecid (Oral Tablet)	1	
Probenecid-Colchicine (Oral Tablet)	1	
Uloric (Oral Tablet)	3	ST
Zyloprim (Oral Tablet)	3	
Antimigraine Agents		
Antimigraine Agents		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Nurtec ODT (Oral Tablet Dispersible)	4	PA; QL
Reyvow (Oral Tablet)	3	PA; QL
Ubrelvy (Oral Tablet)	4	PA; QL
Ergot Alkaloids		
Cafergot (Oral Tablet)	3	
Dihydroergotamine Mesylate (Nasal Solution)	4	
Ergotamine-Caffeine (Oral Tablet)	2	
Migergot (Rectal Suppository)	4	
Migranal (Nasal Solution)	4	
Prophylactic		
Aimovig (Subcutaneous Solution Auto-Injector)	3	PA; QL
Ajovy (Subcutaneous Solution Auto-Injector)	3	PA; QL
Ajovy (Subcutaneous Solution Prefilled Syringe)	3	PA; QL
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	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
Emgality (Subcutaneous Solution Auto-Injector)	3	PA; QL	Imitrex (Subcutaneous Solution)	4	QL
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	3	PA; QL	Maxalt (Oral Tablet)	3	QL
Timolol Maleate (Oral Tablet)	2		Maxalt-MLT (Oral Tablet Dispersible)	3	QL
Serotonin (5-HT) 1b/1d Receptor Agonists			Naratriptan HCl (Oral Tablet)	2	QL
Almotriptan Malate (Oral Tablet)	3	ST; QL	Onzetra Xsail (Nasal Exhaler Powder)	4	QL
Amerge (Oral Tablet)	3	QL	Relpax (Oral Tablet)	3	ST; QL
Eletriptan Hydrobromide (Oral Tablet)	3	ST; QL	Rizatriptan Benzoate (Oral Tablet)	2	QL
Frova (Oral Tablet)	4	ST; QL	Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	2	QL
Frovatriptan Succinate (Oral Tablet)	3	ST; QL	Sumatriptan (Nasal Solution)	3	QL
Imitrex (Nasal Solution)	3	QL	Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	1	QL
Imitrex (Oral Tablet)	3	QL	Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)	3	QL
Imitrex STATdose Refill (6MG/0.5ML Subcutaneous Solution Cartridge)	4	QL	Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	3	QL
Imitrex STATdose System (4MG/0.5ML Subcutaneous Solution Auto-Injector)	4	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
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector)	3	QL
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex STATdose)	3	QL
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Prefilled Syringe)	3	QL
Sumatriptan-Naproxen Sodium (Oral Tablet)	3	QL
Tosymra (Nasal Solution)	3	QL
Treximet (Oral Tablet)	4	QL
Zembrace SymTouch (Subcutaneous Solution Auto-Injector)	4	QL
Zolmitriptan (Oral Tablet)	3	QL
Zolmitriptan ODT (Oral Tablet Dispersible)	3	QL
Zomig (Nasal Solution)	3	QL
Zomig (Oral Tablet)	4	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Zomig ZMT (Oral Tablet Dispersible)	4	QL
Antimyasthenic Agents		
Parasympathomimetics		
Guanidine HCl (Oral Tablet)	2	
Mestinon (Oral Solution)	4	
Mestinon (Oral Tablet Immediate Release)	4	
Mestinon (Oral Tablet Extended Release)	4	
Pyridostigmine Bromide ER (Oral Tablet Extended Release)	3	
Pyridostigmine Bromide (Oral Solution)	4	
Pyridostigmine Bromide (30MG Oral Tablet Immediate Release)	4	
Pyridostigmine Bromide (60MG Oral Tablet Immediate Release)	2	
Antimycobacterials		
Antimycobacterials, Other		
Dapsone (Oral Tablet)	2	
Mycobutin (Oral Capsule)	4	
Pretomanid (Oral Tablet)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Rifabutin (Oral Capsule)	3	
Antituberculars		
Ethambutol HCl (Oral Tablet)	2	
Isoniazid (Oral Syrup)	3	
Isoniazid (Oral Tablet)	1	
Myambutol (Oral Tablet)	3	
Paser (Oral Packet)	3	
Priftin (Oral Tablet)	3	
Pyrazinamide (Oral Tablet)	3	
Rifampin (600MG Intravenous Solution Reconstituted)	3	
Rifampin (150MG Oral Capsule, 300MG Oral Capsule)	2	
Sirturo (Oral Tablet)	4	PA; LA
Trecator (Oral Tablet)	3	
Antineoplastics		
Alkylating Agents		
Cyclophosphamide (Oral Capsule)	2	B/D, PA
Gleostine (100MG Oral Capsule)	4	
Gleostine (10MG Oral Capsule)	2	
Gleostine (40MG Oral Capsule)	3	
Leukeran (Oral Tablet)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Matulane (Oral Capsule)	4	LA
Valchlor (External Gel)	4	PA; LA
Antiandrogens		
Abiraterone Acetate (Oral Tablet)	4	PA
Bicalutamide (Oral Tablet)	1	
Casodex (Oral Tablet)	4	
Erleada (Oral Tablet)	4	PA; QL
Flutamide (Oral Capsule)	3	
Nilandron (Oral Tablet)	4	
Nilutamide (Oral Tablet)	4	
Nubeqa (Oral Tablet)	4	PA; QL
Xtandi (Oral Capsule)	4	PA; LA
Yonsa (Oral Tablet)	4	PA
Zytiga (Oral Tablet)	4	PA
Antiangiogenic Agents		
Pomalyst (Oral Capsule)	4	PA
Revlimid (Oral Capsule)	4	PA; LA
Tabrecta (Oral Tablet)	4	PA; QL
Thalomid (Oral Capsule)	4	PA; QL
Antiestrogens/Modifiers		
Emcyt (Oral Capsule)	4	
Fareston (Oral Tablet)	4	

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
Soltamox (Oral Solution)	4		Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	4	PA; QL
Tamoxifen Citrate (Oral Tablet)	1		Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	4	PA; QL
Toremifene Citrate (Oral Tablet)	4		Antineoplastics, Other		
Antimetabolites			Copiktra (Oral Capsule)	4	PA; QL
Droxia (Oral Capsule)	3		Inrebic (Oral Capsule)	4	PA; QL
Hydrea (Oral Capsule)	3		Kisqali (200MG Dose) (Oral Tablet)	4	PA
Hydroxyurea (Oral Capsule)	1		Kisqali (400MG Dose) (Oral Tablet)	4	PA
Mercaptopurine (Oral Tablet)	2		Kisqali (600MG Dose) (Oral Tablet)	4	PA
Purixan (Oral Suspension)	4	PA	Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)	4	PA
Tabloid (Oral Tablet)	3	PA	Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)	4	PA
Antineoplastics			Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)	4	PA
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	4	PA; QL	Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet)	2	
Xpovio (40 MG Once Weekly) (Oral Tablet Therapy Pack)	4	PA; QL	Leucovorin Calcium (25MG Oral Tablet)	3	
Xpovio (40 MG Twice Weekly) (Oral Tablet Therapy Pack)	4	PA; QL	Leucovorin Calcium (5MG Oral Tablet)	1	
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	4	PA; QL	Lonsurf (Oral Tablet)	4	PA; LA
Xpovio (60 MG Twice Weekly) (Oral Tablet Therapy Pack)	4	PA; QL			

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Lorbrena (Oral Tablet)	4	PA; QL
Ninlaro (Oral Capsule)	4	PA; QL
Pemazyre (Oral Tablet)	4	PA; QL
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	4	PA; QL
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	4	PA; QL
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	4	PA; QL
Qinlock (Oral Tablet)	4	PA; QL
Retevmo (Oral Capsule)	4	PA; QL
Rozlytrek (Oral Capsule)	4	PA; QL
Synribo (Subcutaneous Solution Reconstituted)	4	PA
Tazverik (Oral Tablet)	4	PA; QL
Tukysa (Oral Tablet)	4	PA; QL
Verzenio (Oral Tablet)	4	PA; LA
Zolinza (Oral Capsule)	4	PA
Aromatase Inhibitors, 3rd Generation		
Anastrozole (Oral Tablet)	1	
Arimidex (Oral Tablet)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Aromasin (Oral Tablet)	4	
Exemestane (Oral Tablet)	3	
Femara (Oral Tablet)	4	
Letrozole (Oral Tablet)	1	
Enzyme Inhibitors		
Balversa (Oral Tablet)	4	PA; QL
Rubraca (Oral Tablet)	4	PA; LA
Talzenna (Oral Capsule)	4	PA; LA; QL
Zejula (Oral Capsule)	4	PA; LA; QL
Molecular Target Inhibitors		
Afinitor Disperz (Oral Tablet Soluble)	4	PA
Afinitor (Oral Tablet)	4	PA
Alecensa (Oral Capsule)	4	PA; LA
Alunbrig (Oral Tablet)	4	PA; LA; QL
Alunbrig (Oral Tablet Therapy Pack)	4	PA; LA; QL
Ayvakit (Oral Tablet)	4	PA; LA; QL
Bosulif (Oral Tablet)	4	PA
Braftovi (Oral Capsule)	4	PA
Brukinsa (Oral Capsule)	4	PA; LA; QL
Cabometyx (Oral Tablet)	4	PA; LA; QL
Calquence (Oral Capsule)	4	PA; QL
Caprelsa (Oral Tablet)	4	PA; LA

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
Cometriq (100MG Daily Dose) (Oral Kit)	4	PA; LA	Jakafi (Oral Tablet)	4	PA; LA; QL
Cometriq (140MG Daily Dose) (Oral Kit)	4	PA; LA	Koselugo (Oral Capsule)	4	PA; QL
Cometriq (60MG Daily Dose) (Oral Kit)	4	PA; LA	Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA
Cotellic (Oral Tablet)	4	PA; LA	Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA
Daurismo (Oral Tablet)	4	PA; LA; QL	Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA
Erivedge (Oral Capsule)	4	PA; LA; QL	Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA
Erlotinib HCl (Oral Tablet)	4	PA; QL	Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA
Everolimus (2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	4	PA	Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA
Farydak (Oral Capsule)	4	PA	Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA
Gilotrif (Oral Tablet)	4	PA; LA	Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA
Gleevec (Oral Tablet)	4	PA; QL	Lynparza (Oral Tablet)	4	PA; LA
Ibrance (Oral Capsule)	4	PA; LA	Mekinist (Oral Tablet)	4	PA; LA
Ibrance (Oral Tablet)	4	PA; LA	Mektovi (Oral Tablet)	4	PA
Iclusig (Oral Tablet)	4	PA; LA	Nerlynx (Oral Tablet)	4	PA; LA; QL
IDHIFA (Oral Tablet)	4	PA; LA	Nexavar (Oral Tablet)	4	PA; LA
Imatinib Mesylate (Oral Tablet)	4	PA; QL			
Imbruvica (Oral Capsule)	4	PA; LA; QL			
Imbruvica (Oral Tablet)	4	PA; QL			
Inlyta (Oral Tablet)	4	PA; LA; QL			
Iressa (Oral Tablet)	4	PA; LA; QL			

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Odomzo (Oral Capsule)	4	PA; LA; QL
Rydapt (Oral Capsule)	4	PA; QL
Sprycel (Oral Tablet)	4	PA
Stivarga (Oral Tablet)	4	PA; LA; QL
Sutent (Oral Capsule)	4	PA
Tafinlar (Oral Capsule)	4	PA; LA
Tagrisso (Oral Tablet)	4	PA; LA
Tarceva (Oral Tablet)	4	PA; LA; QL
Tasigna (Oral Capsule)	4	PA
Tibsovo (Oral Tablet)	4	PA; QL
Turalio (Oral Capsule)	4	PA; LA; QL
Tykerb (Oral Tablet)	4	PA; LA
Venclexta (100MG Oral Tablet, 50MG Oral Tablet)	4	PA; LA
Venclexta (10MG Oral Tablet)	2	PA; LA
Venclexta Starting Pack (Oral Tablet Therapy Pack)	4	PA; LA
Vitrakvi (Oral Capsule)	4	PA; LA; QL
Vitrakvi (Oral Solution)	4	PA; LA; QL
Vizimpro (Oral Tablet)	4	PA; LA
Votrient (Oral Tablet)	4	PA; LA; QL
Xalkori (Oral Capsule)	4	PA; LA
Xospata (Oral Tablet)	4	PA; QL
Zelboraf (Oral Tablet)	4	PA; LA; QL
Zydelig (Oral Tablet)	4	PA; LA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Zykadia (Oral Tablet)	4	PA
Retinoids		
Bexarotene (Oral Capsule)	4	PA
Panretin (External Gel)	4	
Targretin (External Gel)	4	PA
Targretin (Oral Capsule)	4	PA
Tretinoin (Oral Capsule)	4	
Treatment Adjuncts		
Mesnex (Oral Tablet)	4	
Antiparasitics		
Anthelmintics		
Albendazole (Oral Tablet)	4	QL
Albenza (Oral Tablet)	4	QL
Biltricide (Oral Tablet)	3	
Emverm (Oral Tablet Chewable)	4	
Ivermectin (Oral Tablet)	1	
Praziquantel (Oral Tablet)	3	
Sklice (External Lotion)	3	
Stromectol (Oral Tablet)	3	
Antiprotozoals		
Alinia (Oral Suspension Reconstituted)	4	

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
Alinia (Oral Tablet)	4		Pentamidine Isethionate (Injection Solution Reconstituted)	3	
Atovaquone (Oral Suspension)	4		Plaquenil (Oral Tablet)	3	
Atovaquone-Proguanil HCl (Oral Tablet)	2		Primaquine Phosphate (Oral Tablet)	2	
Benznidazole (Oral Tablet)	3		Pyrimethamine (Oral Tablet)	4	
Chloroquine Phosphate (Oral Tablet)	2		Qualaquin (Oral Capsule)	3	PA
Coartem (Oral Tablet)	3		Quinine Sulfate (Oral Capsule)	3	PA
DARAPRIM (Oral Tablet)	4		Pediculicides/Scabicides		
Hydroxychloroquine Sulfate (Oral Tablet)	1		Elimite (External Cream)	3	
Krintafel (Oral Tablet)	3		Lindane (External Shampoo)	3	
Malarone (Oral Tablet)	3		Malathion (External Lotion)	3	
Mefloquine HCl (Oral Tablet)	1		Natroba (External Suspension)	3	
Mepron (Oral Suspension)	4		Ovide (External Lotion)	3	
Nebupent (Inhalation Solution Reconstituted)	3	B/D, PA; QL	Permethrin (External Cream)	2	
PENTAM 300 (Injection Solution Reconstituted)	3		Antiparkinson Agents		
Pentamidine Isethionate (Inhalation Solution Reconstituted)	3	B/D, PA; QL	Anticholinergics		
			Benztropine Mesylate (Oral Tablet)	2	PA; HRM
			Trihexyphenidyl HCl (Oral Solution)	3	PA; HRM
			Trihexyphenidyl HCl (Oral Tablet)	3	PA; HRM

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Antiparkinson Agents, Other		
Amantadine HCl (Oral Capsule)	2	
Amantadine HCl (Oral Syrup)	1	
Amantadine HCl (Oral Tablet)	2	
Comtan (Oral Tablet)	4	
Entacapone (Oral Tablet)	3	
Gocovri (Oral Capsule Extended Release 24 Hour)	4	PA
Nourianz (Oral Tablet)	4	PA
Osmolex ER (Oral Tablet ER 24 Hour Therapy Pack)	3	PA
Osmolex ER (Oral Tablet Extended Release 24 Hour)	3	PA
Tasmar (Oral Tablet)	4	QL
Tolcapone (Oral Tablet)	4	QL
Dopamine Agonists		
Apokyn (Subcutaneous Solution Cartridge)	4	PA; LA; QL
Bromocriptine Mesylate (Oral Capsule)	3	
Bromocriptine Mesylate (Oral Tablet)	3	
Inbrija (Inhalation Capsule)	4	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Mirapex ER (Oral Tablet Extended Release 24 Hour)	3	
Mirapex (Oral Tablet Immediate Release)	3	
Neupro (Transdermal Patch 24 Hour)	3	
Parlodel (Oral Capsule)	3	
Parlodel (Oral Tablet)	3	
Pramipexole Dihydrochloride ER (Oral Tablet Extended Release 24 Hour)	3	
Pramipexole Dihydrochloride (Oral Tablet Immediate Release)	1	
Ropinirole HCl ER (Oral Tablet Extended Release 24 Hour)	3	
Ropinirole HCl (Oral Tablet Immediate Release)	1	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
Carbidopa (Oral Tablet)	3	
Carbidopa-Levodopa ER (Oral Tablet Extended Release)	2	
Carbidopa-Levodopa (Oral Tablet Immediate Release)	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
Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	3		Zelapar ODT (Oral Tablet Dispersible)	4	
Carbidopa-Levodopa-Entacapone (Oral Tablet)	3		Antipsychotics		
Duopa (Enteral Suspension)	4	PA	1st Generation/Typical		
Lodosyn (Oral Tablet)	4		Chlorpromazine HCl (Oral Tablet)	3	
Rytary (Oral Capsule Extended Release)	3		Fluphenazine Decanoate (Injection Solution)	2	
Sinemet (Oral Tablet Immediate Release)	3		Fluphenazine HCl (2.5MG/ML Injection Solution)	2	
Stalevo 100 (Oral Tablet)	4		Fluphenazine HCl (5MG/ML Oral Concentrate)	3	
Stalevo 125 (Oral Tablet)	4		Fluphenazine HCl (2.5MG/5ML Oral Elixir)	2	
Stalevo 150 (Oral Tablet)	4		Fluphenazine HCl (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	1	
Stalevo 200 (Oral Tablet)	4		Haldol Decanoate (Intramuscular Solution)	3	
Stalevo 50 (Oral Tablet)	4		Haldol (Injection Solution)	3	
Stalevo 75 (Oral Tablet)	4		Haloperidol Decanoate (Intramuscular Solution)	2	
Monoamine Oxidase B (MAO-B) Inhibitors			Haloperidol Lactate (Injection Solution)	1	
Azilect (Oral Tablet)	3		Haloperidol Lactate (Oral Concentrate)	1	
Rasagiline Mesylate (Oral Tablet)	3				
Selegiline HCl (Oral Capsule)	2				
Selegiline HCl (Oral Tablet)	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
Haloperidol (Oral Tablet)	1		Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	4	QL
Loxapine Succinate (Oral Capsule)	2		Aristada Initio (Intramuscular Prefilled Syringe)	4	
Molindone HCl (Oral Tablet)	3		Aristada (Intramuscular Prefilled Syringe)	4	
Pimozide (Oral Tablet)	2		Caplyta (Oral Capsule)	4	ST; QL
Thioridazine HCl (Oral Tablet)	2		Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	4	ST; QL
Thiothixene (Oral Capsule)	2		Fanapt (1MG Oral Tablet, 2MG Oral Tablet)	3	ST; QL
Trifluoperazine HCl (Oral Tablet)	2		Fanapt Titration Pack (Oral Tablet)	3	ST
2nd Generation/Atypical			Geodon (Intramuscular Solution Reconstituted)	3	
Abilify Maintena (Intramuscular Prefilled Syringe)	4		Geodon (Oral Capsule)	4	QL
Abilify Maintena (Intramuscular Suspension Reconstituted ER)	4		Invega (Oral Tablet Extended Release 24 Hour)	4	PA; QL
Abilify MyCite (Oral Tablet)	4	ST; QL			
Abilify (Oral Tablet)	4	QL			
Aripiprazole (1MG/ML Oral Solution)	3	QL			
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG 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
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)	4		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)	2	QL
Invega Trinza (Intramuscular Suspension Prefilled Syringe)	4		Paliperidone ER (Oral Tablet Extended Release 24 Hour)	3	QL
Latuda (Oral Tablet)	4	QL	Perseris (Subcutaneous Prefilled Syringe)	4	
Nuplazid (Oral Capsule)	4	PA; QL	Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)	2	QL
Nuplazid (10MG Oral Tablet)	4	PA; QL	Quetiapine Fumarate (Oral Tablet Immediate Release)	1	QL
Olanzapine (10MG Intramuscular Solution Reconstituted)	3		Rexulti (Oral Tablet)	4	QL
			Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Risperdal Consta (25MG Intramuscular Suspension Reconstituted ER, 37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER)	4		Risperidone ODT (0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible, 3MG Oral Tablet Dispersible, 4MG Oral Tablet Dispersible)	3	
Risperdal (1MG/ML Oral Solution)	4		Saphris (Tablet Sublingual)	4	
Risperdal (0.5MG Oral Tablet)	3		Secuado (Transdermal Patch 24 Hour)	4	PA; QL
Risperdal (1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet)	4		Seroquel (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	3	QL
Risperidone (1MG/ML Oral Solution)	2		Seroquel (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	4	QL
Risperidone (0.25MG Oral Tablet, 0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG 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
Seroquel XR (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	3	QL	Zyprexa (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	3	QL
Seroquel XR (400MG Oral Tablet Extended Release 24 Hour)	4	QL	Zyprexa (15MG Oral Tablet, 20MG Oral Tablet)	4	QL
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	4	ST; QL	Zyprexa Relprevv (210MG Intramuscular Suspension Reconstituted)	3	
Vraylar (Oral Capsule Therapy Pack)	3	ST	Zyprexa Zydis (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible)	4	QL
Ziprasidone HCl (Oral Capsule)	2	QL	Zyprexa Zydis (5MG Oral Tablet Dispersible)	3	QL
Ziprasidone Mesylate (Intramuscular Solution Reconstituted)	3		Treatment-Resistant		
Zyprexa (10MG Intramuscular Solution Reconstituted)	3		Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	2	
			Clozapine ODT (100MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Clozapine ODT (12.5MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)	2	
Clozapine ODT (200MG Oral Tablet Dispersible)	4	
Clozaril (100MG Oral Tablet, 200MG Oral Tablet)	4	
Clozaril (25MG Oral Tablet, 50MG Oral Tablet)	3	
Versacloz (Oral Suspension)	4	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
Prevymis (Oral Tablet)	4	PA; QL
Valcyte (Oral Solution Reconstituted)	4	QL
Valcyte (Oral Tablet)	4	QL
Valganciclovir HCl (Oral Solution Reconstituted)	4	QL
Valganciclovir HCl (Oral Tablet)	4	QL
Zirgan (Ophthalmic Gel)	3	
Anti-hepatitis B (HBV) Agents		
Adefovir Dipivoxil (Oral Tablet)	4	
Baraclude (Oral Solution)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Baraclude (Oral Tablet)	4	
Entecavir (Oral Tablet)	3	
Epivir HBV (Oral Solution)	3	
Epivir HBV (Oral Tablet)	3	
Hepsera (Oral Tablet)	4	
Lamivudine (100MG Oral Tablet)	2	
Vemlidy (Oral Tablet)	4	QL
Anti-hepatitis C (HCV) Agents, Other		
Intron A (Injection Solution)	4	PA; LA
Intron A (Injection Solution Reconstituted)	4	PA; LA
Pegasys ProClick (Subcutaneous Solution)	4	PA
Pegasys (Subcutaneous Solution)	4	PA
Ribavirin (Oral Capsule)	2	
Ribavirin (Oral Tablet)	2	
Anti-hepatitis C (HCV) Direct Acting Agents		
Epclusa (Oral Tablet)	4	PA; QL
Harvoni (Oral Packet)	4	PA; QL
Harvoni (90-400MG Oral Tablet)	4	PA; QL
Ledipasvir-Sofosbuvir (Oral Tablet)	4	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
Mavyret (Oral Tablet)	4	PA; QL
Sofosbuvir-Velpatasvir (Oral Tablet)	4	PA; QL
Sovaldi (Oral Packet)	4	PA; QL
Sovaldi (400MG Oral Tablet)	4	PA; QL
Viekira Pak (Oral Tablet Therapy Pack)	4	PA; QL
Vosevi (Oral Tablet)	4	PA; QL
Zepatier (Oral Tablet)	4	PA; QL
Antiherpetic Agents		
Acyclovir (External Cream)	3	
Acyclovir (External Ointment)	3	
Acyclovir (Oral Capsule)	1	
Acyclovir (Oral Suspension)	3	
Acyclovir (Oral Tablet)	1	
Acyclovir Sodium (Intravenous Solution)	3	B/D, PA
Denavir (External Cream)	4	
Famciclovir (Oral Tablet)	2	
Sitavig (Buccal Tablet)	3	ST
Trifluridine (Ophthalmic Solution)	2	
Valacyclovir HCl (Oral Tablet)	2	QL
Valtrex (1GM Oral Tablet)	4	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Valtrex (500MG Oral Tablet)	3	QL
Xerese (External Cream)	4	PA
Zovirax (External Cream)	4	
Zovirax (External Ointment)	4	
Zovirax (Oral Suspension)	3	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
Dovato (Oral Tablet)	4	QL
Genvoya (Oral Tablet)	4	QL
Isentress HD (Oral Tablet)	4	QL
Isentress (Oral Packet)	3	QL
Isentress (Oral Tablet)	4	QL
Isentress (100MG Oral Tablet Chewable)	4	QL
Isentress (25MG Oral Tablet Chewable)	2	QL
Stribild (Oral Tablet)	4	QL
Tivicay (10MG Oral Tablet)	3	QL
Tivicay (25MG Oral Tablet, 50MG Oral Tablet)	4	QL
Tivicay PD (Oral Tablet Soluble)	4	QL
Triumeq (Oral Tablet)	4	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Tybost (Oral Tablet)	3	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
Atripla (Oral Tablet)	4	QL
Complera (Oral Tablet)	4	QL
Delstrigo (Oral Tablet)	4	QL
Edurant (Oral Tablet)	4	QL
Efavirenz (Oral Capsule)	3	QL
Efavirenz (Oral Tablet)	4	QL
Intelence (100MG Oral Tablet, 200MG Oral Tablet)	4	QL
Intelence (25MG Oral Tablet)	3	QL
Juluca (Oral Tablet)	4	QL
Nevirapine ER (Oral Tablet Extended Release 24 Hour)	3	QL
Nevirapine (Oral Suspension)	3	QL
Nevirapine (Oral Tablet Immediate Release)	2	QL
Odefsey (Oral Tablet)	4	QL
Pifeltro (Oral Tablet)	4	QL
Sustiva (Oral Capsule)	3	QL
Sustiva (Oral Tablet)	4	QL
Symfi Lo (Oral Tablet)	4	QL
Symfi (Oral Tablet)	4	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Viramune (Oral Suspension)	4	QL
Viramune (Oral Tablet Immediate Release)	4	QL
Viramune XR (Oral Tablet Extended Release 24 Hour)	4	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
Abacavir Sulfate (Oral Solution)	3	QL
Abacavir Sulfate (Oral Tablet)	3	QL
Abacavir Sulfate-Lamivudine (Oral Tablet)	3	QL
Abacavir-Lamivudine-Zidovudine (Oral Tablet)	4	QL
Biktarvy (Oral Tablet)	4	QL
Cimduo (Oral Tablet)	4	QL
Combivir (Oral Tablet)	4	QL
Descovy (Oral Tablet)	4	QL
Didanosine (250MG Oral Capsule Delayed Release, 400MG Oral Capsule Delayed Release)	3	QL
Emtriva (Oral Capsule)	3	QL
Emtriva (Oral Solution)	3	QL
Epivir (Oral Solution)	3	QL
Epivir (Oral Tablet)	3	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Epzicom (Oral Tablet)	4	QL	Rukobia (Oral Tablet Extended Release 12 Hour)	4	QL
Lamivudine (10MG/ML Oral Solution)	2	QL	Selzentry (Oral Solution)	4	QL
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet)	2	QL	Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet)	4	QL
Lamivudine-Zidovudine (Oral Tablet)	3	QL	Selzentry (25MG Oral Tablet)	2	QL
Retrovir (Oral Capsule)	3	QL	Anti-HIV Agents, Protease Inhibitors		
Retrovir (Oral Syrup)	3	QL	Aptivus (Oral Capsule)	4	QL
Stavudine (Oral Capsule)	2	QL	Aptivus (Oral Solution)	4	QL
Tenofovir Disoproxil Fumarate (Oral Tablet)	3	QL	Atazanavir Sulfate (Oral Capsule)	4	QL
Trizivir (Oral Tablet)	4	QL	Crixivan (Oral Capsule)	2	QL
Truvada (Oral Tablet)	4	QL	Evotaz (Oral Tablet)	4	QL
Viread (Oral Powder)	4	QL	Fosamprenavir Calcium (Oral Tablet)	4	QL
Viread (Oral Tablet)	4	QL	Invirase (Oral Tablet)	4	QL
Ziagen (Oral Solution)	3	QL	Kaletra (Oral Solution)	3	QL
Ziagen (Oral Tablet)	3	QL	Kaletra (100-25MG Oral Tablet)	3	QL
Zidovudine (Oral Capsule)	2	QL	Kaletra (200-50MG Oral Tablet)	4	QL
Zidovudine (Oral Syrup)	2	QL	Lexiva (Oral Suspension)	3	QL
Zidovudine (Oral Tablet)	2	QL	Lexiva (Oral Tablet)	4	QL
Anti-HIV Agents, Other					
Fuzeon (Subcutaneous Solution Reconstituted)	4	QL			

Bold type = Brand name drug

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Lopinavir-Ritonavir (Oral Solution)	3	QL
Norvir (Oral Packet)	3	QL
Norvir (Oral Solution)	3	QL
Norvir (Oral Tablet)	3	QL
Prezcobix (Oral Tablet)	4	QL
Prezista (Oral Suspension)	4	QL
Prezista (150MG Oral Tablet, 75MG Oral Tablet)	3	QL
Prezista (600MG Oral Tablet, 800MG Oral Tablet)	4	QL
Reyataz (Oral Capsule)	4	QL
Reyataz (Oral Packet)	4	QL
Ritonavir (Oral Tablet)	2	QL
Symtuza (Oral Tablet)	4	QL
Viracept (Oral Tablet)	4	QL
Anti-influenza Agents		
Oseltamivir Phosphate (Oral Capsule)	2	
Oseltamivir Phosphate (Oral Suspension Reconstituted)	2	
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	2	
Rimantadine HCl (Oral Tablet)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tamiflu (Oral Capsule)	3	
Tamiflu (Oral Suspension Reconstituted)	3	
Xofluza (40 MG Dose) (Oral Tablet Therapy Pack)	2	QL
Xofluza (80 MG Dose) (Oral Tablet Therapy Pack)	2	QL
Anxiolytics		
Anxiolytics, Other		
Bupirone HCl (Oral Tablet)	1	
Hydroxyzine HCl (Oral Syrup)	3	PA; HRM
Benzodiazepines		
Alprazolam ER (Oral Tablet Extended Release 24 Hour)	2	PA; QL
Alprazolam Intensol (Oral Concentrate)	3	QL
Alprazolam (Oral Tablet Immediate Release)	1	QL
Alprazolam ODT (Oral Tablet Dispersible)	3	QL
Ativan (Oral Tablet)	4	QL
Chlordiazepoxide HCl (Oral Capsule)	1	
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG 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
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible)	2	QL	Xanax (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	3	QL
Clorazepate Dipotassium (Oral Tablet)	3	QL	Xanax (2MG Oral Tablet Immediate Release)	4	QL
Diazepam Intensol (5MG/ML Oral Concentrate)	2	QL	Xanax XR (Oral Tablet Extended Release 24 Hour)	3	PA; QL
Diazepam (5MG/5ML Oral Solution)	1		Bipolar Agents		
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	1	QL	Mood Stabilizers		
Klonopin (Oral Tablet)	3	QL	Depakote ER (Oral Tablet Extended Release 24 Hour)	3	
Lorazepam (2MG/ML Oral Concentrate)	1	QL	Depakote (Oral Tablet Delayed Release)	3	
Lorazepam (Oral Tablet)	1	QL	Depakote Sprinkles (Oral Capsule Delayed Release Sprinkle)	3	
Oxazepam (Oral Capsule)	2		Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	1	
Tranxene-T (Oral Tablet)	3	QL	Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	2	
Valium (Oral Tablet)	3	QL	Divalproex Sodium (Oral Tablet Delayed Release)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Equetro (Oral Capsule Extended Release 12 Hour)	3	
Lithium Carbonate ER (Oral Tablet Extended Release)	1	
Lithium Carbonate (Oral Capsule)	1	
Lithium Carbonate (Oral Tablet Immediate Release)	1	
Lithium (Oral Solution)	2	
Lithobid (Oral Tablet Extended Release)	4	
Blood Glucose Regulators		
Antidiabetic Agents		
Acarbose (Oral Tablet)	1	
Actoplus Met (Oral Tablet Immediate Release)	3	QL
Actos (Oral Tablet)	3	QL
Adlyxin Starter Pack (Subcutaneous Pen-Injector Kit)	3	ST; QL
Adlyxin (Subcutaneous Solution Pen-Injector)	3	ST; QL
Alogliptin Benzoate (Oral Tablet)	3	ST; QL
Alogliptin-Metformin HCl (Oral Tablet)	3	ST; QL
Alogliptin-Pioglitazone (Oral Tablet)	3	ST; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Amaryl (Oral Tablet)	3	QL
Avandia (Oral Tablet)	3	PA; QL
Bydureon BCise (Subcutaneous Auto-Injector)	3	QL
Bydureon (Subcutaneous Pen-Injector)	3	QL
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	3	ST; QL
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	3	ST; QL
Cycloset (Oral Tablet)	3	PA
Duetact (Oral Tablet)	3	QL
Farxiga (Oral Tablet)	3	ST; QL
Fortamet (Oral Tablet Extended Release 24 Hour)	4	PA; QL
Glimepiride (Oral Tablet)	1	QL
Glipizide ER (Oral Tablet Extended Release 24 Hour)	1	QL
Glipizide (Oral Tablet Immediate Release)	1	QL
Glipizide-Metformin HCl (Oral Tablet)	2	QL
Glucotrol (Oral Tablet Immediate Release)	3	QL
Glucotrol XL (Oral Tablet Extended Release 24 Hour)	3	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Glumetza (Oral Tablet Extended Release 24 Hour)	4	PA; QL	Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour, 500MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	4	PA; QL
Glyset (Oral Tablet)	3		Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	4	PA; QL
Glyxambi (Oral Tablet)	2	QL	Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	3	PA; QL
Invokamet (Oral Tablet Immediate Release)	2	QL	Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	1	QL
Invokamet XR (Oral Tablet Extended Release 24 Hour)	2	QL	Metformin HCl (500MG/5ML Oral Solution)	3	QL
Invokana (Oral Tablet)	2	QL	Metformin HCl (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 850MG Oral Tablet Immediate Release)	1	QL
Janumet (Oral Tablet Immediate Release)	2	QL	Miglitol (Oral Tablet)	3	
Janumet XR (Oral Tablet Extended Release 24 Hour)	2	QL	Nateglinide (Oral Tablet)	2	QL
Januvia (Oral Tablet)	2	QL	Nesina (Oral Tablet)	3	ST; QL
Jardiance (Oral Tablet)	2	QL	Onglyza (Oral Tablet)	3	QL
Jentadueto (Oral Tablet Immediate Release)	2	QL			
Jentadueto XR (Oral Tablet Extended Release 24 Hour)	2	QL			
Kazano (Oral Tablet)	3	ST; QL			
Kombiglyze XR (Oral Tablet Extended Release 24 Hour)	3	QL			

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Oseni (Oral Tablet)	3	ST; QL
Ozempic (0.25 or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector)	2	QL
Ozempic (1MG/DOSE) (Subcutaneous Solution Pen-Injector)	2	QL
Pioglitazone HCl (Oral Tablet)	1	QL
Pioglitazone HCl-Glimepiride (Oral Tablet)	3	QL
Pioglitazone HCl-Metformin HCl (Oral Tablet)	3	QL
Precose (Oral Tablet)	3	
Qtern (Oral Tablet)	3	ST; QL
Repaglinide (Oral Tablet)	1	QL
Riomet ER (Oral Suspension Reconstituted ER)	3	QL
Riomet (Oral Solution)	3	QL
Rybelsus (Oral Tablet)	2	QL
Segluromet (Oral Tablet)	3	ST; QL
Soliqua (Subcutaneous Solution Pen-Injector)	2	QL
Starlix (Oral Tablet)	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Steglatro (Oral Tablet)	3	ST; QL
Steglujan (Oral Tablet)	3	ST; QL
SymlinPen 120 (Subcutaneous Solution Pen-Injector)	4	PA
SymlinPen 60 (Subcutaneous Solution Pen-Injector)	4	PA
Synjardy (Oral Tablet Immediate Release)	2	QL
Synjardy XR (Oral Tablet Extended Release 24 Hour)	2	QL
Tradjenta (Oral Tablet)	2	QL
Trijardy XR (Oral Tablet Extended Release 24 Hour)	2	QL
Trulicity (Subcutaneous Solution Pen-Injector)	2	QL
Victoza (Subcutaneous Solution Pen-Injector)	2	QL
Xigduo XR (Oral Tablet Extended Release 24 Hour)	3	ST; QL
Xultophy (Subcutaneous Solution Pen-Injector)	3	ST; QL
Glycemic Agents		

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Baqsimi Two Pack (Nasal Powder)	2		Afrezza (4UNIT Inhalation Powder, 8UNIT Inhalation Powder)	3	PA
Diazoxide (Oral Suspension)	4		Apidra (Injection Solution)	3	PA
GlucaGen HypoKit (Injection Solution Reconstituted)	3		Apidra SoloStar (Subcutaneous Solution Pen-Injector)	3	PA
Glucagon (Injection Kit) (Lilly)	2		Basaglar KwikPen (Subcutaneous Solution Pen-Injector)	3	ST
Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector)	2		Fiasp FlexTouch (Subcutaneous Solution Pen-Injector)	3	PA
Gvoke PFS (Subcutaneous Solution Prefilled Syringe)	2		Fiasp PenFill (Subcutaneous Solution Cartridge)	3	PA
Proglycem (Oral Suspension)	4		Fiasp (Subcutaneous Solution)	3	PA
Insulins			Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)	2	
Admelog SoloStar (Subcutaneous Solution Pen-Injector)	3	PA	Humalog KwikPen (Subcutaneous Solution Pen-Injector)	2	
Admelog (Subcutaneous Solution)	3	PA	Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)	2	
Afrezza (12UNIT Inhalation Powder, 4 & 8 & 12UNIT Inhalation Powder, 4 & 8UNIT Inhalation Powder, 8 & 12UNIT Inhalation Powder)	4	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
Humalog Mix 50/50 (Subcutaneous Suspension)	2		Humulin R U-500 (Concentrated) (Subcutaneous Solution)	2	
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)	2		Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)	2	
Humalog Mix 75/25 (Subcutaneous Suspension)	2		Insulin Aspart Prot & Aspart FlexPen (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Novolog)	3	PA
Humalog (Subcutaneous Solution)	2		Insulin Aspart FlexPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Novolog)	3	PA
Humalog (Subcutaneous Solution Cartridge)	2		Insulin Aspart PenFill (Subcutaneous Solution Cartridge) (Brand Equivalent Novolog)	3	PA
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)	2		Insulin Aspart Prot & Aspart (Subcutaneous Suspension) (Brand Equivalent Novolog)	3	PA
Humulin 70/30 (Subcutaneous Suspension)	2		Insulin Aspart (Subcutaneous Solution) (Brand Equivalent Novolog)	3	PA
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)	2				
Humulin N (Subcutaneous Suspension)	2				
Humulin R (Injection Solution)	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
Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)	2		Novolin 70/30 FlexPen (Subcutaneous Suspension Pen-Injector)	3	PA
Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)	2		Novolin 70/30 (Subcutaneous Suspension)	3	PA
Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog)	2		Novolin N FlexPen (Subcutaneous Suspension Pen-Injector)	3	PA
Insulin Lispro (Subcutaneous Solution) (Brand Equivalent Humalog)	2		Novolin N (Subcutaneous Suspension)	3	PA
Lantus SoloStar (Subcutaneous Solution Pen-Injector)	2		Novolin R FlexPen (Injection Solution Pen-Injector)	3	PA
Lantus (Subcutaneous Solution)	2		Novolin R (Injection Solution)	3	PA
Levemir FlexTouch (Subcutaneous Solution Pen-Injector)	2		NovoLog FlexPen (Subcutaneous Solution Pen-Injector)	3	PA
Levemir (Subcutaneous Solution)	2		NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector)	3	PA
			NovoLog Mix 70/30 (Subcutaneous Suspension)	3	PA
			NovoLog PenFill (Subcutaneous Solution Cartridge)	3	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
NovoLog (Subcutaneous Solution)	3	PA	Enoxaparin Sodium (30MG/0.3ML Subcutaneous Solution, 40MG/0.4ML Subcutaneous Solution)	2	QL
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)	2		Fondaparinux Sodium (10MG/0.8ML Subcutaneous Solution, 5MG/0.4ML Subcutaneous Solution, 7.5MG/0.6ML Subcutaneous Solution)	4	
Toujeo SoloStar (Subcutaneous Solution Pen-Injector)	2		Fondaparinux Sodium (2.5MG/0.5ML Subcutaneous Solution)	3	
Tresiba FlexTouch (Subcutaneous Solution Pen-Injector)	2		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)	4	
Tresiba (Subcutaneous Solution)	2				
Blood Products/Modifiers/Volume Expanders					
Anticoagulants					
Arixtra (Subcutaneous Solution)	4				
Eliquis Starter Pack (Oral Tablet)	2	QL			
Eliquis (Oral Tablet)	2	QL			
Enoxaparin Sodium (100MG/ML Subcutaneous Solution, 120MG/0.8ML Subcutaneous Solution, 150MG/ML Subcutaneous Solution, 60MG/0.6ML Subcutaneous Solution, 80MG/0.8ML Subcutaneous Solution)	3	QL			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
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)	2		Xarelto Starter Pack (Oral Tablet Therapy Pack)	2	QL
Heparin Sodium (1000UNIT/ML Injection Solution)	2	B/D, PA	Zontivity (Oral Tablet)	3	PA
Jantoven (Oral Tablet)	1		Blood Formation Modifiers		
Lovenox (100MG/ML Subcutaneous Solution, 120MG/0.8ML Subcutaneous Solution, 60MG/0.6ML Subcutaneous Solution, 80MG/0.8ML Subcutaneous Solution)	4	QL	Agrylin (Oral Capsule)	3	
Lovenox (150MG/ML Subcutaneous Solution, 30MG/0.3ML Subcutaneous Solution, 40MG/0.4ML Subcutaneous Solution)	3	QL	Anagrelide HCl (Oral Capsule)	2	
Pradaxa (Oral Capsule)	3	ST; QL	Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 300MCG/ML Injection Solution, 60MCG/ML Injection Solution)	4	PA
Savaysa (Oral Tablet)	3	ST; QL	Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution)	3	PA
Warfarin Sodium (Oral Tablet)	1				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe)	4	PA	Epogen (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	3	PA
Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe)	3	PA	Epogen (20000UNIT/ML Injection Solution)	4	PA
Doptelet (Oral Tablet)	4	PA	Fulphila (Subcutaneous Solution Prefilled Syringe)	4	PA
			Granix (Subcutaneous Solution)	4	ST
			Granix (Subcutaneous Solution Prefilled Syringe)	4	ST
			Leukine (Injection Solution Reconstituted)	4	PA
			Mulpleta (Oral Tablet)	4	PA
			Neulasta (Subcutaneous Solution Prefilled Syringe)	4	PA
			Neupogen (Injection Solution)	4	ST
			Neupogen (Injection Solution Prefilled Syringe)	4	ST

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
Nivestym (Injection Solution)	4	ST
Nivestym (Injection Solution Prefilled Syringe)	4	ST
Oxbryta (Oral Tablet)	4	PA; QL
Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	3	PA
Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution)	4	PA
Promacta (Oral Packet)	4	PA; LA; QL
Promacta (Oral Tablet)	4	PA; LA; QL
Retacrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	3	PA
Retacrit (40000UNIT/ML Injection Solution)	4	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Udenyca (Subcutaneous Solution Prefilled Syringe)	4	PA
Zarxio (Injection Solution Prefilled Syringe)	4	
Ziextenzo (Subcutaneous Solution Prefilled Syringe)	4	PA
Hemostasis Agents		
Lysteda (Oral Tablet)	3	
Tavalisse (Oral Tablet)	4	PA; QL
Tranexamic Acid (Oral Tablet)	2	
Platelet Modifying Agents		
Aggrenox (Oral Capsule Extended Release 12 Hour)	3	QL
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	3	QL
Brilinta (Oral Tablet)	2	QL
Cablivi (Injection Kit)	4	PA; QL
Cilostazol (Oral Tablet)	1	
Clopidogrel Bisulfate (75MG Oral Tablet)	1	QL
Effient (Oral Tablet)	3	
Plavix (Oral Tablet)	3	QL
Prasugrel HCl (Oral Tablet)	2	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Cardiovascular Agents		
Alpha-adrenergic Agonists		
Catapres (Oral Tablet)	3	
Catapres-TTS-1 (Transdermal Patch Weekly)	3	
Catapres-TTS-2 (Transdermal Patch Weekly)	3	
Catapres-TTS-3 (Transdermal Patch Weekly)	3	
Clonidine HCl (Oral Tablet Immediate Release)	1	
Clonidine (Transdermal Patch Weekly)	3	
Methyldopa (Oral Tablet)	3	PA; HRM
Midodrine HCl (Oral Tablet)	2	
Northera (Oral Capsule)	4	PA; LA; QL
Alpha-adrenergic Blocking Agents		
Cardura (Oral Tablet Immediate Release)	3	
Dibenzyliline (Oral Capsule)	4	
Doxazosin Mesylate (Oral Tablet)	1	
Minipress (Oral Capsule)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Phenoxybenzamine HCl (Oral Capsule)	4	
Prazosin HCl (Oral Capsule)	1	
Angiotensin II Receptor Antagonists		
Atacand (Oral Tablet)	3	QL
Avapro (Oral Tablet)	3	QL
Benicar (Oral Tablet)	3	QL
Candesartan Cilexetil (Oral Tablet)	2	QL
Cozaar (Oral Tablet)	3	QL
Diovan (Oral Tablet)	3	QL
Edarbi (Oral Tablet)	3	QL
Irbesartan (Oral Tablet)	1	QL
Losartan Potassium (Oral Tablet)	1	QL
Micardis (Oral Tablet)	3	QL
Olmesartan Medoxomil (Oral Tablet)	1	QL
Telmisartan (Oral Tablet)	1	QL
Valsartan (Oral Tablet)	1	QL
Angiotensin-converting Enzyme (ACE) Inhibitors		
Accupril (Oral Tablet)	3	QL
Altace (Oral Capsule)	3	QL
Benazepril HCl (Oral Tablet)	1	QL
Captopril (Oral Tablet)	2	QL
Enalapril Maleate (Oral Tablet)	1	QL
Fosinopril Sodium (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
Lisinopril (Oral Tablet)	1	QL	Dofetilide (Oral Capsule)	3	
Lotensin (Oral Tablet)	3	QL	Flecainide Acetate (Oral Tablet)	1	
Moexipril HCl (Oral Tablet)	1	QL	Mexiletine HCl (Oral Capsule)	2	
Perindopril Erbumine (Oral Tablet)	2	QL	Multaq (Oral Tablet)	2	
Prinivil (Oral Tablet)	3	QL	Pacerone (100MG Oral Tablet, 400MG Oral Tablet)	3	
Qbrelis (Oral Solution)	4	QL	Pacerone (200MG Oral Tablet)	1	
Quinapril HCl (Oral Tablet)	1	QL	Propafenone HCl ER (Oral Capsule Extended Release 12 Hour)	3	
Ramipril (Oral Capsule)	1	QL	Propafenone HCl (Oral Tablet)	2	
Trandolapril (Oral Tablet)	1	QL	Quinidine Gluconate ER (Oral Tablet Extended Release)	3	
Vasotec (10MG Oral Tablet, 20MG Oral Tablet)	4	QL	Quinidine Sulfate (Oral Tablet)	1	
Vasotec (2.5MG Oral Tablet, 5MG Oral Tablet)	3	QL	Rythmol SR (Oral Capsule Extended Release 12 Hour)	4	
Zestril (Oral Tablet)	3	QL	Sorine (Oral Tablet)	1	
Antiarrhythmics			Sotalol HCl AF (Oral Tablet)	1	
Amiodarone HCl (100MG Oral Tablet, 400MG Oral Tablet)	3		Sotalol HCl (Oral Tablet)	1	
Amiodarone HCl (200MG Oral Tablet)	1		Sotylize (Oral Solution)	3	PA
Betapace AF (120MG Oral Tablet, 160MG Oral Tablet)	4		Tikosyn (Oral Capsule)	3	
Betapace AF (80MG Oral Tablet)	3				

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
Beta-adrenergic Blocking Agents			Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	1	
Acebutolol HCl (Oral Capsule)	2		Metoprolol Tartrate (37.5MG Oral Tablet, 75MG Oral Tablet)	2	
Atenolol (Oral Tablet)	1		Nadolol (Oral Tablet)	2	
Betaxolol HCl (Oral Tablet)	2		Pindolol (Oral Tablet)	2	
Bisoprolol Fumarate (Oral Tablet)	1		Propranolol HCl ER (Oral Capsule Extended Release 24 Hour)	2	
Bystolic (Oral Tablet)	2	QL	Propranolol HCl (Oral Solution)	1	
Carvedilol (Oral Tablet)	1		Propranolol HCl (Oral Tablet)	1	
Carvedilol Phosphate ER (Oral Capsule Extended Release 24 Hour)	3		Tenormin (Oral Tablet)	3	
Coreg CR (Oral Capsule Extended Release 24 Hour)	3		Toprol XL (Oral Tablet Extended Release 24 Hour)	3	
Coreg (Oral Tablet)	3		Calcium Channel Blocking Agents		
Corgard (Oral Tablet)	3		Amlodipine Besylate (Oral Tablet)	1	
Inderal LA (Oral Capsule Extended Release 24 Hour)	4		Calan SR (120MG Oral Tablet Extended Release, 240MG Oral Tablet Extended Release)	3	
InnoPran XL (Oral Capsule Extended Release 24 Hour)	4		Cardizem CD (Oral Capsule Extended Release 24 Hour)	4	
Labetalol HCl (Oral Tablet)	1				
Lopressor (100MG Oral Tablet)	3				
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	1				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Cardizem LA (Oral Tablet Extended Release 24 Hour)	3		Felodipine ER (Oral Tablet Extended Release 24 Hour)	1	
Cardizem (Oral Tablet Immediate Release)	4		Isradipine (Oral Capsule)	3	
Cartia XT (Oral Capsule Extended Release 24 Hour)	1		Katerzia (Oral Suspension)	3	
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour)	1		Matzim LA (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		Nicardipine HCl (Oral Capsule)	3	
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour)	2		Nifedipine ER (Oral Tablet Extended Release 24 Hour)	1	
Diltiazem HCl (Oral Tablet Immediate Release)	1		Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	1	
Dilt-XR (Oral Capsule Extended Release 24 Hour)	1		Nimodipine (Oral Capsule)	3	
			Nisoldipine ER (Oral Tablet Extended Release 24 Hour)	3	
			Norvasc (Oral Tablet)	3	
			Nymalize (6MG/ML Oral Solution)	4	
			Procardia XL (Oral Tablet Extended Release 24 Hour)	3	
			Sular (Oral Tablet Extended Release 24 Hour)	3	

Bold type = Brand name drug

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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		Verelan (Oral Capsule Extended Release 24 Hour)	3	
Tiadyt ER (Oral Capsule Extended Release 24 Hour)	1		Verelan PM (Oral Capsule Extended Release 24 Hour)	3	
Tiazac (Oral Capsule Extended Release 24 Hour)	3		Cardiovascular Agents, Other		
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)	2		Accuretic (Oral Tablet)	3	QL
Verapamil HCl ER (360MG Oral Capsule Extended Release 24 Hour)	2		Aldactazide (Oral Tablet)	3	
Verapamil HCl ER (Oral Tablet Extended Release)	1		Aliskiren Fumarate (Oral Tablet)	3	QL
Verapamil HCl (Oral Tablet Immediate Release)	1		Amiloride-Hydrochlorothiazide (Oral Tablet)	1	
			Amlodipine-Atorvastatin (Oral Tablet)	3	QL
			Amlodipine-Benazepril (Oral Capsule)	1	QL
			Amlodipine-Olmesartan (Oral Tablet)	2	QL
			Amlodipine-Valsartan (Oral Tablet)	2	QL
			Amlodipine-Valsartan-HCTZ (Oral Tablet)	3	
			Atacand HCT (Oral Tablet)	3	QL
			Atenolol-Chlorthalidone (Oral Tablet)	1	
			Avalide (Oral Tablet)	3	QL
			Azor (Oral Tablet)	3	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Benazepril-Hydrochlorothiazide (Oral Tablet)	2	QL	Diovan HCT (Oral Tablet)	3	QL
Benicar HCT (Oral Tablet)	3	QL	DUTOPROL (Oral Tablet Extended Release 24 Hour)	3	
BiDil (Oral Tablet)	2		Dyazide (Oral Capsule)	3	
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	1	QL	Edarbyclor (Oral Tablet)	3	QL
Caduet (Oral Tablet)	3	QL	Enalapril-Hydrochlorothiazide (Oral Tablet)	1	QL
Candesartan Cilexetil-HCTZ (Oral Tablet)	3	QL	Entresto (Oral Tablet)	2	QL
Captopril-Hydrochlorothiazide (Oral Tablet)	2	QL	Exforge HCT (Oral Tablet)	3	
Corlanor (Oral Solution)	3	PA; QL	Exforge (Oral Tablet)	3	QL
Corlanor (Oral Tablet)	3	PA; QL	Fosinopril Sodium-HCTZ (Oral Tablet)	2	QL
Demser (Oral Capsule)	4		Hyzaar (Oral Tablet)	3	QL
Digitek (125MCG Oral Tablet)	3	HRM; QL	Irbesartan-Hydrochlorothiazide (Oral Tablet)	1	QL
Digitek (250MCG Oral Tablet)	3	PA; HRM	Lanoxin (125MCG Oral Tablet, 62.5MCG Oral Tablet)	3	HRM; QL
Digox (125MCG Oral Tablet)	3	HRM; QL	Lanoxin (250MCG Oral Tablet)	3	PA; HRM
Digox (250MCG Oral Tablet)	3	PA; HRM	Lisinopril-Hydrochlorothiazide (Oral Tablet)	1	QL
Digoxin (Oral Solution)	3	PA; HRM; QL	Lopressor HCT (Oral Tablet)	3	
Digoxin (125MCG Oral Tablet)	3	HRM; QL	Losartan Potassium-HCTZ (Oral Tablet)	1	QL
Digoxin (250MCG Oral Tablet)	3	PA; HRM			

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Lotrel (Oral Capsule)	3	QL
Maxzide (Oral Tablet)	3	
Maxzide-25 (Oral Tablet)	3	
Metoprolol-Hydrochlorothiazide (Oral Tablet)	2	
Micardis HCT (Oral Tablet)	3	QL
Olmesartan Medoxomil-HCTZ (Oral Tablet)	1	QL
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	3	QL
Pentoxifylline ER (Oral Tablet Extended Release)	1	
Propranolol-HCTZ (Oral Tablet)	2	
Quinapril-Hydrochlorothiazide (Oral Tablet)	1	QL
Ranexa (Oral Tablet Extended Release 12 Hour)	3	
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	2	
Spirolactone-HCTZ (Oral Tablet)	1	
Tarka (Oral Tablet Extended Release)	3	QL
Tekturna HCT (Oral Tablet)	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tekturna (Oral Tablet)	3	QL
Telmisartan-Amlodipine (Oral Tablet)	3	QL
Telmisartan-HCTZ (Oral Tablet)	3	QL
Tenoretic 100 (Oral Tablet)	3	
Tenoretic 50 (Oral Tablet)	3	
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	3	QL
Triamterene-HCTZ (Oral Capsule)	1	
Triamterene-HCTZ (Oral Tablet)	1	
Tribenzor (Oral Tablet)	3	QL
Twynsta (Oral Tablet)	3	QL
Valsartan-Hydrochlorothiazide (Oral Tablet)	1	QL
Vaseretic (Oral Tablet)	3	QL
Vecamyl (Oral Tablet)	4	PA
Vyndamax (Oral Capsule)	4	PA; QL
Vyndaqel (Oral Capsule)	4	PA; QL
Zestoretic (Oral Tablet)	3	QL
Ziac (Oral Tablet)	3	QL
Diuretics, Carbonic Anhydrase Inhibitors		

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
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	2	
Acetazolamide (Oral Tablet)	2	
Keveyis (Oral Tablet)	4	PA; QL
Methazolamide (Oral Tablet)	3	
Diuretics, Loop		
Bumetanide (Injection Solution)	1	
Bumetanide (Oral Tablet)	2	
Edecrin (Oral Tablet)	4	
Ethacrynic Acid (Oral Tablet)	3	
Furosemide (Injection Solution)	1	B/D, PA
Furosemide (Oral Solution)	1	
Furosemide (Oral Tablet)	1	
Lasix (Oral Tablet)	3	
Torsemide (Oral Tablet)	1	
Diuretics, Potassium-sparing		
Aldactone (Oral Tablet)	3	
Amiloride HCl (Oral Tablet)	1	
CaroSpir (Oral Suspension)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Dyrenium (Oral Capsule)	3	
Eplerenone (Oral Tablet)	2	
Inspra (Oral Tablet)	3	
Spironolactone (Oral Tablet)	1	
Triamterene (Oral Capsule)	3	
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)	2	
Dyslipidemics, Fibric Acid Derivatives		
Antara (Oral Capsule)	2	
Fenofibrate Micronized (130MG Oral Capsule)	3	
Fenofibrate Micronized (134MG Oral Capsule, 200MG Oral Capsule, 43MG Oral Capsule, 67MG Oral Capsule)	2	
Fenofibrate (150MG Oral Capsule)	3	
Fenofibrate (50MG Oral Capsule)	2	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Fenofibrate (120MG Oral Tablet, 40MG Oral Tablet)	3	
Fenofibrate (145MG Oral Tablet, 48MG Oral Tablet)	2	
Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet)	1	
Fenofibric Acid (Oral Capsule Delayed Release)	2	
Fenoglide (120MG Oral Tablet)	4	
Fenoglide (40MG Oral Tablet)	3	
Gemfibrozil (Oral Tablet)	1	
Lipofen (Oral Capsule)	3	
Lopid (Oral Tablet)	3	
Tricor (Oral Tablet)	3	
Triglide (Oral Tablet)	3	
Trilipix (Oral Capsule Delayed Release)	3	
Dyslipidemics, HMG CoA Reductase Inhibitors		
Altoprev (Oral Tablet Extended Release 24 Hour)	4	QL
Atorvastatin Calcium (Oral Tablet)	1	QL
Crestor (Oral Tablet)	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ezallor Sprinkle (Oral Capsule Sprinkle)	3	QL
FloLipid (Oral Suspension)	3	QL
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	3	QL
Fluvastatin Sodium (Oral Capsule)	3	QL
Lescol XL (Oral Tablet Extended Release 24 Hour)	3	QL
Lipitor (Oral Tablet)	3	QL
Livalo (Oral Tablet)	2	QL
Lovastatin (Oral Tablet)	1	QL
Pravachol (Oral Tablet)	3	QL
Pravastatin Sodium (Oral Tablet)	1	QL
Rosuvastatin Calcium (Oral Tablet)	1	QL
Simvastatin (Oral Tablet)	1	QL
Zocor (10MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	3	QL
Zypitamag (Oral Tablet)	3	ST; QL
Dyslipidemics, Other		
Cholestyramine Light (Oral Powder)	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
Cholestyramine (Oral Packet)	3	
Colesevelam HCl (Oral Packet)	3	
Colesevelam HCl (Oral Tablet)	3	
Colestid (Oral Packet)	3	
Colestid (Oral Tablet)	3	
Colestipol HCl (Oral Packet)	3	
Colestipol HCl (Oral Tablet)	2	
Ezetimibe (Oral Tablet)	1	
Ezetimibe-Simvastatin (Oral Tablet)	3	QL
Juxtapid (Oral Capsule)	4	PA; LA
Lovaza (Oral Capsule)	3	
Nexletol (Oral Tablet)	3	PA; QL
Nexlizet (Oral Tablet)	3	PA; QL
Niacin ER (Antihyperlipidemic) (1000MG Oral Tablet Extended Release, 750MG Oral Tablet Extended Release)	3	
Niacin ER (Antihyperlipidemic) (500MG Oral Tablet Extended Release)	1	
Niacor (Oral Tablet)	3	
Niaspan (Oral Tablet Extended Release)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	3	
Praluent (Subcutaneous Solution Auto-Injector)	2	PA; LA; QL
Prevalite (Oral Packet)	3	
Questran Light (Oral Powder)	3	
Questran (Oral Packet)	3	
Repatha Pushtrohex System (Subcutaneous Solution Cartridge)	2	PA; QL
Repatha (Subcutaneous Solution Prefilled Syringe)	2	PA; QL
Repatha SureClick (Subcutaneous Solution Auto-Injector)	2	PA; QL
Vascepa (Oral Capsule)	3	
Vytorin (Oral Tablet)	3	QL
Welchol (Oral Packet)	3	
Welchol (Oral Tablet)	3	
Zetia (Oral Tablet)	3	
Vasodilators, Direct-acting Arterial		
Hydralazine HCl (Oral Tablet)	1	
Minoxidil (Oral Tablet)	1	
Vasodilators, Direct-acting Arterial/Venous		

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Isordil Titradoso (Oral Tablet)	4		Nitrostat (Tablet Sublingual)	3	
Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	1		Rectiv (Rectal Ointment)	3	
Isosorbide Dinitrate (40MG Oral Tablet Immediate Release)	4		Central Nervous System Agents		
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour)	1		Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
Isosorbide Mononitrate (Oral Tablet Immediate Release)	1		Adderall (20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	3	QL
Minitran (Transdermal Patch 24 Hour)	1		Adderall XR (Oral Capsule Extended Release 24 Hour)	3	QL
Nitro-Bid (Transdermal Ointment)	3		Adzenys ER (Oral Suspension Extended Release)	3	QL
Nitro-Dur (Transdermal Patch 24 Hour)	3		Adzenys XR-ODT (Oral Tablet Extended Release Dispersible)	3	QL
Nitroglycerin (Tablet Sublingual)	1		Amphetamine ER (Oral Suspension Extended Release)	3	QL
Nitroglycerin (Transdermal Patch 24 Hour)	1		Amphetamine Sulfate (Oral Tablet)	3	
Nitroglycerin (Translingual Solution)	3		Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	2	QL
			Amphetamine-Dextroamphetamine (Oral Tablet)	2	QL
			Desoxyn (Oral Tablet)	4	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
Dexedrine (Oral Capsule Extended Release 24 Hour)	4	QL	Atomoxetine HCl (Oral Capsule)	3	
Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)	3	QL	Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)	3	PA
Dextroamphetamine Sulfate (Oral Solution)	3		Concerta (Oral Tablet Extended Release)	3	QL
Dextroamphetamine Sulfate (Oral Tablet)	2	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)	3	
Evekeo (Oral Tablet)	3		Dexmethylphenidate HCl (Oral Tablet)	2	QL
Methamphetamine HCl (Oral Tablet)	3	PA	Focalin (Oral Tablet)	3	QL
Mydayis (Oral Capsule Extended Release 24 Hour)	3	QL	Focalin XR (Oral Capsule Extended Release 24 Hour)	3	
ProCentra (Oral Solution)	3		Jornay PM (Oral Capsule Extended Release 24 Hour)	3	QL
Vyvanse (Oral Capsule)	3		Kapvay (Oral Tablet Extended Release 12 Hour)	3	PA
Vyvanse (Oral Tablet Chewable)	3		Methylin (Oral Solution)	3	QL
Zenzedi (Oral Tablet)	3	QL	Methylphenidate HCl CD (Oral Capsule Extended Release)	3	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines					
Aptensio XR (Oral Capsule Extended Release 24 Hour)	3	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
Methylphenidate HCl LA (Oral Capsule Extended Release 24 Hour)	3		Strattera (Oral Capsule)	3	
Methylphenidate HCl ER (XR) (Oral Capsule Extended Release 24 Hour)	3	QL	Central Nervous System, Other		
Methylphenidate HCl ER Osmotic Release (Oral Tablet Extended Release)	3	QL	Austedo (Oral Tablet)	4	PA; LA; QL
Methylphenidate HCl ER (Oral Tablet Extended Release 24 Hour)	3	QL	Gralise (Oral Tablet)	3	PA
Methylphenidate HCl (Oral Solution)	3	QL	Gralise Starter (300 & 600MG Oral)	3	PA
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	2	QL	Horizant (Oral Tablet Extended Release)	3	PA
Methylphenidate HCl (Oral Tablet Chewable)	3	QL	Ingrezza (Oral Capsule)	4	PA; QL
QuilliChew ER (Oral Tablet Chewable Extended Release)	3	QL	Ingrezza (Oral Capsule Therapy Pack)	4	PA; QL
Quillivant XR (Oral Suspension Reconstituted)	3		Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	2	PA; QL
Relexxii (Oral Tablet Extended Release)	3	QL	Namzaric (Oral Capsule Extended Release 24 Hour)	2	PA; QL
Ritalin LA (Oral Capsule Extended Release 24 Hour)	3		Nuedexta (Oral Capsule)	3	PA
Ritalin (Oral Tablet)	3	QL	Rilutek (Oral Tablet)	4	
			Riluzole (Oral Tablet)	2	
			Tetrabenazine (Oral Tablet)	4	PA; LA
			Tiglutik (Oral Suspension)	4	PA
			Xenazine (Oral Tablet)	4	PA; LA
			Fibromyalgia Agents		
			Cymbalta (Oral Capsule Delayed Release Particles)	3	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Drizalma Sprinkle (Oral Capsule Delayed Release Sprinkle)	3	ST; QL	Avonex Prefilled (Intramuscular Prefilled Syringe Kit)	4	
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	1	QL	Betaseron (Subcutaneous Kit)	4	
Duloxetine HCl (40MG Oral Capsule Delayed Release Particles)	3	QL	Copaxone (Subcutaneous Solution Prefilled Syringe)	4	
Lyrica CR (Oral Tablet Extended Release 24 Hour)	3	PA; QL	Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	4	QL
Lyrica (Oral Capsule)	2	QL	Extavia (Subcutaneous Kit)	4	
Lyrica (Oral Solution)	2	QL	Gilenya (0.5MG Oral Capsule)	4	QL
Pregabalin (Oral Capsule)	2	QL	Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	4	
Pregabalin (Oral Solution)	2	QL	Glatopa (Subcutaneous Solution Prefilled Syringe)	4	
Savella (Oral Tablet)	2		Mavenclad (10 Tabs) (Oral Tablet Therapy Pack)	4	PA
Savella Titration Pack (Oral Tablet)	2		Mavenclad (4 Tabs) (Oral Tablet Therapy Pack)	4	PA
Multiple Sclerosis Agents			Mavenclad (5 Tabs) (Oral Tablet Therapy Pack)	4	PA
Ampyra (Oral Tablet Extended Release 12 Hour)	4	QL			
Aubagio (Oral Tablet)	4	LA; QL			
Avonex Pen (Intramuscular Auto-Injector Kit)	4				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Mavenclad (6 Tabs) (Oral Tablet Therapy Pack)	4	PA	Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)	4	
Mavenclad (7 Tabs) (Oral Tablet Therapy Pack)	4	PA	Rebif (Subcutaneous Solution Prefilled Syringe)	4	
Mavenclad (8 Tabs) (Oral Tablet Therapy Pack)	4	PA	Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)	4	
Mavenclad (9 Tabs) (Oral Tablet Therapy Pack)	4	PA	Tecfidera Starter Pack (Oral)	4	LA
Mayzent (Oral Tablet)	4	QL	Tecfidera (Oral Capsule Delayed Release)	4	LA; QL
Plegridy Starter Pack (Subcutaneous Solution Pen-Injector)	4		Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)	4	QL
Plegridy Starter Pack (Subcutaneous Solution Prefilled Syringe)	4		Dental and Oral Agents		
Plegridy (Subcutaneous Solution Pen-Injector)	4		Dental and Oral Agents		
Plegridy (Subcutaneous Solution Prefilled Syringe)	4		Cevimeline HCl (Oral Capsule)	3	ST
Rebif Rebidose (Subcutaneous Solution Auto-Injector)	4		Chlorhexidine Gluconate (Mouth Solution)	1	
			Evoxac (Oral Capsule)	3	ST
			Pilocarpine HCl (Oral Tablet)	3	
			Salagen (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
Triamcinolone Acetonide (Dental Paste)	2		Ammonium Lactate (External Lotion)	1	
Dermatological Agents			Amnesteem (Oral Capsule)	3	PA
Dermatological Agents			Amzeeq (External Foam)	3	
Absorica LD (Oral Capsule)	4	PA	Arazlo (External Lotion)	3	PA
Absorica (Oral Capsule)	4	PA	Atralin (External Gel)	3	PA
Acanya (External Gel)	3	ST	Avita (External Cream)	3	PA
Acitretin (Oral Capsule)	3		Avita (External Gel)	3	PA
Aczone (External Gel)	3		Azelaic Acid (External Gel)	3	
Adapalene (External Cream)	3		Azelex (External Cream)	3	
Adapalene (0.1% External Gel)	2		BenzaClin with Pump (External Gel)	3	
Adapalene (0.3% External Gel)	3		Benzamycin (External Gel)	3	
Adapalene (External Pad)	3		Benzoyl Peroxide-Erythromycin (External Gel)	3	
Adapalene (External Solution)	4		Calcipotriene (External Cream)	3	
Adapalene-Benzoyl Peroxide (External Gel)	3	ST	Calcipotriene (External Ointment)	3	
Aklief (External Cream)	3	PA	Calcipotriene (External Solution)	2	
Aldara (External Cream)	3		Calcipotriene-Betamethasone (0.005-0.064% External Ointment)	3	
Altreno (External Lotion)	3	PA			
Ammonium Lactate (External Cream)	1				

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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
Calcipotriene-Betamethasone (0.005-0.064% External Suspension)	4		Clindamycin Phosphate-Benzoyl Peroxide (1.2-2.5% External Gel)	3	ST
Calcitriol (External Ointment)	3		Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel, 1.2-5% External Gel)	3	
Carac (External Cream)	4		Clindamycin-Tretinoin (External Gel)	3	PA
Claravis (Oral Capsule)	3	PA	Clotrimazole-Betamethasone (External Cream)	2	
Cleocin-T (External Gel)	3		Clotrimazole-Betamethasone (External Lotion)	3	
Cleocin-T (External Lotion)	3		Condylox (External Gel)	3	
Clindacin-P (External Swab)	2		Cortisporin (External Cream)	3	
Clindagel (External Gel)	4		Cortisporin (External Ointment)	3	
Clindamycin Phosphate (External Foam)	3		Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe)	4	PA; LA
Clindamycin Phosphate (External Gel)	2		Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector)	4	PA; LA
Clindamycin Phosphate (External Lotion)	2		Dapsone (5% External Gel)	3	
Clindamycin Phosphate (External Solution)	1				
Clindamycin Phosphate (External Swab)	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
Dapsone (7.5% External Gel)	3		Erythromycin (External Gel)	3	
Diclofenac Sodium (3% Transdermal Gel)	3	PA	Erythromycin (External Solution)	2	
Differin (External Cream)	3		Eucrisa (External Ointment)	3	PA; QL
Differin (0.3% External Gel)	3		Evoclin (External Foam)	4	
Differin (External Lotion)	3		Fabior (External Foam)	3	PA
Dovonex (External Cream)	4		Finacea (External Foam)	3	
Doxepin HCl (External Cream)	3	PA; QL	Finacea (External Gel)	3	
Duobrii (External Lotion)	4	PA	Fluoroplex (External Cream)	4	PA
Dupixent (Subcutaneous Solution Pen-Injector)	4	PA	Fluorouracil (0.5% External Cream)	4	
Dupixent (300MG/2ML Subcutaneous Solution Prefilled Syringe)	4	PA	Fluorouracil (5% External Cream)	2	
Efudex (External Cream)	3		Fluorouracil (External Solution)	2	
Elidel (External Cream)	3	ST	Ilumya (Subcutaneous Solution Prefilled Syringe)	4	PA
Enstilar (External Foam)	4	PA	Imiquimod (5% External Cream)	2	
Epiduo (External Gel)	3	ST	Imiquimod Pump (3.75% External Cream)	4	PA
Epiduo Forte (External Gel)	3	ST	Isotretinoin (Oral Capsule)	3	PA
Ery (External Pad)	2		Klaron (External Lotion)	3	PA
Erygel (External Gel)	3				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Methoxsalen Rapid (Oral Capsule)	4	
Mirvaso (External Gel)	3	
Myorisan (Oral Capsule)	3	PA
Neo-Synalar (External Cream)	4	
Neuac (External Gel)	3	
Onexton (External Gel)	3	
Oxsoralen Ultra (Oral Capsule)	4	
Picato (External Gel)	2	
Pimecrolimus (External Cream)	3	ST
Podofilox (External Solution)	2	
Protopic (External Ointment)	3	ST
PRUDOXIN (External Cream)	3	PA; QL
Regranex (External Gel)	4	PA
Retin-A (External Cream)	3	PA
Retin-A (External Gel)	3	PA
Retin-A Micro (External Gel)	4	PA
Retin-A Micro Pump (0.06% External Gel, 0.08% External Gel)	4	PA
Rhofade (External Cream)	3	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Santyl (External Ointment)	3	
Selenium Sulfide (External Lotion)	1	
Siliq (Subcutaneous Solution Prefilled Syringe)	4	PA
Soolantra (External Cream)	3	
Soriatane (Oral Capsule)	4	
Sorilux (External Foam)	4	
Stelara (Subcutaneous Solution)	4	PA
Stelara (Subcutaneous Solution Prefilled Syringe)	4	PA
Sulfacetamide Sodium (Acne) (External Lotion)	3	PA
Taclonex (External Ointment)	4	
Taclonex (External Suspension)	4	
Tacrolimus (External Ointment)	3	ST
Taltz (Subcutaneous Solution Auto-Injector)	4	PA; LA

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
Taltz (Subcutaneous Solution Prefilled Syringe)	4	PA; LA
Tazarotene (External Cream)	3	PA
Tazorac (External Cream)	3	PA
Tazorac (0.05% External Gel)	4	PA
Tazorac (0.1% External Gel)	3	PA
Tolak (External Cream)	3	
Tremfya (Subcutaneous Solution Pen-Injector)	4	PA
Tremfya (Subcutaneous Solution Prefilled Syringe)	4	PA
Tretinoin (External Cream)	3	PA
Tretinoin (External Gel)	3	PA
Tretinoin Microsphere (External Gel)	3	PA
Vectical (External Ointment)	4	
Veltin (External Gel)	3	PA
Zenatane (Oral Capsule)	3	PA
Ziana (External Gel)	4	PA
Zonalon (External Cream)	3	PA; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Zyclara Pump (External Cream)	4	PA
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)	4	LA
Carnitor (Oral Solution)	3	
Carnitor (Oral Tablet)	3	
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

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Clinimix/Dextrose (5/15) (Intravenous Solution)	3	B/D, PA	Isolyte-S (Intravenous Solution)	3	
Clinimix/Dextrose (5/20) (Intravenous Solution)	3	B/D, PA	KCl in Dextrose-NaCl (Intravenous Solution)	2	
Clinisol SF (Intravenous Solution)	3	B/D, PA	KCl-Lactated Ringers-D5W (Intravenous Solution)	2	
Dextrose (10% Intravenous Solution)	2		Klor-Con 10 (Oral Tablet Extended Release)	1	
Dextrose (5% Intravenous Solution)	2	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)	2		Klor-Con M15 (Oral Tablet Extended Release)	1	
Dextrose-NaCl (5-0.9% Intravenous Solution)	2	B/D, PA	Klor-Con M20 (Oral Tablet Extended Release)	1	
Endari (Oral Packet)	4	PA	Klor-Con (Oral Packet)	3	
FreAmine HBC (Intravenous Solution)	3	B/D, PA	Klor-Con 8 (Oral Tablet Extended Release)	1	
HepatAmine (Intravenous Solution)	3	B/D, PA	K-Tab (Oral Tablet Extended Release)	3	
Intralipid (Intravenous Emulsion)	3	B/D, PA	Levocarnitine (1GM/10ML Oral Solution)	3	
Isolyte-P in D5W (Intravenous Solution)	3		Levocarnitine (330MG Oral Tablet)	2	
			Magnesium Sulfate (50% Injection Solution)	1	
			Magnesium Sulfate (50% (10ML Syringe) 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
NephrAmine (Intravenous Solution)	3	B/D, PA	Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 40MEQ/100ML Intravenous Solution)	1	B/D, PA
Normosol-M in D5W (Intravenous Solution)	2		Potassium Chloride (2MEQ/ML Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution)	1	B/D, PA
Normosol-R pH 7.4 (Intravenous Solution)	2		Potassium Chloride (Oral Packet)	3	
Nutrilipid (Intravenous Emulsion)	3	B/D, PA	Potassium Chloride (Oral Solution)	3	
Plasma-Lyte 148 (Intravenous Solution)	3		Potassium Citrate ER (Oral Tablet Extended Release)	3	
Plasma-Lyte A (Intravenous Solution)	3		Premasol (Intravenous Solution)	3	B/D, PA
Plenamaine (Intravenous Solution)	3	B/D, PA	Procalamine (Intravenous Solution)	3	B/D, PA
Potassium Chloride CR (Oral Tablet Extended Release)	1		Prosol (Intravenous Solution)	3	B/D, PA
Potassium Chloride ER (Oral Capsule Extended Release)	1		Sodium Chloride (0.45% Intravenous Solution)	1	
Potassium Chloride in Dextrose (20MEQ/L Intravenous Solution)	2	B/D, PA	Sodium Chloride (0.9% Intravenous Solution)	1	B/D, PA
Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution)	2	B/D, PA	Sodium Chloride (3% Intravenous Solution, 5% Intravenous Solution)	1	B/D, PA
Potassium Chloride in NaCl (20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)	2	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
Sodium Chloride (Irrigation Solution)	1		Ferriprox (Oral Solution)	4	PA
Sodium Fluoride (Oral Tablet)	1		Ferriprox (Oral Tablet)	4	PA
TPN Electrolytes (Intravenous Concentrate)	2		Jadenu (Oral Tablet)	4	PA
Travasol (Intravenous Solution)	3	B/D, PA	Jadenu Sprinkle (Oral Packet)	4	PA
TrophAmine (10% Intravenous Solution)	3	B/D, PA	Jynarque (Oral Tablet)	4	PA
Urocit-K 10 (Oral Tablet Extended Release)	3		Jynarque (Oral Tablet Therapy Pack)	4	PA; QL
Urocit-K 15 (Oral Tablet Extended Release)	3		Kionex (Oral Suspension)	2	
Urocit-K 5 (Oral Tablet Extended Release)	3		Lokelma (Oral Packet)	3	QL
Electrolyte/Mineral/Metal Modifiers			Samsca (Oral Tablet)	4	PA
Chemet (Oral Capsule)	4		Sodium Polystyrene Sulfonate (Oral Powder)	2	
Clovique (Oral Capsule)	4	PA; QL	Sodium Polystyrene Sulfonate (Oral Suspension)	2	
Deferasirox (Oral Tablet) (Generic Jadenu)	4	PA	SPS (Oral Suspension)	2	
Deferasirox (Oral Tablet Soluble) (Generic Exjade)	4	PA	Syprine (Oral Capsule)	4	PA; QL
Exjade (Oral Tablet Soluble)	4	PA	Tolvaptan (Oral Tablet)	4	PA
			Trientine HCl (Oral Capsule)	4	PA; QL
			Veltassa (Oral Packet)	4	QL
			Phosphate Binders		
			Auryxia (Oral Tablet)	4	PA
			Calcium Acetate (Phosphate Binder) (Oral Capsule)	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
Calcium Acetate (Phosphate Binder) (Oral Tablet)	2		Dicyclomine HCl (Oral Tablet)	1	HRM
Fosrenol (Oral Packet)	4		Glycopyrrolate (1MG Oral Tablet, 2MG Oral Tablet)	2	PA
Fosrenol (Oral Tablet Chewable)	4		Methscopolamine Bromide (Oral Tablet)	3	
Lanthanum Carbonate (Oral Tablet Chewable)	4		Proprantheline Bromide (Oral Tablet)	3	PA; HRM
Phoslyra (Oral Solution)	2		Gastrointestinal Agents, Other		
Renegel (Oral Tablet)	4		Actigall (Oral Capsule)	4	
Renvela (Oral Packet)	4		Amoxicillin-Clarithromycin-Lansoprazole (Oral)	3	
Renvela (Oral Tablet)	4		Chenodal (Oral Tablet)	4	
Sevelamer Carbonate (Oral Packet)	4		Cromolyn Sodium (Oral Concentrate)	2	
Sevelamer Carbonate (Oral Tablet) (Generic Renvela)	3		Diphenoxylate-Atropine (Oral Liquid)	3	PA; HRM
Sevelamer HCl (Oral Tablet)	3		Diphenoxylate-Atropine (Oral Tablet)	3	PA; HRM
Velphoro (Oral Tablet Chewable)	4		Gastrocrom (Oral Concentrate)	4	
Vitamins			Gattex (Subcutaneous Kit)	4	PA; LA
VP-PNV-DHA (Oral Capsule)	1		Helidac Therapy (Oral)	4	
Gastrointestinal Agents			Lomotil (Oral Tablet)	3	PA; HRM
Antispasmodics, Gastrointestinal			Loperamide HCl (Oral Capsule)	1	
Cuvposa (Oral Solution)	3	PA	Motegrity (Oral Tablet)	3	ST; QL
Dicyclomine HCl (Oral Capsule)	1	HRM	Movantik (Oral Tablet)	3	PA; QL
Dicyclomine HCl (Oral Solution)	3	HRM			

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Myalept (Subcutaneous Solution Reconstituted)	4	PA; LA	Zorbive (Subcutaneous Solution Reconstituted)	4	PA; LA
Mytesi (Oral Tablet Delayed Release)	4	PA	Histamine2 (H2) Receptor Antagonists		
Omeclamox-Pak (Oral)	4		Cimetidine HCl (Oral Solution)	2	
Pylera (Oral Capsule)	4		Cimetidine (Oral Tablet)	2	
Relistor (Oral Tablet)	4	PA	Famotidine (Oral Suspension Reconstituted)	3	
Relistor (Subcutaneous Solution)	4	PA	Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	1	
Serostim (Subcutaneous Solution Reconstituted)	4	PA; LA	Nizatidine (Oral Capsule)	2	
Symproic (Oral Tablet)	3	PA; QL	Nizatidine (Oral Solution)	3	
Talicia (Oral Capsule Delayed Release)	3		Pepcid (20MG Oral Tablet)	3	
Trulance (Oral Tablet)	3	ST	Pepcid (40MG Oral Tablet)	4	
Urso 250 (Oral Tablet)	3		Irritable Bowel Syndrome Agents		
Urso Forte (Oral Tablet)	3		Alosetron HCl (Oral Tablet)	4	PA
Ursodiol (Oral Capsule)	2		Amitiza (Oral Capsule)	2	QL
Ursodiol (Oral Tablet)	3		Linzess (Oral Capsule)	2	QL
Xermelo (Oral Tablet)	4	PA; LA; QL	Lotronex (Oral Tablet)	4	PA
Zelnorm (Oral Tablet)	3	PA; QL	Viberzi (Oral Tablet)	4	PA; QL
			Xifaxan (Oral Tablet)	4	PA
			Laxatives		

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
Clenpiq (Oral Solution)	2		PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	1	
Constulose (Oral Solution)	1		PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	1	
Enulose (Oral Solution)	1		Plenvu (Oral Solution Reconstituted)	3	
GaviLyte-C (Oral Solution Reconstituted)	1		Suprep Bowel Prep Kit (Oral Solution)	2	
GaviLyte-G (Oral Solution Reconstituted)	1		TriLyte (Oral Solution Reconstituted)	1	
GaviLyte-N with Flavor Pack (Oral Solution Reconstituted)	1		Protectants		
Generlac (Oral Solution)	1		Carafate (Oral Suspension)	3	
GoLYTELY (Oral Solution Reconstituted)	3		Carafate (Oral Tablet)	3	
Kristalose (Oral Packet)	3		Cytotec (Oral Tablet)	3	
Lactulose (Oral Packet)	3		Misoprostol (Oral Tablet)	2	
Lactulose (10GM/15ML Oral Solution)	1		Sucralfate (Oral Suspension)	3	
MoviPrep (Oral Solution Reconstituted)	3		Sucralfate (Oral Tablet)	1	
NuLYTELY with Flavor Packs (Oral Solution Reconstituted)	3		Proton Pump Inhibitors		
OsmoPrep (Oral Tablet)	3		Aciphex (Oral Tablet Delayed Release)	3	
			Dexilant (Oral Capsule Delayed Release)	3	QL
			Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)	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
Esomeprazole Magnesium (Oral Packet)	2		Pantoprazole Sodium (Oral Tablet Delayed Release)	1	QL
Lansoprazole (Oral Capsule Delayed Release)	2	QL	Prevacid (Oral Capsule Delayed Release)	3	QL
Lansoprazole ODT (Oral Tablet Delayed Release Dispersible)	3		Prevacid SoluTab (Oral Tablet Delayed Release Dispersible)	3	
Nexium (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	2	QL	Prilosec (Oral Packet)	3	PA
Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet)	2		Protonix (Oral Packet)	3	ST
Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	1		Protonix (Oral Tablet Delayed Release)	3	QL
Omeprazole-Sodium Bicarbonate (20-1100MG Oral Capsule)	3	PA	Rabeprazole Sodium (Oral Tablet Delayed Release)	2	
Omeprazole-Sodium Bicarbonate (40-1100MG Oral Capsule)	4	PA	Zegerid (Oral Capsule)	4	PA
Omeprazole-Sodium Bicarbonate (Oral Packet)	4	PA	Zegerid (Oral Packet)	4	PA
			Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
			Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
			Aralast NP (1000MG Intravenous Solution Reconstituted)	4	PA; LA
			Buphenyl (Oral Powder)	4	
			Buphenyl (Oral Tablet)	4	
			Cerdelga (Oral Capsule)	4	PA
			Cholbam (Oral Capsule)	4	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
Creon (Oral Capsule Delayed Release Particles)	2		Pancreaze (10500UNIT Oral Capsule Delayed Release Particles, 16800UNIT Oral Capsule Delayed Release Particles, 2600UNIT Oral Capsule Delayed Release Particles, 4200UNIT Oral Capsule Delayed Release Particles)	3	ST
Cystadane (Oral Powder)	4		Pancreaze (21000UNIT Oral Capsule Delayed Release Particles)	4	ST
Cystagon (Oral Capsule)	3	LA	Pertzye (16000UNIT Oral Capsule Delayed Release Particles, 24000-86250UNIT Oral Capsule Delayed Release Particles)	4	ST
Galafold (Oral Capsule)	4	LA	Pertzye (4000UNIT Oral Capsule Delayed Release Particles, 8000UNIT Oral Capsule Delayed Release Particles)	3	ST
Glassia (Intravenous Solution)	4	PA; LA	Procysbi (Oral Packet)	4	LA
Kuvan (Oral Packet)	4	LA	Prolastin-C (Intravenous Solution Reconstituted)	4	PA; LA
Kuvan (Oral Tablet Soluble)	4	LA	RAVICTI (Oral Liquid)	4	LA
Miglustat (Oral Capsule)	4	PA; LA			
Nitisinone (Oral Capsule)	4				
Nityr (Oral Tablet)	4	LA			
Ocaliva (Oral Tablet)	4	PA; QL			
Orfadin (Oral Capsule)	4	LA			
Orfadin (Oral Suspension)	4	LA			
Palynziq (Subcutaneous Solution Prefilled Syringe)	4	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
Sodium Phenylbutyrate (Oral Powder)	4		Detrol (Oral Tablet)	3	
Sodium Phenylbutyrate (Oral Tablet)	4		Ditropan XL (Oral Tablet Extended Release 24 Hour)	3	
Sucraid (Oral Solution)	4	LA	Flavoxate HCl (Oral Tablet)	2	
Tegsedi (Subcutaneous Solution Prefilled Syringe)	4	PA; LA	Gelnique (Transdermal Gel)	3	
Viokace (10440UNIT Oral Tablet)	3	ST	Myrbetriq (Oral Tablet Extended Release 24 Hour)	2	
Viokace (20880UNIT Oral Tablet)	4	ST	Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	2	
Xuriden (Oral Packet)	4	PA; LA	Oxybutynin Chloride (Oral Syrup)	1	
Zavesca (Oral Capsule)	4	PA; LA	Oxybutynin Chloride (Oral Tablet Immediate Release)	1	
Zemaira (Intravenous Solution Reconstituted)	4	PA; LA	Oxytrol (Transdermal Patch Twice Weekly)	4	
Zenpep (Oral Capsule Delayed Release Particles)	2		Solifenacin Succinate (Oral Tablet)	2	QL
Genitourinary Agents			Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour)	3	
Antispasmodics, Urinary			Tolterodine Tartrate (Oral Tablet)	2	
Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour)	3	ST; QL	Toviaz (Oral Tablet Extended Release 24 Hour)	3	ST; QL
Detrol LA (Oral Capsule Extended Release 24 Hour)	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
Trospium Chloride ER (Oral Capsule Extended Release 24 Hour)	3	
Trospium Chloride (Oral Tablet)	2	
Vesicare (Oral Tablet)	3	ST; QL
Benign Prostatic Hypertrophy Agents		
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	1	
Avodart (Oral Capsule)	3	
Cardura XL (Oral Tablet Extended Release 24 Hour)	3	QL
Cialis (2.5MG Oral Tablet, 5MG Oral Tablet)	3	PA; QL
Dutasteride (Oral Capsule)	2	
Dutasteride-Tamsulosin HCl (Oral Capsule)	3	
Finasteride (5MG Oral Tablet) (Generic Proscar)	1	
Flomax (Oral Capsule)	3	
Jalyn (Oral Capsule)	3	
Proscar (Oral Tablet)	3	
Rapaflo (Oral Capsule)	3	QL
Silodosin (Oral Capsule)	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	3	PA; QL
Tamsulosin HCl (Oral Capsule)	1	
Terazosin HCl (Oral Capsule)	1	
Uroxatral (Oral Tablet Extended Release 24 Hour)	3	
Genitourinary Agents, Other		
Bethanechol Chloride (Oral Tablet)	2	
Cuprimine (Oral Capsule)	4	PA
Depen Titratabs (Oral Tablet)	4	
Elmiron (Oral Capsule)	4	
Lithostat (Oral Tablet)	4	
Penicillamine (250MG Oral Capsule)	4	PA
Penicillamine (250MG Oral Tablet)	4	
Thiola EC (Oral Tablet Delayed Release)	4	LA
Thiola (Oral Tablet Immediate Release)	4	LA
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Acthar (Injection Gel)	4	PA; LA

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
Ala Scalp (External Lotion)	3		Betamethasone Dipropionate (External Lotion)	2	
Ala-Cort (1% External Cream)	1		Betamethasone Dipropionate (External Ointment)	2	
Alclometasone Dipropionate (External Cream)	2		Betamethasone Valerate (External Cream)	2	
Alclometasone Dipropionate (External Ointment)	2		Betamethasone Valerate (External Foam)	3	
Amcinonide (External Cream)	3		Betamethasone Valerate (External Lotion)	2	
Amcinonide (External Lotion)	3		Betamethasone Valerate (External Ointment)	2	
Amcinonide (External Ointment)	3		Bryhali (External Lotion)	3	
ApexiCon E (External Cream)	4		Capex (External Shampoo)	3	
Beser (External Lotion)	3		Clobetasol Propionate Emollient Base (External Cream)	2	
Betamethasone Dipropionate Aug (External Cream)	1		Clobetasol Propionate Emulsion (External Foam)	3	
Betamethasone Dipropionate Aug (External Gel)	2		Clobetasol Propionate (External Cream)	2	
Betamethasone Dipropionate Aug (External Lotion)	2		Clobetasol Propionate (External Foam)	3	
Betamethasone Dipropionate Aug (External Ointment)	2		Clobetasol Propionate (External Gel)	2	
Betamethasone Dipropionate (External Cream)	2		Clobetasol Propionate (External Liquid)	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
Clobetasol Propionate (External Lotion)	3		Cutivate (External Lotion)	4	
Clobetasol Propionate (External Ointment)	2		Derma-Smoothe/FS Scalp (External Oil)	3	
Clobetasol Propionate (External Shampoo)	3		Desonate (External Gel)	3	
Clobetasol Propionate (External Solution)	2		Desonide (External Cream)	2	
Clobex (External Lotion)	3		Desonide (External Gel)	3	
Clobex (External Shampoo)	4		Desonide (External Lotion)	3	
Clobex Spray (External Liquid)	4		Desonide (External Ointment)	2	
Clocortolone Pivalate (External Cream)	3		DesOwen (External Cream)	3	
Clodan (External Shampoo)	3		Desoximetasone (External Cream)	3	
Cloderm (External Cream)	3		Desoximetasone (External Gel)	3	
Cordran (0.025% External Cream)	3		Desoximetasone (External Liquid)	3	
Cordran (0.05% External Cream)	4		Desoximetasone (External Ointment)	3	
Cordran (External Lotion)	3		Dexabliss (Oral Tablet Therapy Pack)	3	
Cordran (External Ointment)	4		Dexamethasone Intensol (Oral Concentrate)	2	
Cordran (External Tape)	4		Dexamethasone (Oral Elixir)	1	
Cortef (Oral Tablet)	3		Dexamethasone (Oral Tablet)	1	
Cortisone Acetate (Oral Tablet)	2		Dexamethasone (Oral Tablet Therapy Pack)	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
Diflorasone Diacetate (External Cream)	3		Flurandrenolide (External Cream)	3	
Diflorasone Diacetate (External Ointment)	3		Flurandrenolide (External Lotion)	3	
Diprolene (External Ointment)	3		Flurandrenolide (External Ointment)	3	
Emflaza (Oral Suspension)	4	PA; LA	Fluticasone Propionate (External Cream)	2	
Emflaza (Oral Tablet)	4	PA; LA	Fluticasone Propionate (External Lotion)	3	
Fludrocortisone Acetate (Oral Tablet)	1		Fluticasone Propionate (External Ointment)	2	
Fluocinolone Acetonide (External Cream)	2		Halcinonide (External Cream)	3	
Fluocinolone Acetonide (External Ointment)	2		Halobetasol Propionate (External Cream)	3	
Fluocinolone Acetonide (External Solution)	2		Halobetasol Propionate (External Foam)	4	
Fluocinolone Acetonide Scalp (External Oil)	2		Halobetasol Propionate (External Ointment)	3	
Fluocinonide Emulsified Base (External Cream)	2		Halog (External Cream)	4	
Fluocinonide (0.1% External Cream)	3		Halog (External Ointment)	4	
Fluocinonide (External Gel)	2		Hydrocortisone Butyrate (External Cream)	3	
Fluocinonide (External Ointment)	2		Hydrocortisone Butyrate (External Lotion)	3	
Fluocinonide (External Solution)	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
Hydrocortisone Butyrate (External Ointment)	2		Medrol (Oral Tablet Therapy Pack)	3	
Hydrocortisone Butyrate (External Solution)	3		Methylprednisolone (Oral Tablet)	1	
Hydrocortisone (1% External Cream, 2.5% External Cream)	1		Methylprednisolone (Oral Tablet Therapy Pack)	1	
Hydrocortisone (2.5% External Lotion)	2		Millipred (Oral Tablet)	3	
Hydrocortisone (1% External Ointment, 2.5% External Ointment)	1		Mometasone Furoate (External Cream)	1	
Hydrocortisone (Oral Tablet)	1		Mometasone Furoate (External Ointment)	1	
Hydrocortisone Valerate (External Cream)	3		Mometasone Furoate (External Solution)	1	
Hydrocortisone Valerate (External Ointment)	3		Nolix (External Cream)	3	
Impoiz (External Cream)	3		Nolix (External Lotion)	3	
Kenalog (External Aerosol Solution)	4		Olux (External Foam)	4	
Lexette (External Foam)	4		Olux-E (External Foam)	4	
Locoid (External Lotion)	4		Orapred ODT (Oral Tablet Dispersible)	3	
Locoid Lipocream (External Cream)	3		Pandel (External Cream)	4	
Luxiq (External Foam)	3		Prednicarbate (External Cream)	3	
Medrol (Oral Tablet)	3		Prednicarbate (External Ointment)	3	
			Prednisolone (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
Prednisolone Sodium Phosphate (10MG/5ML Oral Solution, 20MG/5ML Oral Solution, 25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution)	3		Rayos (Oral Tablet Delayed Release)	4	PA
Prednisolone Sodium Phosphate ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 30MG Oral Tablet Dispersible)	3		Sernivo (External Emulsion)	4	
Prednisone Intensol (Oral Concentrate)	3		Synalar (External Cream)	3	
Prednisone (5MG/5ML Oral Solution)	3		TaperDex 12-Day (Oral Tablet Therapy Pack)	3	
Prednisone (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 50MG Oral Tablet, 5MG Oral Tablet)	1		TaperDex 6-Day (Oral Tablet Therapy Pack)	3	
Prednisone (10MG (21) Oral Tablet Therapy Pack, 10MG (48) Oral Tablet Therapy Pack, 5MG (21) Oral Tablet Therapy Pack, 5MG (48) Oral Tablet Therapy Pack)	1		TaperDex 7-Day (Oral Tablet Therapy Pack)	3	
Psorcon (External Cream)	3		Texacort (External Solution)	3	
			Topicort (External Cream)	3	
			Topicort (External Gel)	3	
			Topicort (0.05% External Ointment)	3	
			Topicort (0.25% External Ointment)	3	
			Topicort Spray (External Liquid)	3	
			Tovet (External Foam)	3	
			Triamcinolone Acetonide (External Aerosol Solution) (Generic Kenalog)	3	
			Triamcinolone Acetonide (External Cream)	1	
			Triamcinolone Acetonide (External Lotion)	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
Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment)	1		Desmopressin Acetate Spray (Nasal Solution)	3	
Triamcinolone Acetonide (0.05% External Ointment)	3		Genotropin MiniQuick (Subcutaneous Solution Reconstituted)	4	PA
Triamcinolone Acetonide (0.05% External Ointment)	3		Genotropin (12MG Subcutaneous Solution Reconstituted)	4	PA
Triamcinolone Acetonide (0.05% External Ointment)	3		Genotropin (5MG Subcutaneous Solution Reconstituted)	3	PA
Triderm (0.1% External Cream)	1		Humatrope (Injection Solution Reconstituted), Humatrope Combo Pack (Injection)	4	PA
Tridesilon (External Cream)	3		Increlex (Subcutaneous Solution)	4	PA; LA
Ultravate (External Lotion)	4		Nocdurna (Tablet Sublingual)	3	PA
Vanos (External Cream)	4		Norditropin FlexPro (Subcutaneous Solution)	4	PA
Verdeso (External Foam)	4	ST	Nutropin AQ NuSpin 10 (Subcutaneous Solution)	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			Nutropin AQ NuSpin 20 (Subcutaneous Solution)	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)					
DDAVP (Nasal Solution)	4				
DDAVP (0.1MG Oral Tablet)	3				
DDAVP (0.2MG Oral Tablet)	4				
DDAVP Rhinal Tube (Nasal Solution)	3				
Desmopressin Acetate (Oral Tablet)	2				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Nutropin AQ NuSpin 5 (Subcutaneous Solution)	4	PA
Omnitrope (Subcutaneous Solution)	4	PA
Omnitrope (Subcutaneous Solution Reconstituted)	4	PA
Saizen (Injection Solution Reconstituted)	4	PA; LA
Saizenprep (Injection Solution Reconstituted)	4	PA; LA
Stimate (Nasal Solution)	4	
Zomacton (10MG Subcutaneous Solution Reconstituted)	4	PA
Zomacton (5MG Subcutaneous Solution Reconstituted)	3	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Korlym (Oral Tablet)	4	PA; LA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Anadrol-50 (Oral Tablet)	4	PA
Androderm (Transdermal Patch 24 Hour)	2	
AndroGel Pump (Transdermal Gel)	3	
AndroGel (20.25 MG/1.25GM 1.62% Transdermal Gel, 40.5 MG/2.5GM 1.62% Transdermal Gel, 50 MG/5GM 1% Transdermal Gel)	3	
AndroGel (25 MG/2.5GM 1% Transdermal Gel)	4	
Aveed (Intramuscular Solution)	3	PA
Danazol (Oral Capsule)	3	
Depo-Testosterone (Intramuscular Solution)	3	
Fortesta (Transdermal Gel)	3	
Intrarosa (Vaginal Insert)	3	PA; QL
Methitest (Oral Tablet)	4	PA
Methyltestosterone (Oral Capsule)	4	PA
Oxandrolone (10MG Oral Tablet)	3	PA
Oxandrolone (2.5MG Oral Tablet)	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
Testim (Transdermal Gel)	3		Altavera (Oral Tablet)	3	
Testosterone Cypionate (Intramuscular Solution)	1		Alyacen 1/35 (Oral Tablet)	3	
Testosterone Enanthate (Intramuscular Solution)	2		Amethia Lo (Oral Tablet)	3	
Testosterone Pump (2% Transdermal Gel, 1% Transdermal Gel, 1.62% Transdermal Gel), Testosterone (20.25 MG/1.25GM 1.62% Transdermal Gel, 25 MG/2.5GM 1% Transdermal Gel, 40.5 MG/2.5GM 1.62% Transdermal Gel, 50 MG/5GM 1% Transdermal Gel)	3		Amethia (Oral Tablet)	3	
Testosterone (Transdermal Solution)	3		Annovera (Vaginal Ring)	3	QL
Vogelxo Pump (Transdermal Gel)	3		Apri (Oral Tablet)	3	
Vogelxo (Transdermal Gel)	3		Aranelle (Oral Tablet)	3	
Xyosted (Subcutaneous Solution Auto-Injector)	3	PA	Ashlyna (Oral Tablet)	3	
Estrogens			Aubra (Oral Tablet)	3	
Alora (Transdermal Patch Twice Weekly)	3	PA; HRM; QL	Aviane (Oral Tablet)	3	
			Balcoltra (Oral Tablet)	3	
			Balziva (Oral Tablet)	3	
			Beyaz (Oral Tablet)	3	
			Blisovi 24 Fe (Oral Tablet)	3	
			Blisovi Fe 1.5/30 (Oral Tablet)	3	
			Briellyn (Oral Tablet)	3	
			Camrese Lo (Oral Tablet)	3	
			Caziant (Oral Tablet)	3	
			Climara Pro (Transdermal Patch Weekly)	3	PA; HRM
			Cryselle-28 (Oral Tablet)	3	
			Cyclafem 1/35 (Oral Tablet)	3	
			Cyclafem 7/7/7 (Oral Tablet)	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
Cyred (Oral Tablet)	3		Estradiol (Vaginal Tablet)	3	
Delestrogen (Intramuscular Oil)	3		Estradiol Valerate (Intramuscular Oil)	2	
Depo-Estradiol (Intramuscular Oil)	3		Estring (Vaginal Ring)	3	
Desogestrel-Ethinyl Estradiol (0.15-0.02/0.01MG (21/5) Oral Tablet)	3		Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet)	3	
Dotti (Transdermal Patch Twice Weekly)	3	PA; HRM; QL	Etonogestrel-Ethinyl Estradiol (Vaginal Ring)	3	
Drospirenone-Ethinyl Estradiol (Oral Tablet)	3		Falmina (Oral Tablet)	3	
Drospirenone-Ethinyl Estradiol-Levomefolate (3-0.02-0.451MG Oral Tablet)	3		Fayosim (Oral Tablet)	3	
Elestrin (Transdermal Gel)	3	PA; HRM	Femring (Vaginal Ring)	3	
EluRyng (Vaginal Ring)	3		Femynor (Oral Tablet)	3	
Emoquette (Oral Tablet)	3		Fyavolv (Oral Tablet)	3	PA; HRM
Enpresse-28 (Oral Tablet)	3		Generess Fe (Oral Tablet Chewable)	3	
Enskyce (Oral Tablet)	3		Gianvi (Oral Tablet)	3	
Estarylla (Oral Tablet)	3		Hailey 24 Fe (Oral Tablet)	3	
Estrace (Oral Tablet)	3	PA; HRM	Imvexxy Maintenance Pack (Vaginal Insert)	2	PA; QL
Estrace (Vaginal Cream)	3		Imvexxy Starter Pack (Vaginal Insert)	2	PA; QL
Estradiol (Oral Tablet)	3	PA; HRM	Introvale (Oral Tablet)	3	
Estradiol (Transdermal Patch Twice Weekly)	3	PA; HRM; QL	Isibloom (Oral Tablet)	3	
Estradiol (Vaginal Cream)	3		Jasmiel (Oral Tablet)	3	
			Jinteli (Oral Tablet)	3	PA; HRM
			Juleber (Oral Tablet)	3	
			Junel 1.5/30 (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
Junel 1/20 (Oral Tablet)	3		Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet)	3	
Junel Fe 1.5/30 (Oral Tablet)	3		Levonorgestrel-Ethinyl Estradiol (Oral Tablet)	3	
Junel Fe 1/20 (Oral Tablet)	3		Levora 0.15/30 (28) (Oral Tablet)	3	
Junel Fe 24 (Oral Tablet)	3		Lo Loestrin Fe (Oral Tablet)	3	
Kaitlib Fe (Oral Tablet Chewable)	3		Loestrin 1.5/30 (21) (Oral Tablet)	3	
Kariva (Oral Tablet)	3		Loestrin 1/20 (21) (Oral Tablet)	3	
Kelnor 1/35 (Oral Tablet)	3		Loestrin Fe 1.5/30 (Oral Tablet)	3	
Kelnor 1/50 (Oral Tablet)	3		Loestrin Fe 1/20 (Oral Tablet)	3	
Kurvelo (Oral Tablet)	3		Loryna (Oral Tablet)	3	
LARIN 1.5/30 (Oral Tablet)	3		LoSeasonique (Oral Tablet)	3	
LARIN 1/20 (Oral Tablet)	3		Low-Ogestrel (Oral Tablet)	3	
LARIN Fe 1.5/30 (Oral Tablet)	3		Lutera (Oral Tablet)	3	
LARIN Fe 1/20 (Oral Tablet)	3		Marlissa (Oral Tablet)	3	
Larissia (Oral Tablet)	3		Melodetta 24 Fe (Oral Tablet Chewable)	3	
Layolis Fe (Oral Tablet Chewable)	3		Menest (Oral Tablet)	3	PA; HRM
Leena (Oral Tablet)	3		Mibelas 24 Fe (Oral Tablet Chewable)	3	
Lessina (Oral Tablet)	3		Microgestin 1.5/30 (Oral Tablet)	3	
Levonest (Oral Tablet)	3		Microgestin 1/20 (Oral Tablet)	3	
Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet)	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
Microgestin Fe 1.5/30 (Oral Tablet)	3		Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)	3	
Microgestin Fe 1/20 (Oral Tablet)	3		Nortrel 0.5/35 (28) (Oral Tablet)	3	
Mili (Oral Tablet)	3		Nortrel 1/35 (21) (Oral Tablet)	3	
Minastrin 24 Fe (Oral Tablet Chewable)	3		Nortrel 1/35 (28) (Oral Tablet)	3	
Minivelle (Transdermal Patch Twice Weekly)	3	PA; HRM; QL	Nortrel 7/7/7 (Oral Tablet)	3	
Natazia (Oral Tablet)	3		NuvaRing (Vaginal Ring)	3	
Necon 0.5/35 (28) (Oral Tablet)	3		Ocella (Oral Tablet)	3	
Nikki (Oral Tablet)	3		Oriahnn (Oral Capsule Therapy Pack)	4	PA; QL
Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)	3	PA; HRM	Orsythia (Oral Tablet)	3	
Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet)	3		Pimtreea (Oral Tablet)	3	
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)	3		Pirmella 1/35 (Oral Tablet)	3	
Norgestimate-Ethinyl Estradiol (Oral Tablet)	3		Portia-28 (Oral Tablet)	3	
			Premarin (Vaginal Cream)	2	
			Previfem (Oral Tablet)	3	
			Quartette (Oral Tablet)	3	
			Reclipsen (Oral Tablet)	3	
			Rivelsa (Oral Tablet)	3	
			Safyral (Oral Tablet)	3	
			Seasonique (Oral Tablet)	3	
			Setlakin (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
Sprintec 28 (Oral Tablet)	3		Vivelle-Dot (Transdermal Patch Twice Weekly)	3	PA; HRM; QL
Sronyx (Oral Tablet)	3		Vyfemla (Oral Tablet)	3	
Syeda (Oral Tablet)	3		VyLibra (Oral Tablet)	3	
Tarina 24 Fe (Oral Tablet)	3		WYMZYA Fe (Oral Tablet Chewable)	3	
Tarina Fe 1/20 (Oral Tablet)	3		Xulane (Transdermal Patch Weekly)	3	
Tri-Estarylla (Oral Tablet)	3		Yasmin 28 (Oral Tablet)	3	
Tri-Legest Fe (Oral Tablet)	3		YAZ (Oral Tablet)	3	
Tri-Lo-Estarylla (Oral Tablet)	3		Yuvaferm (Vaginal Tablet)	3	
Tri-Lo-Sprintec (Oral Tablet)	3		Zarah (Oral Tablet)	3	
Tri-Mili (Oral Tablet)	3		Zovia 1/35E (28) (Oral Tablet)	3	
Tri-Previfem (Oral Tablet)	3		Progestins		
Tri-Sprintec (Oral Tablet)	3		Aygestin (Oral Tablet)	3	
Trivora (28) (Oral Tablet)	3		Camila (Oral Tablet)	2	
Tri-VyLibra Lo (Oral Tablet)	3		Crinone (Vaginal Gel)	3	PA
Tri-VyLibra (Oral Tablet)	3		Deblitane (Oral Tablet)	2	
Tydemy (Oral Tablet)	3		Depo-Provera (Intramuscular Suspension)	3	
Vagifem (Vaginal Tablet)	3		Depo-SubQ Provera 104 (Subcutaneous Suspension Prefilled Syringe)	3	
Velivet (Oral Tablet)	3		Errin (Oral Tablet)	2	
Vienna (Oral Tablet)	3		Incassia (Oral Tablet)	2	
			Lyza (Oral Tablet)	2	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Medroxyprogesterone Acetate (Intramuscular Suspension)	1	
Medroxyprogesterone Acetate (Intramuscular Suspension Prefilled Syringe)	1	
Medroxyprogesterone Acetate (Oral Tablet)	1	
Megestrol Acetate (40MG/ML Oral Suspension, 625MG/5ML Oral Suspension)	3	PA; HRM
Megestrol Acetate (Oral Tablet)	3	PA; HRM
Nora-BE (Oral Tablet)	2	
Norethindrone Acetate (5MG Oral Tablet)	1	
Norethindrone (0.35MG Oral Tablet)	2	
Progesterone Micronized (Oral Capsule)	2	
Prometrium (Oral Capsule)	3	
Provera (Oral Tablet)	3	
Sharobel (Oral Tablet)	2	
Slynd (Oral Tablet)	3	
Selective Estrogen Receptor Modifying Agents		
Evista (Oral Tablet)	3	
Osphena (Oral Tablet)	2	PA; QL
Raloxifene HCl (Oral Tablet)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Cytomel (Oral Tablet)	3	
Euthyrox (Oral Tablet)	1	
Levo-T (Oral Tablet)	1	
Levothyroxine Sodium (Oral Tablet)	1	
Levoxyl (Oral Tablet)	1	
Liothyronine Sodium (Oral Tablet)	1	
Synthroid (Oral Tablet)	2	
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)		
Lysodren (Oral Tablet)	4	

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
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
Bynfezia Pen (Subcutaneous Solution Pen-Injector)	4	PA
Cabergoline (Oral Tablet)	2	
Eligard (Subcutaneous Kit)	3	PA
Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)	4	PA
Firmagon (80MG Subcutaneous Solution Reconstituted)	3	PA
Leuprolide Acetate (Injection Kit)	3	PA
Lupaneta Pack (Combination Kit)	4	PA
Lupron Depot (1-Month) (Intramuscular Kit)	4	PA
Lupron Depot (3-Month) (Intramuscular Kit)	4	PA
Lupron Depot (4-Month) (Intramuscular Kit)	4	PA
Lupron Depot (6-Month) (Intramuscular Kit)	4	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Octreotide Acetate (1000MCG/ML Injection Solution, 500MCG/ML Injection Solution)	4	PA
Octreotide Acetate (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 50MCG/ML Injection Solution)	3	PA
Orilissa (Oral Tablet)	4	PA; QL
Sandostatin (Injection Solution)	4	PA
Signifor (Subcutaneous Solution)	4	PA; LA
Somatuline Depot (Subcutaneous Solution)	4	
Somavert (Subcutaneous Solution Reconstituted)	4	PA; LA; QL
Synarel (Nasal Solution)	4	
Trelstar Mixject (Intramuscular Suspension Reconstituted)	4	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
Methimazole (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
Propylthiouracil (Oral Tablet)	1		Astagraf XL (5MG Oral Capsule Extended Release 24 Hour)	4	B/D, PA
Tapazole (Oral Tablet)	3		Azasan (100MG Oral Tablet)	3	B/D, PA
Immunological Agents			Azasan (75MG Oral Tablet)	4	B/D, PA
Angioedema Agents			Azathioprine (Oral Tablet)	1	B/D, PA
Beriner (Intravenous Kit)	4	PA; LA	Cellcept (Oral Capsule)	4	B/D, PA
Cinryze (Intravenous Solution Reconstituted)	4	PA; LA	Cellcept (Oral Suspension Reconstituted)	4	B/D, PA
Firazy (Subcutaneous Solution)	4	PA; QL	Cellcept (Oral Tablet)	4	B/D, PA
Haegarda (Subcutaneous Solution Reconstituted)	4	PA; LA	Cimzia Prefilled (Subcutaneous Kit)	4	PA
Icatibant Acetate (Subcutaneous Solution)	4	PA; QL	Cimzia (Subcutaneous Kit)	4	PA
Ruconest (Intravenous Solution Reconstituted)	4	PA; LA	Cyclosporine Modified (Oral Capsule)	2	B/D, PA
Takhzyro (Subcutaneous Solution)	4	PA	Cyclosporine Modified (Oral Solution)	2	B/D, PA
Immune Suppressants			Cyclosporine (Oral Capsule)	3	B/D, PA
Astagraf XL (0.5MG Oral Capsule Extended Release 24 Hour, 1MG Oral Capsule Extended Release 24 Hour)	3	B/D, PA	Dupixent (200MG/1.14ML Subcutaneous Solution Prefilled Syringe)	4	PA
			Enbrel Mini (Subcutaneous Solution Cartridge)	4	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
Enbrel (Subcutaneous Solution Prefilled Syringe)	4	PA	Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit)	4	PA
Enbrel (Subcutaneous Solution Reconstituted)	4	PA	Humira (Subcutaneous Prefilled Syringe Kit)	4	PA
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	4	PA	Imuran (Oral Tablet)	3	B/D, PA
Envarsus XR (Oral Tablet Extended Release 24 Hour)	3	B/D, PA	Kineret (Subcutaneous Solution Prefilled Syringe)	4	PA
Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet)	4	B/D, PA	Methotrexate (Oral Tablet)	1	
Gengraf (Oral Capsule)	2	B/D, PA	Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	1	
Gengraf (Oral Solution)	2	B/D, PA	Methotrexate Sodium (50MG/2ML Injection Solution)	1	
Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit)	4	PA	Mycophenolate Mofetil (Oral Capsule)	2	B/D, PA
Humira Pen (Subcutaneous Pen-Injector Kit)	4	PA	Mycophenolate Mofetil (Oral Suspension Reconstituted)	4	B/D, PA
Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit)	4	PA	Mycophenolate Mofetil (Oral Tablet)	2	B/D, PA
			Mycophenolate Sodium (Oral Tablet Delayed Release)	3	B/D, PA
			Myfortic (180MG Oral Tablet Delayed Release)	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
Myfortic (360MG Oral Tablet Delayed Release)	4	B/D, PA	Rasuvo (Subcutaneous Solution Auto-Injector)	3	PA
Neoral (Oral Capsule)	3	B/D, PA	Sandimmune (100MG Oral Capsule)	4	B/D, PA
Neoral (Oral Solution)	3	B/D, PA	Sandimmune (25MG Oral Capsule)	3	B/D, PA
Olumiant (Oral Tablet)	4	PA; QL	Sandimmune (100MG/ML Oral Solution)	4	B/D, PA
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	4	PA	Simponi (Subcutaneous Solution Auto-Injector)	4	PA
Orencia (Subcutaneous Solution Prefilled Syringe)	4	PA	Simponi (Subcutaneous Solution Prefilled Syringe)	4	PA
Otrexup (Subcutaneous Solution Auto-Injector)	3	PA	Sirolimus (Oral Solution)	4	B/D, PA
Prograf (0.5MG Oral Capsule)	3	B/D, PA	Sirolimus (0.5MG Oral Tablet, 1MG Oral Tablet)	3	B/D, PA
Prograf (1MG Oral Capsule, 5MG Oral Capsule)	4	B/D, PA	Sirolimus (2MG Oral Tablet)	4	B/D, PA
Prograf (Oral Packet)	4	B/D, PA	Skyrizi (150 MG Dose) (Subcutaneous Prefilled Syringe Kit)	4	PA
Rapamune (Oral Solution)	4	B/D, PA	Tacrolimus (Oral Capsule)	2	B/D, PA
Rapamune (0.5MG Oral Tablet)	3	B/D, PA	Trexall (Oral Tablet)	3	
Rapamune (1MG Oral Tablet, 2MG Oral Tablet)	4	B/D, PA	Xatmep (Oral Solution)	3	PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Xeljanz (Oral Tablet Immediate Release)	4	PA; QL	Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)	4	PA
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	4	PA; QL	Panzyga (Intravenous Solution)	4	PA
Zortress (Oral Tablet)	4	B/D, PA	Privigen (20GM/200ML Intravenous Solution)	4	PA
Immunizing Agents, Passive			Varizig (Intramuscular Solution)	4	
BIVIGAM (Intravenous Solution)	4	PA	Immunomodulators		
Flebogamma DIF (5GM/50ML Intravenous Solution)	4	PA	Actemra ACTPen (Subcutaneous Solution Auto-Injector)	4	PA
Gammagard (2.5GM/25ML Injection Solution)	4	PA	Actemra (Subcutaneous Solution Prefilled Syringe)	4	PA
Gammagard S/D Less IgA (Intravenous Solution Reconstituted)	4	PA	Actimmune (Subcutaneous Solution)	4	LA
Gammaked (1GM/10ML Injection Solution)	4	PA	Arava (Oral Tablet)	4	
Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)	4	PA	Arcalyst (Subcutaneous Solution Reconstituted)	4	PA; LA
Gamunex-C (1GM/10ML Injection Solution)	4	PA	Benlysta (Subcutaneous Solution Auto-Injector)	4	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
Benlysta (Subcutaneous Solution Prefilled Syringe)	4	PA	Adacel (Intramuscular Suspension)	2	
Kevzara (Subcutaneous Solution Auto-Injector)	4	PA	BCG Vaccine (Injection)	2	
Kevzara (Subcutaneous Solution Prefilled Syringe)	4	PA	Bexsero (Intramuscular Suspension Prefilled Syringe)	2	
Leflunomide (Oral Tablet)	2		Boostrix (5-2.5-18.5 Intramuscular Suspension, 5-2.5-18.5 (0.5ML Syringe) Intramuscular Suspension)	2	
Otezla (Oral Tablet)	4	PA; LA	Daptacel (Intramuscular Suspension)	2	
Otezla (Oral Tablet Therapy Pack)	4	PA; LA	Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension)	2	
Ridaura (Oral Capsule)	4		Engerix-B (Injection Suspension)	2	B/D, PA
Rinvoq (Oral Tablet Extended Release 24 Hour)	4	PA	Gardasil 9 (Intramuscular Suspension)	2	
Xolair (Subcutaneous Solution Prefilled Syringe)	4	PA; LA	Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	2	
Xolair (Subcutaneous Solution Reconstituted)	4	PA; LA	Havrix (Intramuscular Suspension)	2	PA
Vaccines					
ActHIB (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
Hiberix (Injection Solution Reconstituted)	2		Quadracel (Intramuscular Suspension)	2	
Imovax Rabies (Intramuscular Injectable)	2	B/D, PA	RabAvert (Intramuscular Suspension Reconstituted)	2	B/D, PA
Infanrix (Intramuscular Suspension)	2		Recombivax HB (Injection Suspension)	2	B/D, PA
IPOL (Injection)	2		Rotarix (Oral Suspension Reconstituted)	2	
Ixiaro (Intramuscular Suspension)	2		RotaTeq (Oral Solution)	2	
Kinrix (Intramuscular Suspension)	2		Shingrix (Intramuscular Suspension Reconstituted)	2	PA
Menactra (Intramuscular Injectable)	2		TDVAX (Intramuscular Suspension)	2	
Menveo (Intramuscular Solution Reconstituted)	2		Tenivac (Intramuscular Injectable)	2	
M-M-R II (Injection Solution Reconstituted)	2		Trumenba (Intramuscular Suspension Prefilled Syringe)	2	
Pediarix (Intramuscular Suspension)	2		Twinrix (Intramuscular Suspension Prefilled Syringe)	2	
Pedvax HIB (Intramuscular Suspension)	2				
ProQuad (Subcutaneous Suspension Reconstituted)	2				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Typhim Vi (Intramuscular Solution)	2		Mesalamine ER (0.375MG Oral Capsule Extended Release 24 Hour) (Generic Apriso)	2	QL
VAQTA (Intramuscular Suspension)	2	PA	Mesalamine (400MG Oral Capsule Delayed Release) (Generic Delzicol)	3	ST
Varivax (Subcutaneous Injectable)	2		Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	3	QL
YF-Vax (Subcutaneous Injectable)	2		Mesalamine (800MG Oral Tablet Delayed Release) (Generic Asacol)	3	ST; QL
Inflammatory Bowel Disease Agents			Mesalamine (Rectal Enema)	3	
Aminosalicylates			Mesalamine (Rectal Suppository)	4	
Apriso (Oral Capsule Extended Release 24 Hour)	2	QL	Pentasa (Oral Capsule Extended Release)	3	QL
Asacol HD (Oral Tablet Delayed Release)	4	ST; QL	Rowasa (Rectal Kit)	4	
Balsalazide Disodium (Oral Capsule)	3		Glucocorticoids		
Canasa (Rectal Suppository)	4		Anusol-HC (External Cream)	3	
Colazal (Oral Capsule)	4		Budesonide ER (Oral Tablet Extended Release 24 Hour)	4	ST
Delzicol (Oral Capsule Delayed Release)	3	ST	Budesonide (Oral Capsule Delayed Release Particles)	3	
Dipentum (Oral Capsule)	4				
Lialda (Oral Tablet Delayed Release)	3	QL			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Entocort EC (Oral Capsule Delayed Release Particles)	4		Sulfasalazine (Oral Tablet Delayed Release)	1	
Hydrocortisone Acetate-Pramoxine (1-1% External Cream)	3		Metabolic Bone Disease Agents		
Hydrocortisone (Rectal Enema)	3		Metabolic Bone Disease Agents		
Ortikos (Oral Capsule Extended Release 24 Hour)	4	ST	Actonel (150MG Oral Tablet, 35MG Oral Tablet, 5MG Oral Tablet)	3	
Procto-Med HC (External Cream)	1		Alendronate Sodium (Oral Solution)	3	
Procto-Pak (External Cream)	1		Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet)	1	
Proctosol HC (External Cream)	1		Atelvia (Oral Tablet Delayed Release)	3	
Proctozone-HC (External Cream)	1		Binosto (Oral Tablet Effervescent)	3	
Uceris (Oral Tablet Extended Release 24 Hour)	4	ST	Boniva (Oral Tablet)	3	
Uceris (Rectal Foam)	3		Calcitonin Salmon (Nasal Solution)	2	
Sulfonamides			Calcitriol (Oral Capsule)	1	B/D, PA
Azulfidine EN-tabs (Oral Tablet Delayed Release)	3		Calcitriol (Oral Solution)	2	B/D, PA
Azulfidine (Oral Tablet Immediate Release)	3		Cinacalcet HCl (30MG Oral Tablet)	3	B/D, PA; QL
Sulfasalazine (Oral Tablet Immediate Release)	1		Cinacalcet HCl (60MG Oral Tablet, 90MG Oral Tablet)	4	B/D, PA; QL
			Doxercalciferol (Oral Capsule)	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
Evenity (Subcutaneous Solution Prefilled Syringe)	4	PA; QL	Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector)	4	PA
Forteo (Subcutaneous Solution Pen-Injector)	4	PA	Tymlos (Subcutaneous Solution Pen-Injector)	4	PA
Fosamax (Oral Tablet)	3		Xgeva (Subcutaneous Solution)	4	PA
Fosamax Plus D (Oral Tablet)	3		Zemplar (1MCG Oral Capsule)	3	B/D, PA
Ibandronate Sodium (Oral Tablet)	2		Zemplar (2MCG Oral Capsule)	4	B/D, PA
Natpara (Subcutaneous Cartridge)	4	PA; LA	Miscellaneous Therapeutic Agents		
Paricalcitol (Oral Capsule)	3	B/D, PA	Miscellaneous Therapeutic Agents		
Prolia (Subcutaneous Solution Prefilled Syringe)	3	QL	Alcohol Prep Pads	2	
Rayaldee (Oral Capsule Extended Release)	4	QL	Firdapse (Oral Tablet)	4	PA; LA; QL
Risedronate Sodium (Oral Tablet Immediate Release)	3		Gauze (Non-medicated 2X2 Pad)	2	
Risedronate Sodium (Oral Tablet Delayed Release)	3		Insulin Syringes, Needles	2	
Rocaltrol (Oral Capsule)	3	B/D, PA	Lucemyra (Oral Tablet)	4	QL
Rocaltrol (Oral Solution)	3	B/D, PA	Odactra (Tablet Sublingual)	3	PA
Sensipar (Oral Tablet)	4	B/D, PA; QL	Qbrexza (External Pad)	3	
			Ruzurgi (Oral Tablet)	4	PA; QL
			Siklos (Oral Tablet)	4	PA
			Ophthalmic Agents		
			Ophthalmic Agents, Other		
			Atropine Sulfate (1% Ophthalmic Solution)	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
Bacitracin-Polymyxin B (Ophthalmic Ointment)	1		Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	2	
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	2		Neomycin-Polymyxin-HC (Ophthalmic Suspension)	3	
Blephamide (Ophthalmic Suspension)	3		Oxervate (Ophthalmic Solution)	4	PA; QL
Blephamide S.O.P. (Ophthalmic Ointment)	3		Polymyxin B-Trimethoprim (Ophthalmic Solution)	1	
Cequa (Ophthalmic Solution)	3	PA; QL	Polytrim (Ophthalmic Solution)	3	
Cystaran (Ophthalmic Solution)	4	LA	Pred-G (Ophthalmic Suspension)	3	
Lacrisert (Ophthalmic Insert)	3		Pred-G S.O.P. (Ophthalmic Ointment)	3	
Lastacraft (Ophthalmic Solution)	2		Proparacaine HCl (Ophthalmic Solution)	1	
Maxitrol (Ophthalmic Ointment)	3		Restasis Single-Use Vials (Ophthalmic Emulsion)	2	QL
Maxitrol (Ophthalmic Suspension)	3		Rhopressa (Ophthalmic Solution)	2	ST
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)	2		Sulfacetamide-Prednisolone (Ophthalmic Solution)	1	
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	1		TobraDex (Ophthalmic Ointment)	2	
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	1		TobraDex (Ophthalmic Suspension)	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
TobraDex ST (Ophthalmic Suspension)	3		Alphagan P (0.15% Ophthalmic Solution)	3	
Tobramycin-Dexamethasone (Ophthalmic Suspension)	2		Apraclonidine HCl (Ophthalmic Solution)	2	
Xiidra (Ophthalmic Solution)	3	QL	Azopt (Ophthalmic Suspension)	2	
Zylet (Ophthalmic Suspension)	3		Betaxolol HCl (Ophthalmic Solution)	2	
Ophthalmic Anti-allergy Agents			Betimol (Ophthalmic Solution)	3	
Alocril (Ophthalmic Solution)	3		Betoptic-S (Ophthalmic Suspension)	3	
Alomide (Ophthalmic Solution)	3		Brimonidine Tartrate (0.15% Ophthalmic Solution)	3	
Azelastine HCl (Ophthalmic Solution)	1		Brimonidine Tartrate (0.2% Ophthalmic Solution)	1	
Bepreve (Ophthalmic Solution)	3		Carteolol HCl (Ophthalmic Solution)	1	
Cromolyn Sodium (Ophthalmic Solution)	1		Combigan (Ophthalmic Solution)	2	
Epinastine HCl (Ophthalmic Solution)	2		Cosopt (Ophthalmic Solution)	3	
Olopatadine HCl (Ophthalmic Solution)	2		Cosopt PF (Ophthalmic Solution)	3	
Pazeo (Ophthalmic Solution)	2		Dorzolamide HCl (Ophthalmic Solution)	1	
Zerviate (Ophthalmic Solution)	3		Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	1	
Ophthalmic Antiglaucoma Agents					
Alphagan P (0.1% Ophthalmic Solution)	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
Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution)	3	
Iopidine (1% Ophthalmic Solution)	4	
Isopto Carpine (Ophthalmic Solution)	3	
Istalol (Ophthalmic Solution)	3	
Levobunolol HCl (Ophthalmic Solution)	1	
Phospholine Iodide (Ophthalmic Solution Reconstituted)	3	
Pilocarpine HCl (Ophthalmic Solution)	2	
Rocklatan (Ophthalmic Solution)	2	ST
Simbrinza (Ophthalmic Suspension)	2	
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	2	
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic)	1	
Timolol Maleate (0.5% (DAILY) Ophthalmic Solution)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Timoptic Ocudose (Ophthalmic Solution)	3	
Timoptic-XE (Ophthalmic Gel Forming Solution)	3	
Trusopt (Ophthalmic Solution)	3	
Ophthalmic Anti-inflammatories		
Acular LS (Ophthalmic Solution)	3	
Acular (Ophthalmic Solution)	3	
Acuvail (Ophthalmic Solution)	3	ST
Alrex (Ophthalmic Suspension)	3	
Bromfenac Sodium (Once-Daily) (Ophthalmic Solution)	3	
BromSite (Ophthalmic Solution)	3	ST
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	2	
Diclofenac Sodium (Ophthalmic Solution)	1	
Durezol (Ophthalmic Emulsion)	2	
Flarex (Ophthalmic Suspension)	3	
Fluorometholone (Ophthalmic Suspension)	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
Flurbiprofen Sodium (Ophthalmic Solution)	1		Pred Forte (Ophthalmic Suspension)	3	
FML Forte (Ophthalmic Suspension)	3		Pred Mild (Ophthalmic Suspension)	3	
FML Liquifilm (Ophthalmic Suspension)	3		Prednisolone Acetate (Ophthalmic Suspension)	2	
FML (Ophthalmic Ointment)	3		Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	1	
Ilevro (Ophthalmic Suspension)	2		Prolensa (Ophthalmic Solution)	3	
Inveltys (Ophthalmic Suspension)	3	ST	Ophthalmic Prostaglandin and Prostaglandin Analogs		
Ketorolac Tromethamine (Ophthalmic Solution)	2		Bimatoprost (Ophthalmic Solution)	3	
Lotemax (Ophthalmic Gel)	3		Latanoprost (Ophthalmic Solution)	1	
Lotemax (Ophthalmic Ointment)	3		Lumigan (Ophthalmic Solution)	2	
Lotemax (Ophthalmic Suspension)	3		Travatan Z (Ophthalmic Solution)	3	
Lotemax SM (Ophthalmic Gel)	3		Travoprost (BAK Free) (Ophthalmic Solution)	2	
Loteprednol Etabonate (Ophthalmic Suspension)	3		Vyzulta (Ophthalmic Solution)	3	
Maxidex (Ophthalmic Suspension)	3		Xalatan (Ophthalmic Solution)	3	
Nevanac (Ophthalmic Suspension)	3		Xelpros (Ophthalmic Emulsion)	3	ST
			Zioptan (Ophthalmic Solution)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Otic Agents		
Otic Agents		
Acetic Acid (Otic Solution)	1	
Cetralax (Otic Solution)	3	
Cipro HC (Otic Suspension)	3	
Ciprodex (Otic Suspension)	2	
Ciprofloxacin HCl (Otic Solution)	3	
Ciprofloxacin-Fluocinolone PF (Otic Solution)	3	ST
DermOtic (Otic Oil)	3	
Flac (Otic Oil)	3	
Fluocinolone Acetonide (Otic Oil)	2	
Hydrocortisone-Acetic Acid (Otic Solution)	2	
Neomycin-Polymyxin-HC (1% Otic Solution)	2	
Neomycin-Polymyxin-HC (Otic Suspension)	2	
Otovel (Otic Solution)	3	ST
Respiratory Tract/Pulmonary Agents		
Antihistamines		
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution)	2	
Cetirizine HCl (1MG/ML Oral Solution)	1	
Clarinet (Oral Tablet)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Cyproheptadine HCl (Oral Tablet)	3	PA; HRM
Desloratadine (Oral Tablet)	2	
Desloratadine ODT (Oral Tablet Dispersible)	3	
Levocetirizine Dihydrochloride (Oral Solution)	2	
Levocetirizine Dihydrochloride (Oral Tablet)	1	
Olopatadine HCl (Nasal Solution)	3	
Patanase (Nasal Solution)	3	
Promethazine HCl (Oral Tablet)	3	PA; HRM
Promethazine HCl (12.5MG Rectal Suppository)	3	PA; HRM
Anti-inflammatories, Inhaled Corticosteroids		
Alvesco (Inhalation Aerosol Solution)	3	ST; QL
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	2	QL
Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	3	ST; 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
Asmanex (30 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	3	ST; QL	Pulmicort (Inhalation Suspension)	3	B/D, PA
Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	3	ST; QL	Qnasl Childrens (Nasal Aerosol Solution)	3	ST
Asmanex HFA (Inhalation Aerosol)	3	ST; QL	Qnasl (Nasal Aerosol Solution)	3	ST
Beconase AQ (Nasal Suspension)	3	ST	QVAR RediHaler (Inhalation Aerosol Breath Activated)	3	ST; QL
Budesonide (Inhalation Suspension)	3	B/D, PA	Xhance (Nasal Exhaler Suspension)	3	
Flovent Diskus (Inhalation Aerosol Powder Breath Activated)	2		Zetonna (Nasal Aerosol Solution)	3	ST
Flovent HFA (Inhalation Aerosol)	2	QL	Antileukotrienes		
Flunisolide (Nasal Solution)	2		Accolate (Oral Tablet)	3	
Fluticasone Propionate (Nasal Suspension)	1		Montelukast Sodium (Oral Packet)	2	QL
Mometasone Furoate (Nasal Suspension)	3		Montelukast Sodium (Oral Tablet)	1	QL
Nasonex (Nasal Suspension)	3		Montelukast Sodium (Oral Tablet Chewable)	1	QL
Omnamis (Nasal Suspension)	3	ST	Singulair (Oral Packet)	3	QL
Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated)	3	ST	Singulair (Oral Tablet)	3	QL
			Singulair (Oral Tablet Chewable)	3	QL
			Zafirlukast (Oral Tablet)	2	
			Zileuton ER (Oral Tablet Extended Release 12 Hour)	4	ST
			Zyflo (Oral Tablet Immediate Release)	4	ST

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
Bronchodilators, Anticholinergic			Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Brand Equivalent Ventolin)		
Atrovent HFA (Inhalation Aerosol Solution)	3			3	ST
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	2	QL	Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution (Generic Proair), 108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil)	2	
Ipratropium Bromide (Inhalation Solution)	1	B/D, PA	Albuterol Sulfate (Inhalation Nebulization Solution)	1	B/D, PA
Ipratropium Bromide (Nasal Solution)	2		Albuterol Sulfate (Oral Syrup)	3	
Lonhala Magnair (Inhalation Solution)	4	QL	Albuterol Sulfate (Oral Tablet Immediate Release)	3	
Seebri Neohaler (Inhalation Capsule)	3	ST	Arcapta Neohaler (Inhalation Capsule)	3	ST
Spiriva HandiHaler (Inhalation Capsule)	2	QL	Brovana (Inhalation Nebulization Solution)	4	PA; QL
Spiriva Respimat (Inhalation Aerosol Solution)	2	QL	Epinephrine (Injection Solution Auto-Injector)	2	QL
Tudorza Pressair (Inhalation Aerosol Powder Breath Activated)	3	ST	EpiPen 2-Pak (Injection Solution Auto-Injector)	3	QL
Yupelri (Inhalation Solution)	4	B/D, PA; QL	EpiPen Jr 2-Pak (Injection Solution Auto-Injector)	3	QL
Bronchodilators, Sympathomimetic			Albuterol Sulfate ER (Oral Tablet Extended Release 12 Hour)		
Albuterol Sulfate ER (Oral Tablet Extended Release 12 Hour)	3				

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
Levalbuterol HCl (Inhalation Nebulization Solution)	3	B/D, PA	Ventolin HFA (Inhalation Aerosol Solution)	3	ST
Levalbuterol Tartrate (Inhalation Aerosol)	3	ST	Xopenex Concentrate (Inhalation Nebulization Solution)	3	B/D, PA
Metaproterenol Sulfate (Oral Syrup)	3		Xopenex HFA (Inhalation Aerosol)	3	ST
Perforomist (Inhalation Nebulization Solution)	3	B/D, PA; QL	Xopenex (0.31MG/3ML Inhalation Nebulization Solution, 0.63MG/3ML Inhalation Nebulization Solution)	3	B/D, PA
ProAir HFA (Inhalation Aerosol Solution)	2		Xopenex (1.25MG/3ML Inhalation Nebulization Solution)	4	B/D, PA
ProAir RespiClick (Inhalation Aerosol Powder Breath Activated)	2		Cystic Fibrosis Agents		
Proventil HFA (Inhalation Aerosol Solution)	3	ST	Bethkis (Inhalation Nebulization Solution)	4	B/D, PA; QL
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	2	QL	Cayston (Inhalation Solution Reconstituted)	4	PA; LA
Striverdi Respimat (Inhalation Aerosol Solution)	3	ST	Orkambi (Oral Packet)	4	PA; LA; QL
Symjepi (Injection Solution Prefilled Syringe)	3	QL	Orkambi (Oral Tablet)	4	PA; LA; QL
Terbutaline Sulfate (Oral Tablet)	3		Symdeko (Oral Tablet Therapy Pack)	4	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
TOBI (Inhalation Nebulization Solution)	4	B/D, PA; QL
TOBI Podhaler (Inhalation Capsule)	4	PA; QL
Tobramycin (Inhalation Nebulization Solution)	4	B/D, PA; QL
Trikafta (Oral Tablet Therapy Pack)	4	PA; QL
Mast Cell Stabilizers		
Cromolyn Sodium (Inhalation Nebulization Solution)	2	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)	3	
Pulmonary Antihypertensives		
Adcirca (Oral Tablet)	4	PA
Adempas (Oral Tablet)	4	PA; LA
Alyq (Oral Tablet)	4	PA
Ambrisentan (Oral Tablet)	4	LA; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Bosentan (Oral Tablet)	4	PA; LA; QL
Letairis (Oral Tablet)	4	PA; LA; QL
Opsumit (Oral Tablet)	4	PA; LA
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)	4	PA; LA
Revatio (Oral Suspension Reconstituted)	4	PA
Revatio (Oral Tablet)	4	PA
Sildenafil Citrate (Oral Suspension Reconstituted)	4	PA
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	2	PA
Tadalafil (PAH) (20MG Oral Tablet)	4	PA
Tracleer (Oral Tablet)	4	PA; LA; QL
Tracleer (Oral Tablet Soluble)	4	PA; LA; QL
Uptravi (Oral Tablet)	4	PA; LA; QL
Uptravi (Oral Tablet Therapy Pack)	4	PA; LA

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
Ventavis (Inhalation Solution)	4	PA; LA	Bevespi Aerosphere (Inhalation Aerosol)	3	ST
Pulmonary Fibrosis Agents			Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	2	QL
Esbriet (Oral Capsule)	4	PA; LA; QL	Clarinet-D 12 Hour (Oral Tablet Extended Release 12 Hour)	3	
Esbriet (Oral Tablet)	4	PA; LA; QL	Combivent Respimat (Inhalation Aerosol Solution)	2	QL
Ofev (Oral Capsule)	4	PA; LA; QL	Duaklir Pressair (Inhalation Aerosol Powder Breath Activated)	4	ST; QL
Respiratory Tract Agents, Other			Dulera (Inhalation Aerosol)	3	QL
Acetylcysteine (Inhalation Solution)	1	B/D, PA	Dymista (Nasal Suspension)	3	
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	2	QL	Fasenra Pen (Subcutaneous Solution Auto-Injector)	4	PA; LA
Advair HFA (Inhalation Aerosol)	2	QL	Fasenra (Subcutaneous Solution Prefilled Syringe)	4	PA; LA
AirDuo RespiClick 113/14 (Inhalation Aerosol Powder Breath Activated)	3	ST; QL	Fluticasone-Salmeterol (Inhalation Aerosol Powder Breath Activated)	2	QL
AirDuo RespiClick 232/14 (Inhalation Aerosol Powder Breath Activated)	3	ST; QL	Grastek (Tablet Sublingual)	3	PA
AirDuo RespiClick 55/14 (Inhalation Aerosol Powder Breath Activated)	3	ST; QL			
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	2	QL			
Azelastine-Fluticasone (Nasal Suspension)	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
Ipratropium-Albuterol (Inhalation Solution)	1	B/D, PA
Kalydeco (Oral Packet)	4	PA; LA
Kalydeco (Oral Tablet)	4	PA; LA
Nucala (Subcutaneous Solution Auto-Injector)	4	PA; LA; QL
Nucala (Subcutaneous Solution Prefilled Syringe)	4	PA; LA; QL
Nucala (Subcutaneous Solution Reconstituted)	4	PA; LA; QL
Oralair 300IR (Tablet Sublingual)	3	PA
Pulmozyme (Inhalation Solution)	4	B/D, PA; QL
Semprex-D (Oral Capsule)	3	
Stiolto Respimat (Inhalation Aerosol Solution)	2	
Symbicort (120 Inhalation Aerosol)	2	QL
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	2	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Utibron Neohaler (Inhalation Capsule)	3	ST
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	2	QL
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
Baclofen (Oral Tablet)	1	
Cyclobenzaprine HCl (7.5MG Oral Tablet)	3	PA; HRM
Dantrium (Oral Capsule)	3	
Dantrolene Sodium (Oral Capsule)	3	
Fexmid (Oral Tablet)	3	PA; HRM
Tizanidine HCl (2MG Oral Capsule, 4MG Oral Capsule, 6MG Oral Capsule)	3	
Tizanidine HCl (2MG Oral Tablet, 4MG Oral Tablet)	1	
Zanaflex (Oral Capsule)	3	
Zanaflex (Oral Tablet)	3	
Sleep Disorder Agents		
GABA Receptor Modulators		
Ambien (Oral Tablet Immediate Release)	3	PA; HRM
Restoril (22.5MG Oral Capsule)	4	HRM; QL

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Temazepam (15MG Oral Capsule, 30MG Oral Capsule)	2	HRM; QL
Temazepam (22.5MG Oral Capsule, 7.5MG Oral Capsule)	3	HRM; QL
Zaleplon (Oral Capsule)	2	HRM
Zolpidem Tartrate (Oral Tablet Immediate Release)	3	PA; HRM
Sleep Disorders, Other		
Armodafinil (Oral Tablet)	2	PA; QL
Belsomra (Oral Tablet)	2	QL
DayVigo (Oral Tablet)	3	ST; QL
Doxepin HCl (Oral Tablet)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Hetlioz (Oral Capsule)	4	PA; LA; QL
Modafinil (Oral Tablet)	3	PA; QL
Nuvigil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	4	PA; QL
Nuvigil (50MG Oral Tablet)	3	PA; QL
Provigil (Oral Tablet)	4	PA; QL
Ramelteon (Oral Tablet)	3	
Rozerem (Oral Tablet)	3	
Silenor (Oral Tablet)	3	
Sunosi (Oral Tablet)	3	PA; QL
Wakix (Oral Tablet)	4	PA; QL
Xyrem (Oral Solution)	4	PA; LA; QL

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

Covered drugs with a quantity limit (QL)

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

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

Drugs are listed in alphabetical order in the chart below.

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
Abilify MyCite (Oral Tablet)	Maximum of 1 tablet per day
Abilify (Oral Tablet)	Maximum of 1 tablet per day
Accupril (Oral Tablet)	Maximum of 2 tablets per day
Accuretic (10-12.5MG Oral Tablet)	Maximum of 1 tablet per day
Accuretic (20-12.5MG Oral Tablet, 20-25MG 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
Actiq (Buccal Lozenge On A Handle)	Maximum of 4 lozenges per day
Actoplus Met (Oral Tablet Immediate Release)	Maximum of 3 tablets per day
Actos (15MG Oral Tablet)	Maximum of 3 tablets per day
Actos (30MG Oral Tablet, 45MG Oral Tablet)	Maximum of 1 tablet per day
Adderall (20MG Oral Tablet)	Maximum of 3 tablets per day
Adderall (5MG Oral Tablet, 7.5MG Oral Tablet)	Maximum of 2 tablets per day
Adderall XR (Oral Capsule Extended Release 24 Hour)	Maximum of 2 capsules per day
Adlyxin Starter Pack (Subcutaneous Pen-Injector Kit)	Maximum of 1 kit (6 ml) per 28 days
Adlyxin (Subcutaneous Solution Pen-Injector)	Maximum of 2 pens (6 ml) per 28 days

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (60 blisters) per 30 days
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
Aggrenox (Oral Capsule Extended Release 12 Hour)	Maximum of 2 capsules 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
AirDuo RespiClick 113/14 (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler per 30 days
AirDuo RespiClick 232/14 (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler per 30 days
AirDuo RespiClick 55/14 (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler per 30 days
Ajovy (Subcutaneous Solution Auto-Injector)	Maximum of 1 pen (1.5 ml) per 30 days
Ajovy (Subcutaneous Solution Prefilled Syringe)	Maximum of 1 syringe (1.5 ml) per 30 days
Albendazole (Oral Tablet)	Maximum of 16 tablets per day
Albenza (Oral Tablet)	Maximum of 16 tablets per day
Aliskiren Fumarate (Oral Tablet)	Maximum of 1 tablet per day
Almotriptan Malate (Oral Tablet)	Maximum of 12 tablets per 30 days
Alogliptin Benzoate (Oral Tablet)	Maximum of 1 tablet per day
Alogliptin-Metformin HCl (Oral Tablet)	Maximum of 2 tablets per day
Alogliptin-Pioglitazone (Oral Tablet)	Maximum of 1 tablet per day
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
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

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Drug Name	Quantity Limit
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
Altace (Oral Capsule)	Maximum of 2 capsules per day
Altoprev (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet 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
Alvesco (160MCG/ACT Inhalation Aerosol Solution)	Maximum of 2 inhalers (12.2 grams) per 30 days
Alvesco (80MCG/ACT Inhalation Aerosol Solution)	Maximum of 1 inhaler (6.1 grams) per 30 days
Amaryl (1MG Oral Tablet)	Maximum of 8 tablets per day
Amaryl (2MG Oral Tablet)	Maximum of 4 tablets per day
Amaryl (4MG Oral Tablet)	Maximum of 2 tablets per day
Ambrisentan (Oral Tablet)	Maximum of 1 tablet per day
Amerge (Oral Tablet)	Maximum of 12 tablets per 30 days
Amitiza (Oral Capsule)	Maximum of 2 capsules 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

Bold type = Brand name drug

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Drug Name	Quantity Limit
Amphetamine-Dextroamphetamine (20MG Oral Tablet)	Maximum of 3 tablets per day
Ampyra (Oral Tablet Extended Release 12 Hour)	Maximum of 2 tablets per day
Annovera (Vaginal Ring)	Maximum of 1 ring per 365 days
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (60 blisters) per 30 days
Apokyn (Subcutaneous Solution Cartridge)	Maximum of 3 ml per day
Apriso (Oral Capsule Extended Release 24 Hour)	Maximum of 4 capsules per day
Aptensio XR (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
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
Aricept (10MG Oral Tablet)	Maximum of 2 tablets per day
Aricept (23MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet per day
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
Arnity Ellipta (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (30 blisters) per 30 days
Asacol HD (Oral Tablet Delayed Release)	Maximum of 6 tablets per day
Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler per 30 days
Asmanex (30 Metered Doses) (110MCG/INH Inhalation Aerosol Powder Breath Activated)	Maximum of 2 inhalers per 30 days
Asmanex (30 Metered Doses) (220MCG/INH Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler per 30 days

Bold type = Brand name drug

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Drug Name	Quantity Limit
Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler per 30 days
Asmanex HFA (Inhalation Aerosol)	Maximum of 1 inhaler (13 grams) per 30 days
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	Maximum of 2 capsules per day
Atacand HCT (Oral Tablet)	Maximum of 1 tablet per day
Atacand (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet)	Maximum of 1 tablet per day
Atacand (8MG Oral Tablet)	Maximum of 3 tablets 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
Ativan (0.5MG Oral Tablet, 1MG Oral Tablet)	Maximum of 4 tablets per day
Ativan (2MG Oral Tablet)	Maximum of 5 tablets 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
Avalide (Oral Tablet)	Maximum of 1 tablet per day
Avandia (2MG Oral Tablet)	Maximum of 4 tablets per day
Avandia (4MG Oral Tablet)	Maximum of 2 tablets per day
Avapro (150MG Oral Tablet, 300MG Oral Tablet)	Maximum of 1 tablet per day
Avapro (75MG Oral Tablet)	Maximum of 3 tablets per day
Ayvakit (Oral Tablet)	Maximum of 1 tablet per day
Azor (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
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
Benicar HCT (Oral Tablet)	Maximum of 1 tablet per day
Benicar (20MG Oral Tablet, 40MG Oral Tablet)	Maximum of 1 tablet per day
Benicar (5MG Oral Tablet)	Maximum of 2 tablets per day
Bethkis (Inhalation Nebulization Solution)	Maximum of 2 ampules (8 ml) per day

Bold type = Brand name drug

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Drug Name	Quantity Limit
Biktarvy (Oral Tablet)	Maximum of 1 tablet per day
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
Butorphanol Tartrate (Nasal Solution)	Maximum of 2 bottles (5 ml) per 30 days
Butrans (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
Caduet (Oral Tablet)	Maximum of 1 tablet per day
Calquence (Oral Capsule)	Maximum of 2 capsules per day

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Plain type = Generic drug

Drug Name	Quantity Limit
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
Celebrex (Oral Capsule)	Maximum of 2 capsules per day
Celecoxib (Oral Capsule)	Maximum of 2 capsules per day
Cequa (Ophthalmic Solution)	Maximum of 2 vials per day
Cialis (2.5MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet 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
Clonazepam (Oral Capsule)	Maximum of 8 capsules per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
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
Combivir (Oral Tablet)	Maximum of 2 tablets per day
Complera (Oral Tablet)	Maximum of 1 tablet per day
Concerta (18MG Oral Tablet Extended Release)	Maximum of 3 tablets per day
Concerta (27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release)	Maximum of 2 tablets per day
Concerta (54MG Oral Tablet Extended Release)	Maximum of 1 tablet per day
ConZip (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
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
Cozaar (100MG Oral Tablet)	Maximum of 1 tablet per day
Cozaar (25MG Oral Tablet, 50MG Oral Tablet)	Maximum of 2 tablets per day
Crestor (Oral Tablet)	Maximum of 1 tablet per day
Crixivan (200MG Oral Capsule)	Maximum of 9 capsules per day
Crixivan (400MG Oral Capsule)	Maximum of 6 capsules per day
Cymbalta (Oral Capsule Delayed Release Particles)	Maximum of 2 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

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Drug Name	Quantity Limit
Daytrana (Transdermal Patch)	Maximum of 1 patch per day
DayVigo (Oral Tablet)	Maximum of 1 tablet per day
Delstrigo (Oral Tablet)	Maximum of 1 tablet per day
Descovy (Oral Tablet)	Maximum of 1 tablet per day
Dexedrine (10MG Oral Capsule Extended Release 24 Hour)	Maximum of 6 capsules per day
Dexedrine (15MG Oral Capsule Extended Release 24 Hour)	Maximum of 4 capsules per day
Dexedrine (5MG Oral Capsule Extended Release 24 Hour)	Maximum of 3 capsules 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
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
Dilaudid (Oral Liquid)	Maximum of 50 ml per day
Dilaudid (2MG Oral Tablet, 4MG Oral Tablet)	Maximum of 8 tablets per day
Dilaudid (8MG Oral Tablet)	Maximum of 6 tablets per day
Diovan HCT (Oral Tablet)	Maximum of 1 tablet per day
Diovan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	Maximum of 2 tablets per day
Diovan (320MG Oral Tablet)	Maximum of 1 tablet per day
Dolophine (10MG Oral Tablet)	Maximum of 12 tablets per day
Dolophine (5MG Oral Tablet)	Maximum of 8 tablets per day

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Drug Name	Quantity Limit
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
Duaklir Pressair (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler per 30 days
Duetact (Oral Tablet)	Maximum of 1 tablet per day
Dulera (120 Inhalation Aerosol)	Maximum of 1 inhaler (13 grams) per 30 days
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	Maximum of 2 capsules per day
Duloxetine HCl (40MG Oral Capsule Delayed Release Particles)	Maximum of 3 capsules per day
Duragesic-100 (Transdermal Patch 72 Hour)	Maximum of 15 patches per 30 days
Duragesic-12 (Transdermal Patch 72 Hour)	Maximum of 15 patches per 30 days
Duragesic-25 (Transdermal Patch 72 Hour)	Maximum of 15 patches per 30 days
Duragesic-50 (Transdermal Patch 72 Hour)	Maximum of 15 patches per 30 days
Duragesic-75 (Transdermal Patch 72 Hour)	Maximum of 15 patches per 30 days
Dvorah (Oral Tablet)	Maximum of 10 tablets per day
Dyanavel XR (Oral Suspension Extended Release)	Maximum of 8 ml per day
Econazole Nitrate (External Cream)	Maximum of 90 grams per 30 days
Edarbi (Oral Tablet)	Maximum of 1 tablet per day
Edarbyclor (Oral Tablet)	Maximum of 1 tablet per day
Edurant (Oral Tablet)	Maximum of 1 tablet per day
Efavirenz (Oral Capsule)	Maximum of 3 capsules per day

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Drug Name	Quantity Limit
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
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
EpiPen 2-Pak (Injection Solution Auto-Injector)	Maximum of 4 pens (2 boxes) per 30 days
EpiPen Jr 2-Pak (Injection Solution Auto-Injector)	Maximum of 4 pens (2 boxes) per 30 days
Epivir (Oral Solution)	Maximum of 32 ml per day
Epivir (150MG Oral Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Epivir (300MG Oral Tablet)	Maximum of 1 tablet per day
Epzicom (Oral Tablet)	Maximum of 1 tablet per day
Erivedge (Oral Capsule)	Maximum of 1 capsule per day
Erleada (Oral Tablet)	Maximum of 4 tablets per day
Erlotinib HCl (100MG Oral Tablet, 150MG Oral Tablet)	Maximum of 1 tablet per day
Erlotinib HCl (25MG Oral Tablet)	Maximum of 3 tablets per day
Esbriet (Oral Capsule)	Maximum of 9 capsules per day
Esbriet (267MG Oral Tablet)	Maximum of 9 tablets per day
Esbriet (801MG Oral Tablet)	Maximum of 3 tablets per day
Esomeprazole Magnesium (20MG Oral Capsule Delayed Release) (Generic Nexium)	Maximum of 3 capsules per day
Esomeprazole Magnesium (40MG Oral Capsule Delayed Release) (Generic Nexium)	Maximum of 2 capsules per day
Estradiol (Transdermal Patch Twice Weekly)	Maximum of 8 patches per 28 days
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
Exelon (Transdermal Patch 24 Hour)	Maximum of 1 patch per day
Exforge (Oral Tablet)	Maximum of 1 tablet per day
Extina (External Foam)	Maximum of 100 grams per 28 days
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 (1200MCG Buccal Lozenge On A Handle, 1600MCG Buccal Lozenge On A Handle, 200MCG Buccal Lozenge On A Handle, 400MCG Buccal Lozenge On A Handle, 600MCG Buccal Lozenge On A Handle, 800MCG Buccal Lozenge On A Handle)	Maximum of 4 lozenges per day
Fentanyl Citrate (100MCG Buccal Tablet, 200MCG Buccal Tablet, 400MCG Buccal Tablet, 600MCG Buccal Tablet, 800MCG Buccal Tablet)	Maximum of 4 tablets per day
Fentanyl (Transdermal Patch 72 Hour)	Maximum of 15 patches per 30 days

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Drug Name	Quantity Limit
Fentora (Buccal Tablet)	Maximum of 4 tablets per day
Fintepla (Oral Solution)	Maximum of 12 ml per day
Firazyr (Subcutaneous Solution)	Maximum of 3 syringes (9 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 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
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
Focalin (Oral Tablet)	Maximum of 2 tablets per day
Fortamet (1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Fortamet (500MG Oral Tablet Extended Release 24 Hour)	Maximum of 5 tablets per day
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
Frova (Oral Tablet)	Maximum of 12 tablets per 30 days
Frovatriptan Succinate (Oral Tablet)	Maximum of 12 tablets per 30 days

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Drug Name	Quantity Limit
Fuzeon (Subcutaneous Solution Reconstituted)	Maximum of 2 vials per day
Genvoya (Oral Tablet)	Maximum of 1 tablet per day
Geodon (Oral Capsule)	Maximum of 2 capsules per day
Gilenya (0.5MG Oral Capsule)	Maximum of 1 pack (30 capsules) per 30 days
Gleevec (Oral Tablet)	Maximum of 3 tablets per day
Glimepiride (1MG Oral Tablet)	Maximum of 8 tablets per day
Glimepiride (2MG Oral Tablet)	Maximum of 4 tablets per day
Glimepiride (4MG Oral Tablet)	Maximum of 2 tablets per day
Glipizide ER (10MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Glipizide ER (2.5MG Oral Tablet Extended Release 24 Hour)	Maximum of 8 tablets per day
Glipizide ER (5MG Oral Tablet Extended Release 24 Hour)	Maximum of 4 tablets per day
Glipizide (10MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day
Glipizide (5MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-250MG Oral Tablet)	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)	Maximum of 4 tablets per day
Gloperba (Oral Solution)	Maximum of 20 ml per day
Glucotrol (10MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day
Glucotrol (5MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Glucotrol XL (10MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Glucotrol XL (2.5MG Oral Tablet Extended Release 24 Hour)	Maximum of 8 tablets per day
Glucotrol XL (5MG Oral Tablet Extended Release 24 Hour)	Maximum of 4 tablets per day
Glumetza (1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Glumetza (500MG Oral Tablet Extended Release 24 Hour)	Maximum of 4 tablets per day
Glyxambi (Oral Tablet)	Maximum of 1 tablet per day
Harvoni (33.75-150MG Oral Packet)	Maximum of 1 carton (28 packets) per 28 days

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Drug Name	Quantity Limit
Harvoni (45-200MG Oral Packet)	Maximum of 2 cartons (56 packets) per 28 days
Harvoni (90-400MG Oral Tablet)	Maximum of 1 tablet per day
Hetlioz (Oral Capsule)	Maximum of 1 capsule per day
Hydrocodone Bitartrate ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	Maximum of 2 capsules per day
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	Maximum of 180 ml per day
Hydrocodone-Acetaminophen (10-300MG Oral Tablet, 5-300MG Oral Tablet, 7.5-300MG Oral Tablet)	Maximum of 13 tablets per day
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	Maximum of 12 tablets per day
Hydrocodone-Ibuprofen (Oral Tablet)	Maximum of 5 tablets per day
Hydromorphone HCl ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
Hydromorphone HCl (1MG/ML Oral Liquid)	Maximum of 50 ml per day
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Hydromorphone HCl (8MG Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Hysingla ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	Maximum of 1 tablet per day
Hyzaar (100-12.5MG Oral Tablet, 100-25MG Oral Tablet)	Maximum of 1 tablet per day
Hyzaar (50-12.5MG Oral Tablet)	Maximum of 2 tablets per day
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
Imitrex (Nasal Solution)	Maximum of 12 devices per 30 days
Imitrex (Oral Tablet)	Maximum of 12 tablets per 30 days
Imitrex STATdose Refill (6MG/0.5ML Subcutaneous Solution Cartridge)	Maximum of 12 injections (6 ml) per 30 days
Imitrex STATdose System (4MG/0.5ML Subcutaneous Solution Auto-Injector)	Maximum of 12 injections (6 ml) per 30 days
Imitrex (Subcutaneous Solution)	Maximum of 12 injections (6 ml) per 30 days

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

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Drug Name	Quantity Limit
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 (Oral Tablet Therapy Pack)	Maximum of 2 tablets per day
Kadian (100MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour)	Maximum of 3 capsules per day
Kadian (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)	Maximum of 2 capsules per day
Kadian (200MG Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Kaletra (Oral Solution)	Maximum of 2 bottles (320 ml) per 30 days
Kaletra (100-25MG Oral Tablet)	Maximum of 8 tablets per day
Kaletra (200-50MG Oral Tablet)	Maximum of 4 tablets per day
Kazano (Oral Tablet)	Maximum of 2 tablets per day
Ketoconazole (External Cream)	Maximum of 90 grams per 30 days
Ketoconazole (External Foam)	Maximum of 100 grams per 28 days
Ketodan (External Foam)	Maximum of 100 grams per 28 days
Keveyis (Oral Tablet)	Maximum of 4 tablets per day
Klonopin (0.5MG Oral Tablet, 1MG Oral Tablet)	Maximum of 4 tablets per day
Klonopin (2MG Oral Tablet)	Maximum of 10 tablets per day
Kombiglyze XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Kombiglyze XR (5-1000MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet 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 (125MCG Oral Tablet)	Maximum of 1 tablet 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
Lescol XL (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Letairis (Oral Tablet)	Maximum of 1 tablet per day
Levorphanol Tartrate (Oral Tablet)	Maximum of 6 tablets per day
Lexiva (Oral Suspension)	Maximum of 60 ml per day
Lexiva (Oral Tablet)	Maximum of 4 tablets per day
Lialda (Oral Tablet Delayed Release)	Maximum of 4 tablets per day
Lidocaine (5% External Ointment)	Maximum of 152 grams per 30 days
Lidocaine (5% External Patch)	Maximum of 3 patches per day
Lidoderm (External Patch)	Maximum of 3 patches per day
Linzess (Oral Capsule)	Maximum of 1 capsule per day
Lipitor (Oral Tablet)	Maximum of 1 tablet 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

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Drug Name	Quantity Limit
Lopinavir-Ritonavir (Oral Solution)	Maximum of 2 bottles (320 ml) per 30 days
Lorazepam (2MG/ML Oral Concentrate)	Maximum of 5 ml per day
Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	Maximum of 4 tablets per day
Lorazepam (2MG Oral Tablet)	Maximum of 5 tablets per day
Lorbrena (100MG Oral Tablet)	Maximum of 1 tablet per day
Lorbrena (25MG Oral Tablet)	Maximum of 3 tablets per day
Lorcet HD (Oral Tablet)	Maximum of 12 tablets per day
Lorcet (Oral Tablet)	Maximum of 12 tablets per day
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
Lotensin (Oral Tablet)	Maximum of 2 tablets per day
Lotrel (Oral Capsule)	Maximum of 1 capsule 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
Lovenox (100MG/ML Subcutaneous Solution, 150MG/ML Subcutaneous Solution)	Maximum of 2 syringes (2 ml) per day
Lovenox (120MG/0.8ML Subcutaneous Solution, 80MG/0.8ML Subcutaneous Solution)	Maximum of 2 syringes (1.6 ml) per day
Lovenox (30MG/0.3ML Subcutaneous Solution)	Maximum of 2 syringes (0.6 ml) per day
Lovenox (40MG/0.4ML Subcutaneous Solution)	Maximum of 2 syringes (0.8 ml) per day
Lovenox (60MG/0.6ML Subcutaneous Solution)	Maximum of 2 syringes (1.2 ml) per day
Lucemyra (Oral Tablet)	Maximum of 16 tablets per day
Luliconazole (External Cream)	Maximum of 60 grams per 28 days
Luzu (External Cream)	Maximum of 60 grams per 28 days
Lyrica CR (165MG Oral Tablet Extended Release 24 Hour, 82.5MG Oral Tablet Extended Release 24 Hour)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Lyrica CR (330MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Lyrica (100MG Oral Capsule, 150MG Oral Capsule, 200MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	Maximum of 3 capsules per day
Lyrica (225MG Oral Capsule, 300MG Oral Capsule)	Maximum of 2 capsules per day
Lyrica (Oral Solution)	Maximum of 30 ml per day
Mavyret (Oral Tablet)	Maximum of 3 tablets per day
Maxalt (Oral Tablet)	Maximum of 12 tablets per 30 days
Maxalt-MLT (Oral Tablet Dispersible)	Maximum of 12 tablets per 30 days
Mayzent (0.25MG Oral Tablet)	Maximum of 8 tablets per day
Mayzent (2MG Oral Tablet)	Maximum of 1 tablet per day
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Memantine HCl (2MG/ML Oral Solution)	Maximum of 10 ml per day
Memantine HCl (10MG Oral Tablet)	Maximum of 2 tablets per day
Memantine HCl (5MG Oral Tablet)	Maximum of 3 tablets per day
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 (1000MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	Maximum of 2 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	Maximum of 4 tablets per day
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	Maximum of 2 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	Maximum of 5 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

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Drug Name	Quantity Limit
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
Methylin (10MG/5ML Oral Solution)	Maximum of 30 ml per day
Methylin (5MG/5ML Oral Solution)	Maximum of 60 ml per day
Methylphenidate HCl ER (XR) (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Methylphenidate HCl ER (10MG Oral Tablet Extended Release)	Maximum of 4 tablets per day
Methylphenidate HCl ER Osmotic Release (18MG Oral Tablet Extended Release) (Generic Concerta), Methylphenidate HCl ER (20MG Oral Tablet Extended Release) (Generic Metadate ER)	Maximum of 3 tablets per day
Methylphenidate HCl ER (18MG Oral Tablet Extended Release 24 Hour)	Maximum of 3 tablets per day
Methylphenidate HCl ER (27MG Oral Tablet Extended Release 24 Hour, 36MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Methylphenidate HCl ER (54MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Methylphenidate HCl ER Osmotic Release (27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release) (Generic Concerta)	Maximum of 2 tablets 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

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Drug Name	Quantity Limit
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
Micardis HCT (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)	Maximum of 1 tablet per day
Micardis HCT (80-12.5MG Oral Tablet)	Maximum of 2 tablets per day
Micardis (Oral Tablet)	Maximum of 1 tablet per day
Minivelle (Transdermal Patch Twice Weekly)	Maximum of 8 patches per 28 days
Minocycline HCl ER (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Minolira (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Mitigare (Oral Capsule)	Maximum of 4 capsules per day
Modafinil (100MG Oral Tablet)	Maximum of 1 tablet per day
Modafinil (200MG Oral Tablet)	Maximum of 2 tablets per day
Moexipril HCl (Oral Tablet)	Maximum of 2 tablets per day
Montelukast Sodium (Oral Packet)	Maximum of 1 packet per day
Montelukast Sodium (Oral Tablet)	Maximum of 1 tablet per day
Montelukast Sodium (Oral Tablet Chewable)	Maximum of 1 tablet per day
Morphine Sulfate (100MG/5ML Oral Solution)	Maximum of 10 ml per day
Morphine Sulfate ER Beads (120MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	Maximum of 3 capsules per day
Morphine Sulfate ER Beads (30MG Oral Capsule Extended Release 24 Hour, 45MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	Maximum of 2 capsules per day
Morphine Sulfate ER Beads (75MG Oral Capsule Extended Release 24 Hour, 90MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	Maximum of 4 capsules per day
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

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Drug Name	Quantity Limit
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
Movantik (Oral Tablet)	Maximum of 1 tablet per day
MS Contin (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release)	Maximum of 3 tablets per day
MS Contin (200MG Oral Tablet Extended Release)	Maximum of 2 tablets per day
MS Contin (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release)	Maximum of 4 tablets per day
Mydayis (12.5MG Oral Capsule Extended Release 24 Hour, 25MG Oral Capsule Extended Release 24 Hour)	Maximum of 2 capsules per day
Mydayis (37.5MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Namenda (10MG Oral Tablet)	Maximum of 2 tablets per day
Namenda (5MG Oral Tablet)	Maximum of 3 tablets per day
Namenda XR (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day

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Drug Name	Quantity Limit
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
Nesina (Oral Tablet)	Maximum of 1 tablet 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
Nexium (20MG Oral Capsule Delayed Release)	Maximum of 3 capsules per day
Nexium (40MG Oral Capsule Delayed Release)	Maximum of 2 capsules 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
Norco (Oral Tablet)	Maximum of 12 tablets per day
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
Norvir (Oral Tablet)	Maximum of 12 tablets 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

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Drug Name	Quantity Limit
Nucala (Subcutaneous Solution Reconstituted)	Maximum of 3 vials per 28 days
Nucynta ER (Oral Tablet Extended Release 12 Hour)	Maximum of 2 tablets per day
Nucynta (Oral Tablet Immediate Release)	Maximum of 6 tablets per day
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
Nuvigil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	Maximum of 1 tablet per day
Nuvigil (50MG Oral Tablet)	Maximum of 2 tablets per day
Nuzyra (Oral Tablet)	Maximum of 2 tablets per day
Ocaliva (Oral Tablet)	Maximum of 1 tablet per day
Odefsey (Oral Tablet)	Maximum of 1 tablet per day
Odomzo (Oral Capsule)	Maximum of 1 capsule per day
Ofev (Oral Capsule)	Maximum of 2 capsules per day
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	Maximum of 1 tablet per day
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	Maximum of 1 tablet per day
Olmesartan Medoxomil (20MG Oral Tablet, 40MG Oral Tablet)	Maximum of 1 tablet per day
Olmesartan Medoxomil (5MG Oral Tablet)	Maximum of 2 tablets per day
Olmesartan Medoxomil-HCTZ (Oral Tablet)	Maximum of 1 tablet per day
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	Maximum of 1 tablet per day
Olumiant (Oral Tablet)	Maximum of 1 tablet per day
Onfi (Oral Suspension)	Maximum of 16 ml per day
Onfi (Oral Tablet)	Maximum of 2 tablets per day
Onglyza (Oral Tablet)	Maximum of 1 tablet per day
Onzetra Xsail (Nasal Exhaler Powder)	Maximum of 1 kit (16 exhalers) per 30 days
Oriahnn (Oral Capsule Therapy Pack)	Maximum of 1 pack (56 capsules) per 28 days
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

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Drug Name	Quantity Limit
Oseni (Oral Tablet)	Maximum of 1 tablet per day
Osphena (Oral Tablet)	Maximum of 1 tablet per day
Oxbryta (Oral Tablet)	Maximum of 3 tablets per day
Oxervate (Ophthalmic Solution)	Maximum of 2 vials (2 ml) per day
Oxiconazole Nitrate (External Cream)	Maximum of 90 grams per 30 days
Oxistat (External Cream)	Maximum of 90 grams per 30 days
Oxistat (External Lotion)	Maximum of 60 ml per 30 days
Oxycodone HCl ER (Oral Tablet ER 12 Hour Abuse-Deterrent)	Maximum of 3 tablets per day
Oxycodone HCl (5MG Oral Capsule)	Maximum of 12 capsules per day
Oxycodone HCl (100MG/5ML Oral Concentrate)	Maximum of 6 ml per day
Oxycodone HCl (5MG/5ML Oral Solution)	Maximum of 130 ml per day
Oxycodone HCl (10MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	Maximum of 12 tablets per day
Oxycodone HCl (15MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Oxycodone HCl (20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	Maximum of 12 tablets per day
Oxycodone-Aspirin (Oral Tablet)	Maximum of 12 tablets per day
OxyContin (Oral Tablet ER 12 Hour Abuse-Deterrent)	Maximum of 3 tablets per day
Oxymorphone HCl ER (10MG Oral Tablet Extended Release 12 Hour, 15MG Oral Tablet Extended Release 12 Hour, 20MG Oral Tablet Extended Release 12 Hour, 5MG Oral Tablet Extended Release 12 Hour, 7.5MG Oral Tablet Extended Release 12 Hour)	Maximum of 2 tablets per day
Oxymorphone HCl ER (30MG Oral Tablet Extended Release 12 Hour)	Maximum of 4 tablets per day
Oxymorphone HCl ER (40MG Oral Tablet Extended Release 12 Hour)	Maximum of 3 tablets per day
Oxymorphone HCl (Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Ozempic (0.25 or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector)	Maximum of 1 pen (1.5 ml) per 28 days

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Drug Name	Quantity Limit
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
Palynziq (10MG/0.5ML Subcutaneous Solution Prefilled Syringe)	Maximum of 28 syringes per 28 days
Palynziq (2.5MG/0.5ML Subcutaneous Solution Prefilled Syringe)	Maximum of 8 syringes per 28 days
Palynziq (20MG/ML Subcutaneous Solution Prefilled Syringe)	Maximum of 56 syringes per 28 days
Pantoprazole Sodium (20MG Oral Tablet Delayed Release)	Maximum of 3 tablets per day
Pantoprazole Sodium (40MG Oral Tablet Delayed Release)	Maximum of 2 tablets per day
Pemazyre (Oral Tablet)	Maximum of 1 tablet per day
Pentamidine Isethionate (Inhalation Solution Reconstituted)	Maximum of 1 vial (300 mg) per 28 days
Pentasa (250MG Oral Capsule Extended Release)	Maximum of 12 capsules per day
Pentasa (500MG Oral Capsule Extended Release)	Maximum of 8 capsules per day
Percocet (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

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Drug Name	Quantity Limit
Plavix (Oral Tablet)	Maximum of 4 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
Pravachol (Oral Tablet)	Maximum of 1 tablet per day
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
Prevacid (Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Prevymis (Oral Tablet)	Maximum of 1 tablet per day
Prezcobix (Oral Tablet)	Maximum of 1 tablet per day
Prezista (Oral Suspension)	Maximum of 2 bottles (400 ml) per 30 days
Prezista (150MG Oral Tablet)	Maximum of 6 tablets per day
Prezista (600MG Oral Tablet, 75MG Oral Tablet)	Maximum of 2 tablets per day
Prezista (800MG Oral Tablet)	Maximum of 1 tablet per day
Primlev (Oral Tablet)	Maximum of 13 tablets per day
Prinivil (Oral Tablet)	Maximum of 2 tablets per day
Prolate (Oral Tablet)	Maximum of 13 tablets 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
Protonix (20MG Oral Tablet Delayed Release)	Maximum of 3 tablets per day
Protonix (40MG Oral Tablet Delayed Release)	Maximum of 2 tablets per day
Provigil (100MG Oral Tablet)	Maximum of 1 tablet per day
Provigil (200MG Oral Tablet)	Maximum of 2 tablets per day
PRUDOXIN (External Cream)	Maximum of 90 grams per 30 days
Pulmozyme (Inhalation Solution)	Maximum of 2 ampules (5 ml) per day

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Drug Name	Quantity Limit
Qbrelis (Oral Solution)	Maximum of 80 ml per day
Qinlock (Oral Tablet)	Maximum of 3 tablets per day
Qtern (Oral Tablet)	Maximum of 1 tablet per day
Quetiapine Fumarate ER (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Quetiapine Fumarate ER (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Quetiapine Fumarate (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	Maximum of 3 tablets per day
Quetiapine Fumarate (25MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day
Quetiapine Fumarate (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	Maximum of 2 tablets per day
QuilliChew ER (20MG Oral Tablet Chewable Extended Release, 40MG Oral Tablet Chewable Extended Release)	Maximum of 1 tablet per day
QuilliChew ER (30MG Oral Tablet Chewable Extended Release)	Maximum of 2 tablets per day
Quinapril HCl (Oral Tablet)	Maximum of 2 tablets per day
Quinapril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	Maximum of 1 tablet per day
Quinapril-Hydrochlorothiazide (20-12.5MG Oral Tablet, 20-25MG Oral Tablet)	Maximum of 2 tablets per day
QVAR RediHaler (Inhalation Aerosol Breath Activated)	Maximum of 2 inhalers (21.2 grams) per 30 days
Ramipril (Oral Capsule)	Maximum of 2 capsules per day
Rapaflo (Oral Capsule)	Maximum of 1 capsule per day
Rayaldee (Oral Capsule Extended Release)	Maximum of 2 capsules per day
Relexxii (Oral Tablet Extended Release)	Maximum of 1 tablet per day
Relpax (Oral Tablet)	Maximum of 12 tablets per 30 days
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

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Drug Name	Quantity Limit
Repatha Pushtonex 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 Single-Use Vials (Ophthalmic Emulsion)	Maximum of 2 vials per day
Restoril (22.5MG Oral Capsule)	Maximum of 1 capsule per day
Retevmo (40MG Oral Capsule)	Maximum of 6 capsules per day
Retevmo (80MG Oral Capsule)	Maximum of 4 capsules per day
Retrovir (Oral Capsule)	Maximum of 6 capsules per day
Retrovir (Oral Syrup)	Maximum of 64 ml per day
Rexulti (Oral Tablet)	Maximum of 1 tablet per day
Reyataz (150MG Oral Capsule, 300MG Oral Capsule)	Maximum of 1 capsule per day
Reyataz (200MG Oral Capsule)	Maximum of 2 capsules per day
Reyataz (Oral Packet)	Maximum of 6 packets per day
Reyvow (100MG Oral Tablet)	Maximum of 8 tablets per 30 days
Reyvow (50MG Oral Tablet)	Maximum of 4 tablets per 30 days
Riomet ER (Oral Suspension Reconstituted ER)	Maximum of 20 ml per day
Riomet (Oral Solution)	Maximum of 25.5 ml per day
Ritalin (Oral Tablet)	Maximum of 3 tablets per day
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
Roxicodone (15MG Oral Tablet)	Maximum of 8 tablets per day
Roxicodone (30MG Oral Tablet)	Maximum of 6 tablets per day
Roxicodone (5MG Oral Tablet)	Maximum of 12 tablets per day
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

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Drug Name	Quantity Limit
Rybelsus (Oral Tablet)	Maximum of 1 tablet per day
Rydapt (Oral Capsule)	Maximum of 8 capsules per day
Sabril (Oral Packet)	Maximum of 6 packets per day
Sabril (Oral Tablet)	Maximum of 6 tablets per day
Savaysa (Oral Tablet)	Maximum of 1 tablet per day
Secuado (Transdermal Patch 24 Hour)	Maximum of 1 patch per day
Segluromet (2.5-1000MG Oral Tablet, 7.5-1000MG Oral Tablet, 7.5-500MG Oral Tablet)	Maximum of 2 tablets per day
Segluromet (2.5-500MG Oral Tablet)	Maximum of 4 tablets 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
Sensipar (30MG Oral Tablet, 60MG Oral Tablet)	Maximum of 2 tablets per day
Sensipar (90MG Oral Tablet)	Maximum of 4 tablets per day
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (60 inhalations) per 30 days
Seroquel (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	Maximum of 3 tablets per day
Seroquel (25MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day
Seroquel (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Seroquel XR (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Seroquel XR (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Silodosin (Oral Capsule)	Maximum of 1 capsule per day
Simvastatin (Oral Tablet)	Maximum of 1 tablet per day
Singulair (Oral Packet)	Maximum of 1 packet per day
Singulair (Oral Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Singulair (Oral Tablet Chewable)	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
Solodyn (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
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
Starlix (120MG Oral Tablet)	Maximum of 3 tablets per day
Starlix (60MG Oral Tablet)	Maximum of 6 tablets per day
Stavudine (Oral Capsule)	Maximum of 2 capsules per day
Steglatro (15MG Oral Tablet)	Maximum of 1 tablet per day
Steglatro (5MG Oral Tablet)	Maximum of 2 tablets per day
Steglujan (Oral Tablet)	Maximum of 1 tablet per day
Stivarga (Oral Tablet)	Maximum of 4 tablets per day
Stribild (Oral Tablet)	Maximum of 1 tablet per day
Suboxone (12-3MG Sublingual Film, 4-1MG Sublingual Film)	Maximum of 2 films per day
Suboxone (2-0.5MG Sublingual Film, 8-2MG Sublingual Film)	Maximum of 3 films per day
Subsys (100MCG Sublingual Liquid, 200MCG Sublingual Liquid, 400MCG Sublingual Liquid, 600MCG Sublingual Liquid, 800MCG Sublingual Liquid)	Maximum of 4 sprays per day
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

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Drug Name	Quantity Limit
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
Sustiva (Oral Capsule)	Maximum of 3 capsules per day
Sustiva (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
Syprine (Oral Capsule)	Maximum of 8 capsules 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
Tarceva (100MG Oral Tablet, 150MG Oral Tablet)	Maximum of 1 tablet per day
Tarceva (25MG Oral Tablet)	Maximum of 3 tablets per day
Tarka (Oral Tablet Extended Release)	Maximum of 1 tablet per day
Tasmar (Oral Tablet)	Maximum of 6 tablets 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
Tecfidera (Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Tekturna HCT (Oral Tablet)	Maximum of 1 tablet per day
Tekturna (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
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
TOBI (Inhalation Nebulization Solution)	Maximum of 2 ampules (10 ml) per day
TOBI Podhaler (Inhalation Capsule)	Maximum of 8 capsules per day
Tobramycin (Inhalation Nebulization Solution)	Maximum of 2 ampules (10 ml) per day
Tolcapone (Oral Tablet)	Maximum of 6 tablets per day
Tosymra (Nasal Solution)	Maximum of 12 devices per 30 days
Toviaz (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Tracleer (Oral Tablet)	Maximum of 2 tablets 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 (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Tramadol HCl ER (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
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
Tranxene-T (Oral Tablet)	Maximum of 12 tablets per day
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (60 blisters) per 30 days
Treximet (Oral Tablet)	Maximum of 9 tablets per 30 days
Trezix (Oral Capsule)	Maximum of 10 capsules per day
Tribenzor (Oral Tablet)	Maximum of 1 tablet 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
Trizivir (Oral Tablet)	Maximum of 2 tablets 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
Twynsta (Oral Tablet)	Maximum of 1 tablet per day
Tybost (Oral Tablet)	Maximum of 1 tablet per day
Ubrelvy (Oral Tablet)	Maximum of 16 tablets per 30 days
Ultracet (Oral Tablet)	Maximum of 8 tablets per day
Ultram (Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Uptravi (1000MCG Oral Tablet, 1200MCG Oral Tablet, 1400MCG Oral Tablet, 1600MCG Oral Tablet, 400MCG Oral Tablet, 600MCG Oral Tablet, 800MCG Oral Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
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
Valcyte (Oral Solution Reconstituted)	Maximum of 36 ml per day
Valcyte (Oral Tablet)	Maximum of 4 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
Valium (Oral Tablet)	Maximum of 4 tablets per day
Valsartan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	Maximum of 2 tablets per day
Valsartan (320MG Oral Tablet)	Maximum of 1 tablet per day
Valsartan-Hydrochlorothiazide (Oral Tablet)	Maximum of 1 tablet per day
Valtoco 10 MG Dose (Nasal Liquid)	Maximum of 10 blister packs (10 spray devices) per 30 days
Valtoco 15 MG Dose (Nasal Liquid Therapy Pack)	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 20 MG Dose (Nasal Liquid Therapy Pack)	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 5 MG Dose (Nasal Liquid)	Maximum of 10 blister packs (10 spray devices) per 30 days
Valtrex (1GM Oral Tablet)	Maximum of 4 tablets per day
Valtrex (500MG Oral Tablet)	Maximum of 2 tablets per day
Vancocin HCl (125MG Oral Capsule)	Maximum of 4 capsules per day
Vancocin (250MG Oral Capsule)	Maximum of 8 capsules per day
Vancomycin HCl (125MG Oral Capsule)	Maximum of 4 capsules per day
Vancomycin HCl (250MG Oral Capsule)	Maximum of 8 capsules per day
Vaseretic (Oral Tablet)	Maximum of 2 tablets per day
Vasotec (Oral Tablet)	Maximum of 2 tablets per day
Veltassa (Oral Packet)	Maximum of 1 packet per day
Vemlidy (Oral Tablet)	Maximum of 1 tablet per day
Vesicare (Oral Tablet)	Maximum of 1 tablet 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

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Drug Name	Quantity Limit
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
Viramune (Oral Suspension)	Maximum of 40 ml per day
Viramune (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Viramune XR (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Viread (Oral Powder)	Maximum of 4 bottles (240 grams) per 30 days
Viread (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
Vivelle-Dot (Transdermal Patch Twice Weekly)	Maximum of 8 patches per 28 days
Vivlodex (Oral Capsule)	Maximum of 1 capsule 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
Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)	Maximum of 4 capsules per day
Vyndamax (Oral Capsule)	Maximum of 1 capsule per day
Vyndaqel (Oral Capsule)	Maximum of 4 capsules per day
Vytorin (Oral Tablet)	Maximum of 1 tablet 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
Xanax (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day
Xanax (2MG Oral Tablet Immediate Release)	Maximum of 5 tablets per day
Xanax XR (0.5MG Oral Tablet Extended Release 24 Hour, 1MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Xanax XR (2MG Oral Tablet Extended Release 24 Hour)	Maximum of 5 tablets per day

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Drug Name	Quantity Limit
Xanax XR (3MG Oral Tablet Extended Release 24 Hour)	Maximum of 3 tablets per day
Xarelto (10MG Oral Tablet, 20MG Oral Tablet)	Maximum of 1 tablet per day
Xarelto (15MG Oral Tablet, 2.5MG Oral Tablet)	Maximum of 2 tablets per day
Xarelto Starter Pack (Oral Tablet Therapy Pack)	Maximum of 1 pack (51 tablets) per 30 days
Xcopri (250 MG Daily Dose) (Oral Tablet Therapy Pack)	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (350 MG Daily Dose) (Oral Tablet Therapy Pack)	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (100MG Oral Tablet, 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 (40 MG Dose) (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
Xolegel (External Gel)	Maximum of 90 grams 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 (40 MG Once Weekly) (Oral Tablet Therapy Pack)	Maximum of 8 tablets per 28 days

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Drug Name	Quantity Limit
Xpovio (40 MG 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
Xpovio (60 MG 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
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
Zembrace SymTouch (Subcutaneous Solution Auto-Injector)	Maximum of 16 syringes (8 ml) per 30 days
Zenzedi (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	Maximum of 6 tablets per day
Zenzedi (15MG Oral Tablet, 20MG Oral Tablet)	Maximum of 3 tablets per day
Zenzedi (30MG Oral Tablet)	Maximum of 2 tablets per day
Zepatier (Oral Tablet)	Maximum of 1 tablet per day
Zestoretic (10-12.5MG Oral Tablet)	Maximum of 1 tablet per day
Zestoretic (20-12.5MG Oral Tablet)	Maximum of 4 tablets per day
Zestoretic (20-25MG Oral Tablet)	Maximum of 2 tablets per day
Zestril (Oral Tablet)	Maximum of 2 tablets per day
Ziac (Oral Tablet)	Maximum of 2 tablets per day
Ziagen (Oral Solution)	Maximum of 32 ml per day
Ziagen (Oral Tablet)	Maximum of 2 tablets per day
Zidovudine (Oral Capsule)	Maximum of 6 capsules per day

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Drug Name	Quantity Limit
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
Zocor (10MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	Maximum of 1 tablet per day
Zohydro ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	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
Zomig (2.5MG Nasal Solution)	Maximum of 18 devices per 30 days
Zomig (5MG Nasal Solution)	Maximum of 12 devices per 30 days
Zomig (Oral Tablet)	Maximum of 12 tablets per 30 days
Zomig ZMT (Oral Tablet Dispersible)	Maximum of 12 tablets per 30 days
Zonalon (External Cream)	Maximum of 90 grams per 30 days
ZTlido (External Patch)	Maximum of 3 patches per day
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
Zubsolv (8.6-2.1MG Tablet Sublingual)	Maximum of 2 tablets per day
Zypitamag (Oral Tablet)	Maximum of 1 tablet per day
Zyprexa (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	Maximum of 1 tablet per day
Zyprexa Zydis (Oral Tablet Dispersible)	Maximum of 1 tablet per day

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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.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.



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

Toll-free **1-888-223-1092**, TTY **711**

8 a.m. - 8 p.m. local time, Monday - Friday

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