

Complete Drug List (Formulary) 2021

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

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



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

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



www.HSMedicareRx.com



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What is a drug list?

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

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

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

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

Note to existing members:

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

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

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

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

How do I use the drug list?

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

- 1. By name.** Turn to section “Covered drugs by name (**Drug index**)” on pages 12–32 to see the list of drug names in alphabetical order. Find the name of your drug. The page number where you can find the drug will be next to it.
- 2. By medical condition.** Turn to section “Covered drugs by medical condition” on pages 33–117 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).

What is a compounded drug?

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

Drug payment stage and drug tiers

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

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

If you need help or have any questions about your drug costs, please review your Evidence of Coverage or call Customer Service toll-free at **(866) 868-0609** (TTY: **711**), 7 a.m. – 7 p.m. CT, Monday – Friday, 7 a.m. – 3 p.m. CT, Saturday.

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

Getting Extra Help

If you qualify for Extra Help paying for your prescription drugs, your copays and coinsurance may be lower. Members who qualify for Extra Help will receive the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS Rider). Please read it to learn about your costs. You can also call Customer Service toll-free at **(866) 868-0609** (TTY: **711**), 7 a.m. – 7 p.m. CT, Monday – Friday, 7 a.m. – 3 p.m. CT, Saturday.

Are there any rules or limits on my drug coverage?

Yes, some drugs may have coverage rules or have limits on the amount you can get. If your drug has any coverage rules or limits, there will be a code(s) in the “Coverage Rules or Limits on use” column of the “Covered drugs by medical condition” chart starting on page 33. The codes and what they mean are shown below and on the next page.

You can also get more information about the coverage rules and/or limits applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. If you would like a copy sent to you, please call Customer Service toll-free at **(866) 868-0609** (TTY: **711**), 7 a.m. — 7 p.m. CT, Monday — Friday, 7 a.m. — 3 p.m. CT, Saturday. You can also visit us online at **www.HSMedicareRx.com**.

Coverage Rules and Limits

PA - Prior authorization

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

QL - Quantity limits

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

ST - Step therapy

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

Other Special Coverage Rules

B/D - Medicare Part B or Part D

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

HRM - High-risk medication

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

LA - Limited access

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

MME - Morphine milligram equivalent

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

7D - seven-Day limit

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

DL - Dispensing limit

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

SP - Specialty Drugs

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

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

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

What if my drug is not on this list?

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

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

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

How can I get an exception?

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

Types of exceptions you can ask for

- Drug list exception:** Ask the plan to cover your drug even if it's not on the drug list. If approved, this drug will be covered at a pre-determined cost sharing level. You will not be able to ask us to provide the drug at a lower cost sharing level.
- Utilization exception:** Ask the plan to revise the coverage rules or limits on your drug. For example, if your drug has a quantity limit, you can ask the plan to change the limit and cover more.
- Tiering exception:** Ask the plan to cover your drug on our list at a lower cost sharing level. If approved this would lower the amount you pay out-of-pocket for your drug. Specialty drugs (SP) are not eligible for a lower cost sharing level.

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

Who can ask for an exception?

You, your authorized representative or your doctor can ask for an exception by calling Customer Service toll-free at **(866) 868-0609** (TTY: **711**), 7 a.m. — 7 p.m. CT, Monday — Friday, 7 a.m. — 3 p.m. CT, Saturday. Your doctor must give us a supporting statement with the reason for the exception.

How long does it take to get an exception?

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

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

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

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

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

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

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

Can the drug list change?

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

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

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

We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the Drug List; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our Drug List, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost sharing tier, we must notify affected members of the change. We will notify members at least 30 days before the change becomes effective, or when the member requests a refill of the drug, at which time you will receive at least a 30 day supply of the drug.

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

If we remove a drug from the list

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

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

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

Drugs with dosages other than a one-month supply

Drugs packaged in an extended day supply

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

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

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

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

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

For more information

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

If you have questions about your plan's prescription drug coverage, we're here to help. Call Customer Service toll-free at **(866) 868-0609** (TTY: **711**), 7 a.m. – 7 p.m. CT, Monday – Friday, 7 a.m. – 3 p.m. CT, Saturday. You can also visit us online at **www.HSMedicareRx.com**.

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

Covered drugs by name (Drug index)

A			
	Abacavir Sulfate.....	63	Adempas.....
	Abacavir Sulfate-Lamivudine	63	Advair HFA.....
	Abacavir-Lamivudine- Zidovudine.....	63	Adzenys ER.....
	Abelcet.....	49	Adzenys XR-ODT.....
	Abilify Maintena.....	59	Aemcolo.....
	Abiraterone Acetate.....	52	Afinitor.....
	Absorica LD.....	81	Afinitor Disperz.....
	Acamprosate Calcium.....	37	Afrezza.....
	Acarbose.....	66	Aimovig.....
	Accutane.....	81	Ala-Cort.....
	Acebutolol HCl.....	72	Albendazole.....
	Acetaminophen-Caffeine- Dihydrocodeine.....	35	Albuterol Sulfate.....
	Acetaminophen-Codeine.....	35	Albuterol Sulfate HFA.....
	Acetazolamide.....	74	Alclometasone Dipropionate
	Acetazolamide ER.....	74	Alcohol Prep Pads.....
	Acetic Acid.....	112	Aldactazide.....
	Acetylcysteine.....	115	Alecensa.....
	Acitretin.....	81	Alendronate Sodium.....
	Actemra.....	103	Alfuzosin HCl ER.....
	Actemra ACTPen.....	103	Aliskiren Fumarate.....
	Acthar.....	93	Allopurinol.....
	ActHIB.....	105	Almotriptan Malate.....
	Actimmune.....	104	Alomide.....
	Acyclovir.....	62	Alora.....
	Acyclovir Sodium.....	62	Alosetron HCl.....
	Adacel.....	106	Alphagan P.....
	Adapalene.....	81	Alprazolam.....
	Adapalene-Benzoyl Peroxide	81	Alprazolam ER.....
	Adefovir Dipivoxil.....	61	Alprazolam Intensol.....
			Alprazolam ODT.....
			Altanax.....
			Altavera.....
			Altreno.....
			Alunbrig.....
			Alyacen 1/35.....
			Alyq.....
			Amabelz.....
			Amantadine HCl.....
			AmBisome.....
			Ambrisentan.....
			Amcinonide.....
			Amethia.....
			Amiloride HCl.....
			Amiloride-Hydrochlorothiazide
			Aminosyn II.....
			Aminosyn-PF.....
			Amiodarone HCl.....
			Amitriptyline HCl.....
			Amlodipine Besylate.....
			Amlodipine-Atorvastatin.....
			Amlodipine-Benazepril.....
			Amlodipine-Olmesartan.....
			Amlodipine-Valsartan.....
			Amlodipine-Valsartan-HCTZ
			Ammonium Lactate.....
			Amnesteem.....
			Amoxapine.....
			Amoxicillin.....
			Amoxicillin-Clarithromycin- Lansoprazole.....
			Amoxicillin-Potassium Clavulanate.....
			Amoxicillin-Potassium Clavulanate ER.....
			Amphetamine ER.....
			Amphetamine Sulfate.....

Amphetamine- Dextroamphetamine..... 78	Asenapine Maleate..... 59	B
Amphetamine- Dextroamphetamine ER..... 78	Ashlyna..... 95	Bacitracin..... 109
Amphotericin B..... 49	Aspirin-Dipyridamole ER..... 70	Bacitracin-Polymyxin B..... 109
Ampicillin..... 41	Astagraf XL..... 104	Baclofen..... 61
Ampicillin Sodium..... 41	Atazanavir Sulfate..... 64	Bafiertam..... 79
Ampicillin-Sulbactam Sodium 41	Atenolol..... 72	Balcoltra..... 95
Amzeeq..... 85	Atenolol-Chlorthalidone..... 74	Balsalazide Disodium..... 107
Anagrelide HCl..... 69	Atomoxetine HCl..... 78	Balversa..... 54
Anastrozole..... 54	Atorvastatin Calcium..... 76	Balziva..... 95
Androderm..... 95	Atovaquone..... 57	Banzel..... 45
Angeliq..... 95	Atovaquone-Proguanil HCl.... 57	Baqsimi Two Pack..... 67
Anoro Ellipta..... 115	Atripia..... 63	Baraclude..... 61
Antivert..... 49	Atropine Sulfate..... 108	Baxdela..... 42
Aplenzin..... 46	Atrovent HFA..... 113	BCG Vaccine..... 106
Apokyn..... 58	Aubagio..... 79	Beconase AQ..... 112
Apraclonidine HCl..... 111	Aubra EQ..... 95	Belbuca..... 34
Aprepitant..... 49	Auryxia..... 88	Belsomra..... 116
Apri..... 95	Austedo..... 79	Benazepril HCl..... 71
Aptensio XR..... 78	Auvi-Q..... 113	Benazepril-Hydrochlorothiazide 74
Aptiom..... 45	Aviane..... 95	Benlysta..... 103
Aptivus..... 64	Avita..... 81	Benznidazole..... 57
Aralast NP..... 91	Avonex Pen..... 79	Benzoyl Peroxide-Erythromycin 81
Aranelle..... 95	Avonex Prefilled..... 79	Benzotropine Mesylate..... 58
Aranesp..... 69, 70	Ayvakit..... 54	Bepotastine Besilate..... 109
Arcalyst..... 103	Azasan..... 104	Bepreve..... 109
Arformoterol Tartrate..... 113	Azasite..... 109	Berinert..... 102
Arikayce..... 38	Azathioprine..... 104	Beser..... 82
Aripiprazole..... 59	Azelaic Acid..... 81	Besivance..... 109
Aripiprazole ODT..... 59	Azelastine HCl..... 109, 112	Betamethasone Dipropionate 82
Armodafinil..... 117	Azelastine-Fluticasone..... 112	Betamethasone Dipropionate Aug..... 82
Arnuity Ellipta..... 112	Azelex..... 81	Betamethasone Valerate..... 82
Ascomp-Codeine..... 35	Azithromycin..... 41	
	Azopt..... 111	
	Aztreonam..... 38	

Betaseron.....	80	Brinzolamide.....	111	Cabometyx.....	54
Betaxolol HCl.....	72, 111	BRIVIACT.....	43	Calcipotriene.....	84
Bethanechol Chloride.....	93	Bromfenac Sodium.....	110	Calcipotriene-Betamethasone	84
Bethkis.....	114	Bromocriptine Mesylate.....	58	Calcitonin Salmon.....	107
Betimol.....	111	Brovana.....	113	Calcitriol.....	84, 107
Betoptic-S.....	111	Brukinsa.....	54	Calcium Acetate.....	88
Bexarotene.....	57	Budesonide.....	107, 112	Calquence.....	54
Bexsero.....	106	Budesonide ER.....	107	Camila.....	100
Bicalutamide.....	52	Bumetanide.....	75	Camrese Lo.....	96
Bicillin C-R.....	41	Buprenorphine.....	34	Candesartan Cilexetil.....	71
Bicillin C-R 900/300.....	41	Buprenorphine HCl.....	37	Candesartan Cilexetil-HCTZ	74
Bicillin L-A.....	41	Buprenorphine HCl-Naloxone HCl.....	37	Caplyta.....	59
BiDil.....	74	Bupropion HCl.....	47	Caprelsa.....	54
Bijuva.....	95	Bupropion HCl ER.....	47	Captopril.....	71
Biktarvy.....	62	Bupropion HCl SR.....	37, 46	Carac.....	84
Bimatoprost.....	111	Bupropion HCl XL.....	47	Carbaglu.....	86
Bisoprolol Fumarate.....	72	Bupropion HCl XL.....	47	Carbamazepine.....	45
Bisoprolol-Hydrochlorothiazide	74	Buspirone HCl.....	65	Carbamazepine ER.....	45
BIVIGAM.....	102	Butalbital-Acetaminophen.....	35	Carbidopa.....	58
Blephamide.....	108	Butalbital-Acetaminophen- Caffeine.....	35, 36	Carbidopa-Levodopa.....	58
Blephamide S.O.P.....	108	Butalbital-Acetaminophen- Caffeine-Codeine.....	36	Carbidopa-Levodopa ER.....	58
Blisovi 24 Fe.....	95	Butalbital-Aspirin-Caffeine.....	36	Carbidopa-Levodopa ODT.....	59
Blisovi Fe 1.5/30.....	95	Butalbital-Aspirin-Caffeine- Codeine.....	36	Carbidopa-Levodopa- Entacapone.....	58
Bonjesta.....	49	Butorphanol Tartrate.....	36	Carbinoxamine Maleate.....	112
Boostrix.....	106	Butrans.....	34	Cardizem LA.....	73
Bosentan.....	115	Bydureon BCise.....	66	Cardura XL.....	93
Bosulif.....	54	Byetta 10MCG Pen.....	66	Carisoprodol.....	116
Braftovi.....	54	Byetta 5MCG Pen.....	66	Carisoprodol-Aspirin-Codeine	116
Breo Ellipta.....	115	Bystolic.....	72	CaroSpir.....	75
Breztri Aerosphere.....	115			Carteolol HCl.....	111
Briellyn.....	95	C		Cartia XT.....	73
Brilinta.....	70	Cabergoline.....	101		
Brimonidine Tartrate.....	111	Cablivi.....	70		

Carvedilol.....	72	Chlordiazepoxide-Clidinium	89	Clindacin-P.....	85
Carvedilol Phosphate ER.....	72	Chlorhexidine Gluconate.....	80	Clindamycin HCl.....	38
Caspofungin Acetate.....	49	Chloroquine Phosphate.....	57	Clindamycin Palmitate HCl....	38
Cayston.....	114	Chlorpromazine HCl.....	59	Clindamycin Phosphate...38,	85
Caziant.....	96	Chlorthalidone.....	75	Clindamycin Phosphate in D5W	38
Cefaclor.....	39	Chlorzoxazone.....	116	Clindamycin Phosphate- Benzoyl Peroxide.....	81
Cefaclor ER.....	39	Cholbam.....	91	Clindamycin-Tretinoin.....	81
Cefadroxil.....	39	Cholestyramine.....	76	Clindesse.....	38
Cefazolin Sodium.....	39	Cholestyramine Light.....	76	Clinimix E/Dextrose.....	86
Cefdinir.....	39	Ciclopirox.....	85	Clinimix/Dextrose.....	86
Cefepime HCl.....	39	Ciclopirox Olamine.....	85	Clobazam.....	45
Cefixime.....	39	Cilostazol.....	70	Clobetasol Propionate.....	82
Cefoxitin Sodium.....	40	Ciloxan.....	109	Clobetasol Propionate Emollient Base.....	82
Cefpodoxime Proxetil.....	40	Cimduo.....	63	Clobetasol Propionate Emulsion.....	82
Cefprozil.....	40	Cimetidine.....	90	Clocortolone Pivalate.....	83
Ceftazidime.....	40	Cimetidine HCl.....	90	Clodan.....	83
Ceftriaxone Sodium.....	40	Cimzia.....	104	Clomipramine HCl.....	48
Cefuroxime Axetil.....	40	Cimzia Prefilled.....	104	Clonazepam.....	65
Cefuroxime Sodium.....	40	Cinacalcet HCl.....	108	Clonazepam ODT.....	65
Celecoxib.....	33	Cinryze.....	102	Clonidine.....	70
Celontin.....	44	Cipro.....	42	Clonidine HCl.....	70
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Permethrin.....	85	Potassium Chloride CR.....	87	Prevalite.....	77
Perphenazine.....	49	Potassium Chloride ER.....	87	Previfem.....	99
Perphenazine-Amitriptyline....	47	Potassium Chloride in Dextrose	87	Prevymis.....	61
Pexeva.....	48	Potassium Chloride in NaCl...87		Prezcobix.....	64
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Pimozide.....	59	Pred Mild.....	111	Probenecid-Colchicine.....	50
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Pindolol.....	72	Pred-G S.O.P.....	109	Prochlorperazine.....	49
Pioglitazone HCl.....	67	Prednicarbate.....	84	Prochlorperazine Maleate.....	49
Pioglitazone HCl-Glimepiride	67	Prednisolone.....	94	Procto-Med HC.....	107
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Propafenone HCl ER.....	72	RabAvert.....	106	Rhopressa.....	111
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Propranolol HCl.....	72	Raloxifene HCl.....	100	Ridaura.....	103
Propranolol HCl ER.....	72	Ramelteon.....	116	Rifabutin.....	52
Propylthiouracil.....	102	Ramipril.....	71	Rifampin.....	52
ProQuad.....	106	Ranolazine ER.....	75	Riluzole.....	79
Prosol.....	88	Rasagiline Mesylate.....	59	Rimantadine HCl.....	65
Protonix.....	91	Rasuvo.....	105	Rinvoq.....	103
Protriptyline HCl.....	48	RAVICTI.....	92	Risedronate Sodium.....	108
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Pulmozyme.....	114	Rebif.....	80	Risperidone.....	60, 61
Purixan.....	53	Rebif Rebidose.....	80	Risperidone ODT.....	61
Pylera.....	90	Rebif Rebidose Titration Pack	80	Ritonavir.....	65
Pyrazinamide.....	52	80	Rivastigmine.....	46
Pyridostigmine Bromide.....	51	Rebif Titration Pack.....	80	Rivastigmine Tartrate.....	46
Pyridostigmine Bromide ER	51	Reclipsen.....	99	Rivelsa.....	99
.....	51	Recombivax HB.....	106	Rizatriptan Benzoate.....	51
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Rubraca.....	56	Siklos.....	70	Spironolactone-HCTZ.....	75
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Rufinamide.....	46	Siliq.....	103	Spritam ODT.....	44
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Ruzurgi.....	79	Silver Sulfadiazine.....	85	Sprycel.....	56
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Saphris.....	61	Sodium Chloride.....	88	Striverdi Respimat.....	114
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Savaysa.....	69	Sodium Phenylbutyrate.....	92	Sucralfate.....	90, 91
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Symdeko.....	114	Tazarotene.....	81	Thiola.....	93
Symfi.....	63	Tazicef.....	40	Thiola EC.....	93
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Symtuza.....	65	Telmisartan.....	71	Tilia Fe.....	99
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Tolterodine Tartrate ER.....	92	Tri-Lo-Sprintec.....	99	Turalio.....	56
Tolvaptan.....	88	Tri-Mili.....	99	Twinrix.....	107
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Topiramate ER.....	44	Tri-Previfem.....	99	Tydemy.....	99
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Tradjenta.....	67	Triderm.....	84	Unithroid.....	101
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Tramadol HCl ER.....	35	Trifluoperazine HCl.....	59	Ursodiol.....	90
Tramadol-Acetaminophen.....	37	Trifluridine.....	110	V	
Trandolapril.....	71	Trihexyphenidyl HCl.....	58	Valacyclovir HCl.....	62
Trandolapril-Verapamil HCl ER.....	75	Trijardy XR.....	67	Valchlor.....	52
Tranexamic Acid.....	70	Trikafta.....	114	Valganciclovir HCl.....	61
Tranylcypromine Sulfate.....	47	Trimethobenzamide HCl.....	49	Valproic Acid.....	44
Travasol.....	88	Trimethoprim.....	39	Valsartan.....	71
Travoprost.....	111	Trimipramine Maleate.....	48	Valsartan-Hydrochlorothiazide.....	75
Trazodone HCl.....	48	Trintellix.....	48	Valtoco 10MG Dose.....	45
Trecator.....	52	Triumeq.....	64	Valtoco 15MG Dose.....	45
Trelegy Ellipta.....	116	Trivora.....	99	Valtoco 20MG Dose.....	45
Trelstar Mixject.....	102	Trokendi XR.....	44	Valtoco 5MG Dose.....	45
Tremfya.....	103, 104	TrophAmine.....	88	Vancomycin HCl.....	39
Tretinoin.....	57, 82	Trospium Chloride.....	93	Vandazole.....	39
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Velivet.....	99	VP-PNV-DHA.....	89	Xulane.....	100
Velphoro.....	89	Vraylar.....	61	Xultophy.....	67
Veltassa.....	89	Vyfemla.....	100	Xuriden.....	92
Vemlidy.....	62	VyLibra.....	100	Xyosted.....	95
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Ventavis.....	115	Wakix.....	117	Yupelri.....	113
Ventolin HFA.....	114	Warfarin Sodium.....	69	Yuvaferm.....	100
Verapamil HCl.....	73	Wixela Inhub.....	116	Z	
Verapamil HCl ER.....	73	WYMZYA Fe.....	100	Zafemy.....	100
Verquvo.....	77	X		Zafirlukast.....	113
Versacloz.....	61	Xalkori.....	57	Zaleplon.....	116
Verzenio.....	56	Xarelto.....	69	Zarah.....	100
Vestura.....	99	Xarelto Starter Pack.....	69	Zarxio.....	70
Viberzi.....	89	Xatmep.....	105	Zejula.....	57
Vibramycin.....	43	Xcopri.....	44	Zelapar ODT.....	59
Victoza.....	67	Xeljanz.....	104	Zelboraf.....	57
Viekira Pak.....	62	Xeljanz XR.....	104	Zemaira.....	92
Vienna.....	99	Xelpros.....	111	Zenatane.....	82
Vigabatrin.....	45	Xenleta.....	39	Zenpep.....	92
Vigadrone.....	45	Xepi.....	86	Zenzedi.....	78
Viibryd.....	48	Xermelo.....	89	Zepatier.....	62
Viibryd Starter Pack.....	48	Xgeva.....	108	Zeposia.....	80
Vimpat.....	46	Xifaxan.....	39	Zeposia 7-Day Starter Pack... 80	
Viracept.....	65	Xigduo XR.....	67	Zeposia Starter Kit.....	80
Viread.....	64	Xiidra.....	109	Zerbaxa.....	40
Vitrakvi.....	56	Xofluza.....	65	Zerviate.....	109
Vivitrol.....	37	Xolair.....	104	Zetonna.....	113
Vizimpro.....	57	Xospata.....	57	Zidovudine.....	64
Voriconazole.....	50	Xpovio.....	53, 54	Ziextenzo.....	70

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Zilxi.....	86	Zolpidem Tartrate.....	117	Zovia 1/35E.....	100
Ziprasidone HCl.....	61	Zolpidem Tartrate ER.....	117	Zubsolv.....	37
Ziprasidone Mesylate.....	61	Zolpimist.....	117	Zydelig.....	57
Zirgan.....	61	Zomig.....	51	Zykadia.....	57
Zithromax.....	42	Zonisamide.....	46	Zylet.....	109
Zolinza.....	54	Zontivity.....	69	Zyprexa Relprev.....	61
Zolmitriptan.....	51	Zorbtive.....	94		

Covered drugs by medical condition

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

The first column lists the drug name, which may include the dosage form and strength. **Brand name** drugs are listed in **bold** type (for example, **Humalog**) and generic drugs are listed in plain type (for example, Simvastatin). The information in the “Coverage Rules or limits on use” column lists any special requirements for coverage of your drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 118-153.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Analgesics			
Nonsteroidal Anti-inflammatory Drugs			
Celecoxib (Oral Capsule)	G	1	QL
Diclofenac Epolamine (External Patch)	G	3	QL
Diclofenac Potassium (Oral Tablet)	G	1	
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	G	1	
Diclofenac Sodium (1% External Gel)	G	1	
Diclofenac Sodium (External Solution)	G	1	PA
Diclofenac Sodium (Oral Tablet Delayed Release)	G	1	
Diclofenac-Misoprostol (Oral Tablet Delayed Release)	G	1	
Diflunisal (Oral Tablet)	G	1	
Etodolac ER (Oral Tablet Extended Release 24 Hour)	G	1	
Etodolac (Oral Capsule)	G	1	
Etodolac (Oral Tablet Immediate Release)	G	1	
Flurbiprofen (100MG Oral Tablet)	G	1	
Ibu (600MG Oral Tablet, 800MG Oral Tablet)	G	1	
Ibuprofen (Oral Suspension)	G	1	
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	G	1	
Indocin (Oral Suspension)	B	3	PA; SP; HRM
Indocin (Rectal Suppository)	G	3	SP
Indomethacin ER (Oral Capsule Extended Release)	G	1	PA; HRM
Indomethacin (25MG Oral Capsule Immediate Release, 50MG Oral Capsule Immediate Release)	G	1	PA; HRM
Ketoprofen ER (Oral Capsule Extended Release 24 Hour)	G	1	
Ketoprofen (Oral Capsule Immediate Release)	G	1	
Ketorolac Tromethamine (Nasal Solution)	G	3	LA; SP

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Ketorolac Tromethamine (Oral Tablet)	G	1	PA; HRM
Meclofenamate Sodium (Oral Capsule)	G	1	
Meloxicam (Oral Capsule)	G	1	QL
Meloxicam (Oral Tablet)	G	1	
Nabumetone (Oral Tablet)	G	1	
Naproxen (Oral Tablet Immediate Release)	G	1	
Naproxen DR (Oral Tablet Delayed Release) (Generic EC-Naprosyn)	G	1	
Naproxen Sodium (275MG Oral Tablet Immediate Release, 550MG Oral Tablet Immediate Release)	G	1	
Naproxen-Esomeprazole (Oral Tablet Delayed Release)	G	1	
Oxaprozin (Oral Tablet)	G	1	
Piroxicam (Oral Capsule)	G	1	
Sprix (Nasal Solution)	B	3	LA; SP
Sulindac (Oral Tablet)	G	1	
Opioid Analgesics, Long-acting			
Belbuca (150MCG Buccal Film, 300MCG Buccal Film, 450MCG Buccal Film, 75MCG Buccal Film)	B	2	PA; 7D; DL; QL
Belbuca (600MCG Buccal Film, 750MCG Buccal Film, 900MCG Buccal Film)	B	2	PA; SP; 7D; DL; QL
Buprenorphine (Transdermal Patch Weekly)	G	1	7D; DL; QL
Butrans (7.5MCG/HR Transdermal Patch Weekly)	B	2	7D; DL; QL
Fentanyl (Transdermal Patch 72 Hour)	G	1	7D; MME; DL; QL
Hydrocodone Bitartrate ER (Oral Capsule Extended Release 12 Hour)	G	1	7D; MME; DL; QL
Hydrocodone Bitartrate ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	G	1	7D; MME; DL; QL
Hydromorphone HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	7D; MME; DL; QL
Hysingla ER (100MG Oral Tablet ER 24 Hour Abuse-Deterrent, 120MG Oral Tablet ER 24 Hour Abuse-Deterrent, 60MG Oral Tablet ER 24 Hour Abuse-Deterrent, 80MG Oral Tablet ER 24 Hour Abuse-Deterrent)	B	2	PA; SP; 7D; MME; DL; QL

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Hysingla ER (20MG Oral Tablet ER 24 Hour Abuse-Deterrent, 30MG Oral Tablet ER 24 Hour Abuse-Deterrent, 40MG Oral Tablet ER 24 Hour Abuse-Deterrent)	B	2	PA; 7D; MME; DL; QL
Methadone HCl (Oral Solution)	G	1	7D; MME; DL; QL
Methadone HCl (Oral Tablet)	G	1	7D; MME; DL; QL
Morphine Sulfate ER Beads (Oral Capsule Extended Release 24 Hour) (Generic Avinza)	G	1	7D; MME; DL; QL
Morphine Sulfate ER (Oral Capsule Extended Release 24 Hour) (Generic Kadian)	G	1	7D; MME; DL; QL
Morphine Sulfate ER (Oral Tablet Extended Release) (Generic MS Contin)	G	1	7D; MME; DL; QL
OxyContin (10MG Oral Tablet ER 12 Hour Abuse-Deterrent, 15MG Oral Tablet ER 12 Hour Abuse-Deterrent, 20MG Oral Tablet ER 12 Hour Abuse-Deterrent)	B	2	PA; 7D; MME; DL; QL
OxyContin (30MG Oral Tablet ER 12 Hour Abuse-Deterrent, 40MG Oral Tablet ER 12 Hour Abuse-Deterrent, 60MG Oral Tablet ER 12 Hour Abuse-Deterrent, 80MG Oral Tablet ER 12 Hour Abuse-Deterrent)	B	2	PA; SP; 7D; MME; DL; QL
Oxymorphone HCl ER (Oral Tablet Extended Release 12 Hour)	G	1	7D; MME; DL; QL
Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour)	G	1	7D; MME; DL; QL
Tramadol HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	7D; MME; DL; QL
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	B	2	7D; MME; DL; QL
Opioid Analgesics, Short-acting			
Acetaminophen-Caffeine-Dihydrocodeine (Oral Capsule)	G	1	7D; MME; DL; QL
Acetaminophen-Caffeine-Dihydrocodeine (Oral Tablet)	G	1	7D; MME; DL; QL
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	1	7D; MME; DL; QL
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	1	7D; MME; DL; QL
Ascomp-Codeine (Oral Capsule)	G	1	PA; HRM; 7D; MME; DL; QL
Butalbital-Acetaminophen (Oral Tablet)	G	1	PA; HRM; QL
Butalbital-Acetaminophen-Caffeine (Oral Capsule)	G	1	PA; HRM; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	G	1	PA; HRM; QL
Butalbital-Acetaminophen-Caffeine-Codeine (Oral Capsule)	G	1	PA; HRM; 7D; MME; DL; QL
Butalbital-Aspirin-Caffeine (Oral Capsule)	G	1	PA; HRM; QL
Butalbital-Aspirin-Caffeine-Codeine (Oral Capsule)	G	1	PA; HRM; 7D; MME; DL; QL
Butorphanol Tartrate (Nasal Solution)	G	1	7D; MME; DL; QL
Codeine Sulfate (15MG Oral Tablet)	B	1	7D; MME; DL; QL
Codeine Sulfate (30MG Oral Tablet, 60MG Oral Tablet)	G	1	7D; MME; DL; QL
Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	1	7D; MME; DL; QL
Fentanyl Citrate (Buccal Lozenge On A Handle)	G	1	PA; DL; QL
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	G	1	7D; MME; DL; QL
Hydrocodone-Acetaminophen (10-300MG Oral Tablet, 10-325MG Oral Tablet, 5-300MG Oral Tablet, 5-325MG Oral Tablet, 7.5-300MG Oral Tablet, 7.5-325MG Oral Tablet)	G	1	7D; MME; DL; QL
Hydrocodone-Ibuprofen (Oral Tablet)	G	1	7D; MME; DL; QL
Hydromorphone HCl (Oral Liquid)	G	1	7D; MME; DL; QL
Hydromorphone HCl (Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution)	G	1	DL
Meperidine HCl (Oral Solution)	G	1	PA; HRM; 7D; MME; DL; QL
Meperidine HCl (Oral Tablet)	G	1	PA; HRM; 7D; MME; DL; QL
Morphine Sulfate (10MG/5ML Oral Solution, 100MG/5ML Oral Solution, 20MG/5ML Oral Solution)	G	1	7D; MME; DL; QL
Morphine Sulfate (Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Oxycodone HCl (Oral Capsule)	G	1	7D; MME; DL; QL
Oxycodone HCl (100MG/5ML Oral Concentrate)	G	1	7D; MME; DL; QL
Oxycodone HCl (Oral Solution)	G	1	7D; MME; DL; QL
Oxycodone HCl (Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	1	7D; MME; DL; QL
Oxymorphone HCl (Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Pentazocine-Naloxone HCl (Oral Tablet)	G	1	PA; HRM; 7D; MME; DL; QL
Tencon (Oral Tablet)	G	1	PA; HRM; QL
Tramadol HCl (Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Tramadol-Acetaminophen (Oral Tablet)	G	1	7D; MME; DL; QL
Anesthetics			
Local Anesthetics			
Lidocaine (5% External Ointment)	G	1	QL
Lidocaine (5% External Patch)	G	1	PA; QL
Lidocaine HCl (4% External Solution)	G	1	
Lidocaine Viscous (2% Mouth/Throat Solution)	G	1	
Lidocaine-Prilocaine (External Cream)	G	1	
Anti-Addiction/Substance Abuse Treatment Agents			
Alcohol Deterrents/Anti-craving			
Acamprosate Calcium (Oral Tablet Delayed Release)	G	1	
Disulfiram (Oral Tablet)	G	1	
Naltrexone HCl (Oral Tablet)	G	1	
Vivitrol (Intramuscular Suspension Reconstituted)	B	3	SP
Opioid Dependence			
Buprenorphine HCl (Tablet Sublingual)	G	1	QL
Buprenorphine HCl-Naloxone HCl (Sublingual Film)	G	1	QL
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	G	1	QL
Lucemyra (Oral Tablet)	B	3	SP; QL
Zubsolv (Tablet Sublingual)	B	2	QL
Opioid Reversal Agents			
Naloxone HCl (0.4MG/ML Injection Solution)	G	1	
Naloxone HCl (Injection Solution Cartridge)	G	1	
Naloxone HCl (Injection Solution Prefilled Syringe)	G	1	
Narcan (Nasal Liquid)	B	2	
Smoking Cessation Agents			
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	G	1	
Chantix Continuing Month Pak (Oral Tablet)	B	2	
Chantix (Oral Tablet)	B	2	
Chantix Starting Month Pak (Oral Tablet)	B	2	
Nicotrol (Inhalation Inhaler)	B	3	
Nicotrol NS (Nasal Solution)	B	3	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Antibacterials			
Aminoglycosides			
Arikayce (Inhalation Suspension)	B	3	PA; SP
Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	G	1	
Gentamicin Sulfate (40MG/ML Injection Solution)	G	1	
Neomycin Sulfate (Oral Tablet)	G	1	
Paromomycin Sulfate (Oral Capsule)	G	1	
Streptomycin Sulfate (Intramuscular Solution Reconstituted)	G	1	
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	G	1	
Antibacterials, Other			
Aemcolo (Oral Tablet Delayed Release)	B	3	PA
Aztreonam (1GM Injection Solution Reconstituted)	G	1	
Cleocin (Vaginal Suppository)	B	2	
Clindamycin HCl (Oral Capsule)	G	1	
Clindamycin Palmitate HCl (Oral Solution Reconstituted)	G	1	
Clindamycin Phosphate in D5W (Intravenous Solution)	G	1	
Clindamycin Phosphate (300MG/2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution)	G	1	
Clindamycin Phosphate (Vaginal Cream)	G	1	
Clindesse (Vaginal Cream)	B	3	
Colistimethate Sodium (CBA) (Injection Solution Reconstituted)	G	1	
Dalvance (Intravenous Solution Reconstituted)	B	3	SP
Daptomycin (500MG Intravenous Solution Reconstituted)	G	1	
Firvanq (Oral Solution Reconstituted)	B	3	
Fosfomicin Tromethamine (Oral Packet)	G	1	
Linezolid (Intravenous Solution)	G	1	
Linezolid (Oral Suspension Reconstituted)	G	1	
Linezolid (Oral Tablet)	G	1	QL
Methenamine Hippurate (Oral Tablet)	G	1	
Metronidazole (External Cream)	G	1	
Metronidazole (External Gel)	G	1	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Metronidazole (External Lotion)	G	1	
Metronidazole in NaCl 0.79% (Intravenous Solution)	G	1	
Metronidazole (Oral Capsule)	G	1	
Metronidazole (Oral Tablet)	G	1	
Metronidazole (Vaginal Gel)	G	1	
Monurol (Oral Packet)	B	3	
Nitrofurantoin Macrocrystal (Oral Capsule) (Generic Macrochantin)	G	1	HRM
Nitrofurantoin Monohydrate (Generic Macrobid)	G	1	HRM
Nitrofurantoin (Oral Suspension)	G	1	HRM
Solosec (Oral Packet)	B	3	
Tinidazole (Oral Tablet)	G	1	
Trimethoprim (Oral Tablet)	G	1	
Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)	G	1	
Vancomycin HCl (250MG Intravenous Solution Reconstituted)	B	1	
Vancomycin HCl (Oral Capsule)	G	1	QL
Vancomycin HCl (Oral Solution Reconstituted)	G	1	
Vandazole (Vaginal Gel)	B	1	
Xenleta (Oral Tablet)	B	3	SP; QL
Xifaxan (Oral Tablet)	B	3	PA; SP
Beta-lactam, Cephalosporins			
Cefaclor ER (Oral Tablet Extended Release 12 Hour)	G	1	
Cefaclor (Oral Capsule)	G	1	
Cefaclor (Oral Suspension Reconstituted)	G	1	
Cefadroxil (Oral Capsule)	G	1	
Cefadroxil (Oral Suspension Reconstituted)	G	1	
Cefadroxil (Oral Tablet)	G	1	
Cefazolin Sodium (1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	1	
Cefdinir (Oral Capsule)	G	1	
Cefdinir (Oral Suspension Reconstituted)	G	1	
Cefepime HCl (Injection Solution Reconstituted)	G	1	
Cefixime (Oral Capsule)	G	1	
Cefixime (Oral Suspension Reconstituted)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Cefoxitin Sodium (Injection Solution Reconstituted)	G	1	
Cefoxitin Sodium (Intravenous Solution Reconstituted)	G	1	
Cefpodoxime Proxetil (Oral Suspension Reconstituted)	G	1	
Cefpodoxime Proxetil (Oral Tablet)	G	1	
Cefprozil (Oral Suspension Reconstituted)	G	1	
Cefprozil (Oral Tablet)	G	1	
Ceftazidime (Injection Solution Reconstituted)	G	1	
Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	1	
Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	G	1	
Cefuroxime Axetil (Oral Tablet)	G	1	
Cefuroxime Sodium (Injection Solution Reconstituted)	G	1	
Cefuroxime Sodium (Intravenous Solution Reconstituted)	G	1	
Cephalexin (Oral Capsule)	G	1	
Cephalexin (Oral Suspension Reconstituted)	G	1	
Cephalexin (Oral Tablet)	G	1	
Suprax (500MG/5ML Oral Suspension Reconstituted)	B	3	
Suprax (Oral Tablet Chewable)	G	3	
Tazicef (Injection Solution Reconstituted)	G	1	
Zerbaxa (Intravenous Solution Reconstituted)	B	3	SP
Beta-lactam, Penicillins			
Amoxicillin (Oral Capsule)	G	1	
Amoxicillin (Oral Suspension Reconstituted)	G	1	
Amoxicillin (Oral Tablet Immediate Release)	G	1	
Amoxicillin (Oral Tablet Chewable)	G	1	
Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour)	G	1	
Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted)	G	1	
Amoxicillin-Potassium Clavulanate (Oral Tablet Immediate Release)	G	1	
Amoxicillin-Potassium Clavulanate (Oral Tablet Chewable)	G	1	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Ampicillin (Oral Capsule)	G	1	
Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted)	G	1	
Ampicillin Sodium (10GM Intravenous Solution Reconstituted)	G	1	
Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)	G	1	
Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted)	G	1	
Bicillin C-R 900/300 (Intramuscular Suspension)	B	3	
Bicillin C-R (Intramuscular Suspension)	B	3	
Bicillin L-A (Intramuscular Suspension)	B	3	
Dicloxacillin Sodium (Oral Capsule)	G	1	
Nafcillin Sodium (Injection Solution Reconstituted)	G	1	
Nafcillin Sodium (10GM Intravenous Solution Reconstituted)	G	1	
Oxacillin Sodium in Dextrose (1GM/50ML Intravenous Solution)	B	3	
Oxacillin Sodium in Dextrose (2GM/50ML Intravenous Solution)	B	3	SP
Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)	G	1	
Penicillin V Potassium (Oral Solution Reconstituted)	G	1	
Penicillin V Potassium (Oral Tablet)	G	1	
Piperacillin-Tazobactam (Intravenous Solution Reconstituted)	G	1	
Carbapenems			
Ertapenem Sodium (Injection Solution Reconstituted)	G	1	
Imipenem-Cilastatin (Intravenous Solution Reconstituted)	G	1	
Meropenem (Intravenous Solution Reconstituted)	G	1	
Macrolides			
Azithromycin (Intravenous Solution Reconstituted)	G	1	
Azithromycin (Oral Packet)	B	1	
Azithromycin (Oral Suspension Reconstituted)	G	1	
Azithromycin (Oral Tablet)	G	1	
Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	G	1	
Clarithromycin (Oral Suspension Reconstituted)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Clarithromycin (Oral Tablet Immediate Release)	G	1	
Dificid (Oral Suspension Reconstituted)	B	3	SP
Dificid (Oral Tablet)	B	3	SP
E.E.S. Granules (Oral Suspension Reconstituted)	B	3	
EryPed 200 (Oral Suspension Reconstituted)	B	3	
Erythrocin Lactobionate (Intravenous Solution Reconstituted)	G	3	
Erythrocin Stearate (Oral Tablet)	G	3	
Erythromycin Base (Oral Capsule Delayed Release Particles)	G	1	
Erythromycin Base (Oral Tablet Immediate Release)	G	1	
Erythromycin Base (Oral Tablet Delayed Release)	G	1	
Erythromycin Ethylsuccinate (Oral Suspension Reconstituted)	G	1	
Erythromycin Ethylsuccinate (Oral Tablet)	G	1	
Zithromax (Oral Packet)	B	3	
Quinolones			
Baxdela (Oral Tablet)	B	3	SP
Cipro (Oral Suspension Reconstituted)	B	3	
Ciprofloxacin HCl (Oral Tablet Immediate Release)	G	1	
Ciprofloxacin in D5W (200MG/100ML Intravenous Solution)	G	1	
Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution)	G	1	
Levofloxacin (Intravenous Solution)	G	1	
Levofloxacin (Oral Solution)	G	1	
Levofloxacin (Oral Tablet)	G	1	
Moxifloxacin HCl in NaCl (Intravenous Solution)	G	1	
Moxifloxacin HCl (Oral Tablet)	G	1	
Ofloxacin (Oral Tablet)	G	1	
Sulfonamides			
Sulfadiazine (Oral Tablet)	G	1	
Sulfamethoxazole-Trimethoprim (Oral Suspension)	G	1	
Sulfamethoxazole-Trimethoprim (Oral Tablet)	G	1	
Tetracyclines			
Demeclocycline HCl (Oral Tablet)	G	1	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Doxy 100 (Intravenous Solution Reconstituted)	G	1	
Doxycycline Hyclate (Oral Capsule)	G	1	
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release)	G	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)	G	1	
Doxycycline Monohydrate (Oral Capsule)	G	1	
Doxycycline Monohydrate (Oral Suspension Reconstituted)	G	1	
Doxycycline Monohydrate (Oral Tablet)	G	1	
Minocycline HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Minocycline HCl (Oral Capsule)	G	1	
Minocycline HCl (Oral Tablet Immediate Release)	G	1	
Mondoxyne NL (Oral Capsule)	G	1	
Nuzyra (Intravenous Solution Reconstituted)	B	3	SP
Nuzyra (Oral Tablet)	B	3	SP; QL
Seysara (Oral Tablet)	B	3	SP
Tetracycline HCl (Oral Capsule)	G	1	
Vibramycin (50MG/5ML Oral Syrup)	B	3	
Anticonvulsants			
Anticonvulsants, Other			
BRIVIACT (Oral Solution)	B	3	PA; SP; QL
BRIVIACT (Oral Tablet)	B	3	PA; SP; QL
Epidiolex (Oral Solution)	B	3	PA; SP
Felbamate (Oral Suspension)	G	1	
Felbamate (Oral Tablet)	G	1	
Fintepla (Oral Solution)	B	3	PA; SP; QL
Fycompa (Oral Suspension)	B	3	SP; QL
Fycompa (Oral Tablet)	B	3	SP; QL
Lamictal XR (Oral Kit)	B	3	
Lamotrigine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Lamotrigine (Oral Kit)	G	1	
Lamotrigine (Oral Tablet Immediate Release)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Lamotrigine (Oral Tablet Chewable)	G	1	
Lamotrigine ODT (Oral Tablet Dispersible)	G	1	
Lamotrigine Starter Kit-Blue (Oral Kit)	G	1	
Lamotrigine Starter Kit-Green (Oral Kit)	G	1	
Lamotrigine Starter Kit-Orange (Oral Kit)	G	1	
Levetiracetam ER (Oral Tablet Extended Release 24 Hour)	G	1	
Levetiracetam (Oral Solution)	G	1	
Levetiracetam (Oral Tablet Immediate Release)	G	1	
Roweepra (Oral Tablet Immediate Release)	G	1	
Spritam ODT (Oral Tablet Disintegrating Soluble)	B	3	
Topiramate ER (Oral Capsule ER 24 Hour Sprinkle)	G	1	
Topiramate (Oral Capsule Sprinkle Immediate Release)	G	1	
Topiramate (Oral Tablet)	G	1	
Trokendi XR (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour)	B	3	PA; SP
Trokendi XR (25MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	B	3	PA
Valproic Acid (Oral Capsule)	G	1	
Valproic Acid (Oral Solution)	G	1	
Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	3	PA; SP; QL
Xcopri (350MG Daily Dose) (Oral Tablet Therapy Pack)	B	3	PA; SP; QL
Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	B	3	PA; QL
Xcopri (200MG Oral Tablet)	B	3	PA; SP; QL
Xcopri (14x12.5MG & 14x25MG Oral Tablet Therapy Pack)	B	3	PA; QL
Xcopri (14x150MG & 14x200MG Oral Tablet Therapy Pack, 14x50MG & 14x100MG Oral Tablet Therapy Pack)	B	3	PA; SP; QL
Calcium Channel Modifying Agents			
Celontin (Oral Capsule)	B	3	
Ethosuximide (Oral Capsule)	G	1	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Ethosuximide (Oral Solution)	G	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents			
Clobazam (Oral Suspension)	G	1	PA; QL
Clobazam (Oral Tablet)	G	1	PA; QL
Diacomit (Oral Capsule)	B	3	SP; QL
Diacomit (Oral Packet)	B	3	SP; QL
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	G	1	
Gabapentin (Oral Capsule)	G	1	
Gabapentin (250MG/5ML Oral Solution)	G	1	
Gabapentin (Oral Tablet)	G	1	
Nayzilam (Nasal Solution)	B	3	
Phenobarbital (Oral Elixir)	G	1	PA; HRM
Phenobarbital (Oral Tablet)	G	1	PA; HRM
Primidone (Oral Tablet)	G	1	
Sympazan (10MG Oral Film, 20MG Oral Film)	B	3	PA; SP; QL
Sympazan (5MG Oral Film)	B	3	PA; QL
Tiagabine HCl (Oral Tablet)	G	1	
Valtoco 10MG Dose (Nasal Liquid)	B	3	QL
Valtoco 15MG Dose (Nasal Liquid Therapy Pack)	B	3	QL
Valtoco 20MG Dose (Nasal Liquid Therapy Pack)	B	3	QL
Valtoco 5MG Dose (Nasal Liquid)	B	3	QL
Vigabatrin (Oral Packet)	G	1	PA; LA; QL
Vigabatrin (Oral Tablet)	G	1	PA; LA; QL
Vigadrone (Oral Packet)	G	1	PA; LA; QL
Sodium Channel Agents			
Aptiom (Oral Tablet)	B	3	SP; QL
Banzel (Oral Suspension)	B	3	SP
Banzel (Oral Tablet)	B	3	SP
Carbamazepine ER (Oral Capsule Extended Release 12 Hour)	G	1	
Carbamazepine ER (Oral Tablet Extended Release 12 Hour)	G	1	
Carbamazepine (Oral Suspension)	G	1	
Carbamazepine (Oral Tablet Immediate Release)	G	1	
Carbamazepine (Oral Tablet Chewable)	G	1	
Dilantin (30MG Oral Capsule)	G	3	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Epitol (Oral Tablet)	G	1	
Oxcarbazepine (Oral Suspension)	G	1	
Oxcarbazepine (Oral Tablet)	G	1	
Phenytoin (125MG/5ML Oral Suspension)	G	1	
Phenytoin (Oral Tablet Chewable)	G	1	
Phenytoin Sodium Extended (Oral Capsule)	G	1	
Rufinamide (Oral Suspension)	G	1	
Rufinamide (Oral Tablet)	G	1	
Vimpat (Oral Solution)	B	3	QL
Vimpat (Oral Tablet)	B	3	QL
Zonisamide (Oral Capsule)	G	1	
Antidementia Agents			
Antidementia Agents, Other			
Ergoloid Mesylates (Oral Tablet)	G	1	PA; HRM
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	B	2	PA; QL
Namzaric (Oral Capsule Extended Release 24 Hour)	B	2	PA; QL
Cholinesterase Inhibitors			
Donepezil HCl (Oral Tablet)	G	1	QL
Donepezil HCl ODT (Oral Tablet Dispersible)	G	1	QL
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	G	1	
Galantamine Hydrobromide (Oral Solution)	G	1	
Galantamine Hydrobromide (Oral Tablet)	G	1	
Rivastigmine Tartrate (Oral Capsule)	G	1	
Rivastigmine (Transdermal Patch 24 Hour)	G	1	QL
N-methyl-D-aspartate (NMDA) Receptor Antagonist			
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	PA; QL
Memantine HCl (2MG/ML Oral Solution)	G	1	PA; QL
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	1	PA; QL
Memantine HCl Titration Pak (Oral Tablet)	B	1	PA
Antidepressants			
Antidepressants, Other			
Aplenzin (Oral Tablet Extended Release 24 Hour)	B	3	SP
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	G	1	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	1	
Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour)	G	2	
Bupropion HCl (Oral Tablet Immediate Release)	G	1	
Chlordiazepoxide-Amitriptyline (Oral Tablet)	G	1	PA; HRM
Forfivo XL (Oral Tablet Extended Release 24 Hour)	B	3	
Mirtazapine (Oral Tablet)	G	1	
Mirtazapine ODT (Oral Tablet Dispersible)	G	1	
Olanzapine-Fluoxetine HCl (Oral Capsule)	G	1	
Perphenazine-Amitriptyline (Oral Tablet)	G	1	PA; HRM
Monoamine Oxidase Inhibitors			
Emsam (Transdermal Patch 24 Hour)	B	3	SP; QL
Marplan (Oral Tablet)	B	3	
Phenelzine Sulfate (Oral Tablet)	G	1	
Tranylcypromine Sulfate (Oral Tablet)	G	1	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)			
Citalopram Hydrobromide (Oral Solution)	G	1	
Citalopram Hydrobromide (Oral Tablet)	G	1	
Desvenlafaxine ER (Oral Tablet Extended Release 24 Hour) (Brand Equivalent Khedezla)	B	3	QL
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	1	
Escitalopram Oxalate (Oral Solution)	G	1	
Escitalopram Oxalate (Oral Tablet)	G	1	
Fetzima (Oral Capsule Extended Release 24 Hour)	B	3	ST; QL
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	B	3	ST
Fluoxetine HCl (PMDD) (Oral Tablet)	G	1	
Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)	G	1	
Fluoxetine HCl (Oral Capsule Delayed Release)	G	1	
Fluoxetine HCl (20MG/5ML Oral Solution)	G	1	
Fluoxetine HCl (Oral Tablet)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Fluvoxamine Maleate ER (Oral Capsule Extended Release 24 Hour)	G	1	
Fluvoxamine Maleate (Oral Tablet)	G	1	
Nefazodone HCl (Oral Tablet)	G	1	
Paroxetine HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	PA; HRM
Paroxetine HCl (Oral Tablet Immediate Release)	G	1	PA; HRM
Paroxetine Mesylate (Oral Capsule)	G	1	PA; HRM
Paxil (Oral Suspension)	B	2	PA; HRM
Pexeva (Oral Tablet)	B	3	PA; HRM
Sertraline HCl (Oral Concentrate)	G	1	
Sertraline HCl (Oral Tablet)	G	1	
Trazodone HCl (Oral Tablet)	G	1	
Trintellix (Oral Tablet)	B	3	
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	
Venlafaxine HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	
Venlafaxine HCl (Oral Tablet Immediate Release)	G	1	
Viibryd (Oral Tablet)	B	3	
Viibryd Starter Pack (Oral Kit)	B	3	
Tricyclics			
Amitriptyline HCl (Oral Tablet)	G	1	HRM
Amoxapine (Oral Tablet)	G	1	PA; HRM
Clomipramine HCl (Oral Capsule)	G	1	PA; HRM
Desipramine HCl (Oral Tablet)	G	1	PA; HRM
Doxepin HCl (Oral Capsule)	G	1	PA; HRM
Doxepin HCl (Oral Concentrate)	G	1	PA; HRM
Imipramine HCl (Oral Tablet)	G	1	PA; HRM
Imipramine Pamoate (Oral Capsule)	G	1	PA; HRM
Nortriptyline HCl (Oral Capsule)	G	1	PA; HRM
Nortriptyline HCl (Oral Solution)	G	1	PA; HRM
Protriptyline HCl (Oral Tablet)	G	1	PA; HRM
Trimipramine Maleate (Oral Capsule)	G	1	PA; HRM
Antiemetics			
Antiemetics, Other			

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Antivert (Oral Tablet)	B	3	HRM
Bonjesta (Oral Tablet Extended Release)	B	3	PA; HRM
Compro (Rectal Suppository)	G	1	
Doxylamine-Pyridoxine (Oral Tablet Delayed Release)	G	1	PA; HRM
Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet)	G	1	HRM
Metoclopramide HCl (5MG/5ML Oral Solution)	G	1	
Metoclopramide HCl (Oral Tablet)	G	1	
Metoclopramide HCl ODT (Oral Tablet Dispersible)	G	1	
Perphenazine (Oral Tablet)	G	1	
Prochlorperazine Maleate (Oral Tablet)	G	1	
Prochlorperazine (Rectal Suppository)	G	1	
Promethazine HCl (Oral Syrup)	G	1	PA; HRM
Promethazine HCl (Oral Tablet)	G	1	PA; HRM
Promethazine HCl (Rectal Suppository)	G	1	PA; HRM
Promethegan (25MG Rectal Suppository, 50MG Rectal Suppository)	G	1	PA; HRM
Scopolamine (Transdermal Patch 72 Hour)	G	1	PA; HRM
Trimethobenzamide HCl (Oral Capsule)	G	1	B/D, PA
Emetogenic Therapy Adjuncts			
Aprepitant (Oral Therapy Pack, Oral Capsule)	G	1	PA
Dronabinol (Oral Capsule)	G	1	PA
Emend (Oral Suspension Reconstituted)	B	3	PA
Granisetron HCl (Oral Tablet)	G	1	B/D, PA; QL
Ondansetron HCl (Oral Solution)	G	1	B/D, PA
Ondansetron HCl (Oral Tablet)	G	1	B/D, PA
Ondansetron ODT (Oral Tablet Dispersible)	G	1	B/D, PA
Sancuso (Transdermal Patch)	B	3	SP
Syndros (Oral Solution)	B	3	PA; SP
Varubi (180MG Dose) (Oral Tablet Therapy Pack)	B	3	B/D, PA
Antifungals			
Antifungals			
Abelcet (Intravenous Suspension)	B	3	B/D, PA
AmBisome (Intravenous Suspension Reconstituted)	B	3	B/D, PA; SP
Amphotericin B (Intravenous Solution Reconstituted)	G	1	B/D, PA
Caspofungin Acetate (50MG Intravenous Solution Reconstituted)	G	1	
Clotrimazole (Mouth/Throat Troche)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Cresemba (Oral Capsule)	B	3	SP
Fluconazole in Sodium Chloride (Intravenous Solution)	G	1	
Fluconazole (Oral Suspension Reconstituted)	G	1	
Fluconazole (Oral Tablet)	G	1	
Flucytosine (Oral Capsule)	G	1	
Griseofulvin Microsize (Oral Suspension)	G	1	
Griseofulvin Microsize (Oral Tablet)	G	1	
Griseofulvin Ultramicronized (Oral Tablet)	G	1	
Gynazole-1 (Vaginal Cream)	G	3	
Itraconazole (Oral Capsule)	G	1	PA
Itraconazole (Oral Solution)	G	1	PA
Ketoconazole (Oral Tablet)	G	1	
Miconazole 3 (Vaginal Suppository)	G	1	
Noxafil (Oral Suspension)	B	3	SP; QL
Nystatin (Mouth/Throat Suspension)	G	1	
Nystatin (Oral Tablet)	G	1	
Posaconazole (Oral Tablet Delayed Release)	G	1	QL
Terbinafine HCl (Oral Tablet)	G	1	
Terconazole (Vaginal Cream)	G	1	
Terconazole (Vaginal Suppository)	G	1	
Voriconazole (Intravenous Solution Reconstituted)	G	1	
Voriconazole (Oral Suspension Reconstituted)	G	1	
Voriconazole (Oral Tablet)	G	1	
Antigout Agents			
Antigout Agents			
Allopurinol (Oral Tablet)	G	1	
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	G	1	
Colcrys (Oral Tablet)	B	2	
Febuxostat (Oral Tablet)	G	1	ST
Probenecid (Oral Tablet)	G	1	
Probenecid-Colchicine (Oral Tablet)	G	1	
Antimigraine Agents			
Acute			
Almotriptan Malate (Oral Tablet)	G	1	QL
Eletriptan Hydrobromide (Oral Tablet)	G	1	QL

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Frovatriptan Succinate (Oral Tablet)	G	1	QL
Naratriptan HCl (Oral Tablet)	G	1	QL
Nurtec ODT (Oral Tablet Dispersible)	B	2	PA; SP; QL
Onzetra Xsail (Nasal Exhaler Powder)	B	3	SP; QL
Rizatriptan Benzoate (Oral Tablet)	G	1	QL
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	1	QL
Sumatriptan (Nasal Solution)	G	1	QL
Sumatriptan Succinate (Oral Tablet)	G	1	QL
Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)	G	1	QL
Sumatriptan Succinate (Subcutaneous Solution)	G	1	QL
Sumatriptan Succinate (Subcutaneous Solution Auto-Injector)	G	1	QL
Sumatriptan-Naproxen Sodium (Oral Tablet)	G	1	QL
Ubrelvy (Oral Tablet)	B	2	PA; SP; QL
Zolmitriptan (Oral Tablet)	G	1	QL
Zolmitriptan ODT (Oral Tablet Dispersible)	G	1	QL
Zomig (Nasal Solution)	B	3	QL
Ergot Alkaloids			
Dihydroergotamine Mesylate (Nasal Solution)	G	1	PA
Ergotamine-Caffeine (Oral Tablet)	G	1	
Migergot (Rectal Suppository)	G	3	SP
Prophylactic			
Aimovig (Subcutaneous Solution Auto-Injector)	B	2	PA; QL
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	2	PA; QL
Emgality (Subcutaneous Solution Auto-Injector)	B	2	PA; QL
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	B	2	PA; QL
Timolol Maleate (Oral Tablet)	G	1	
Antimyasthenic Agents			
Parasympathomimetics			
Pyridostigmine Bromide ER (Oral Tablet Extended Release)	G	1	
Pyridostigmine Bromide (Oral Solution)	G	1	
Pyridostigmine Bromide (Oral Tablet Immediate Release)	G	1	
Antimycobacterials			

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Antimycobacterials, Other			
Dapsone (Oral Tablet)	G	1	
Rifabutin (Oral Capsule)	G	1	
Antituberculars			
Ethambutol HCl (Oral Tablet)	G	1	
Isoniazid (Oral Syrup)	G	1	
Isoniazid (Oral Tablet)	G	1	
Paser (Oral Packet)	G	3	
Pretomanid (Oral Tablet)	B	3	
Priftin (Oral Tablet)	B	3	
Pyrazinamide (Oral Tablet)	G	1	
Rifampin (Intravenous Solution Reconstituted)	G	1	
Rifampin (Oral Capsule)	G	1	
Sirturo (Oral Tablet)	B	3	LA; SP
Trecator (Oral Tablet)	B	3	
Antineoplastics			
Alkylating Agents			
Cyclophosphamide (Oral Capsule)	G	1	B/D, PA
Cyclophosphamide (25MG Oral Tablet)	G	2	B/D, PA
Cyclophosphamide (50MG Oral Tablet)	B	2	B/D, PA
Leukeran (Oral Tablet)	B	2	SP
Matulane (Oral Capsule)	B	2	LA; SP
Valchlor (External Gel)	B	3	PA; LA; SP; QL
Antiandrogens			
Abiraterone Acetate (Oral Tablet)	G	1	PA
Bicalutamide (Oral Tablet)	G	1	
Erleada (Oral Tablet)	B	3	PA; SP
Flutamide (Oral Capsule)	G	1	
Nilutamide (Oral Tablet)	G	1	
Nubeqa (Oral Tablet)	B	3	PA; LA; SP
Xtandi (Oral Capsule)	B	3	PA; LA; SP
Xtandi (Oral Tablet)	B	3	PA; SP
Antiangiogenic Agents			
Fotivda (Oral Capsule)	B	3	PA; SP; QL
Pomalyst (Oral Capsule)	B	3	PA; SP

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Qinlock (Oral Tablet)	B	3	PA; SP; QL
Revlimid (Oral Capsule)	B	2	PA; LA; SP
Tabrecta (Oral Tablet)	B	3	PA; SP; QL
Thalomid (Oral Capsule)	B	2	PA; SP; QL
Antiestrogens/Modifiers			
Emcyt (Oral Capsule)	B	2	SP
Soltamox (Oral Solution)	B	3	SP
Tamoxifen Citrate (Oral Tablet)	G	1	
Toremifene Citrate (Oral Tablet)	G	1	
Antimetabolites			
Droxia (Oral Capsule)	B	3	
Hydroxyurea (Oral Capsule)	G	1	
Mercaptopurine (Oral Tablet)	G	1	
Onureg (Oral Tablet)	B	3	PA; SP; QL
Purixan (Oral Suspension)	B	3	SP
Tabloid (Oral Tablet)	B	2	
Antineoplastics, Other			
IDHIFA (Oral Tablet)	B	3	PA; LA; SP
Lonsurf (Oral Tablet)	B	3	PA; LA; SP
Lumakras (Oral Tablet)	B	3	PA; SP; QL
Ninlaro (Oral Capsule)	B	3	PA; SP
Pemazyre (Oral Tablet)	B	3	PA; SP; QL
Retevmo (Oral Capsule)	B	3	PA; SP; QL
Synribo (Subcutaneous Solution Reconstituted)	B	3	PA; SP
Tazverik (Oral Tablet)	B	3	PA; LA; SP; QL
Tukysa (Oral Tablet)	B	3	PA; SP; QL
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	B	3	PA; LA; SP; QL
Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack)	B	3	PA; LA; SP; QL
Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)	B	3	PA; LA; SP; QL
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	B	3	PA; LA; SP; QL
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)	B	3	PA; LA; SP; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	B	3	PA; LA; SP; QL
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	B	3	PA; LA; SP; QL
Zolinza (Oral Capsule)	B	2	PA; SP
Aromatase Inhibitors, 3rd Generation			
Anastrozole (Oral Tablet)	G	1	
Exemestane (Oral Tablet)	G	1	
Letrozole (Oral Tablet)	G	1	
Molecular Target Inhibitors			
Afinitor Disperz (Oral Tablet Soluble)	B	3	PA; SP
Afinitor (10MG Oral Tablet)	B	2	PA; SP
Alecensa (Oral Capsule)	B	2	PA; LA; SP
Alunbrig (Oral Tablet)	B	2	PA; LA; SP; QL
Alunbrig (Oral Tablet Therapy Pack)	B	2	PA; LA; SP; QL
Ayvakit (100MG Oral Tablet, 200MG Oral Tablet, 300MG Oral Tablet)	B	3	PA; LA; SP; QL
Ayvakit (25MG Oral Tablet, 50MG Oral Tablet)	B	3	PA; SP; QL
Balversa (Oral Tablet)	B	3	PA; LA; SP; QL
Bosulif (Oral Tablet)	B	3	PA; SP
Braftovi (Oral Capsule)	B	3	PA; SP
Brukinsa (Oral Capsule)	B	3	PA; LA; SP; QL
Cabometyx (Oral Tablet)	B	2	PA; LA; SP
Calquence (Oral Capsule)	B	3	PA; SP
Caprelsa (Oral Tablet)	B	2	PA; LA; SP
Cometriq (100MG Daily Dose) (Oral Kit)	B	3	PA; LA; SP
Cometriq (140MG Daily Dose) (Oral Kit)	B	3	PA; LA; SP
Cometriq (60MG Daily Dose) (Oral Kit)	B	3	PA; LA; SP
Copiktra (Oral Capsule)	B	3	PA; SP; QL
Cotellic (Oral Tablet)	B	3	PA; LA; SP
Daurismo (Oral Tablet)	B	3	PA; LA; SP; QL
Erivedge (Oral Capsule)	B	2	PA; LA; SP
Erlotinib HCl (Oral Tablet)	G	1	PA
Everolimus (2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	1	PA
Farydak (Oral Capsule)	B	3	PA; SP

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Gavreto (Oral Capsule)	B	3	PA; SP; QL
Gilotrif (Oral Tablet)	B	3	PA; LA; SP
Ibrance (Oral Capsule)	B	3	PA; LA; SP
Ibrance (Oral Tablet)	B	3	PA; LA; SP
Iclusig (Oral Tablet)	B	3	PA; LA; SP
Imatinib Mesylate (Oral Tablet)	G	1	PA; QL
Imbruvica (Oral Capsule)	B	3	PA; LA; SP; QL
Imbruvica (Oral Tablet)	B	3	PA; SP; QL
Inlyta (Oral Tablet)	B	3	PA; LA; SP; QL
Inqovi (Oral Tablet)	B	3	PA; SP; QL
Inrebic (Oral Capsule)	B	3	PA; SP; QL
Iressa (Oral Tablet)	B	3	PA; LA; SP; QL
Jakafi (Oral Tablet)	B	2	PA; LA; SP; QL
Kisqali (200MG Dose) (Oral Tablet)	B	3	PA; SP
Kisqali (400MG Dose) (Oral Tablet)	B	3	PA; SP
Kisqali (600MG Dose) (Oral Tablet)	B	3	PA; SP
Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)	B	3	PA; SP
Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)	B	3	PA; SP
Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)	B	3	PA; SP
Koselugo (Oral Capsule)	B	3	PA; SP; QL
Lapatinib Ditosylate (Oral Tablet)	G	1	PA
Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)	B	3	PA; LA; SP
Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)	B	3	PA; LA; SP
Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)	B	3	PA; LA; SP
Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)	B	3	PA; LA; SP
Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)	B	3	PA; LA; SP
Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)	B	3	PA; LA; SP
Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)	B	3	PA; LA; SP

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)	B	3	PA; LA; SP
Lorbrena (Oral Tablet)	B	3	PA; LA; SP; QL
Lynparza (Oral Tablet)	B	2	PA; LA; SP
Mekinist (Oral Tablet)	B	2	PA; LA; SP
Mektovi (Oral Tablet)	B	3	PA; SP
Nerlynx (Oral Tablet)	B	3	PA; LA; SP; QL
Nexavar (Oral Tablet)	B	2	PA; LA; SP
Odomzo (Oral Capsule)	B	3	PA; LA; SP; QL
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	B	3	PA; SP; QL
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	3	PA; SP; QL
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	B	3	PA; SP; QL
Rozlytrek (Oral Capsule)	B	3	PA; SP; QL
Rubraca (Oral Tablet)	B	2	PA; LA; SP
Rydapt (Oral Capsule)	B	3	PA; SP; QL
Sprycel (Oral Tablet)	B	2	PA; SP
Stivarga (Oral Tablet)	B	3	PA; LA; SP
Sutent (Oral Capsule)	B	2	PA; SP
Tafinlar (Oral Capsule)	B	2	PA; LA; SP
Tagrisso (Oral Tablet)	B	3	PA; LA; SP
Talzenna (Oral Capsule)	B	3	PA; LA; SP; QL
Tasigna (Oral Capsule)	B	3	PA; SP
Tepmetko (Oral Tablet)	B	3	PA; SP; QL
Tibsovo (Oral Tablet)	B	3	PA; SP; QL
Turalio (Oral Capsule)	B	3	PA; LA; SP; QL
Tykerb (Oral Tablet)	B	2	PA; LA; SP
Ukoniq (Oral Tablet)	B	3	PA; SP; QL
Venclexta (100MG Oral Tablet, 50MG Oral Tablet)	B	3	PA; LA; SP
Venclexta (10MG Oral Tablet)	B	2	PA; LA
Venclexta Starting Pack (Oral Tablet Therapy Pack)	B	3	PA; LA; SP
Verzenio (Oral Tablet)	B	3	PA; LA; SP
Vittrakvi (Oral Capsule)	B	3	PA; LA; SP; QL
Vittrakvi (Oral Solution)	B	3	PA; LA; SP; QL

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Vizimpro (Oral Tablet)	B	3	PA; LA; SP
Votrient (Oral Tablet)	B	3	PA; LA; SP
Xalkori (Oral Capsule)	B	2	PA; LA; SP
Xospata (Oral Tablet)	B	3	PA; SP; QL
Zejula (Oral Capsule)	B	2	PA; LA; SP
Zelboraf (Oral Tablet)	B	3	PA; LA; SP; QL
Zydelig (Oral Tablet)	B	3	PA; LA; SP
Zykadia (Oral Tablet)	B	3	PA; SP
Retinoids			
Bexarotene (Oral Capsule)	G	1	PA
Targretin (External Gel)	B	3	PA; SP; QL
Tretinoin (Oral Capsule)	G	1	
Treatment Adjuncts			
Leucovorin Calcium (Oral Tablet)	G	1	
Mesnex (Oral Tablet)	B	3	SP
Antiparasitics			
Anthelmintics			
Albendazole (Oral Tablet)	G	1	QL
Emverm (Oral Tablet Chewable)	G	2	SP
Ivermectin (Oral Tablet)	G	1	
Praziquantel (Oral Tablet)	G	1	
Antiprotozoals			
Atovaquone (Oral Suspension)	G	1	
Atovaquone-Proguanil HCl (Oral Tablet)	G	1	
Benznidazole (Oral Tablet)	B	3	
Chloroquine Phosphate (Oral Tablet)	G	1	
Coartem (Oral Tablet)	B	3	
Hydroxychloroquine Sulfate (Oral Tablet)	G	1	
Impavido (Oral Capsule)	B	3	SP
Krintafel (Oral Tablet)	B	3	
Lampit (Oral Tablet)	B	3	PA
Mefloquine HCl (Oral Tablet)	G	1	
Nitazoxanide (Oral Tablet)	G	1	
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	1	B/D, PA; QL
Pentamidine Isethionate (Injection Solution Reconstituted)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Primaquine Phosphate (Oral Tablet)	G	1	
Pyrimethamine (Oral Tablet)	G	1	
Quinine Sulfate (Oral Capsule)	G	1	PA
Antiparkinson Agents			
Anticholinergics			
Benztropine Mesylate (Oral Tablet)	G	1	PA; HRM
Trihexyphenidyl HCl (Oral Solution)	G	1	PA; HRM
Trihexyphenidyl HCl (Oral Tablet)	G	1	PA; HRM
Antiparkinson Agents, Other			
Amantadine HCl (Oral Capsule)	G	1	
Amantadine HCl (Oral Syrup)	G	1	
Amantadine HCl (Oral Tablet)	G	1	
Carbidopa-Levodopa-Entacapone (Oral Tablet)	G	1	
Entacapone (Oral Tablet)	G	1	
Nourianz (Oral Tablet)	B	3	PA; SP; QL
Ongentys (Oral Capsule)	B	3	ST; QL
Tolcapone (Oral Tablet)	G	1	QL
Dopamine Agonists			
Apokyn (Subcutaneous Solution Cartridge)	B	2	PA; LA; SP; QL
Bromocriptine Mesylate (Oral Capsule)	G	1	
Bromocriptine Mesylate (Oral Tablet)	G	1	
Kynmobi (10MG Sublingual Film, 15MG Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film)	B	3	PA; SP; QL
Neupro (Transdermal Patch 24 Hour)	B	3	
Pramipexole Dihydrochloride ER (Oral Tablet Extended Release 24 Hour)	G	1	
Pramipexole Dihydrochloride (Oral Tablet Immediate Release)	G	1	
Ropinirole HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	
Ropinirole HCl (Oral Tablet Immediate Release)	G	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors			
Carbidopa (Oral Tablet)	G	1	
Carbidopa-Levodopa ER (Oral Tablet Extended Release)	G	1	
Carbidopa-Levodopa (Oral Tablet Immediate Release)	G	1	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	G	1	
Duopa (Enteral Suspension)	B	3	PA; SP
Inbrija (Inhalation Capsule)	B	3	PA; LA; SP
Rytary (Oral Capsule Extended Release)	B	3	ST
Monoamine Oxidase B (MAO-B) Inhibitors			
Rasagiline Mesylate (Oral Tablet)	G	1	
Selegiline HCl (Oral Capsule)	G	1	
Selegiline HCl (Oral Tablet)	G	1	
Zelapar ODT (Oral Tablet Dispersible)	B	3	SP
Antipsychotics			
1st Generation/Typical			
Chlorpromazine HCl (Oral Tablet)	G	1	
Fluphenazine Decanoate (Injection Solution)	G	1	
Fluphenazine HCl (Injection Solution)	G	1	
Fluphenazine HCl (Oral Concentrate)	G	1	
Fluphenazine HCl (Oral Elixir)	G	1	
Fluphenazine HCl (Oral Tablet)	G	1	
Haloperidol Decanoate (Intramuscular Solution)	G	1	
Haloperidol Lactate (Injection Solution)	G	1	
Haloperidol Lactate (Oral Concentrate)	G	1	
Haloperidol (Oral Tablet)	G	1	
Loxapine Succinate (Oral Capsule)	G	1	
Molindone HCl (Oral Tablet)	G	1	
Pimozide (Oral Tablet)	G	1	
Thioridazine HCl (Oral Tablet)	G	1	
Thiothixene (Oral Capsule)	G	1	
Trifluoperazine HCl (Oral Tablet)	G	1	
2nd Generation/Atypical			
Abilify Maintena (Intramuscular Prefilled Syringe)	B	3	SP
Abilify Maintena (Intramuscular Suspension Reconstituted ER)	B	3	SP
Aripiprazole (Oral Solution)	G	1	QL
Aripiprazole (Oral Tablet)	G	1	QL
Aripiprazole ODT (Oral Tablet Dispersible)	G	1	QL
Asenapine Maleate (Tablet Sublingual)	G	1	
Caplyta (Oral Capsule)	B	3	ST; SP; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	3	ST; SP; QL
Fanapt (1MG Oral Tablet, 2MG Oral Tablet)	B	3	ST; QL
Fanapt Titration Pack (Oral Tablet)	B	3	ST
Geodon (Intramuscular Solution Reconstituted)	B	3	
Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe)	B	3	SP
Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)	B	3	
Invega Trinza (Intramuscular Suspension Prefilled Syringe)	B	3	SP
Latuda (Oral Tablet)	B	3	SP; QL
Nuplazid (Oral Capsule)	B	3	PA; SP; QL
Nuplazid (Oral Tablet)	B	3	PA; SP; QL
Olanzapine (10MG Intramuscular Solution Reconstituted)	G	1	
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	1	QL
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	1	QL
Paliperidone ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Quetiapine Fumarate (Oral Tablet Immediate Release)	G	1	QL
Rexulti (Oral Tablet)	B	3	SP; QL
Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER)	B	3	
Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER)	B	3	SP
Risperidone (Oral Solution)	G	1	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Risperidone (Oral Tablet)	G	1	
Risperidone ODT (Oral Tablet Dispersible)	G	1	
Saphris (Tablet Sublingual)	B	2	SP
Secuado (Transdermal Patch 24 Hour)	B	3	PA; SP; QL
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	B	3	ST; SP; QL
Vraylar (Oral Capsule Therapy Pack)	B	3	ST
Ziprasidone HCl (Oral Capsule)	G	1	QL
Ziprasidone Mesylate (Intramuscular Solution Reconstituted)	G	1	
Zyprexa Relprew (210MG Intramuscular Suspension Reconstituted)	B	3	
Treatment-Resistant			
Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	1	
Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)	G	1	QL
Versacloz (Oral Suspension)	B	3	SP
Antispasticity Agents			
Antispasticity Agents			
Baclofen (Oral Tablet)	G	1	
Dantrolene Sodium (Oral Capsule)	G	1	
Tizanidine HCl (Oral Capsule)	G	1	
Tizanidine HCl (Oral Tablet)	G	1	
Antivirals			
Anti-cytomegalovirus (CMV) Agents			
Prevymis (Oral Tablet)	B	3	SP; QL
Valganciclovir HCl (Oral Solution Reconstituted)	G	1	QL
Valganciclovir HCl (Oral Tablet)	G	1	QL
Zirgan (Ophthalmic Gel)	B	3	
Anti-hepatitis B (HBV) Agents			
Adefovir Dipivoxil (Oral Tablet)	G	1	
Baraclude (Oral Solution)	B	3	SP
Entecavir (Oral Tablet)	G	1	
Epivir HBV (Oral Solution)	B	2	
Lamivudine (100MG Oral Tablet)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Vemlidy (Oral Tablet)	B	3	SP
Anti-hepatitis C (HCV) Agents			
Epclusa (Oral Tablet)	B	2	PA; SP; QL
Harvoni (Oral Packet)	B	2	PA; SP; QL
Harvoni (90-400MG Oral Tablet)	B	2	PA; SP; QL
Mavyret (Oral Tablet)	B	2	PA; SP; QL
Ribavirin (Oral Capsule)	G	1	
Ribavirin (Oral Tablet)	G	1	
Sofosbuvir-Velpatasvir (Oral Tablet)	G	2	PA; SP; QL
Sovaldi (Oral Packet)	B	3	PA; SP; QL
Sovaldi (400MG Oral Tablet)	B	3	PA; SP; QL
Viekira Pak (Oral Tablet Therapy Pack)	B	3	PA; SP; QL
Vosevi (Oral Tablet)	B	2	PA; SP; QL
Zepatier (Oral Tablet)	B	3	PA; SP; QL
Antitherpetic Agents			
Acyclovir (External Cream)	G	1	
Acyclovir (External Ointment)	G	1	
Acyclovir (Oral Capsule)	G	1	
Acyclovir (Oral Suspension)	G	1	
Acyclovir (Oral Tablet)	G	1	
Acyclovir Sodium (Intravenous Solution)	G	1	B/D, PA
Famciclovir (Oral Tablet)	G	1	
Sitavig (Buccal Tablet)	B	3	
Valacyclovir HCl (Oral Tablet)	G	1	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)			
Biktarvy (Oral Tablet)	B	3	SP; QL
Dovato (Oral Tablet)	B	2	SP; QL
Genvoya (Oral Tablet)	B	3	SP; QL
Isentress HD (Oral Tablet)	B	2	SP; QL
Isentress (Oral Packet)	B	2	QL
Isentress (Oral Tablet)	B	2	SP; QL
Isentress (100MG Oral Tablet Chewable)	B	2	SP; QL
Isentress (25MG Oral Tablet Chewable)	B	2	QL
Juluca (Oral Tablet)	B	2	SP; QL
Stribild (Oral Tablet)	B	3	SP; QL

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Tivicay (10MG Oral Tablet)	B	2	QL
Tivicay (25MG Oral Tablet, 50MG Oral Tablet)	B	2	SP; QL
Tivicay PD (Oral Tablet Soluble)	B	2	SP; QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)			
Atripla (Oral Tablet)	B	2	SP; QL
Complera (Oral Tablet)	B	2	SP; QL
Delstrigo (Oral Tablet)	B	3	SP; QL
Edurant (Oral Tablet)	B	2	SP; QL
Efavirenz (Oral Capsule)	G	1	QL
Efavirenz (Oral Tablet)	G	1	QL
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)	G	1	QL
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)	G	1	QL
Etravirine (Oral Tablet)	G	1	QL
Intelence (100MG Oral Tablet, 200MG Oral Tablet)	B	2	SP; QL
Intelence (25MG Oral Tablet)	B	2	QL
Nevirapine ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Nevirapine (Oral Suspension)	G	1	QL
Nevirapine (Oral Tablet Immediate Release)	G	1	QL
Pifeltro (Oral Tablet)	B	3	SP; QL
Symfi Lo (Oral Tablet)	B	2	SP; QL
Symfi (Oral Tablet)	B	2	SP; QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)			
Abacavir Sulfate (Oral Solution)	G	1	QL
Abacavir Sulfate (Oral Tablet)	G	1	QL
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	1	QL
Abacavir-Lamivudine-Zidovudine (Oral Tablet)	G	1	QL
Cimduo (Oral Tablet)	B	2	SP; QL
Descovy (Oral Tablet)	B	3	SP; QL
Emtricitabine (Oral Capsule)	G	1	QL
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet)	G	1	QL
Emtriva (Oral Capsule)	B	2	QL
Emtriva (Oral Solution)	B	2	QL
Lamivudine (10MG/ML Oral Solution)	G	1	QL
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet)	G	1	QL
Lamivudine-Zidovudine (Oral Tablet)	G	1	QL
Odefsey (Oral Tablet)	B	3	SP; QL
Temixys (Oral Tablet)	B	2	SP; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	1	QL
Triumeq (Oral Tablet)	B	2	SP; QL
Truvada (Oral Tablet)	B	2	SP; QL
Viread (Oral Powder)	B	2	SP; QL
Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	B	2	SP; QL
Zidovudine (Oral Capsule)	G	1	QL
Zidovudine (Oral Syrup)	G	1	QL
Zidovudine (Oral Tablet)	G	1	QL
Anti-HIV Agents, Other			
Fuzeon (Subcutaneous Solution Reconstituted)	B	2	SP; QL
Rukobia (Oral Tablet Extended Release 12 Hour)	B	2	SP; QL
Selzentry (Oral Solution)	B	2	SP; QL
Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet)	B	2	SP; QL
Selzentry (25MG Oral Tablet)	B	2	QL
Tybost (Oral Tablet)	B	2	QL
Anti-HIV Agents, Protease Inhibitors			
Aptivus (Oral Capsule)	B	2	SP; QL
Atazanavir Sulfate (Oral Capsule)	G	1	QL
Evotaz (Oral Tablet)	B	2	SP; QL
Fosamprenavir Calcium (Oral Tablet)	G	1	QL
Invirase (Oral Tablet)	B	2	SP; QL
Kaletra (100-25MG Oral Tablet)	B	2	QL
Kaletra (200-50MG Oral Tablet)	B	2	SP; QL
Lexiva (Oral Suspension)	B	2	QL
Lopinavir-Ritonavir (Oral Solution)	G	1	QL
Lopinavir-Ritonavir (Oral Tablet)	G	1	QL
Norvir (Oral Packet)	B	2	QL
Norvir (Oral Solution)	B	2	QL
Prezcobix (Oral Tablet)	B	2	SP; QL
Prezista (Oral Suspension)	B	2	SP; QL
Prezista (150MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	B	2	SP; QL
Prezista (75MG Oral Tablet)	B	2	QL
Reyataz (Oral Packet)	B	2	SP; QL

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Ritonavir (Oral Tablet)	G	1	QL
Symtuza (Oral Tablet)	B	3	SP; QL
Viracept (Oral Tablet)	B	2	SP; QL
Anti-influenza Agents			
Oseltamivir Phosphate (Oral Capsule)	G	1	
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	1	
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Rimantadine HCl (Oral Tablet)	G	1	
Xofluza (40MG Dose) (2 x 20MG Oral Tablet Therapy Pack)	B	3	QL
Xofluza (80MG Dose) (2 x 40MG Oral Tablet Therapy Pack)	B	3	QL
Anxiolytics			
Anxiolytics, Other			
Bupirone HCl (Oral Tablet)	G	1	
Hydroxyzine HCl (Oral Syrup)	G	1	PA; HRM
Hydroxyzine HCl (Oral Tablet)	G	1	PA; HRM
Hydroxyzine Pamoate (Oral Capsule)	G	1	PA; HRM
Meprobamate (Oral Tablet)	G	1	PA; HRM
Benzodiazepines			
Alprazolam ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Alprazolam Intensol (Oral Concentrate)	G	1	QL
Alprazolam (Oral Tablet Immediate Release)	G	1	QL
Alprazolam ODT (Oral Tablet Dispersible)	G	1	QL
Chlordiazepoxide HCl (Oral Capsule)	G	1	
Clonazepam (Oral Tablet)	G	1	QL
Clonazepam ODT (Oral Tablet Dispersible)	G	1	QL
Clorazepate Dipotassium (Oral Tablet)	G	1	QL
Diazepam Intensol (5MG/ML Oral Concentrate)	G	1	QL
Diazepam (5MG/5ML Oral Solution)	G	1	
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	1	QL
Lorazepam Intensol (Oral Concentrate)	G	1	QL
Lorazepam (Oral Tablet)	G	1	QL
Oxazepam (Oral Capsule)	G	1	
Bipolar Agents			

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Mood Stabilizers			
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	G	1	
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	G	1	
Divalproex Sodium (Oral Tablet Delayed Release)	G	1	
Equetro (Oral Capsule Extended Release 12 Hour)	B	3	
Lithium Carbonate ER (Oral Tablet Extended Release)	G	1	
Lithium Carbonate (Oral Capsule)	G	1	
Lithium Carbonate (Oral Tablet Immediate Release)	G	1	
Blood Glucose Regulators			
Antidiabetic Agents			
Acarbose (Oral Tablet)	G	1	
Bydureon BCise (Subcutaneous Auto-Injector)	B	2	QL
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	B	2	ST; QL
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	B	2	ST; QL
Cycloset (Oral Tablet)	B	3	
Farxiga (Oral Tablet)	B	2	QL
Glimepiride (Oral Tablet)	G	1	QL
Glipizide ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Glipizide (Oral Tablet Immediate Release)	G	1	QL
Glipizide-Metformin HCl (Oral Tablet)	G	1	QL
Glyburide Micronized (Oral Tablet)	G	1	PA; HRM; QL
Glyburide (Oral Tablet)	G	1	PA; HRM; QL
Glyburide-Metformin (Oral Tablet)	G	1	PA; HRM; QL
Glyxambi (Oral Tablet)	B	2	QL
Janumet (Oral Tablet Immediate Release)	B	2	QL
Janumet XR (Oral Tablet Extended Release 24 Hour)	B	2	QL
Januvia (Oral Tablet)	B	2	QL
Jardiance (Oral Tablet)	B	2	QL
Jentadueto (Oral Tablet Immediate Release)	B	2	QL
Jentadueto XR (Oral Tablet Extended Release 24 Hour)	B	2	QL

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	1	QL
Metformin HCl (Oral Solution)	G	1	QL
Metformin HCl (Oral Tablet Immediate Release)	G	1	QL
Miglitol (Oral Tablet)	G	1	
Nateglinide (Oral Tablet)	G	1	QL
Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector)	B	2	QL
Ozempic (1MG/DOSE) (Subcutaneous Solution Pen-Injector)	B	2	QL
Pioglitazone HCl (Oral Tablet)	G	1	QL
Pioglitazone HCl-Glimepiride (Oral Tablet)	G	1	QL
Pioglitazone HCl-Metformin HCl (Oral Tablet)	G	1	QL
Repaglinide (Oral Tablet)	G	1	QL
Rybelsus (Oral Tablet)	B	2	QL
Soliqua (Subcutaneous Solution Pen-Injector)	B	2	QL
SymLinPen 120 (Subcutaneous Solution Pen-Injector)	B	3	PA; SP
SymLinPen 60 (Subcutaneous Solution Pen-Injector)	B	3	PA; SP
Synjardy (Oral Tablet Immediate Release)	B	2	QL
Synjardy XR (Oral Tablet Extended Release 24 Hour)	B	2	QL
Tradjenta (Oral Tablet)	B	2	QL
Trijardy XR (Oral Tablet Extended Release 24 Hour)	B	2	QL
Trulicity (Subcutaneous Solution Pen-Injector)	B	2	QL
Victoza (Subcutaneous Solution Pen-Injector)	B	2	QL
Xigduo XR (Oral Tablet Extended Release 24 Hour)	B	2	QL
Xultophy (Subcutaneous Solution Pen-Injector)	B	3	ST; QL
Glycemic Agents			
Baqsimi Two Pack (Nasal Powder)	B	2	
Diazoxide (Oral Suspension)	G	1	
GlucaGen HypoKit (Injection Solution Reconstituted)	B	3	
Glucagon (Injection Kit) (Lilly)	B	1	
Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector)	B	2	
Gvoke PFS (Subcutaneous Solution Prefilled Syringe)	B	2	
Insulins			
Afrezza (12UNIT Inhalation Powder, 4 & 8 & 12UNIT Inhalation Powder, 4 & 8UNIT Inhalation Powder, 8 & 12UNIT Inhalation Powder)	B	3	PA; SP

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Afrezza (4UNIT Inhalation Powder, 8UNIT Inhalation Powder)	B	3	PA
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)	B	2	
Humalog KwikPen (Subcutaneous Solution Pen-Injector)	B	2	
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)	B	2	
Humalog Mix 50/50 (Subcutaneous Suspension)	B	2	
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)	B	2	
Humalog Mix 75/25 (Subcutaneous Suspension)	B	2	
Humalog (Subcutaneous Solution)	B	2	
Humalog (Subcutaneous Solution Cartridge)	B	2	
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)	B	2	
Humulin 70/30 (Subcutaneous Suspension)	B	2	
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)	B	2	
Humulin N (Subcutaneous Suspension)	B	2	
Humulin R (Injection Solution)	B	2	
Humulin R U-500 (Concentrated) (Subcutaneous Solution)	B	2	
Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)	B	2	
Lantus SoloStar (Subcutaneous Solution Pen-Injector)	B	2	
Lantus (Subcutaneous Solution)	B	2	
Lyumjev (Injection Solution)	B	2	
Lyumjev KwikPen (Subcutaneous Solution Pen-Injector)	B	2	
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)	B	2	
Toujeo SoloStar (Subcutaneous Solution Pen-Injector)	B	2	
Blood Products and Modifiers			
Anticoagulants			
Eliquis (Oral Tablet)	B	2	QL
Eliquis Starter Pack (Oral Tablet)	B	2	QL

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Enoxaparin Sodium (Subcutaneous Solution)	G	1	QL
Fondaparinux Sodium (Subcutaneous Solution)	G	1	
Fragmin (10000UNIT/ML Subcutaneous Solution, 12500UNIT/0.5ML Subcutaneous Solution, 15000UNIT/0.6ML Subcutaneous Solution, 18000UNIT/0.72ML Subcutaneous Solution, 5000UNIT/0.2ML Subcutaneous Solution, 7500UNIT/0.3ML Subcutaneous Solution, 95000UNIT/3.8ML Subcutaneous Solution)	B	3	SP
Fragmin (2500UNIT/0.2ML Subcutaneous Solution)	B	3	
Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution)	G	1	
Heparin Sodium (1000UNIT/ML Injection Solution)	G	1	B/D, PA
Jantoven (Oral Tablet)	G	1	
Pradaxa (Oral Capsule)	B	2	QL
Savaysa (Oral Tablet)	B	3	QL
Warfarin Sodium (Oral Tablet)	G	1	
Xarelto (Oral Tablet)	B	2	QL
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	2	QL
Zontivity (Oral Tablet)	B	3	
Blood Products and Modifiers, Other			
Anagrelide HCl (Oral Capsule)	G	1	
Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 300MCG/ML Injection Solution)	B	2	PA; SP
Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution)	B	2	PA
Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe)	B	2	PA; SP

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe)	B	2	PA
Leukine (Injection Solution Reconstituted)	B	3	PA; SP
Mulpleta (Oral Tablet)	B	2	PA; SP
Neulasta (Subcutaneous Solution Prefilled Syringe)	B	3	PA; SP
Nivestym (Injection Solution)	B	2	SP
Nivestym (Injection Solution Prefilled Syringe)	B	2	SP
Promacta (Oral Packet)	B	3	PA; LA; SP; QL
Promacta (Oral Tablet)	B	3	PA; LA; SP; QL
Retacrit (Injection Solution)	B	2	PA
Siklos (Oral Tablet)	B	3	PA; SP
Udenyca (Subcutaneous Solution Prefilled Syringe)	B	3	PA; SP
Zarxio (Injection Solution Prefilled Syringe)	B	2	SP
Ziextenzo (Subcutaneous Solution Prefilled Syringe)	B	2	SP
Hemostasis Agents			
Tranexamic Acid (Oral Tablet)	G	1	
Platelet Modifying Agents			
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	1	QL
Brilinta (Oral Tablet)	B	2	QL
Cablivi (Injection Kit)	B	3	PA; LA; SP; QL
Cilostazol (Oral Tablet)	G	1	
Clopidogrel Bisulfate (75MG Oral Tablet)	G	1	QL
Dipyridamole (Oral Tablet)	G	1	PA; HRM
Doptelet (Oral Tablet)	B	3	PA; SP
Prasugrel HCl (Oral Tablet)	G	1	
Tavalisse (Oral Tablet)	B	3	PA; SP; QL
Cardiovascular Agents			
Alpha-adrenergic Agonists			
Clonidine HCl (Oral Tablet Immediate Release)	G	1	
Clonidine (Transdermal Patch Weekly)	G	1	
Droxidopa (Oral Capsule)	G	1	PA; QL
Guanfacine HCl (Oral Tablet Immediate Release)	G	1	PA; HRM; QL

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Methyldopa (Oral Tablet)	G	1	PA; HRM
Midodrine HCl (Oral Tablet)	G	1	
Northera (Oral Capsule)	B	3	PA; LA; SP; QL
Alpha-adrenergic Blocking Agents			
Doxazosin Mesylate (Oral Tablet)	G	1	
Phenoxybenzamine HCl (Oral Capsule)	G	1	
Prazosin HCl (Oral Capsule)	G	1	
Angiotensin II Receptor Antagonists			
Candesartan Cilexetil (Oral Tablet)	G	1	QL
Edarbi (Oral Tablet)	B	3	QL
Irbesartan (Oral Tablet)	G	1	QL
Losartan Potassium (Oral Tablet)	G	1	QL
Olmesartan Medoxomil (Oral Tablet)	G	1	QL
Telmisartan (Oral Tablet)	G	1	QL
Valsartan (Oral Tablet)	G	1	QL
Angiotensin-converting Enzyme (ACE) Inhibitors			
Benazepril HCl (Oral Tablet)	G	1	QL
Captopril (Oral Tablet)	G	1	QL
Enalapril Maleate (Oral Tablet)	G	1	QL
Fosinopril Sodium (Oral Tablet)	G	1	QL
Lisinopril (Oral Tablet)	G	1	QL
Moexipril HCl (Oral Tablet)	G	1	QL
Perindopril Erbumine (Oral Tablet)	G	1	QL
Quinapril HCl (Oral Tablet)	G	1	QL
Ramipril (Oral Capsule)	G	1	QL
Trandolapril (Oral Tablet)	G	1	QL
Antiarrhythmics			
Amiodarone HCl (Oral Tablet)	G	1	
Disopyramide Phosphate (Oral Capsule)	G	1	PA; HRM
Dofetilide (Oral Capsule)	G	1	
Flecainide Acetate (Oral Tablet)	G	1	
Mexiletine HCl (Oral Capsule)	G	1	
Multaq (Oral Tablet)	B	3	
Norpace CR (Oral Capsule Extended Release 12 Hour)	B	2	PA; HRM
Pacerone (200MG Oral Tablet)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Propafenone HCl ER (Oral Capsule Extended Release 12 Hour)	G	1	
Propafenone HCl (Oral Tablet)	G	1	
Quinidine Gluconate ER (Oral Tablet Extended Release)	G	1	
Quinidine Sulfate (Oral Tablet)	G	1	
Sorine (Oral Tablet)	G	1	
Sotalol HCl AF (Oral Tablet)	G	1	
Sotalol HCl (Oral Tablet)	G	1	
Sotylize (Oral Solution)	B	3	
Beta-adrenergic Blocking Agents			
Acebutolol HCl (Oral Capsule)	G	1	
Atenolol (Oral Tablet)	G	1	
Betaxolol HCl (Oral Tablet)	G	1	
Bisoprolol Fumarate (Oral Tablet)	G	1	
Bystolic (Oral Tablet)	B	2	QL
Carvedilol (Oral Tablet)	G	1	
Carvedilol Phosphate ER (Oral Capsule Extended Release 24 Hour)	G	1	
Labetalol HCl (Oral Tablet)	G	1	
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	G	1	
Metoprolol Tartrate (Oral Tablet)	G	1	
Nadolol (Oral Tablet)	G	1	
Pindolol (Oral Tablet)	G	1	
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	
Propranolol HCl (Oral Solution)	G	1	
Propranolol HCl (Oral Tablet)	G	1	
Calcium Channel Blocking Agents, Dihydropyridines			
Amlodipine Besylate (Oral Tablet)	G	1	
Felodipine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Isradipine (Oral Capsule)	G	1	
Nicardipine HCl (Oral Capsule)	G	1	
Nifedipine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	G	1	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Nifedipine (Oral Capsule)	G	1	PA; HRM
Nimodipine (Oral Capsule)	G	1	
Nisoldipine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Nymalize (6MG/ML Oral Solution)	B	3	SP
Calcium Channel Blocking Agents, Nondihydropyridines			
Cardizem LA (120MG Oral Tablet Extended Release 24 Hour)	B	3	
Cartia XT (Oral Capsule Extended Release 24 Hour)	G	1	
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour)	G	1	
Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	G	1	
Diltiazem HCl ER Coated Beads (180MG Oral Tablet Extended Release 24 Hour, 240MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour, 360MG Oral Tablet Extended Release 24 Hour)	G	1	
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour)	G	1	
Diltiazem HCl (Oral Tablet Immediate Release)	G	1	
Dilt-XR (Oral Capsule Extended Release 24 Hour)	G	1	
Matzim LA (Oral Tablet Extended Release 24 Hour)	G	1	
Taztia XT (Oral Capsule Extended Release 24 Hour)	G	1	
Tiadylt ER (Oral Capsule Extended Release 24 Hour)	G	1	
Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour, 360MG Oral Capsule Extended Release 24 Hour)	B	1	
Verapamil HCl ER (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour)	G	1	
Verapamil HCl ER (Oral Tablet Extended Release)	G	1	
Verapamil HCl (Oral Tablet Immediate Release)	G	1	
Cardiovascular Agents, Other			

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	G	1	
Acetazolamide (Oral Tablet)	G	1	
Aldactazide (50-50MG Oral Tablet)	B	3	
Aliskiren Fumarate (Oral Tablet)	G	1	QL
Amiloride-Hydrochlorothiazide (Oral Tablet)	G	1	
Amlodipine-Atorvastatin (Oral Tablet)	G	1	QL
Amlodipine-Benazepril (Oral Capsule)	G	1	QL
Amlodipine-Olmesartan (Oral Tablet)	G	1	QL
Amlodipine-Valsartan (Oral Tablet)	G	1	QL
Amlodipine-Valsartan-HCTZ (Oral Tablet)	G	1	
Atenolol-Chlorthalidone (Oral Tablet)	G	1	
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
BiDiI (Oral Tablet)	B	3	
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Candesartan Cilexetil-HCTZ (Oral Tablet)	G	1	QL
Corlanor (Oral Solution)	B	3	PA; QL
Corlanor (Oral Tablet)	B	3	PA; QL
Demser (Oral Capsule)	B	3	SP
Digitek (125MCG Oral Tablet)	G	1	HRM; QL
Digitek (250MCG Oral Tablet)	G	1	PA; HRM
Digox (125MCG Oral Tablet)	G	1	HRM; QL
Digox (250MCG Oral Tablet)	G	1	PA; HRM
Digoxin (Oral Solution)	G	1	PA; HRM; QL
Digoxin (125MCG Oral Tablet)	G	1	HRM; QL
Digoxin (250MCG Oral Tablet)	G	1	PA; HRM
Edarbyclor (Oral Tablet)	B	3	QL
Enalapril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Entresto (Oral Tablet)	B	2	QL
Fosinopril Sodium-HCTZ (Oral Tablet)	G	1	QL
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Lanoxin (62.5MCG Oral Tablet)	B	2	HRM; QL
Lisinopril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Losartan Potassium-HCTZ (Oral Tablet)	G	1	QL
Metoprolol-Hydrochlorothiazide (Oral Tablet)	G	1	
Metyrosine (Oral Capsule)	G	1	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	1	QL
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	G	1	QL
Pentoxifylline ER (Oral Tablet Extended Release)	G	1	
Quinapril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	1	
Spironolactone-HCTZ (Oral Tablet)	G	1	
Tekturna HCT (Oral Tablet)	B	2	QL
Telmisartan-Amlodipine (Oral Tablet)	G	1	QL
Telmisartan-HCTZ (Oral Tablet)	G	1	QL
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	G	1	QL
Triamterene-HCTZ (Oral Capsule)	G	1	
Triamterene-HCTZ (Oral Tablet)	G	1	
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Vecamyl (Oral Tablet)	G	3	SP
Diuretics, Loop			
Bumetanide (Injection Solution)	G	1	
Bumetanide (Oral Tablet)	G	1	
Ethacrynic Acid (Oral Tablet)	G	1	
Furosemide (Injection Solution)	G	1	B/D, PA
Furosemide (Oral Solution)	G	1	
Furosemide (Oral Tablet)	G	1	
Torseamide (Oral Tablet)	G	1	
Diuretics, Potassium-sparing			
Amiloride HCl (Oral Tablet)	G	1	
CaroSpir (Oral Suspension)	B	3	
Eplerenone (Oral Tablet)	G	1	
Spironolactone (Oral Tablet)	G	1	
Triamterene (Oral Capsule)	G	1	
Diuretics, Thiazide			
Chlorthalidone (Oral Tablet)	G	1	
Diuril (Oral Suspension)	B	3	
Hydrochlorothiazide (Oral Capsule)	G	1	
Hydrochlorothiazide (Oral Tablet)	G	1	
Indapamide (Oral Tablet)	G	1	
Metolazone (Oral Tablet)	G	1	
Dyslipidemics, Fibric Acid Derivatives			

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Fenofibrate Micronized (130MG Oral Capsule, 134MG Oral Capsule, 200MG Oral Capsule, 43MG Oral Capsule, 67MG Oral Capsule)	G	1	
Fenofibrate (150MG Oral Capsule, 50MG Oral Capsule)	G	1	
Fenofibrate (145MG Oral Tablet, 160MG Oral Tablet, 48MG Oral Tablet, 54MG Oral Tablet)	G	1	
Fenofibric Acid (Oral Capsule Delayed Release)	G	1	
Gemfibrozil (Oral Tablet)	G	1	
Lipofen (Oral Capsule)	B	3	
Dyslipidemics, HMG CoA Reductase Inhibitors			
Atorvastatin Calcium (Oral Tablet)	G	1	QL
Ezallor Sprinkle (Oral Capsule Sprinkle)	B	3	QL
FloLipid (Oral Suspension)	B	3	QL
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Fluvastatin Sodium (Oral Capsule)	G	1	QL
Livalo (Oral Tablet)	B	3	QL
Lovastatin (Oral Tablet)	G	1	QL
Pravastatin Sodium (Oral Tablet)	G	1	QL
Rosuvastatin Calcium (Oral Tablet)	G	1	QL
Simvastatin (Oral Tablet)	G	1	QL
Dyslipidemics, Other			
Cholestyramine Light (Oral Powder)	G	1	
Cholestyramine (Oral Packet)	G	1	
Colesevelam HCl (Oral Packet)	G	1	
Colesevelam HCl (Oral Tablet)	G	1	
Colestipol HCl (Oral Packet)	G	1	
Colestipol HCl (Oral Tablet)	G	1	
Ezetimibe (Oral Tablet)	G	1	
Ezetimibe-Simvastatin (Oral Tablet)	G	1	QL
Icosapent Ethyl (Oral Capsule)	G	1	
Juxtapid (10MG Oral Capsule, 20MG Oral Capsule, 30MG Oral Capsule, 5MG Oral Capsule)	B	3	PA; LA; SP
Nexletol (Oral Tablet)	B	2	PA; QL
Nexlizet (Oral Tablet)	B	2	PA; QL

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release)	G	1	
Niacor (Oral Tablet)	G	1	
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	G	1	
Praluent (Subcutaneous Solution Auto-Injector)	B	2	PA; LA; QL
Prevalite (Oral Packet)	G	1	
Repatha Pushtrex System (Subcutaneous Solution Cartridge)	B	2	PA; QL
Repatha (Subcutaneous Solution Prefilled Syringe)	B	2	PA; QL
Repatha SureClick (Subcutaneous Solution Auto-Injector)	B	2	PA; QL
Vascepa (Oral Capsule)	B	2	
Vasodilators, Direct-acting Arterial			
Hydralazine HCl (Oral Tablet)	G	1	
Minoxidil (Oral Tablet)	G	1	
Vasodilators, Direct-acting Arterial/Venous			
GoNitro (Sublingual Packet)	B	3	
Isosorbide Dinitrate (Oral Tablet Immediate Release)	G	1	
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour)	G	1	
Isosorbide Mononitrate (Oral Tablet Immediate Release)	G	1	
Minitran (Transdermal Patch 24 Hour)	G	1	
Nitro-Bid (Transdermal Ointment)	G	3	
Nitro-Dur (Transdermal Patch 24 Hour)	B	3	
Nitroglycerin (Tablet Sublingual)	G	1	
Nitroglycerin (Transdermal Patch 24 Hour)	G	1	
Nitroglycerin (Translingual Solution)	G	1	
Rectiv (Rectal Ointment)	B	3	
Verquvo (Oral Tablet)	B	3	PA; QL
Central Nervous System Agents			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			
Adzenys ER (Oral Suspension Extended Release)	B	3	QL
Adzenys XR-ODT (Oral Tablet Extended Release Dispersible)	B	3	QL
Amphetamine ER (Oral Suspension Extended Release)	G	3	QL
Amphetamine Sulfate (Oral Tablet)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	1	QL
Amphetamine-Dextroamphetamine (Oral Tablet)	G	1	QL
Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)	G	1	QL
Dextroamphetamine Sulfate (Oral Solution)	G	1	
Dextroamphetamine Sulfate (10MG Oral Tablet, 5MG Oral Tablet)	G	1	QL
Dyanavel XR (Oral Suspension Extended Release)	B	3	QL
Evekeo ODT (Oral Tablet Dispersible)	B	3	
Methamphetamine HCl (Oral Tablet)	G	1	PA
Mydayis (Oral Capsule Extended Release 24 Hour)	B	3	QL
Vyvanse (Oral Capsule)	B	2	
Vyvanse (Oral Tablet Chewable)	B	2	
Zenzedi (15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 30MG Oral Tablet, 7.5MG Oral Tablet)	G	3	QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			
Aptensio XR (Oral Capsule Extended Release 24 Hour)	B	3	QL
Atomoxetine HCl (Oral Capsule)	G	1	QL
Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)	G	1	PA
Cotempla XR-ODT (Oral Tablet Extended Release Dispersible)	B	3	QL
Daytrana (Transdermal Patch)	B	3	QL
Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	
Dexmethylphenidate HCl (Oral Tablet)	G	1	QL
Guanfacine HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	PA; HRM
Jornay PM (Oral Capsule Extended Release 24 Hour)	B	3	QL
Methylphenidate HCl CD (Oral Capsule Extended Release) (Generic Metadate CD)	G	1	
Methylphenidate HCl LA (Oral Capsule Extended Release 24 Hour) (Generic Ritalin LA)	G	1	
Methylphenidate HCl ER (XR) (Oral Capsule Extended Release 24 Hour) (Brand Equivalent Aptensio XR)	G	1	QL

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Methylphenidate HCl ER Osmotic Release (Oral Tablet Extended Release)	G	1	QL
Methylphenidate HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Methylphenidate HCl (Oral Solution)	G	1	QL
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	G	1	QL
Methylphenidate HCl (Oral Tablet Chewable)	G	1	QL
QuilliChew ER (Oral Tablet Chewable Extended Release)	B	3	QL
Quillivant XR (Oral Suspension Reconstituted)	B	3	
Relexxii (Oral Tablet Extended Release)	G	1	QL
Central Nervous System, Other			
Austedo (Oral Tablet)	B	3	PA; LA; SP; QL
Gralise (Oral Tablet)	B	3	PA
Horizant (Oral Tablet Extended Release)	B	3	PA
Ingrezza (40MG Oral Capsule, 80MG Oral Capsule)	B	3	PA; SP; QL
Ingrezza (Oral Capsule Therapy Pack)	B	3	PA; SP; QL
Nuedexta (Oral Capsule)	B	3	PA; QL
Riluzole (Oral Tablet)	G	1	
Ruzurgi (Oral Tablet)	B	3	PA; SP; QL
Tetrabenazine (Oral Tablet)	G	1	PA; LA
Tiglutik (Oral Suspension)	B	3	PA; SP
Fibromyalgia Agents			
Drizalma Sprinkle (Oral Capsule Delayed Release Sprinkle)	B	3	ST; QL
Duloxetine HCl (Oral Capsule Delayed Release Particles)	G	1	QL
Lyrica CR (Oral Tablet Extended Release 24 Hour)	B	3	PA; QL
Pregabalin ER (Oral Tablet Extended Release 24 Hour)	G	1	PA; QL
Pregabalin (Oral Capsule)	G	1	QL
Pregabalin (Oral Solution)	G	1	QL
Savella (Oral Tablet)	B	3	
Savella Titration Pack (Oral Tablet)	B	3	
Multiple Sclerosis Agents			
Aubagio (Oral Tablet)	B	3	LA; SP; QL
Avonex Pen (Intramuscular Auto-Injector Kit)	B	2	SP
Avonex Prefilled (Intramuscular Prefilled Syringe Kit)	B	2	SP
Bafiertam (Oral Capsule Delayed Release)	B	2	ST; SP; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Betaseron (Subcutaneous Kit)	B	2	SP
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	1	QL
Dimethyl Fumarate (120MG Oral Capsule Delayed Release, 240MG Oral Capsule Delayed Release)	G	1	QL
Dimethyl Fumarate Starter Pack (Oral Capsule)	G	1	
Gilenya (0.5MG Oral Capsule)	B	3	SP; QL
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	G	1	
Glatopa (Subcutaneous Solution Prefilled Syringe)	G	1	
Kesimpta (Subcutaneous Solution Auto-Injector)	B	2	PA; SP
Mavenclad (10 Tabs) (Oral Tablet Therapy Pack)	B	3	PA; SP
Mavenclad (4 Tabs) (Oral Tablet Therapy Pack)	B	3	PA; SP
Mavenclad (5 Tabs) (Oral Tablet Therapy Pack)	B	3	PA; SP
Mavenclad (6 Tabs) (Oral Tablet Therapy Pack)	B	3	PA; SP
Mavenclad (7 Tabs) (Oral Tablet Therapy Pack)	B	3	PA; SP
Mavenclad (8 Tabs) (Oral Tablet Therapy Pack)	B	3	PA; SP
Mavenclad (9 Tabs) (Oral Tablet Therapy Pack)	B	3	PA; SP
Mayzent (0.25MG Oral Tablet, 2MG Oral Tablet)	B	3	LA; SP; QL
Mayzent Starter Pack (Oral Tablet Therapy Pack)	B	3	LA; SP
Rebif Rebidose (Subcutaneous Solution Auto-Injector)	B	3	ST; SP
Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)	B	3	ST; SP
Rebif (Subcutaneous Solution Prefilled Syringe)	B	3	ST; SP
Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)	B	3	ST; SP
Zeposia 7-Day Starter Pack (Oral Capsule Therapy Pack)	B	3	SP; QL
Zeposia (Oral Capsule)	B	3	SP; QL
Zeposia Starter Kit (Oral Capsule Therapy Pack)	B	3	SP; QL
Dental and Oral Agents			
Dental and Oral Agents			
Cevimeline HCl (Oral Capsule)	G	1	
Chlorhexidine Gluconate (Mouth Solution)	G	1	
Pilocarpine HCl (Oral Tablet)	G	1	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Triamcinolone Acetonide (Dental Paste)	G	1	
Dermatological Agents			
Acne and Rosacea Agents			
Absorica LD (Oral Capsule)	B	3	PA; SP
Accutane (20MG Oral Capsule, 30MG Oral Capsule, 40MG Oral Capsule)	G	1	PA
Acitretin (Oral Capsule)	G	1	
Adapalene (External Cream)	G	1	
Adapalene (External Gel)	G	1	
Adapalene (External Solution)	G	3	SP
Adapalene-Benzoyl Peroxide (External Gel)	G	1	
Altreno (External Lotion)	B	3	PA
Amnesteem (Oral Capsule)	G	1	PA
Avita (External Cream)	B	1	PA
Avita (External Gel)	B	1	PA
Azelaic Acid (External Gel)	G	1	
Azelex (External Cream)	B	3	
Benzoyl Peroxide-Erythromycin (External Gel)	G	1	
Claravis (Oral Capsule)	G	1	PA
Clindamycin Phosphate-Benzoyl Peroxide (1.2-2.5% External Gel)	G	1	ST
Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel, 1.2-5% External Gel)	G	1	
Clindamycin-Tretinoin (External Gel)	G	1	PA
Epiduo Forte (External Gel)	B	3	
Finacea (External Foam)	B	3	
Isotretinoin (Oral Capsule)	G	1	PA
Mirvaso (External Gel)	B	2	
Myorisan (Oral Capsule)	G	1	PA
Neuac (External Gel)	G	1	
Onexton (External Gel)	B	3	
Retin-A Micro Pump (0.06% External Gel, 0.08% External Gel)	B	2	PA; SP
Rhofade (External Cream)	B	3	
Tazarotene (External Cream)	G	1	PA
Tazorac (0.05% External Cream)	B	3	PA
Tazorac (0.05% External Gel)	B	3	PA; SP

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Tazorac (0.1% External Gel)	B	3	PA
Tretinoin (External Cream)	G	1	PA
Tretinoin (External Gel)	G	1	PA
Tretinoin Microsphere (External Gel)	G	1	PA
Zenatane (Oral Capsule)	G	1	PA
Dermatitis and Pruritus Agents			
Ala-Cort (External Cream)	G	1	
Alclometasone Dipropionate (External Cream)	G	1	
Alclometasone Dipropionate (External Ointment)	G	1	
Amcinonide (External Lotion)	G	1	
Amcinonide (External Ointment)	G	1	
Ammonium Lactate (External Cream)	G	1	
Ammonium Lactate (External Lotion)	G	1	
Beser (External Lotion)	G	1	
Betamethasone Dipropionate Aug (External Cream)	G	1	
Betamethasone Dipropionate Aug (External Gel)	G	1	
Betamethasone Dipropionate Aug (External Lotion)	G	1	
Betamethasone Dipropionate Aug (External Ointment)	G	1	
Betamethasone Dipropionate (External Cream)	G	1	
Betamethasone Dipropionate (External Lotion)	G	1	
Betamethasone Dipropionate (External Ointment)	G	1	
Betamethasone Valerate (External Cream)	G	1	
Betamethasone Valerate (External Foam)	G	1	
Betamethasone Valerate (External Lotion)	G	1	
Betamethasone Valerate (External Ointment)	G	1	
Clobetasol Propionate Emollient Base (External Cream)	G	1	
Clobetasol Propionate Emulsion (External Foam)	G	1	
Clobetasol Propionate (External Cream)	G	1	
Clobetasol Propionate (External Foam)	G	1	QL
Clobetasol Propionate (External Gel)	G	1	
Clobetasol Propionate (External Liquid Spray)	G	1	QL
Clobetasol Propionate (External Lotion)	G	1	QL
Clobetasol Propionate (External Ointment)	G	1	
Clobetasol Propionate (External Shampoo)	G	1	
Clobetasol Propionate (External Solution)	G	1	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Clocortolone Pivalate (External Cream)	G	1	
Clodan (External Shampoo)	G	1	
Desonide (External Cream)	G	1	
Desonide (External Gel)	G	1	
Desonide (External Lotion)	G	1	
Desonide (External Ointment)	G	1	
Desoximetasone (External Cream)	G	1	QL
Desoximetasone (External Gel)	G	1	
Desoximetasone (0.25% External Ointment)	G	1	
Doxepin HCl (External Cream)	G	1	PA; QL
Eucrisa (External Ointment)	B	2	QL
Fluocinolone Acetonide (External Cream)	G	1	
Fluocinolone Acetonide (External Ointment)	G	1	
Fluocinolone Acetonide (External Solution)	G	1	
Fluocinolone Acetonide Scalp (External Oil)	G	1	
Fluocinonide Emulsified Base (External Cream)	G	1	
Fluocinonide (0.05% External Cream)	G	1	
Fluocinonide (External Gel)	G	1	
Fluocinonide (External Ointment)	G	1	
Fluocinonide (External Solution)	G	1	
Fluticasone Propionate (External Cream)	G	1	
Fluticasone Propionate (External Lotion)	G	1	
Fluticasone Propionate (External Ointment)	G	1	
Halobetasol Propionate (External Cream)	G	1	
Halobetasol Propionate (External Ointment)	G	1	
Halog (External Solution)	B	3	
Hydrocortisone Butyrate (External Cream)	G	1	
Hydrocortisone Butyrate (External Ointment)	G	1	
Hydrocortisone Butyrate (External Solution)	G	1	
Hydrocortisone (1% External Cream, 2.5% External Cream)	G	1	
Hydrocortisone (2.5% External Lotion)	G	1	
Hydrocortisone (1% External Ointment, 2.5% External Ointment)	G	1	
Hydrocortisone Valerate (External Cream)	G	1	
Hydrocortisone Valerate (External Ointment)	G	1	
Mometasone Furoate (External Cream)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Mometasone Furoate (External Ointment)	G	1	
Mometasone Furoate (External Solution)	G	1	
Pimecrolimus (External Cream)	G	1	ST; QL
Prednicarbate (External Ointment)	G	1	
Selenium Sulfide (External Lotion)	G	1	
Tacrolimus (External Ointment)	G	1	
Texacort (External Solution)	G	3	
Tovet (External Foam)	G	1	
Triamcinolone Acetonide (External Cream)	G	1	
Triamcinolone Acetonide (External Lotion)	G	1	
Triamcinolone Acetonide (External Ointment)	G	1	
Trianex (External Ointment)	G	1	
Triderm (External Cream)	G	1	
Dermatological Agents, Other			
Calcipotriene (External Cream)	G	1	
Calcipotriene (External Ointment)	G	1	
Calcipotriene (External Solution)	G	1	
Calcipotriene-Betamethasone (External Suspension)	G	1	
Calcitriol (External Ointment)	B	1	
Carac (External Cream)	B	3	SP
Clotrimazole-Betamethasone (External Cream)	G	1	
Clotrimazole-Betamethasone (External Lotion)	G	1	
Condylox (External Gel)	B	3	SP
Diclofenac Sodium (3% External Gel)	G	1	PA
Fluoroplex (External Cream)	B	3	SP
Fluorouracil (0.5% External Cream)	G	2	SP
Fluorouracil (5% External Cream)	G	1	
Fluorouracil (External Solution)	G	1	
Hydrocortisone Acetate-Pramoxine (1-1% External Cream)	G	1	
Imiquimod (5% External Cream)	G	1	QL
Methoxsalen Rapid (Oral Capsule)	G	1	
Neo-Synalar (External Cream)	G	3	SP
Nystatin-Triamcinolone (External Cream)	G	1	
Nystatin-Triamcinolone (External Ointment)	G	1	
Podofilox (External Solution)	G	1	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Qbrexza (External Pad)	B	3	
Regranex (External Gel)	B	3	PA; SP
Santyl (External Ointment)	B	3	
Silver Sulfadiazine (External Cream)	G	1	
SSD (External Cream)	B	1	
Taclonex (External Suspension)	B	3	SP
Pediculicides/Scabicides			
Ivermectin (External Cream)	G	1	
Ivermectin (External Lotion)	G	1	
Lindane (External Shampoo)	G	1	
Malathion (External Lotion)	G	1	
Permethrin (External Cream)	G	1	
Soolantra (External Cream)	B	3	
Spinosad (External Suspension)	B	1	
Topical Anti-infectives			
Altabax (External Ointment)	B	3	
Amzeeq (External Foam)	B	3	
Ciclopirox (External Gel)	G	1	
Ciclopirox (External Shampoo)	G	1	
Ciclopirox (External Solution)	G	1	
Ciclopirox Olamine (External Cream)	G	1	
Ciclopirox Olamine (External Suspension)	G	1	
Clindacin-P (External Swab)	G	1	
Clindamycin Phosphate (External Foam)	G	1	
Clindamycin Phosphate (External Gel)	G	1	QL
Clindamycin Phosphate (External Lotion)	G	1	
Clindamycin Phosphate (External Solution)	G	1	
Clindamycin Phosphate (External Swab)	G	1	
Clotrimazole (External Cream)	G	1	
Clotrimazole (External Solution)	G	1	
Dapsone (5% External Gel)	G	1	
Econazole Nitrate (External Cream)	G	1	QL
Ery (External Pad)	G	1	
Erythromycin (External Gel)	G	1	
Erythromycin (External Solution)	G	1	
Gentamicin Sulfate (External Cream)	G	1	
Gentamicin Sulfate (External Ointment)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Kerydin (External Solution)	B	3	SP
Ketoconazole (External Cream)	G	1	QL
Ketoconazole (External Shampoo)	G	1	
Mafenide Acetate (External Packet)	G	1	
Mupirocin (External Ointment)	G	1	QL
Naftifine HCl (External Cream)	G	1	
Naftin (2% External Gel)	B	3	
Nyamyc (External Powder)	G	1	QL
Nystatin (External Cream)	G	1	
Nystatin (External Ointment)	G	1	
Nystatin (External Powder)	G	1	QL
Nystop (External Powder)	G	1	QL
Sulfacetamide Sodium (Acne) (External Lotion)	G	1	PA
Tavaborole (External Solution)	G	1	
Xepi (External Cream)	B	3	
Zilxi (External Foam)	B	3	
Electrolytes/Minerals/Metals/Vitamins			
Electrolyte/Mineral Replacement			
Aminosyn II (15% Intravenous Solution)	B	3	B/D, PA
Aminosyn-PF (7% Intravenous Solution)	B	3	B/D, PA
Carbaglu (Oral Tablet)	B	2	LA; SP
Clinimix E/Dextrose (2.75/5) (Intravenous Solution)	B	3	B/D, PA
Clinimix E/Dextrose (4.25/10) (Intravenous Solution)	B	3	B/D, PA
Clinimix E/Dextrose (4.25/5) (Intravenous Solution)	B	3	B/D, PA
Clinimix E/Dextrose (5/15) (Intravenous Solution)	B	3	B/D, PA
Clinimix E/Dextrose (5/20) (Intravenous Solution)	B	3	B/D, PA
Clinimix/Dextrose (4.25/10) (Intravenous Solution)	B	3	B/D, PA
Clinimix/Dextrose (4.25/5) (Intravenous Solution)	B	3	B/D, PA
Clinimix/Dextrose (5/15) (Intravenous Solution)	B	3	B/D, PA
Clinimix/Dextrose (5/20) (Intravenous Solution)	B	3	B/D, PA
Dextrose (10% Intravenous Solution)	G	1	
Dextrose (5% Intravenous Solution)	G	1	B/D, PA
Dextrose-NaCl (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 2.5-0.45% Intravenous Solution, 5-0.2% Intravenous Solution, 5-0.45% Intravenous Solution)	B	1	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Dextrose-NaCl (5-0.9% Intravenous Solution)	B	1	B/D, PA
Endari (Oral Packet)	B	3	PA; SP
Intralipid (20% Intravenous Emulsion)	B	1	B/D, PA
Intralipid (30% Intravenous Emulsion)	B	3	B/D, PA
Isolyte-P in D5W (Intravenous Solution)	B	3	
KCl in Dextrose-NaCl (Intravenous Solution)	B	1	
KCl-Lactated Ringers-D5W (Intravenous Solution)	B	1	
Klor-Con 10 (Oral Tablet Extended Release)	B	1	
Klor-Con M10 (Oral Tablet Extended Release)	G	1	
Klor-Con M15 (Oral Tablet Extended Release)	G	1	
Klor-Con M20 (Oral Tablet Extended Release)	G	1	
Klor-Con (Oral Packet)	G	1	
Klor-Con 8 (Oral Tablet Extended Release)	B	1	
Magnesium Sulfate (50% Injection Solution)	B	1	
Magnesium Sulfate (50% (10ML Syringe) Injection Solution)	G	1	
Nutrilipid (Intravenous Emulsion)	B	1	B/D, PA
Plenamaine (Intravenous Solution)	G	3	B/D, PA
Potassium Chloride CR (Oral Tablet Extended Release)	G	1	
Potassium Chloride ER (Oral Capsule Extended Release)	G	1	
Potassium Chloride in Dextrose (Intravenous Solution)	B	1	B/D, PA
Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution)	G	1	B/D, PA
Potassium Chloride in NaCl (20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)	B	1	B/D, PA
Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 40MEQ/100ML Intravenous Solution)	B	1	B/D, PA
Potassium Chloride (2MEQ/ML Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution)	G	1	B/D, PA
Potassium Chloride (Oral Packet)	G	1	
Potassium Chloride (20MEQ/15ML(10%) Oral Solution, 40MEQ/15ML(20%) Oral Solution)	G	1	
Potassium Citrate ER (Oral Tablet Extended Release)	G	1	
Premasol (Intravenous Solution)	G	3	B/D, PA

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Procalamine (Intravenous Solution)	B	3	B/D, PA
Prosol (Intravenous Solution)	B	3	B/D, PA
Sodium Chloride (0.45% Intravenous Solution)	G	1	
Sodium Chloride (0.9% Intravenous Solution, 3% Intravenous Solution)	G	1	B/D, PA
Sodium Chloride (5% Intravenous Solution)	B	1	B/D, PA
Sodium Chloride (Irrigation Solution)	B	1	
Sodium Fluoride (Oral Tablet)	G	1	
TPN Electrolytes (Intravenous Concentrate)	B	1	
Travasol (Intravenous Solution)	B	3	B/D, PA
TrophAmine (10% Intravenous Solution)	B	3	B/D, PA
Electrolyte/Mineral/Metal Modifiers			
Chemet (Oral Capsule)	B	3	SP
Deferasirox Granules (Oral Packet)	G	1	PA
Deferasirox (Oral Tablet) (Generic Jadenu)	G	1	PA
Deferasirox (Oral Tablet Soluble) (Generic Exjade)	G	1	PA
Deferiprone (Oral Tablet)	G	1	PA
Ferriprox (Oral Solution)	B	3	PA; SP
Ferriprox (Oral Tablet)	B	3	PA; SP
Jadenu Sprinkle (Oral Packet)	B	3	PA; SP
Jynarque (Oral Tablet)	B	3	SP; QL
Jynarque (Oral Tablet Therapy Pack)	B	3	SP; QL
Samsca (Oral Tablet)	B	2	SP; QL
Tolvaptan (15MG Oral Tablet)	B	2	SP; QL
Tolvaptan (30MG Oral Tablet)	G	1	QL
Trientine HCl (Oral Capsule)	G	1	PA; QL
Phosphate Binders			
Auryxia (Oral Tablet)	B	3	PA; SP
Calcium Acetate (Phosphate Binder) (Oral Capsule)	G	1	
Calcium Acetate (Phosphate Binder) (Oral Tablet)	G	1	
Fosrenol (Oral Packet)	B	3	SP
Lanthanum Carbonate (Oral Tablet Chewable)	G	1	
Phoslyra (Oral Solution)	B	3	
Sevelamer Carbonate (Oral Packet)	G	1	
Sevelamer Carbonate (Oral Tablet) (Generic Renvela)	G	1	
Sevelamer HCl (Oral Tablet)	G	1	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Velphoro (Oral Tablet Chewable)	B	3	SP
Potassium Binders			
Lokelma (Oral Packet)	B	3	QL
Sodium Polystyrene Sulfonate (Oral Powder)	G	1	
SPS (Oral Suspension)	G	1	
Veltassa (Oral Packet)	B	3	SP; QL
Vitamins			
VP-PNV-DHA (Oral Capsule)	G	1	
Gastrointestinal Agents			
Anti-Constipation Agents			
Constulose (Oral Solution)	G	1	
Enulose (Oral Solution)	G	1	
Generlac (Oral Solution)	G	1	
Lactulose (Oral Packet)	G	1	
Lactulose (10GM/15ML Oral Solution)	G	1	
Linzess (Oral Capsule)	B	2	QL
Motegrity (Oral Tablet)	B	3	ST; QL
Relistor (Oral Tablet)	B	3	PA; SP
Relistor (Subcutaneous Solution)	B	3	PA; SP
Symproic (Oral Tablet)	B	2	QL
Anti-Diarrheal Agents			
Alosetron HCl (Oral Tablet)	G	1	PA
Diphenoxylate-Atropine (Oral Liquid)	G	1	PA; HRM
Diphenoxylate-Atropine (Oral Tablet)	G	1	PA; HRM
Loperamide HCl (Oral Capsule)	G	1	
Mytesi (Oral Tablet Delayed Release)	B	3	
Viberzi (Oral Tablet)	B	3	PA; SP; QL
Xermelo (Oral Tablet)	B	3	PA; LA; SP; QL
Antispasmodics, Gastrointestinal			
Chlordiazepoxide-Clidinium (Oral Capsule)	G	1	HRM
Cuvposa (Oral Solution)	B	3	PA
Dicyclomine HCl (Oral Capsule)	G	1	HRM
Dicyclomine HCl (Oral Solution)	G	1	HRM
Dicyclomine HCl (Oral Tablet)	G	1	HRM
Glycopyrrolate (1MG Oral Tablet, 2MG Oral Tablet)	G	1	PA
Methscopolamine Bromide (Oral Tablet)	G	1	
Gastrointestinal Agents, Other			

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Amoxicillin-Clarithromycin-Lansoprazole (Oral)	G	1	
Chenodal (Oral Tablet)	G	3	SP
Clenpiq (Oral Solution)	B	3	
Gattex (Subcutaneous Kit)	B	3	PA; LA; SP
GaviLyte-C (Oral Solution Reconstituted)	G	1	
GaviLyte-G (Oral Solution Reconstituted)	G	1	
GaviLyte-N with Flavor Pack (Oral Solution Reconstituted)	G	1	
Helidac Therapy (Oral)	G	3	SP
Myalept (Subcutaneous Solution Reconstituted)	B	3	PA; LA; SP
Ocaliva (Oral Tablet)	B	3	PA; SP; QL
Omeclamox-Pak (Oral)	B	2	SP
OsmoPrep (Oral Tablet)	B	3	
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	G	1	
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	G	1	
PEG-KCl-NaCl-NaSulf-Na Asc-C (Oral Solution Reconstituted) (Generic MoviPrep)	G	1	
Plenvu (Oral Solution Reconstituted)	B	3	
Pylera (Oral Capsule)	B	2	SP
Suprep Bowel Prep Kit (Oral Solution)	B	3	
Sutab (Oral Tablet)	B	3	
Talicia (Oral Capsule Delayed Release)	B	3	
Ursodiol (300MG Oral Capsule)	G	1	
Ursodiol (Oral Tablet)	G	1	
Histamine2 (H2) Receptor Antagonists			
Cimetidine HCl (300MG/5ML Oral Solution)	G	1	
Cimetidine (Oral Tablet)	G	1	
Famotidine (Oral Suspension Reconstituted)	G	1	
Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	G	1	
Nizatidine (Oral Capsule)	G	1	
Nizatidine (Oral Solution)	G	1	
Protectants			
Misoprostol (Oral Tablet)	G	1	
Sucralfate (Oral Suspension)	G	1	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Sucralfate (Oral Tablet)	G	1	
Proton Pump Inhibitors			
Dexilant (Oral Capsule Delayed Release)	B	2	QL
Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)	G	1	QL
Esomeprazole Magnesium (Oral Packet)	G	1	
Lansoprazole (Oral Capsule Delayed Release)	G	1	QL
Lansoprazole ODT (Oral Tablet Delayed Release Dispersible)	G	1	
Nexium (2.5MG Oral Packet, 5MG Oral Packet)	B	3	
Omeprazole (10MG Oral Capsule Delayed Release)	G	1	QL
Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	G	1	
Pantoprazole Sodium (Oral Packet)	G	1	
Pantoprazole Sodium (Oral Tablet Delayed Release)	G	1	QL
Prilosec (Oral Packet)	B	3	
Protonix (Oral Packet)	B	3	
Rabeprazole Sodium (Oral Tablet Delayed Release)	G	1	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment			
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment			
Aralast NP (1000MG Intravenous Solution Reconstituted)	B	3	PA; LA; SP
Cerdelga (Oral Capsule)	B	3	PA; SP
Cholbam (Oral Capsule)	B	3	PA; SP
Creon (Oral Capsule Delayed Release Particles)	B	2	
Cromolyn Sodium (Oral Concentrate)	G	1	
Cystadane (Oral Powder)	B	3	SP
Cystagon (Oral Capsule)	B	3	LA
Evrysdi (Oral Solution Reconstituted)	B	3	PA; LA; SP; QL
Galafold (Oral Capsule)	B	3	LA; SP
Glassia (Intravenous Solution)	B	3	PA; LA; SP
Keveyis (Oral Tablet)	B	3	PA; SP; QL
Kuvan (Oral Packet)	B	2	LA; SP
Kuvan (Oral Tablet)	B	2	LA; SP
Levocarnitine (1GM/10ML Oral Solution)	G	1	
Levocarnitine (330MG Oral Tablet)	B	1	
Miglustat (Oral Capsule)	G	1	PA; LA

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Nitisinone (Oral Capsule)	G	1	
Nityr (Oral Tablet)	B	3	LA; SP
Orfadin (20MG Oral Capsule)	B	3	LA; SP
Orfadin (Oral Suspension)	B	3	LA; SP
Palynziq (Subcutaneous Solution Prefilled Syringe)	B	3	PA; SP; QL
Procysbi (Oral Packet)	B	3	LA; SP
Prolastin-C (Intravenous Solution Reconstituted)	B	3	PA; LA; SP
RAVICTI (Oral Liquid)	B	3	LA; SP
Sapropterin Dihydrochloride (Oral Packet)	G	1	
Sapropterin Dihydrochloride (Oral Tablet)	G	1	
Sodium Phenylbutyrate (Oral Powder)	G	1	
Sodium Phenylbutyrate (Oral Tablet)	G	1	
Sucraid (Oral Solution)	B	3	LA; SP
Tegsedi (Subcutaneous Solution Prefilled Syringe)	B	3	PA; LA; SP
Vyndamax (Oral Capsule)	B	3	PA; LA; SP; QL
Vyndaqel (Oral Capsule)	B	3	PA; LA; SP; QL
Xuriden (Oral Packet)	B	3	PA; LA; SP
Zemaira (Intravenous Solution Reconstituted)	B	3	PA; LA; SP
Zenpep (Oral Capsule Delayed Release Particles)	B	2	
Genitourinary Agents			
Antispasmodics, Urinary			
Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Flavoxate HCl (Oral Tablet)	G	1	
Gelnique (Transdermal Gel)	B	3	
Myrbetriq (Oral Tablet Extended Release 24 Hour)	B	2	
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	G	1	
Oxybutynin Chloride (Oral Syrup)	G	1	
Oxybutynin Chloride (Oral Tablet Immediate Release)	G	1	
Oxytrol (Transdermal Patch Twice Weekly)	B	3	SP
Solifenacin Succinate (Oral Tablet)	G	1	QL
Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour)	G	1	
Tolterodine Tartrate (Oral Tablet)	G	1	
Toviaz (Oral Tablet Extended Release 24 Hour)	B	3	QL

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Trospium Chloride ER (Oral Capsule Extended Release 24 Hour)	G	1	
Trospium Chloride (Oral Tablet)	G	1	
Benign Prostatic Hypertrophy Agents			
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	
Cardura XL (Oral Tablet Extended Release 24 Hour)	B	3	QL
Dutasteride (Oral Capsule)	G	1	
Dutasteride-Tamsulosin HCl (Oral Capsule)	G	1	
Finasteride (5MG Oral Tablet) (Generic Proscar)	G	1	
Silodosin (Oral Capsule)	G	1	QL
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	G	1	PA; QL
Tamsulosin HCl (Oral Capsule)	G	1	
Terazosin HCl (Oral Capsule)	G	1	
Genitourinary Agents, Other			
Bethanechol Chloride (Oral Tablet)	G	1	
Depen Titratabs (Oral Tablet)	B	2	SP
Elmiron (Oral Capsule)	B	2	SP
Lithostat (Oral Tablet)	B	3	SP
Penicillamine (250MG Oral Capsule)	G	1	PA
Penicillamine (250MG Oral Tablet)	G	1	
Thiola EC (Oral Tablet Delayed Release)	B	3	LA; SP
Thiola (Oral Tablet Immediate Release)	B	3	LA; SP
Tiopronin (Oral Tablet)	G	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Acthar (Injection Gel)	B	2	PA; LA; SP
Dexamethasone (Oral Elixir)	G	1	
Dexamethasone (Oral Tablet)	G	1	
Dexamethasone (Oral Tablet Therapy Pack)	G	1	
Emflaza (Oral Suspension)	B	3	PA; LA; SP
Emflaza (Oral Tablet)	B	3	PA; LA; SP
Fludrocortisone Acetate (Oral Tablet)	G	1	
Hydrocortisone (Oral Tablet)	G	1	
Medrol (2MG Oral Tablet)	B	2	
Methylprednisolone (Oral Tablet)	G	1	
Methylprednisolone (Oral Tablet Therapy Pack)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Millipred (Oral Tablet)	G	2	
Prednisolone (Oral Solution)	G	1	
Prednisolone Sodium Phosphate (10MG/5ML Oral Solution, 20MG/5ML Oral Solution, 25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution)	G	1	
Prednisolone Sodium Phosphate ODT (Oral Tablet Dispersible)	G	1	
Prednisone Intensol (Oral Concentrate)	G	1	
Prednisone (5MG/5ML Oral Solution)	G	1	
Prednisone (Oral Tablet)	G	1	
Prednisone (Oral Tablet Therapy Pack)	G	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
Desmopressin Acetate (Oral Tablet)	G	1	
Desmopressin Acetate Spray (Nasal Solution)	G	1	
Egrifta SV (2MG Subcutaneous Solution Reconstituted)	B	3	PA; LA; SP
Genotropin MiniQuick (Subcutaneous Solution Reconstituted)	B	2	PA; SP
Genotropin (12MG Subcutaneous Solution Reconstituted)	B	2	PA; SP
Genotropin (5MG Subcutaneous Solution Reconstituted)	B	2	PA
Increlex (Subcutaneous Solution)	B	2	PA; LA; SP
Nocdurna (Tablet Sublingual)	B	3	PA
Norditropin FlexPro (Subcutaneous Solution Pen-Injector)	B	2	PA; SP
Nutropin AQ NuSpin 10 (Subcutaneous Solution Pen-Injector)	B	2	PA; SP
Nutropin AQ NuSpin 20 (Subcutaneous Solution Pen-Injector)	B	2	PA; SP
Nutropin AQ NuSpin 5 (Subcutaneous Solution Pen-Injector)	B	2	PA; SP
Serostim (Subcutaneous Solution Reconstituted)	B	3	PA; LA; SP
Zorbtive (Subcutaneous Solution Reconstituted)	B	3	PA; LA; SP
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Korlym (Oral Tablet)	B	3	PA; LA; SP; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)			
Anabolic Steroids			
Oxandrolone (Oral Tablet)	G	1	QL
Androgens			
Androderm (Transdermal Patch 24 Hour)	B	2	
Danazol (Oral Capsule)	G	1	
Intrarosa (Vaginal Insert)	B	3	PA; QL
Methitest (Oral Tablet)	G	3	PA; SP
Methyltestosterone (Oral Capsule)	G	1	PA
Natesto (Nasal Gel)	B	3	
Testosterone Cypionate (Intramuscular Solution)	G	1	
Testosterone Enanthate (Intramuscular Solution)	G	1	
Testosterone Pump (2% Transdermal Gel, 1% Transdermal Gel, 1.62% Transdermal Gel), Testosterone (20.25 MG/1.25GM 1.62% Transdermal Gel, 25 MG/2.5GM 1% Transdermal Gel, 40.5 MG/2.5GM 1.62% Transdermal Gel, 50 MG/5GM 1% Transdermal Gel)	G	1	
Testosterone (Transdermal Solution)	G	1	
Xyosted (Subcutaneous Solution Auto-Injector)	B	3	PA
Estrogens			
Alora (Transdermal Patch Twice Weekly)	B	3	PA; HRM; QL
Altavera (Oral Tablet)	G	1	
Alyacen 1/35 (Oral Tablet)	G	1	
Amabelz (Oral Tablet)	G	1	PA; HRM
Amethia (Oral Tablet)	G	1	
Angeliq (Oral Tablet)	B	3	PA; HRM
Apri (Oral Tablet)	G	1	
Aranelle (Oral Tablet)	G	1	
Ashlyna (Oral Tablet)	G	1	
Aubra EQ (Oral Tablet)	G	1	
Aviane (Oral Tablet)	G	1	
Balcoltra (Oral Tablet)	B	3	
Balziva (Oral Tablet)	G	1	
Bijuva (Oral Capsule)	B	3	PA; HRM
Blisovi 24 Fe (Oral Tablet)	G	1	
Blisovi Fe 1.5/30 (Oral Tablet)	G	1	
Briellyn (Oral Tablet)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Camrese Lo (Oral Tablet)	G	1	
Caziant (Oral Tablet)	G	1	
Climara Pro (Transdermal Patch Weekly)	B	2	PA; HRM
CombiPatch (Transdermal Patch Twice Weekly)	B	3	PA; HRM
Cryselle-28 (Oral Tablet)	G	1	
Cyclafem 1/35 (Oral Tablet)	G	1	
Cyclafem 7/7/7 (Oral Tablet)	G	1	
Cyred EQ (Oral Tablet)	G	1	
Delestrogen (10MG/ML Intramuscular Oil)	B	3	
Depo-Estradiol (Intramuscular Oil)	G	3	
Desogestrel-Ethinyl Estradiol (Oral Tablet)	G	1	
Divigel (1MG/GM Transdermal Gel)	B	3	PA; HRM
Dolishale (Oral Tablet)	G	1	
Dotti (Transdermal Patch Twice Weekly)	G	1	PA; HRM; QL
Drospirenone-Ethinyl Estradiol (Oral Tablet)	G	1	
Drospirenone-Ethinyl Estradiol-Levomefolate (3-0.02-0.451MG Oral Tablet)	G	1	
Duavee (Oral Tablet)	B	2	PA; HRM
Elestrin (Transdermal Gel)	B	3	PA; HRM
EluRyng (Vaginal Ring)	G	1	
Emoquette (Oral Tablet)	G	1	
Enpresse-28 (Oral Tablet)	G	1	
Enskyce (Oral Tablet)	G	1	
Estarylla (Oral Tablet)	G	1	
Estradiol (Oral Tablet)	G	1	PA; HRM
Estradiol (Transdermal Patch Twice Weekly)	G	1	PA; HRM; QL
Estradiol (Transdermal Patch Weekly)	G	1	PA; HRM; QL
Estradiol (Vaginal Cream)	G	1	
Estradiol (Vaginal Tablet)	G	1	
Estradiol Valerate (Intramuscular Oil)	G	1	
Estradiol-Norethindrone Acetate (Oral Tablet)	G	1	PA; HRM
Estring (Vaginal Ring)	B	3	
Estrogel (Transdermal Gel)	B	3	PA; HRM
Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet)	G	1	
Etonogestrel-Ethinyl Estradiol (Vaginal Ring)	G	1	
Evamist (Transdermal Solution)	B	3	PA; HRM

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Falmina (Oral Tablet)	G	1	
Fayosim (Oral Tablet)	G	1	
Femring (Vaginal Ring)	B	3	
Femynor (Oral Tablet)	G	1	
Fyavolv (Oral Tablet)	G	1	PA; HRM
Gemmily (Oral Capsule)	G	1	
Hailey 24 Fe (Oral Tablet)	G	1	
Iclevia (Oral Tablet)	G	1	
Imvexxy Maintenance Pack (Vaginal Insert)	B	3	PA
Imvexxy Starter Pack (Vaginal Insert)	B	3	PA
Introvale (Oral Tablet)	G	1	
Isibloom (Oral Tablet)	G	1	
Jasmiel (Oral Tablet)	G	1	
Jinteli (Oral Tablet)	G	1	PA; HRM
Juleber (Oral Tablet)	G	1	
Junel 1.5/30 (Oral Tablet)	G	1	
Junel 1/20 (Oral Tablet)	G	1	
Junel Fe 1.5/30 (Oral Tablet)	G	1	
Junel Fe 1/20 (Oral Tablet)	G	1	
Junel Fe 24 (Oral Tablet)	G	1	
Kaitlib Fe (Oral Tablet Chewable)	G	1	
Kariva (Oral Tablet)	G	1	
Kelnor 1/35 (Oral Tablet)	G	1	
Kelnor 1/50 (Oral Tablet)	G	1	
Kurvelo (Oral Tablet)	G	1	
LARIN 1.5/30 (Oral Tablet)	G	1	
LARIN 1/20 (Oral Tablet)	G	1	
LARIN Fe 1.5/30 (Oral Tablet)	G	1	
LARIN Fe 1/20 (Oral Tablet)	G	1	
Larissia (Oral Tablet)	G	1	
Layolis Fe (Oral Tablet Chewable)	B	1	
Leena (Oral Tablet)	G	1	
Lessina (Oral Tablet)	G	1	
Levonest (Oral Tablet)	G	1	
Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet)	G	1	
Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Levonorgestrel-Ethinyl Estradiol (Oral Tablet)	G	1	
Levora 0.15/30 (28) (Oral Tablet)	G	1	
Lo Loestrin Fe (Oral Tablet)	B	3	
Loryna (Oral Tablet)	G	1	
Low-Ogestrel (Oral Tablet)	G	1	
Lutera (Oral Tablet)	G	1	
Lyllana (Transdermal Patch Twice Weekly)	G	1	PA; HRM; QL
Marlissa (Oral Tablet)	G	1	
Menest (Oral Tablet)	G	2	PA; HRM
Menostar (Transdermal Patch Weekly)	B	3	PA; HRM; QL
Merzee (Oral Capsule)	B	1	
Mibelas 24 Fe (Oral Tablet Chewable)	G	1	
Microgestin 1.5/30 (Oral Tablet)	G	1	
Microgestin 1/20 (Oral Tablet)	G	1	
Microgestin Fe 1.5/30 (Oral Tablet)	G	1	
Microgestin Fe 1/20 (Oral Tablet)	G	1	
Mili (Oral Tablet)	G	1	
Mimvey (Oral Tablet)	G	1	PA; HRM
Natazia (Oral Tablet)	B	2	
Necon 0.5/35 (28) (Oral Tablet)	G	1	
Nikki (Oral Tablet)	G	1	
Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)	G	1	PA; HRM
Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet)	G	1	
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG Oral Tablet)	G	1	
Norethindrone Acetate-Ethinyl Estradiol-Fe (0.4-35MG-MCG Oral Tablet Chewable, 0.8-25MG-MCG Oral Tablet Chewable, 1-20MG-MCG(24) Oral Tablet Chewable)	G	1	
Norgestimate-Ethinyl Estradiol (Oral Tablet)	G	1	
Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)	G	1	
Nortrel 0.5/35 (28) (Oral Tablet)	G	1	
Nortrel 1/35 (21) (Oral Tablet)	G	1	
Nortrel 1/35 (28) (Oral Tablet)	G	1	
Nortrel 7/7/7 (Oral Tablet)	G	1	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Nylia 7/7/7 (Oral Tablet)	G	1	
Nymyo (Oral Tablet)	G	1	
Ocella (Oral Tablet)	G	1	
Orsythia (Oral Tablet)	G	1	
Pimtrea (Oral Tablet)	G	1	
Pirmella 1/35 (Oral Tablet)	G	1	
Portia-28 (Oral Tablet)	G	1	
Prefest (Oral Tablet)	G	3	PA; HRM
Premarin (Oral Tablet)	B	2	PA; HRM; QL
Premarin (Vaginal Cream)	B	2	
Premphase (Oral Tablet)	B	2	PA; HRM; QL
Prempro (Oral Tablet)	B	2	PA; HRM; QL
Previfem (Oral Tablet)	G	1	
Reclipsen (Oral Tablet)	G	1	
Rivelsa (Oral Tablet)	G	1	
Setlakin (Oral Tablet)	G	1	
Sprintec 28 (Oral Tablet)	G	1	
Sronyx (Oral Tablet)	G	1	
Syeda (Oral Tablet)	G	1	
Tarina 24 Fe (Oral Tablet)	G	1	
Tarina Fe 1/20 EQ (Oral Tablet)	G	1	
Tilia Fe (Oral Tablet)	G	1	
Tri-Estarylla (Oral Tablet)	G	1	
Tri-Legest Fe (Oral Tablet)	G	1	
Tri-Lo-Estarylla (Oral Tablet)	G	1	
Tri-Lo-Sprintec (Oral Tablet)	G	1	
Tri-Mili (Oral Tablet)	G	1	
Tri-Nymyo (Oral Tablet)	G	1	
Tri-Previfem (Oral Tablet)	G	1	
Tri-Sprintec (Oral Tablet)	G	1	
Trivora (28) (Oral Tablet)	G	1	
Tri-VyLibra Lo (Oral Tablet)	G	1	
Tri-VyLibra (Oral Tablet)	G	1	
Tydemy (Oral Tablet)	G	1	
Velivet (Oral Tablet)	G	1	
Vestura (Oral Tablet)	G	1	
Vienva (Oral Tablet)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Vyfemla (Oral Tablet)	G	1	
VyLibra (Oral Tablet)	G	1	
WYMZYA Fe (Oral Tablet Chewable)	G	1	
Xulane (Transdermal Patch Weekly)	G	1	
Yuvaferm (Vaginal Tablet)	G	1	
Zafemy (Transdermal Patch Weekly)	G	1	
Zarah (Oral Tablet)	G	1	
Zovia 1/35E (28) (Oral Tablet)	G	1	
Progestins			
Camila (Oral Tablet)	G	1	
Crinone (Vaginal Gel)	B	3	PA
Deblitane (Oral Tablet)	G	1	
Depo-SubQ Provera 104 (Subcutaneous Suspension Prefilled Syringe)	B	3	
Errin (Oral Tablet)	G	1	
Incassia (Oral Tablet)	G	1	
Lyleq (Oral Tablet)	G	1	
Lyza (Oral Tablet)	G	1	
Medroxyprogesterone Acetate (Intramuscular Suspension)	G	1	
Medroxyprogesterone Acetate (Intramuscular Suspension Prefilled Syringe)	G	1	
Medroxyprogesterone Acetate (Oral Tablet)	G	1	
Megestrol Acetate (40MG/ML Oral Suspension, 625MG/5ML Oral Suspension)	G	1	PA; HRM
Megestrol Acetate (Oral Tablet)	G	1	PA; HRM
Nora-BE (Oral Tablet)	G	1	
Norethindrone Acetate (5MG Oral Tablet)	G	1	
Norethindrone (0.35MG Oral Tablet)	G	1	
Progesterone (Oral Capsule)	G	1	
Sharobel (Oral Tablet)	G	1	
Selective Estrogen Receptor Modifying Agents			
Osphena (Oral Tablet)	B	3	PA; QL
Raloxifene HCl (Oral Tablet)	G	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Euthyrox (Oral Tablet)	B	1	
Levo-T (Oral Tablet)	B	1	
Levothyroxine Sodium (Oral Capsule)	G	3	
Levothyroxine Sodium (Oral Tablet)	G	1	
Levoxyl (Oral Tablet)	B	1	
Liothyronine Sodium (Oral Tablet)	G	1	
Tirosint (Oral Capsule)	B	3	
Tirosint-SOL (100MCG/ML Oral Solution, 112MCG/ML Oral Solution, 125MCG/ML Oral Solution, 137MCG/ML Oral Solution, 13MCG/ML Oral Solution, 150MCG/ML Oral Solution, 175MCG/ML Oral Solution, 200MCG/ML Oral Solution, 25MCG/ML Oral Solution, 50MCG/ML Oral Solution, 75MCG/ML Oral Solution, 88MCG/ML Oral Solution)	B	3	
Unithroid (Oral Tablet)	B	1	
Hormonal Agents, Suppressant (Adrenal)			
Hormonal Agents, Suppressant (Adrenal)			
Lysodren (Oral Tablet)	B	2	SP
Hormonal Agents, Suppressant (Pituitary)			
Hormonal Agents, Suppressant (Pituitary)			
Cabergoline (Oral Tablet)	G	1	
Eligard (Subcutaneous Kit)	B	3	PA
Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)	B	3	PA; SP
Firmagon (80MG Subcutaneous Solution Reconstituted)	B	3	PA
Leuprolide Acetate (Injection Kit)	G	1	PA
Lupaneta Pack (Combination Kit)	B	3	PA; SP
Lupron Depot (1-Month) (3.75MG Intramuscular Kit)	B	3	PA; SP
Lupron Depot (1-Month) (7.5MG Intramuscular Kit)	B	2	PA; SP
Lupron Depot (3-Month) (11.25MG Intramuscular Kit)	B	3	PA; SP
Lupron Depot (3-Month) (22.5MG Intramuscular Kit)	B	2	PA; SP
Lupron Depot (4-Month) (Intramuscular Kit)	B	2	PA; SP
Lupron Depot (6-Month) (Intramuscular Kit)	B	2	PA; SP
Octreotide Acetate (Injection Solution)	G	1	PA
Orgovyx (Oral Tablet)	B	3	PA; SP; QL
Oriahnn (Oral Capsule Therapy Pack)	B	2	PA; SP; QL
Orilissa (Oral Tablet)	B	2	PA; SP; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Signifor (Subcutaneous Solution)	B	3	PA; LA; SP
Somavert (Subcutaneous Solution Reconstituted)	B	3	PA; LA; SP; QL
Synarel (Nasal Solution)	B	2	SP
Trelstar Mixject (Intramuscular Suspension Reconstituted)	B	3	PA; SP
Hormonal Agents, Suppressant (Thyroid)			
Antithyroid Agents			
Methimazole (Oral Tablet)	G	1	
Propylthiouracil (Oral Tablet)	G	1	
Immunological Agents			
Angioedema Agents			
Berinert (Intravenous Kit)	B	3	PA; LA; SP
Cinryze (Intravenous Solution Reconstituted)	B	2	PA; LA; SP
Haegarda (Subcutaneous Solution Reconstituted)	B	3	PA; LA; SP
Icatibant Acetate (Subcutaneous Solution)	G	1	PA; QL
Orladeyo (Oral Capsule)	B	3	PA; SP; QL
Ruconest (Intravenous Solution Reconstituted)	B	3	PA; LA; SP
Takhzyro (Subcutaneous Solution)	B	3	PA; SP
Immunoglobulins			
BIVIGAM (Intravenous Solution)	B	3	PA; SP
Flebogamma DIF (5GM/50ML Intravenous Solution)	B	3	PA; SP
Gammagard (2.5GM/25ML Injection Solution)	B	3	PA; SP
Gammagard S/D Less IgA (Intravenous Solution Reconstituted)	B	3	PA; SP
Gammaked (1GM/10ML Injection Solution)	B	3	PA; SP
Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)	B	3	PA; SP
Gamunex-C (1GM/10ML Injection Solution)	B	3	PA; SP
Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)	B	3	PA; SP
Privigen (20GM/200ML Intravenous Solution)	B	3	PA; SP
Varizig (Intramuscular Solution)	B	2	SP
Immunological Agents, Other			

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Actemra ACTPen (Subcutaneous Solution Auto-Injector)	B	3	PA; SP
Actemra (Subcutaneous Solution Prefilled Syringe)	B	3	PA; SP
Arcalyst (Subcutaneous Solution Reconstituted)	B	3	PA; LA; SP
Benlysta (Subcutaneous Solution Auto-Injector)	B	3	PA; SP
Benlysta (Subcutaneous Solution Prefilled Syringe)	B	3	PA; SP
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)	B	2	PA; LA; SP
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)	B	2	PA; LA; SP
Dupixent (300MG/2ML Subcutaneous Solution Pen-Injector)	B	2	PA; SP; QL
Dupixent (Subcutaneous Solution Prefilled Syringe)	B	2	PA; SP; QL
Grastek (Tablet Sublingual)	B	3	PA
Ilumya (Subcutaneous Solution Prefilled Syringe)	B	3	PA; SP
Kevzara (Subcutaneous Solution Auto-Injector)	B	3	PA; SP
Kevzara (Subcutaneous Solution Prefilled Syringe)	B	3	PA; SP
Kineret (Subcutaneous Solution Prefilled Syringe)	B	3	PA; SP
Odactra (Tablet Sublingual)	B	3	PA
Oralair 300IR (Tablet Sublingual)	B	3	PA; QL
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	B	3	PA; SP
Orencia (Subcutaneous Solution Prefilled Syringe)	B	3	PA; SP
Otezla (Oral Tablet)	B	2	PA; LA; SP
Otezla (Oral Tablet Therapy Pack)	B	2	PA; LA; SP
Ridaura (Oral Capsule)	B	3	SP
Rinvoq (Oral Tablet Extended Release 24 Hour)	B	2	PA; SP; QL
Siliq (Subcutaneous Solution Prefilled Syringe)	B	3	PA; SP
Skyrizi (150MG Dose) (Subcutaneous Prefilled Syringe Kit)	B	2	PA; SP
Skyrizi Pen (Subcutaneous Solution Auto-Injector)	B	2	PA; SP
Skyrizi (Subcutaneous Solution Prefilled Syringe)	B	2	PA; SP
Stelara (Subcutaneous Solution)	B	2	PA; SP
Stelara (Subcutaneous Solution Prefilled Syringe)	B	2	PA; SP
Taltz (Subcutaneous Solution Auto-Injector)	B	3	PA; LA; SP
Taltz (Subcutaneous Solution Prefilled Syringe)	B	3	PA; LA; SP
Tremfya (Subcutaneous Solution Pen-Injector)	B	2	PA; SP

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Tremfya (Subcutaneous Solution Prefilled Syringe)	B	2	PA; SP
Xeljanz (Oral Solution)	B	3	PA; SP; QL
Xeljanz (Oral Tablet Immediate Release)	B	2	PA; SP; QL
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	B	2	PA; SP; QL
Xolair (Subcutaneous Solution Prefilled Syringe)	B	2	PA; LA; SP
Xolair (Subcutaneous Solution Reconstituted)	B	2	PA; LA; SP
Immunostimulants			
Actimmune (Subcutaneous Solution)	B	2	LA; SP
Intron A (Injection Solution)	B	3	PA; LA; SP
Intron A (Injection Solution Reconstituted)	B	3	PA; LA; SP
Pegasys (Subcutaneous Solution)	B	2	PA; SP
Immunosuppressants			
Astagraf XL (0.5MG Oral Capsule Extended Release 24 Hour, 1MG Oral Capsule Extended Release 24 Hour)	B	3	B/D, PA
Astagraf XL (5MG Oral Capsule Extended Release 24 Hour)	B	3	B/D, PA; SP
Azasan (100MG Oral Tablet)	G	3	B/D, PA
Azasan (75MG Oral Tablet)	G	3	B/D, PA; SP
Azathioprine (Oral Tablet)	G	1	B/D, PA
Cimzia Prefilled (Subcutaneous Kit)	B	2	PA; SP
Cimzia (Subcutaneous Kit)	B	2	PA; SP
Cyclosporine Modified (Oral Capsule)	G	1	B/D, PA
Cyclosporine Modified (Oral Solution)	G	1	B/D, PA
Cyclosporine (Oral Capsule)	G	1	B/D, PA
Enbrel Mini (Subcutaneous Solution Cartridge)	B	2	PA; SP
Enbrel (Subcutaneous Solution)	B	2	PA; SP
Enbrel (Subcutaneous Solution Prefilled Syringe)	B	2	PA; SP
Enbrel (Subcutaneous Solution Reconstituted)	B	2	PA; SP
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	B	2	PA; SP
Enspryng (Subcutaneous Solution Prefilled Syringe)	B	3	PA; SP
Envarsus XR (Oral Tablet Extended Release 24 Hour)	B	3	B/D, PA
Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet)	G	1	B/D, PA
Gengraf (Oral Capsule)	G	1	B/D, PA

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Gengraf (Oral Solution)	G	1	B/D, PA
Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit)	B	2	PA; SP
Humira Pen (Subcutaneous Pen-Injector Kit)	B	2	PA; SP
Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit)	B	2	PA; SP
Humira Pen-Pediatric UC Start (Subcutaneous Pen-Injector Kit)	B	2	PA; SP
Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit)	B	2	PA; SP
Humira (Subcutaneous Prefilled Syringe Kit)	B	2	PA; SP
Leflunomide (Oral Tablet)	G	1	
Methotrexate (Oral Tablet)	G	1	
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	G	1	
Methotrexate Sodium (50MG/2ML Injection Solution)	G	1	
Mycophenolate Mofetil (Oral Capsule)	G	1	B/D, PA
Mycophenolate Mofetil (Oral Suspension Reconstituted)	G	1	B/D, PA
Mycophenolate Mofetil (Oral Tablet)	G	1	B/D, PA
Mycophenolate Sodium (Oral Tablet Delayed Release)	G	1	B/D, PA
Otrexup (10MG/0.4ML Subcutaneous Solution Auto-Injector, 15MG/0.4ML Subcutaneous Solution Auto-Injector, 20MG/0.4ML Subcutaneous Solution Auto-Injector, 25MG/0.4ML Subcutaneous Solution Auto-Injector)	B	3	PA
Prograf (Oral Packet)	B	3	B/D, PA
Rasuvo (Subcutaneous Solution Auto-Injector)	B	2	PA
Sandimmune (Oral Solution)	B	2	B/D, PA; SP
Simponi (Subcutaneous Solution Auto-Injector)	B	2	PA; SP
Simponi (Subcutaneous Solution Prefilled Syringe)	B	2	PA; SP
Sirolimus (Oral Solution)	G	1	B/D, PA
Sirolimus (Oral Tablet)	G	1	B/D, PA
Tacrolimus (Oral Capsule)	G	1	B/D, PA
Trexall (Oral Tablet)	G	3	
Xatmep (Oral Solution)	B	3	
Zortress (1MG Oral Tablet)	B	3	B/D, PA; SP
Vaccines			
ActHIB (Intramuscular Solution Reconstituted)	B	2	QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Adacel (Intramuscular Suspension)	B	2	QL
BCG Vaccine (Injection)	B	2	QL
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Boostrix (5-2.5-18.5 Intramuscular Suspension, 5-2.5-18.5 (0.5ML Syringe) Intramuscular Suspension)	B	2	QL
Daptacel (Intramuscular Suspension)	B	2	QL
Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension)	B	2	QL
Engerix-B (Injection Suspension)	B	2	B/D, PA; QL
Gardasil 9 (Intramuscular Suspension)	B	2	QL
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Havrix (Intramuscular Suspension)	B	2	QL
Hiberix (Injection Solution Reconstituted)	B	2	QL
Imovax Rabies (Intramuscular Injectable)	B	2	B/D, PA; QL
Infanrix (Intramuscular Suspension)	B	2	QL
IPOL (Injection)	B	2	QL
Ixiaro (Intramuscular Suspension)	B	2	QL
Kinrix (Intramuscular Suspension)	B	2	QL
Menactra (Intramuscular Injectable)	B	2	QL
MenQuadfi (Intramuscular Injectable)	B	2	QL
Menveo (Intramuscular Solution Reconstituted)	B	2	QL
M-M-R II (Injection Solution Reconstituted)	B	2	QL
Pediarix (Intramuscular Suspension)	B	2	QL
Pedvax HIB (Intramuscular Suspension)	B	2	QL
ProQuad (Subcutaneous Suspension Reconstituted)	B	2	QL
Quadracel (Intramuscular Suspension)	B	2	QL
RabAvert (Intramuscular Suspension Reconstituted)	B	2	B/D, PA; QL
Recombivax HB (Injection Suspension)	B	2	B/D, PA; QL
Rotarix (Oral Suspension Reconstituted)	B	2	QL
RotaTeq (Oral Solution)	B	2	QL
Shingrix (Intramuscular Suspension Reconstituted)	B	2	PA; QL
TDVAX (Intramuscular Suspension)	B	2	QL
Tenivac (Intramuscular Injectable)	B	2	QL

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Trumenba (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Twinrix (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Typhim Vi (Intramuscular Solution)	B	2	QL
VAQTA (Intramuscular Suspension)	B	2	QL
Varivax (Subcutaneous Injectable)	B	2	QL
YF-Vax (Subcutaneous Injectable)	B	2	QL
Inflammatory Bowel Disease Agents			
Aminosalicylates			
Balsalazide Disodium (Oral Capsule)	G	1	
Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	1	QL
Mesalamine (400MG Oral Capsule Delayed Release) (Generic Delzicol)	G	1	
Mesalamine (Oral Tablet Delayed Release)	G	1	QL
Mesalamine (Rectal Enema)	G	1	
Mesalamine (Rectal Suppository)	G	1	
Pentasa (Oral Capsule Extended Release)	B	3	QL
Sulfasalazine (Oral Tablet Immediate Release)	G	1	
Sulfasalazine (Oral Tablet Delayed Release)	G	1	
Glucocorticoids			
Budesonide ER (Oral Tablet Extended Release 24 Hour)	G	1	
Budesonide (Oral Capsule Delayed Release Particles)	G	1	
Hydrocortisone (Rectal Enema)	G	1	
Procto-Med HC (External Cream)	G	1	
Procto-Pak (External Cream)	G	1	
Proctozone-HC (External Cream)	G	1	
Uceris (Rectal Foam)	B	3	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
Alendronate Sodium (Oral Solution)	G	1	
Alendronate Sodium (10MG Oral Tablet)	G	1	
Alendronate Sodium (35MG Oral Tablet, 70MG Oral Tablet)	G	1	QL
Calcitonin Salmon (Nasal Solution)	G	1	QL
Calcitriol (Oral Capsule)	G	1	B/D, PA
Calcitriol (Oral Solution)	G	1	B/D, PA

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Cinacalcet HCl (Oral Tablet)	G	1	B/D, PA; QL
Doxercalciferol (Oral Capsule)	G	1	B/D, PA
Evenity (Subcutaneous Solution Prefilled Syringe)	B	3	PA; SP; QL
Forteo (Subcutaneous Solution Pen-Injector)	B	2	PA; SP
Fosamax Plus D (Oral Tablet)	B	3	QL
Ibandronate Sodium (Oral Tablet)	G	1	QL
Natpara (Subcutaneous Cartridge)	B	3	PA; LA; SP
Paricalcitol (Oral Capsule)	G	1	B/D, PA
Prolia (Subcutaneous Solution Prefilled Syringe)	B	2	QL
Royaldee (Oral Capsule Extended Release)	B	3	SP; QL
Risedronate Sodium (150MG Oral Tablet Immediate Release, 35MG Oral Tablet Immediate Release, 35MG (12 PACK) Oral Tablet Immediate Release, 35MG (4 PACK) Oral Tablet Immediate Release)	G	1	QL
Risedronate Sodium (30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	1	
Risedronate Sodium (Oral Tablet Delayed Release)	G	1	QL
Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector)	B	2	PA; SP
Tymlos (Subcutaneous Solution Pen-Injector)	B	2	PA; SP
Xgeva (Subcutaneous Solution)	B	2	PA; SP
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
Alcohol Prep Pads	G	1	
Gauze (Non-medicated 2X2 Pad)	G	2	
Insulin Syringes, Needles	G	1	
Ophthalmic Agents			
Ophthalmic Agents, Other			
Atropine Sulfate (1% Ophthalmic Solution)	B	1	
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	G	1	
Blephamide (Ophthalmic Suspension)	B	3	
Blephamide S.O.P. (Ophthalmic Ointment)	G	3	
Combigan (Ophthalmic Solution)	B	2	
Cystadrops (Ophthalmic Solution)	B	3	SP
Cystaran (Ophthalmic Solution)	B	3	LA; SP

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	G	1	
Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution)	G	1	
Lacrisert (Ophthalmic Insert)	B	3	
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	G	1	
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	G	1	
Neomycin-Polymyxin-HC (Ophthalmic Suspension)	G	1	
Oxervate (Ophthalmic Solution)	B	3	PA; SP; QL
Pred-G (Ophthalmic Suspension)	B	3	
Pred-G S.O.P. (Ophthalmic Ointment)	B	3	
Proparacaine HCl (Ophthalmic Solution)	G	1	
Restasis Single-Use Vials (Ophthalmic Emulsion)	B	2	QL
Rocklatan (Ophthalmic Solution)	B	2	
Sulfacetamide-Prednisolone (Ophthalmic Solution)	G	1	
TobraDex (Ophthalmic Ointment)	B	3	
TobraDex ST (Ophthalmic Suspension)	B	3	
Tobramycin-Dexamethasone (Ophthalmic Suspension)	G	1	
Xiidra (Ophthalmic Solution)	B	2	QL
Zylet (Ophthalmic Suspension)	B	3	
Ophthalmic Anti-allergy Agents			
Alomide (Ophthalmic Solution)	B	3	
Azelastine HCl (Ophthalmic Solution)	G	1	
Bepotastine Besilate (Ophthalmic Solution)	G	1	
Bepreve (Ophthalmic Solution)	B	3	
Cromolyn Sodium (Ophthalmic Solution)	G	1	
Epinastine HCl (Ophthalmic Solution)	G	1	
Lastacaft (Ophthalmic Solution)	B	3	
Olopatadine HCl (Ophthalmic Solution)	G	1	
Zerviate (Ophthalmic Solution)	B	3	
Ophthalmic Anti-Infectives			
Azasite (Ophthalmic Solution)	B	3	
Bacitracin (Ophthalmic Ointment)	G	1	
Bacitracin-Polymyxin B (Ophthalmic Ointment)	G	1	
Besivance (Ophthalmic Suspension)	B	3	
Ciloxan (Ophthalmic Ointment)	B	3	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Ciprofloxacin HCl (Ophthalmic Solution)	G	1	
Erythromycin (Ophthalmic Ointment)	G	1	
Gatifloxacin (Ophthalmic Solution)	G	1	
Gentak (Ophthalmic Ointment)	G	1	
Gentamicin Sulfate (Ophthalmic Solution)	G	1	
Levofloxacin (Ophthalmic Solution)	G	1	
Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox)	G	1	
Natacyn (Ophthalmic Suspension)	B	2	
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)	G	1	
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	G	1	
Ofloxacin (Ophthalmic Solution)	G	1	
Polymyxin B-Trimethoprim (Ophthalmic Solution)	G	1	
Sulfacetamide Sodium (Ophthalmic Ointment)	G	1	
Sulfacetamide Sodium (Ophthalmic Solution)	G	1	
Tobramycin (Ophthalmic Solution)	G	1	
Tobrex (Ophthalmic Ointment)	B	3	
Trifluridine (Ophthalmic Solution)	G	1	
Ophthalmic Anti-inflammatories			
Bromfenac Sodium (Once-Daily) (Ophthalmic Solution)	G	1	
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	G	1	
Diclofenac Sodium (Ophthalmic Solution)	G	1	
Eysuvis (Ophthalmic Suspension)	B	3	PA
Flarex (Ophthalmic Suspension)	B	3	
Fluorometholone (Ophthalmic Suspension)	G	1	
Flurbiprofen Sodium (Ophthalmic Solution)	G	1	
FML Forte (Ophthalmic Suspension)	B	3	
FML (Ophthalmic Ointment)	B	2	
Inveltys (Ophthalmic Suspension)	B	3	
Ketorolac Tromethamine (Ophthalmic Solution)	G	1	
Lotemax SM (Ophthalmic Gel)	B	3	
Loteprednol Etabonate (Ophthalmic Gel)	G	1	
Loteprednol Etabonate (Ophthalmic Suspension)	G	1	
Maxidex (Ophthalmic Suspension)	B	3	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Pred Mild (Ophthalmic Suspension)	B	3	
Prednisolone Acetate (Ophthalmic Suspension)	G	1	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	G	1	
Prolensa (Ophthalmic Solution)	B	2	
Ophthalmic Beta-Adrenergic Blocking Agents			
Betaxolol HCl (Ophthalmic Solution)	G	1	
Betimol (Ophthalmic Solution)	B	3	
Betoptic-S (Ophthalmic Suspension)	B	3	
Carteolol HCl (Ophthalmic Solution)	G	1	
Levobunolol HCl (Ophthalmic Solution)	G	1	
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	G	1	
Timolol Maleate (Ophthalmic Solution)	G	1	
Timolol Maleate PF (Ophthalmic Solution) (Generic Timoptic Ocudose)	G	1	
Timoptic Ocudose (Ophthalmic Solution)	B	3	
Ophthalmic Intraocular Pressure Lowering Agents, Other			
Alphagan P (0.1% Ophthalmic Solution)	B	2	
Apraclonidine HCl (Ophthalmic Solution)	G	1	
Azopt (Ophthalmic Suspension)	B	2	
Brimonidine Tartrate (0.15% Ophthalmic Solution)	B	1	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	G	1	
Brinzolamide (Ophthalmic Suspension)	G	1	
Dorzolamide HCl (Ophthalmic Solution)	G	1	
Iopidine (1% Ophthalmic Solution)	B	3	SP
Methazolamide (Oral Tablet)	G	1	
Pilocarpine HCl (Ophthalmic Solution)	G	1	
Rhopressa (Ophthalmic Solution)	B	2	
Simbrinza (Ophthalmic Suspension)	B	2	
Ophthalmic Prostaglandin and Prostanoid Analogs			
Bimatoprost (Ophthalmic Solution)	G	1	
Latanoprost (Ophthalmic Solution)	G	1	
Lumigan (Ophthalmic Solution)	B	2	
Travoprost (BAK Free) (Ophthalmic Solution)	G	1	
Xelpros (Ophthalmic Emulsion)	B	3	
Otic Agents			

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Otic Agents			
Acetic Acid (Otic Solution)	G	1	
Cipro HC (Otic Suspension)	B	3	
Ciprofloxacin HCl (Otic Solution)	B	1	
Ciprofloxacin-Dexamethasone (Otic Suspension)	G	1	
Flac (Otic Oil)	G	1	
Fluocinolone Acetonide (Otic Oil)	G	1	
Hydrocortisone-Acetic Acid (Otic Solution)	G	1	
Neomycin-Polymyxin-HC (1% Otic Solution)	G	1	
Neomycin-Polymyxin-HC (Otic Suspension)	G	1	
Ofloxacin (Otic Solution)	G	1	
Respiratory Tract/Pulmonary Agents			
Antihistamines			
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution)	G	1	
Azelastine-Fluticasone (Nasal Suspension)	G	1	
Carbinoxamine Maleate (Oral Solution)	G	1	PA; HRM
Carbinoxamine Maleate (4MG Oral Tablet)	G	1	PA; HRM
Cetirizine HCl (1MG/ML Oral Solution)	G	1	
Clemastine Fumarate (Oral Syrup)	G	1	PA; HRM
Clemastine Fumarate (2.68MG Oral Tablet)	G	1	PA; HRM
Cyproheptadine HCl (Oral Syrup)	G	1	PA; HRM
Cyproheptadine HCl (Oral Tablet)	G	1	PA; HRM
Desloratadine (Oral Tablet)	G	1	
Desloratadine ODT (Oral Tablet Dispersible)	G	1	
Levocetirizine Dihydrochloride (Oral Solution)	G	1	
Levocetirizine Dihydrochloride (Oral Tablet)	G	1	
Olopatadine HCl (Nasal Solution)	G	1	
Anti-inflammatories, Inhaled Corticosteroids			
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Beconase AQ (Nasal Suspension)	B	3	
Budesonide (Inhalation Suspension)	G	1	B/D, PA
Flovent Diskus (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Flovent HFA (Inhalation Aerosol)	B	2	QL

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Flunisolide (Nasal Solution)	G	1	
Fluticasone Propionate (Nasal Suspension)	G	1	
Mometasone Furoate (Nasal Suspension)	G	1	
Omnaris (Nasal Suspension)	B	3	
Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Qnasl Childrens (Nasal Aerosol Solution)	B	3	
Qnasl (Nasal Aerosol Solution)	B	3	
Zetonna (Nasal Aerosol Solution)	B	3	
Antileukotrienes			
Montelukast Sodium (Oral Packet)	G	1	QL
Montelukast Sodium (Oral Tablet)	G	1	QL
Montelukast Sodium (Oral Tablet Chewable)	G	1	QL
Zafirlukast (Oral Tablet)	G	1	
Zileuton ER (Oral Tablet Extended Release 12 Hour)	G	1	ST
Bronchodilators, Anticholinergic			
Atrovent HFA (Inhalation Aerosol Solution)	B	3	
Increase Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Ipratropium Bromide (Inhalation Solution)	G	1	B/D, PA
Ipratropium Bromide (Nasal Solution)	G	1	
Lonhala Magnair (Inhalation Solution)	B	3	SP; QL
Spiriva HandiHaler (Inhalation Capsule)	B	2	QL
Spiriva Respimat (Inhalation Aerosol Solution)	B	2	QL
Yupelri (Inhalation Solution)	B	3	B/D, PA; SP; QL
Bronchodilators, Sympathomimetic			
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution (Generic Proair), 108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil)	G	1	
Albuterol Sulfate (Inhalation Nebulization Solution)	G	1	B/D, PA
Albuterol Sulfate (Oral Syrup)	G	1	
Albuterol Sulfate (Oral Tablet Immediate Release)	G	1	
Arformoterol Tartrate (Inhalation Nebulization Solution)	G	1	B/D, PA; QL
Auvi-Q (0.1MG/0.1ML Injection Solution Auto-Injector)	B	3	QL
Brovana (Inhalation Nebulization Solution)	B	3	B/D, PA; SP; QL
Epinephrine (Injection Solution Auto-Injector)	G	1	QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Formoterol Fumarate (Inhalation Nebulization Solution)	G	1	B/D, PA; QL
Levalbuterol HCl (Inhalation Nebulization Solution)	G	1	B/D, PA
Perforomist (Inhalation Nebulization Solution)	B	3	B/D, PA; QL
ProAir HFA (Inhalation Aerosol Solution)	B	2	
ProAir RespiClick (Inhalation Aerosol Powder Breath Activated)	B	2	
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Striverdi Respimat (Inhalation Aerosol Solution)	B	2	ST; QL
Symjepi (Injection Solution Prefilled Syringe)	B	3	QL
Terbutaline Sulfate (Oral Tablet)	G	1	
Ventolin HFA (Inhalation Aerosol Solution)	B	2	
Cystic Fibrosis Agents			
Bethkis (Inhalation Nebulization Solution)	B	2	B/D, PA; SP; QL
Cayston (Inhalation Solution Reconstituted)	B	3	PA; LA; SP
Kalydeco (Oral Packet)	B	3	PA; LA; SP
Kalydeco (Oral Tablet)	B	3	PA; LA; SP
Orkambi (Oral Packet)	B	3	PA; LA; SP; QL
Orkambi (Oral Tablet)	B	3	PA; LA; SP; QL
Pulmozyme (Inhalation Solution)	B	2	B/D, PA; SP; QL
Symdeko (Oral Tablet Therapy Pack)	B	3	PA; SP; QL
TOBI Podhaler (Inhalation Capsule)	B	3	PA; SP; QL
Tobramycin (Inhalation Nebulization Solution)	G	1	B/D, PA; QL
Trikafta (100-50-75 & 150MG Oral Tablet Therapy Pack)	B	3	PA; LA; SP; QL
Trikafta (50-25-37.5 & 75MG Oral Tablet Therapy Pack)	B	3	PA; SP; QL
Mast Cell Stabilizers			
Cromolyn Sodium (Inhalation Nebulization Solution)	G	1	B/D, PA
Phosphodiesterase Inhibitors, Airways Disease			
Daliresp (Oral Tablet)	B	3	PA
Theo-24 (Oral Capsule Extended Release 24 Hour)	G	3	
Theophylline ER (Oral Tablet Extended Release 12 Hour)	G	1	
Theophylline ER (Oral Tablet Extended Release 24 Hour)	G	1	
Theophylline (Oral Solution)	G	1	
Pulmonary Antihypertensives			

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Adempas (Oral Tablet)	B	2	PA; LA; SP
Alyq (Oral Tablet)	G	1	PA
Ambrisentan (Oral Tablet)	G	1	PA; LA; QL
Bosentan (Oral Tablet)	G	1	PA; LA; QL
Opsumit (Oral Tablet)	B	2	PA; LA; SP
Orenitram (0.125MG Oral Tablet Extended Release)	B	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)	B	3	PA; LA; SP
Sildenafil Citrate (Oral Suspension Reconstituted)	G	1	PA; QL
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	1	PA; QL
Tadalafil (PAH) (20MG Oral Tablet)	G	1	PA
Tracleer (Oral Tablet Soluble)	B	3	PA; LA; SP; QL
Uptravi (Oral Tablet)	B	3	PA; LA; SP; QL
Uptravi (Oral Tablet Therapy Pack)	B	3	PA; LA; SP
Ventavis (Inhalation Solution)	B	3	PA; LA; SP; QL
Pulmonary Fibrosis Agents			
Esbriet (Oral Capsule)	B	3	PA; LA; SP; QL
Esbriet (Oral Tablet)	B	3	PA; LA; SP; QL
Ofev (Oral Capsule)	B	3	PA; LA; SP; QL
Respiratory Tract Agents, Other			
Acetylcysteine (Inhalation Solution)	G	1	B/D, PA
Advair HFA (Inhalation Aerosol)	B	2	QL
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Breztri Aerosphere (Inhalation Aerosol)	B	2	QL
Combivent Respimat (Inhalation Aerosol Solution)	B	2	QL
Fasenra Pen (Subcutaneous Solution Auto-Injector)	B	2	PA; LA; SP
Fasenra (Subcutaneous Solution Prefilled Syringe)	B	2	PA; LA; SP
Fluticasone-Salmeterol (Inhalation Aerosol Powder Breath Activated)	G	1	QL
Ipratropium-Albuterol (Inhalation Solution)	G	1	B/D, PA
Nucala (Subcutaneous Solution Auto-Injector)	B	2	PA; LA; SP; QL
Nucala (Subcutaneous Solution Prefilled Syringe)	B	2	PA; LA; SP; QL
Nucala (Subcutaneous Solution Reconstituted)	B	2	PA; LA; SP; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Promethazine-Phenylephrine (Oral Syrup)	G	1	PA; HRM
Stiolto Respimat (Inhalation Aerosol Solution)	B	2	QL
Symbicort (Inhalation Aerosol)	B	2	QL
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	1	QL
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			
Carisoprodol (Oral Tablet)	G	1	PA; HRM; QL
Carisoprodol-Aspirin-Codeine (Oral Tablet)	G	1	PA; HRM; 7D; MME; DL; QL
Chlorzoxazone (375MG Oral Tablet, 500MG Oral Tablet, 750MG Oral Tablet)	G	1	PA; HRM
Cyclobenzaprine HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	PA; HRM
Cyclobenzaprine HCl (Oral Tablet)	G	1	PA; HRM
Metaxalone (Oral Tablet)	G	1	PA; HRM
Methocarbamol (Oral Tablet)	G	1	PA; HRM
Orphenadrine Citrate ER (Oral Tablet Extended Release 12 Hour)	G	1	PA; HRM
Sleep Disorder Agents			
Sleep Disorder Agents			
Xywav (Oral Solution)	B	3	PA; SP; QL
Sleep Promoting Agents			
Belsomra (Oral Tablet)	B	3	QL
DayVigo (Oral Tablet)	B	3	QL
Doxepin HCl (Oral Tablet)	G	1	
Estazolam (Oral Tablet)	G	1	HRM; QL
Eszopiclone (Oral Tablet)	G	1	PA; HRM; QL
Flurazepam HCl (Oral Capsule)	G	1	HRM; QL
Hetlioz (Oral Capsule)	B	3	PA; LA; SP; QL
Ramelteon (Oral Tablet)	G	1	QL
Temazepam (Oral Capsule)	G	1	HRM; QL
Triazolam (Oral Tablet)	G	1	HRM; QL
Zaleplon (Oral Capsule)	G	1	HRM; QL

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Zolpidem Tartrate ER (Oral Tablet Extended Release)	G	1	PA; HRM; QL
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	1	PA; HRM; QL
Zolpidem Tartrate (Tablet Sublingual)	G	1	PA; HRM; QL
Zolpimist (Oral Solution)	B	3	PA; HRM; QL
Wakefulness Promoting Agents			
Armodafinil (Oral Tablet)	G	1	PA; QL
Modafinil (Oral Tablet)	G	1	PA; QL
Sunosi (Oral Tablet)	B	2	PA; QL
Wakix (Oral Tablet)	B	3	PA; SP; QL
Xyrem (Oral Solution)	B	3	PA; LA; SP; QL

Covered drugs with a quantity limit (QL)

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

Your plan will cover only a certain amount of these drugs or will only cover these drugs for a certain number of days. For more information about quantity limits, talk with your doctor or pharmacist. You can also contact us by calling Customer Service toll-free at **(866) 868-0609** (TTY: **711**), 7 a.m. – 7 p.m. CT, Monday – Friday, 7 a.m. – 3 p.m. CT, Saturday.

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

Drug Name	Brand or Generic	Quantity Limit
Abacavir Sulfate (Oral Solution)	G	Maximum of 32 ml per day
Abacavir Sulfate (Oral Tablet)	G	Maximum of 2 tablets per day
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	Maximum of 1 tablet per day
Abacavir-Lamivudine-Zidovudine (Oral Tablet)	G	Maximum of 2 tablets per day
Acetaminophen-Caffeine-Dihydrocodeine (320.5-30-16MG Oral Capsule)	G	Maximum of 10 capsules per day
Acetaminophen-Caffeine-Dihydrocodeine (325-30-16MG Oral Tablet)	G	Maximum of 10 tablets per day
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	Maximum of 150 ml per day
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	Maximum of 13 tablets per day
ActHIB (Intramuscular Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Adacel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Advair HFA (Inhalation Aerosol)	B	Maximum of 1 inhaler (12 grams) per 30 days
Adzenys ER (Oral Suspension Extended Release)	B	Maximum of 15 ml per day
Adzenys XR-ODT (Oral Tablet Extended Release Dispersible)	B	Maximum of 1 tablet per day
Aimovig (140MG/ML Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1 ml) per 30 days
Aimovig (70MG/ML Subcutaneous Solution Auto-Injector)	B	Maximum of 2 pens (2 ml) per 30 days
Albendazole (Oral Tablet)	G	Maximum of 16 tablets per day
Alendronate Sodium (35MG Oral Tablet)	G	Maximum of 8 tablets per 28 days

Drug Name	Brand or Generic	Quantity Limit
Alendronate Sodium (70MG Oral Tablet)	G	Maximum of 4 tablets per 28 days
Aliskiren Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Almotriptan Malate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Alora (Transdermal Patch Twice Weekly)	B	Maximum of 8 patches per 28 days
Alprazolam ER (0.5MG Oral Tablet Extended Release 24 Hour, 1MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Alprazolam ER (2MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 5 tablets per day
Alprazolam ER (3MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 3 tablets per day
Alprazolam Intensol (Oral Concentrate)	G	Maximum of 10 ml per day
Alprazolam (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Alprazolam (2MG Oral Tablet Immediate Release)	G	Maximum of 5 tablets per day
Alprazolam ODT (0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Alprazolam ODT (2MG Oral Tablet Dispersible)	G	Maximum of 5 tablets per day
Alunbrig (180MG Oral Tablet, 90MG Oral Tablet)	B	Maximum of 1 tablet per day
Alunbrig (30MG Oral Tablet)	B	Maximum of 4 tablets per day
Alunbrig (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (30 tablets) per 30 days
Ambrisentan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Atorvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Benazepril (Oral Capsule)	G	Maximum of 1 capsule per day
Amlodipine-Olmesartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Valsartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amphetamine ER (Oral Suspension Extended Release)	G	Maximum of 15 ml per day
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 2 capsules per day

Drug Name	Brand or Generic	Quantity Limit
Amphetamine-Dextroamphetamine (10MG Oral Tablet, 12.5MG Oral Tablet, 15MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Amphetamine-Dextroamphetamine (20MG Oral Tablet)	G	Maximum of 3 tablets per day
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Apokyn (Subcutaneous Solution Cartridge)	B	Maximum of 3 ml per day
Aptensio XR (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Aptiom (200MG Oral Tablet, 400MG Oral Tablet)	B	Maximum of 1 tablet per day
Aptiom (600MG Oral Tablet, 800MG Oral Tablet)	B	Maximum of 2 tablets per day
Aptivus (Oral Capsule)	B	Maximum of 4 capsules per day
Arformoterol Tartrate (Inhalation Nebulization Solution)	G	Maximum of 2 vials (4 ml) per day
Aripiprazole (1MG/ML Oral Solution)	G	Maximum of 25 ml per day
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Aripiprazole ODT (10MG Oral Tablet Dispersible)	G	Maximum of 3 tablets per day
Aripiprazole ODT (15MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Armodafinil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	G	Maximum of 1 tablet per day
Armodafinil (50MG Oral Tablet)	G	Maximum of 2 tablets per day
Arnuty Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (30 blisters) per 30 days
Ascomp-Codeine (Oral Capsule)	G	Maximum of 6 capsules per day
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	Maximum of 2 capsules per day
Atazanavir Sulfate (150MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 1 capsule per day
Atazanavir Sulfate (200MG Oral Capsule)	G	Maximum of 2 capsules per day
Atomoxetine HCl (100MG Oral Capsule, 60MG Oral Capsule, 80MG Oral Capsule)	G	Maximum of 1 capsule per day

Drug Name	Brand or Generic	Quantity Limit
Atomoxetine HCl (10MG Oral Capsule, 18MG Oral Capsule, 25MG Oral Capsule, 40MG Oral Capsule)	G	Maximum of 2 capsules per day
Atorvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
Atripla (Oral Tablet)	B	Maximum of 1 tablet per day
Aubagio (Oral Tablet)	B	Maximum of 1 tablet per day
Austedo (Oral Tablet)	B	Maximum of 4 tablets per day
Auvi-Q (0.1MG/0.1ML Injection Solution Auto-Injector)	B	Maximum of 4 pens (2 boxes) per 30 days
Ayvakit (Oral Tablet)	B	Maximum of 1 tablet per day
Bafiertam (Oral Capsule Delayed Release)	B	Maximum of 4 capsules per day
Balversa (3MG Oral Tablet)	B	Maximum of 3 tablets per day
Balversa (4MG Oral Tablet)	B	Maximum of 2 tablets per day
Balversa (5MG Oral Tablet)	B	Maximum of 1 tablet per day
BCG Vaccine (Injection)	B	1 vaccination dose (1 vial) per day
Belbuca (Buccal Film)	B	Maximum of 2 films per day
Belsomra (Oral Tablet)	B	Maximum of 1 tablet per day
Benazepril HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Bethkis (Inhalation Nebulization Solution)	B	Maximum of 2 ampules (8 ml) per day
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Biktarvy (Oral Tablet)	B	Maximum of 1 tablet per day
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 2 tablets per day
Boostrix (5-2.5-18.5 Intramuscular Suspension, 5-2.5-18.5 (0.5ML Syringe) Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Bosentan (Oral Tablet)	G	Maximum of 2 tablets per day
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Breztri Aerosphere (120 Inhalation Aerosol)	B	Maximum of 1 inhaler (10.7 grams) per 30 days
Brilinta (Oral Tablet)	B	Maximum of 2 tablets per day
BRIVIACT (10MG/ML Oral Solution)	B	Maximum of 20 ml per day
BRIVIACT (100MG Oral Tablet, 10MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	B	Maximum of 2 tablets per day
Brovana (Inhalation Nebulization Solution)	B	Maximum of 2 vials (4 ml) per day
Brukinsa (Oral Capsule)	B	Maximum of 4 capsules per day

Drug Name	Brand or Generic	Quantity Limit
Buprenorphine HCl (Tablet Sublingual)	G	Maximum of 3 tablets per day
Buprenorphine HCl-Naloxone HCl (12-3MG Sublingual Film, 4-1MG Sublingual Film)	G	Maximum of 2 films per day
Buprenorphine HCl-Naloxone HCl (2-0.5MG Sublingual Film, 8-2MG Sublingual Film)	G	Maximum of 3 films per day
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	G	Maximum of 3 tablets per day
Buprenorphine (Transdermal Patch Weekly)	G	Maximum of 4 patches per 28 days
Butalbital-Acetaminophen (25-325MG Oral Tablet)	G	Maximum of 12 tablets per day
Butalbital-Acetaminophen (50-300MG Oral Tablet, 50-325MG Oral Tablet)	G	Maximum of 6 tablets per day
Butalbital-Acetaminophen-Caffeine (50-300-40MG Oral Capsule, 50-325-40MG Oral Capsule)	G	Maximum of 6 capsules per day
Butalbital-Acetaminophen-Caffeine (50-325-40MG Oral Tablet)	G	Maximum of 6 tablets per day
Butalbital-Acetaminophen-Caffeine-Codeine (Oral Capsule)	G	Maximum of 6 capsules per day
Butalbital-Aspirin-Caffeine (Oral Capsule)	G	Maximum of 6 capsules per day
Butalbital-Aspirin-Caffeine-Codeine (Oral Capsule)	G	Maximum of 6 capsules per day
Butorphanol Tartrate (Nasal Solution)	G	Maximum of 2 bottles (5 ml) per 30 days
Butrans (7.5MCG/HR Transdermal Patch Weekly)	B	Maximum of 4 patches per 28 days
Bydureon BCise (Subcutaneous Auto-Injector)	B	Maximum of 4 pens (3.4 ml) per 28 days
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (2.4 ml) per 30 days
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (1.2 ml) per 30 days
Bystolic (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	B	Maximum of 1 tablet per day
Bystolic (20MG Oral Tablet)	B	Maximum of 2 tablets per day
Cablivi (Injection Kit)	B	Maximum of 1 kit per day
Calcitonin Salmon (Nasal Solution)	G	Maximum of 1 bottle per 28 days
Candesartan Cilexetil (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet)	G	Maximum of 1 tablet per day
Candesartan Cilexetil (8MG Oral Tablet)	G	Maximum of 3 tablets per day

Drug Name	Brand or Generic	Quantity Limit
Candesartan Cilexetil-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Caplyta (Oral Capsule)	B	Maximum of 1 capsule per day
Captopril (100MG Oral Tablet)	G	Maximum of 4 tablets per day
Captopril (12.5MG Oral Tablet, 25MG Oral Tablet)	G	Maximum of 3 tablets per day
Captopril (50MG Oral Tablet)	G	Maximum of 9 tablets per day
Cardura XL (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Carisoprodol (Oral Tablet)	G	Maximum of 4 tablets per day
Carisoprodol-Aspirin-Codeine (Oral Tablet)	G	Maximum of 4 tablets per day
Celecoxib (Oral Capsule)	G	Maximum of 2 capsules per day
Cimduo (Oral Tablet)	B	Maximum of 1 tablet per day
Cinacalcet HCl (30MG Oral Tablet, 60MG Oral Tablet)	G	Maximum of 2 tablets per day
Cinacalcet HCl (90MG Oral Tablet)	G	Maximum of 4 tablets per day
Clindamycin Phosphate (External Gel)	G	Maximum of 75 grams per 30 days
Clobazam (2.5MG/ML Oral Suspension)	G	Maximum of 16 ml per day
Clobazam (10MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 2 tablets per day
Clobetasol Propionate (External Foam)	G	Maximum of 100 grams per 30 days
Clobetasol Propionate (External Liquid Spray)	G	Maximum of 125 ml per 30 days
Clobetasol Propionate (External Lotion)	G	Maximum of 118 ml per 30 days
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Clonazepam (2MG Oral Tablet)	G	Maximum of 10 tablets per day
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Clonazepam ODT (2MG Oral Tablet Dispersible)	G	Maximum of 10 tablets per day
Clopidogrel Bisulfate (75MG Oral Tablet)	G	Maximum of 4 tablets per day
Clorazepate Dipotassium (15MG Oral Tablet)	G	Maximum of 6 tablets per day
Clorazepate Dipotassium (3.75MG Oral Tablet)	G	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5MG Oral Tablet)	G	Maximum of 12 tablets per day
Clozapine ODT (100MG Oral Tablet Dispersible)	G	Maximum of 9 tablets per day

Drug Name	Brand or Generic	Quantity Limit
Clozapine ODT (12.5MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Clozapine ODT (150MG Oral Tablet Dispersible)	G	Maximum of 6 tablets per day
Clozapine ODT (200MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Clozapine ODT (25MG Oral Tablet Dispersible)	G	Maximum of 3 tablets per day
Codeine Sulfate (15MG Oral Tablet)	B	Maximum of 6 tablets per day
Codeine Sulfate (30MG Oral Tablet, 60MG Oral Tablet)	G	Maximum of 6 tablets per day
Combivent Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 20 days
Complera (Oral Tablet)	B	Maximum of 1 tablet per day
Copiktra (Oral Capsule)	B	Maximum of 2 capsules per day
Corlanor (Oral Solution)	B	Maximum of 15 ml per day
Corlanor (Oral Tablet)	B	Maximum of 2 tablets per day
Cotempla XR-ODT (Oral Tablet Extended Release Dispersible)	B	Maximum of 2 tablets per day
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
Daptacel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Daurismo (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Daurismo (25MG Oral Tablet)	B	Maximum of 2 tablets per day
Daytrana (Transdermal Patch)	B	Maximum of 1 patch per day
DayVigo (Oral Tablet)	B	Maximum of 1 tablet per day
Delstrigo (Oral Tablet)	B	Maximum of 1 tablet per day
Descovy (Oral Tablet)	B	Maximum of 1 tablet per day
Desoximetasone (External Cream)	G	Maximum of 100 grams per 30 days
Desvenlafaxine ER (100MG Oral Tablet Extended Release 24 Hour) (Brand Equivalent Khedezla)	B	Maximum of 4 tablets per day
Desvenlafaxine ER (50MG Oral Tablet Extended Release 24 Hour) (Brand Equivalent Khedezla)	B	Maximum of 1 tablet per day
Dexilant (Oral Capsule Delayed Release)	B	Maximum of 1 capsule per day
Dexmethylphenidate HCl (Oral Tablet)	G	Maximum of 2 tablets per day

Drug Name	Brand or Generic	Quantity Limit
Dextroamphetamine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 6 capsules per day
Dextroamphetamine Sulfate ER (15MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 4 capsules per day
Dextroamphetamine Sulfate ER (5MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 3 capsules per day
Dextroamphetamine Sulfate (10MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 6 tablets per day
Diacomit (250MG Oral Capsule)	B	Maximum of 12 capsules per day
Diacomit (500MG Oral Capsule)	B	Maximum of 6 capsules per day
Diacomit (250MG Oral Packet)	B	Maximum of 12 packets per day
Diacomit (500MG Oral Packet)	B	Maximum of 6 packets per day
Diazepam Intensol (5MG/ML Oral Concentrate)	G	Maximum of 8 ml per day
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 4 tablets per day
Diclofenac Epolamine (External Patch)	G	Maximum of 2 patches per day
Digitek (125MCG Oral Tablet)	G	Maximum of 1 tablet per day
Digox (125MCG Oral Tablet)	G	Maximum of 1 tablet per day
Digoxin (Oral Solution)	G	Maximum of 5 ml per day
Digoxin (125MCG Oral Tablet)	G	Maximum of 1 tablet per day
Dimethyl Fumarate (120MG Oral Capsule Delayed Release, 240MG Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Donepezil HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Donepezil HCl (23MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Donepezil HCl ODT (10MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Donepezil HCl ODT (5MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day
Dotti (Transdermal Patch Twice Weekly)	G	Maximum of 8 patches per 28 days
Dovato (Oral Tablet)	B	Maximum of 1 tablet per day
Doxepin HCl (External Cream)	G	Maximum of 90 grams per 30 days
Drizalma Sprinkle (20MG Oral Capsule Delayed Release Sprinkle, 30MG Oral Capsule Delayed Release Sprinkle, 60MG Oral Capsule Delayed Release Sprinkle)	B	Maximum of 2 capsules per day

Drug Name	Brand or Generic	Quantity Limit
Drizalma Sprinkle (40MG Oral Capsule Delayed Release Sprinkle)	B	Maximum of 3 capsules per day
Droxidopa (100MG Oral Capsule)	G	Maximum of 3 capsules per day
Droxidopa (200MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 6 capsules per day
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles)	G	Maximum of 4 capsules per day
Duloxetine HCl (30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	G	Maximum of 2 capsules per day
Duloxetine HCl (40MG Oral Capsule Delayed Release Particles)	G	Maximum of 3 capsules per day
Dupixent (300MG/2ML Subcutaneous Solution Pen-Injector)	B	Maximum of 4 pens (8 ml) per 28 days
Dupixent (200MG/1.14ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (4.56 ml) per 28 days
Dupixent (300MG/2ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (8 ml) per 28 days
Dyanavel XR (Oral Suspension Extended Release)	B	Maximum of 8 ml per day
Econazole Nitrate (External Cream)	G	Maximum of 90 grams per 30 days
Edarbi (Oral Tablet)	B	Maximum of 1 tablet per day
Edarbyclor (Oral Tablet)	B	Maximum of 1 tablet per day
Edurant (Oral Tablet)	B	Maximum of 1 tablet per day
Efavirenz (Oral Capsule)	G	Maximum of 3 capsules per day
Efavirenz (Oral Tablet)	G	Maximum of 1 tablet per day
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)	G	Maximum of 1 tablet per day
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)	G	Maximum of 1 tablet per day
Eletriptan Hydrobromide (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Eliquis (Oral Tablet)	B	Maximum of 2 tablets per day
Eliquis Starter Pack (Oral Tablet)	B	Maximum of 1 pack (74 tablets) per 30 days
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes or pens (3 ml) per 30 days
Emgality (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 syringes or pens (2 ml) per 30 days
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes or pens (2 ml) per 30 days
Emsam (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day
Emtricitabine (Oral Capsule)	G	Maximum of 1 capsule per day

Drug Name	Brand or Generic	Quantity Limit
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Emtriva (Oral Capsule)	B	Maximum of 1 capsule per day
Emtriva (Oral Solution)	B	Maximum of 5 bottles (850 ml) per 30 days
Enalapril Maleate (Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (10-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (5-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
Engerix-B (10MCG/0.5ML Injection Suspension)	B	1 vaccination dose (0.5 ml) per day
Engerix-B (20MCG/ML Injection Suspension)	B	1 vaccination dose (1 ml) per day
Enoxaparin Sodium (100MG/ML Subcutaneous Solution, 150MG/ML Subcutaneous Solution)	G	Maximum of 2 syringes (2 ml) per day
Enoxaparin Sodium (120MG/0.8ML Subcutaneous Solution, 80MG/0.8ML Subcutaneous Solution)	G	Maximum of 2 syringes (1.6 ml) per day
Enoxaparin Sodium (30MG/0.3ML Subcutaneous Solution)	G	Maximum of 2 syringes (0.6 ml) per day
Enoxaparin Sodium (40MG/0.4ML Subcutaneous Solution)	G	Maximum of 2 syringes (0.8 ml) per day
Enoxaparin Sodium (60MG/0.6ML Subcutaneous Solution)	G	Maximum of 2 syringes (1.2 ml) per day
Entresto (Oral Tablet)	B	Maximum of 2 tablets per day
Epclusa (200-50MG Oral Tablet)	B	Maximum of 2 tablets per day
Epclusa (400-100MG Oral Tablet)	B	Maximum of 1 tablet per day
Epinephrine (Injection Solution Auto-Injector)	G	Maximum of 4 pens (2 boxes) per 30 days
Esbriet (Oral Capsule)	B	Maximum of 9 capsules per day
Esbriet (267MG Oral Tablet)	B	Maximum of 9 tablets per day
Esbriet (801MG Oral Tablet)	B	Maximum of 3 tablets per day
Esomeprazole Magnesium (20MG Oral Capsule Delayed Release) (Generic Nexium)	G	Maximum of 3 capsules per day
Esomeprazole Magnesium (40MG Oral Capsule Delayed Release) (Generic Nexium)	G	Maximum of 2 capsules per day

Drug Name	Brand or Generic	Quantity Limit
Estazolam (Oral Tablet)	G	Maximum of 1 tablet per day
Estradiol (Transdermal Patch Twice Weekly)	G	Maximum of 8 patches per 28 days
Estradiol (Transdermal Patch Weekly)	G	Maximum of 4 patches per 28 days
Eszopiclone (Oral Tablet)	G	Maximum of 1 tablet per day
Etravirine (Oral Tablet)	G	Maximum of 2 tablets per day
Eucrisa (External Ointment)	B	Maximum of 100 grams per 30 days
Evenity (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes (2.34 ml) per 28 days
Evotaz (Oral Tablet)	B	Maximum of 1 tablet per day
Evrysdi (Oral Solution Reconstituted)	B	Maximum of 8 ml per day
Ezallor Sprinkle (Oral Capsule Sprinkle)	B	Maximum of 1 capsule per day
Ezetimibe-Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	Maximum of 2 tablets per day
Farxiga (Oral Tablet)	B	Maximum of 1 tablet per day
Fentanyl Citrate (Buccal Lozenge On A Handle)	G	Maximum of 4 lozenges per day
Fentanyl (Transdermal Patch 72 Hour)	G	Maximum of 15 patches per 30 days
Fetzima (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Fintepla (Oral Solution)	B	Maximum of 12 ml per day
FloLipid (20MG/5ML Oral Suspension)	B	Maximum of 5 ml per day
FloLipid (40MG/5ML Oral Suspension)	B	Maximum of 10 ml per day
Flovent Diskus (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 2 inhalers (120 blisters) per 30 days
Flovent HFA (110MCG/ACT Inhalation Aerosol)	B	Maximum of 1 inhaler (12 grams) per 30 days
Flovent HFA (220MCG/ACT Inhalation Aerosol)	B	Maximum of 2 inhalers (24 grams) per 30 days
Flovent HFA (44MCG/ACT Inhalation Aerosol)	B	Maximum of 1 inhaler (10.6 grams) per 30 days
Flurazepam HCl (Oral Capsule)	G	Maximum of 1 capsule per day
Fluticasone-Salmeterol (100-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 250-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 500-50MCG/DOSE Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	Maximum of 1 inhaler (60 blisters) per 30 days

Drug Name	Brand or Generic	Quantity Limit
Fluticasone-Salmeterol (113-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 232-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 55-14MCG/ACT Inhalation Aerosol Powder Breath Activated) (Brand Equivalent AirDuo)	G	Maximum of 1 inhaler per 30 days
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Fluvastatin Sodium (20MG Oral Capsule)	G	Maximum of 1 capsule per day
Fluvastatin Sodium (40MG Oral Capsule)	G	Maximum of 2 capsules per day
Formoterol Fumarate (Inhalation Nebulization Solution)	G	Maximum of 2 vials (4 ml) per day
Fosamax Plus D (Oral Tablet)	B	Maximum of 4 tablets per 28 days
Fosamprenavir Calcium (Oral Tablet)	G	Maximum of 4 tablets per day
Fosinopril Sodium (Oral Tablet)	G	Maximum of 2 tablets per day
Fosinopril Sodium-HCTZ (Oral Tablet)	G	Maximum of 4 tablets per day
Fotivda (Oral Capsule)	B	Maximum of 1 capsule per day
Frovatriptan Succinate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Fuzeon (Subcutaneous Solution Reconstituted)	B	Maximum of 2 vials per day
Fycompa (Oral Suspension)	B	Maximum of 24 ml per day
Fycompa (Oral Tablet)	B	Maximum of 1 tablet per day
Gardasil 9 (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Gavreto (Oral Capsule)	B	Maximum of 4 capsules per day
Genvoya (Oral Tablet)	B	Maximum of 1 tablet per day
Gilenya (0.5MG Oral Capsule)	B	Maximum of 1 pack (30 capsules) per 30 days
Glimepiride (1MG Oral Tablet)	G	Maximum of 8 tablets per day
Glimepiride (2MG Oral Tablet)	G	Maximum of 4 tablets per day
Glimepiride (4MG Oral Tablet)	G	Maximum of 2 tablets per day
Glipizide ER (10MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Glipizide ER (2.5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 8 tablets per day
Glipizide ER (5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 4 tablets per day

Drug Name	Brand or Generic	Quantity Limit
Glipizide (10MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Glipizide (5MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-250MG Oral Tablet)	G	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)	G	Maximum of 4 tablets per day
Glyburide Micronized (1.5MG Oral Tablet)	G	Maximum of 8 tablets per day
Glyburide Micronized (3MG Oral Tablet)	G	Maximum of 4 tablets per day
Glyburide Micronized (6MG Oral Tablet)	G	Maximum of 2 tablets per day
Glyburide (1.25MG Oral Tablet)	G	Maximum of 16 tablets per day
Glyburide (2.5MG Oral Tablet)	G	Maximum of 8 tablets per day
Glyburide (5MG Oral Tablet)	G	Maximum of 4 tablets per day
Glyburide-Metformin (1.25-250MG Oral Tablet)	G	Maximum of 8 tablets per day
Glyburide-Metformin (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)	G	Maximum of 4 tablets per day
Glyxambi (Oral Tablet)	B	Maximum of 1 tablet per day
Granisetron HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Guanfacine HCl (Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
Harvoni (33.75-150MG Oral Packet)	B	Maximum of 1 carton (28 packets) per 28 days
Harvoni (45-200MG Oral Packet)	B	Maximum of 2 cartons (56 packets) per 28 days
Harvoni (90-400MG Oral Tablet)	B	Maximum of 1 tablet per day
Havrix (Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
Hetlioz (Oral Capsule)	B	Maximum of 1 capsule per day
Hiberix (Injection Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Hydrocodone Bitartrate ER (10MG Oral Capsule Extended Release 12 Hour, 15MG Oral Capsule Extended Release 12 Hour, 20MG Oral Capsule Extended Release 12 Hour, 30MG Oral Capsule Extended Release 12 Hour, 40MG Oral Capsule Extended Release 12 Hour, 50MG Oral Capsule Extended Release 12 Hour)	G	Maximum of 2 capsules per day

Drug Name	Brand or Generic	Quantity Limit
Hydrocodone Bitartrate ER (100MG Oral Tablet ER 24 Hour Abuse-Deterrent, 120MG Oral Tablet ER 24 Hour Abuse-Deterrent, 20MG Oral Tablet ER 24 Hour Abuse-Deterrent, 30MG Oral Tablet ER 24 Hour Abuse-Deterrent, 40MG Oral Tablet ER 24 Hour Abuse-Deterrent, 60MG Oral Tablet ER 24 Hour Abuse-Deterrent, 80MG Oral Tablet ER 24 Hour Abuse-Deterrent)	G	Maximum of 1 tablet per day
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	G	Maximum of 180 ml per day
Hydrocodone-Acetaminophen (10-300MG Oral Tablet, 5-300MG Oral Tablet, 7.5-300MG Oral Tablet)	G	Maximum of 13 tablets per day
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
Hydrocodone-Ibuprofen (Oral Tablet)	G	Maximum of 5 tablets per day
Hydromorphone HCl ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Hydromorphone HCl (1MG/ML Oral Liquid)	G	Maximum of 50 ml per day
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Hydromorphone HCl (8MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Hysingla ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	B	Maximum of 1 tablet per day
Ibandronate Sodium (Oral Tablet)	G	Maximum of 1 tablet per 28 days
Icatibant Acetate (Subcutaneous Solution)	G	Maximum of 3 syringes (9 ml) per day
Imatinib Mesylate (Oral Tablet)	G	Maximum of 3 tablets per day
Imbruvica (140MG Oral Capsule)	B	Maximum of 4 capsules per day
Imbruvica (70MG Oral Capsule)	B	Maximum of 1 capsule per day
Imbruvica (Oral Tablet)	B	Maximum of 1 tablet per day
Imiquimod (5% External Cream)	G	Maximum of 24 grams per 30 days
Imovax Rabies (Intramuscular Injectable)	B	1 vaccination dose (1 injection) per day
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (30 blisters) per 30 days
Infanrix (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day

Drug Name	Brand or Generic	Quantity Limit
Ingrezza (40MG Oral Capsule, 80MG Oral Capsule)	B	Maximum of 1 capsule per day
Ingrezza (Oral Capsule Therapy Pack)	B	Maximum of 1 pack (28 capsules) per 28 days
Inlyta (Oral Tablet)	B	Maximum of 4 tablets per day
Inqovi (Oral Tablet)	B	Maximum of 1 pack (5 tablets) per 28 days
Inrebic (Oral Capsule)	B	Maximum of 4 capsules per day
Intelence (100MG Oral Tablet, 200MG Oral Tablet)	B	Maximum of 2 tablets per day
Intelence (25MG Oral Tablet)	B	Maximum of 4 tablets per day
Intrarosa (Vaginal Insert)	B	Maximum of 1 vaginal insert per day
Invirase (Oral Tablet)	B	Maximum of 4 tablets per day
IPOL (Injection)	B	1 vaccination dose (0.5 ml) per day
Irbesartan (150MG Oral Tablet, 300MG Oral Tablet)	G	Maximum of 1 tablet per day
Irbesartan (75MG Oral Tablet)	G	Maximum of 3 tablets per day
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Iressa (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress HD (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress (Oral Packet)	B	Maximum of 2 packets per day
Isentress (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress (Oral Tablet Chewable)	B	Maximum of 6 tablets per day
Ixiaro (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Jakafi (Oral Tablet)	B	Maximum of 2 tablets per day
Janumet (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Janumet XR (100-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Janumet XR (50-1000MG Oral Tablet Extended Release 24 Hour, 50-500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Januvia (Oral Tablet)	B	Maximum of 1 tablet per day
Jardiance (Oral Tablet)	B	Maximum of 1 tablet per day
Jentadueto (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Jentadueto XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Jentadueto XR (5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day

Drug Name	Brand or Generic	Quantity Limit
Jornay PM (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Juluca (Oral Tablet)	B	Maximum of 1 tablet per day
Jynarque (Oral Tablet)	B	Maximum of 4 tablets per day
Jynarque (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day
Kaletra (100-25MG Oral Tablet)	B	Maximum of 8 tablets per day
Kaletra (200-50MG Oral Tablet)	B	Maximum of 4 tablets per day
Ketoconazole (External Cream)	G	Maximum of 90 grams per 30 days
Keveyis (Oral Tablet)	B	Maximum of 4 tablets per day
Kinrix (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Korlym (Oral Tablet)	B	Maximum of 4 tablets per day
Koselugo (10MG Oral Capsule)	B	Maximum of 8 capsules per day
Koselugo (25MG Oral Capsule)	B	Maximum of 4 capsules per day
Kynmobi (10MG Sublingual Film, 15MG Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film)	B	Maximum of 5 films per day
Lamivudine (10MG/ML Oral Solution)	G	Maximum of 32 ml per day
Lamivudine (150MG Oral Tablet)	G	Maximum of 2 tablets per day
Lamivudine (300MG Oral Tablet)	G	Maximum of 1 tablet per day
Lamivudine-Zidovudine (Oral Tablet)	G	Maximum of 2 tablets per day
Lanoxin (62.5MCG Oral Tablet)	B	Maximum of 2 tablets per day
Lansoprazole (Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Latuda (120MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 60MG Oral Tablet)	B	Maximum of 1 tablet per day
Latuda (80MG Oral Tablet)	B	Maximum of 2 tablets per day
Lexiva (Oral Suspension)	B	Maximum of 60 ml per day
Lidocaine (5% External Ointment)	G	Maximum of 152 grams per 30 days
Lidocaine (5% External Patch)	G	Maximum of 3 patches per day
Linezolid (Oral Tablet)	G	Maximum of 2 tablets per day
Linzess (Oral Capsule)	B	Maximum of 1 capsule per day
Lisinopril (Oral Tablet)	G	Maximum of 2 tablets per day
Lisinopril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Lisinopril-Hydrochlorothiazide (20-12.5MG Oral Tablet)	G	Maximum of 4 tablets per day

Drug Name	Brand or Generic	Quantity Limit
Lisinopril-Hydrochlorothiazide (20-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Livalo (Oral Tablet)	B	Maximum of 1 tablet per day
Lokelma (Oral Packet)	B	Maximum of 90 packets per 30 days
Lonhala Magnair (Inhalation Solution)	B	Maximum of 2 vials (2 ml) per day
Lopinavir-Ritonavir (Oral Solution)	G	Maximum of 3 bottles (480 ml) per 30 days
Lopinavir-Ritonavir (100-25MG Oral Tablet)	G	Maximum of 8 tablets per day
Lopinavir-Ritonavir (200-50MG Oral Tablet)	G	Maximum of 4 tablets per day
Lorazepam Intensol (Oral Concentrate)	G	Maximum of 5 ml per day
Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Lorazepam (2MG Oral Tablet)	G	Maximum of 5 tablets per day
Lorbrena (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Lorbrena (25MG Oral Tablet)	B	Maximum of 3 tablets per day
Losartan Potassium (100MG Oral Tablet)	G	Maximum of 1 tablet per day
Losartan Potassium (25MG Oral Tablet, 50MG Oral Tablet)	G	Maximum of 2 tablets per day
Losartan Potassium-HCTZ (100-12.5MG Oral Tablet, 100-25MG Oral Tablet)	G	Maximum of 1 tablet per day
Losartan Potassium-HCTZ (50-12.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Lovastatin (10MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 1 tablet per day
Lovastatin (40MG Oral Tablet)	G	Maximum of 2 tablets per day
Lucemyra (Oral Tablet)	B	Maximum of 16 tablets per day
Lumakras (Oral Tablet)	B	Maximum of 8 tablets per day
Lyllana (Transdermal Patch Twice Weekly)	G	Maximum of 8 patches per 28 days
Lyrica CR (165MG Oral Tablet Extended Release 24 Hour, 82.5MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 3 tablets per day
Lyrica CR (330MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Mavyret (Oral Tablet)	B	Maximum of 3 tablets per day
Mayzent (0.25MG Oral Tablet)	B	Maximum of 8 tablets per day
Mayzent (2MG Oral Tablet)	B	Maximum of 1 tablet per day
Meloxicam (Oral Capsule)	G	Maximum of 1 capsule per day
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day

Drug Name	Brand or Generic	Quantity Limit
Memantine HCl (2MG/ML Oral Solution)	G	Maximum of 10 ml per day
Memantine HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Memantine HCl (5MG Oral Tablet)	G	Maximum of 3 tablets per day
Menactra (Intramuscular Injectable)	B	1 vaccination dose (0.5 ml) per day
Menostar (Transdermal Patch Weekly)	B	Maximum of 4 patches per 28 days
MenQuadfi (Intramuscular Injectable)	B	1 vaccination dose (0.5 ml) per day
Menveo (Intramuscular Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Meperidine HCl (Oral Solution)	G	Maximum of 90 ml per day
Meperidine HCl (100MG Oral Tablet)	G	Maximum of 9 tablets per day
Meperidine HCl (50MG Oral Tablet)	G	Maximum of 18 tablets per day
Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	Maximum of 4 capsules per day
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	G	Maximum of 4 tablets per day
Mesalamine (800MG Oral Tablet Delayed Release) (Generic Asacol)	G	Maximum of 6 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 4 tablets per day
Metformin HCl ER (750MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 2 tablets per day
Metformin HCl (500MG/5ML Oral Solution)	G	Maximum of 25.5 ml per day
Metformin HCl (1000MG Oral Tablet Immediate Release)	G	Maximum of 2.5 tablets per day
Metformin HCl (500MG Oral Tablet Immediate Release)	G	Maximum of 5 tablets per day
Metformin HCl (850MG Oral Tablet Immediate Release)	G	Maximum of 3 tablets per day
Methadone HCl (10MG/5ML Oral Solution)	G	Maximum of 60 ml per day
Methadone HCl (5MG/5ML Oral Solution)	G	Maximum of 120 ml per day
Methadone HCl (10MG Oral Tablet)	G	Maximum of 12 tablets per day
Methadone HCl (5MG Oral Tablet)	G	Maximum of 8 tablets per day
Methylphenidate HCl ER (XR) (Oral Capsule Extended Release 24 Hour) (Brand Equivalent Aptensio XR)	G	Maximum of 1 capsule per day
Methylphenidate HCl ER (10MG Oral Tablet Extended Release)	G	Maximum of 4 tablets per day

Drug Name	Brand or Generic	Quantity Limit
Methylphenidate HCl ER Osmotic Release (18MG Oral Tablet Extended Release) (Generic Concerta), Methylphenidate HCl ER (20MG Oral Tablet Extended Release) (Generic Metadate ER)	G	Maximum of 3 tablets per day
Methylphenidate HCl ER (18MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 3 tablets per day
Methylphenidate HCl ER (27MG Oral Tablet Extended Release 24 Hour, 36MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Methylphenidate HCl ER (54MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Methylphenidate HCl ER Osmotic Release (27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release) (Generic Concerta)	G	Maximum of 2 tablets per day
Methylphenidate HCl ER Osmotic Release (54MG Oral Tablet Extended Release, 72MG Oral Tablet Extended Release) (Generic Concerta)	G	Maximum of 1 tablet per day
Methylphenidate HCl (10MG/5ML Oral Solution)	G	Maximum of 30 ml per day
Methylphenidate HCl (5MG/5ML Oral Solution)	G	Maximum of 60 ml per day
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	G	Maximum of 3 tablets per day
Methylphenidate HCl (10MG Oral Tablet Chewable)	G	Maximum of 6 tablets per day
Methylphenidate HCl (2.5MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	G	Maximum of 3 tablets per day
Minocycline HCl ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
M-M-R II (Injection Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Modafinil (100MG Oral Tablet)	G	Maximum of 1 tablet per day
Modafinil (200MG Oral Tablet)	G	Maximum of 2 tablets per day
Moexipril HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Montelukast Sodium (Oral Packet)	G	Maximum of 1 packet per day
Montelukast Sodium (Oral Tablet)	G	Maximum of 1 tablet per day
Montelukast Sodium (Oral Tablet Chewable)	G	Maximum of 1 tablet per day
Morphine Sulfate (100MG/5ML Oral Solution)	G	Maximum of 10 ml per day

Drug Name	Brand or Generic	Quantity Limit
Morphine Sulfate ER Beads (120MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	G	Maximum of 3 capsules per day
Morphine Sulfate ER Beads (30MG Oral Capsule Extended Release 24 Hour, 45MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	G	Maximum of 2 capsules per day
Morphine Sulfate ER Beads (75MG Oral Capsule Extended Release 24 Hour, 90MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	G	Maximum of 4 capsules per day
Morphine Sulfate ER (100MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour) (Generic Kadian)	G	Maximum of 3 capsules per day
Morphine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 30MG Oral Capsule Extended Release 24 Hour, 40MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour) (Generic Kadian)	G	Maximum of 2 capsules per day
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 3 tablets per day
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 2 tablets per day
Morphine Sulfate ER (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 4 tablets per day
Morphine Sulfate (10MG/5ML Oral Solution)	G	Maximum of 100 ml per day
Morphine Sulfate (20MG/5ML Oral Solution)	G	Maximum of 50 ml per day
Morphine Sulfate (15MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Morphine Sulfate (30MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Motegrity (Oral Tablet)	B	Maximum of 1 tablet per day
Mupirocin (External Ointment)	G	Maximum of 110 grams per 30 days

Drug Name	Brand or Generic	Quantity Limit
Mydayis (12.5MG Oral Capsule Extended Release 24 Hour, 25MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 2 capsules per day
Mydayis (37.5MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	B	Maximum of 1 capsule per day
Namzaric (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Naratriptan HCl (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Nateglinide (120MG Oral Tablet)	G	Maximum of 3 tablets per day
Nateglinide (60MG Oral Tablet)	G	Maximum of 6 tablets per day
Nerlynx (Oral Tablet)	B	Maximum of 6 tablets per day
Nevirapine ER (100MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Nevirapine (Oral Suspension)	G	Maximum of 40 ml per day
Nevirapine (Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
Nexletol (Oral Tablet)	B	Maximum of 1 tablet per day
Nexlizet (Oral Tablet)	B	Maximum of 1 tablet per day
Northera (100MG Oral Capsule)	B	Maximum of 3 capsules per day
Northera (200MG Oral Capsule, 300MG Oral Capsule)	B	Maximum of 6 capsules per day
Norvir (Oral Packet)	B	Maximum of 12 packets per day
Norvir (Oral Solution)	B	Maximum of 16 ml per day
Nourianz (Oral Tablet)	B	Maximum of 1 tablet per day
Noxafil (Oral Suspension)	B	Maximum of 20 ml per day
Nucala (Subcutaneous Solution Auto-Injector)	B	Maximum of 3 ml per 28 days
Nucala (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 ml per 28 days
Nucala (Subcutaneous Solution Reconstituted)	B	Maximum of 3 vials per 28 days
Nuedexta (Oral Capsule)	B	Maximum of 2 capsules per day
Nuplazid (Oral Capsule)	B	Maximum of 1 capsule per day
Nuplazid (Oral Tablet)	B	Maximum of 1 tablet per day
Nurtec ODT (Oral Tablet Dispersible)	B	Maximum of 18 tablets per 30 days

Drug Name	Brand or Generic	Quantity Limit
Nuzyra (Oral Tablet)	B	Maximum of 2 tablets per day
Nyamyc (External Powder)	G	Maximum of 120 grams per 30 days
Nystatin (External Powder)	G	Maximum of 120 grams per 30 days
Nystop (External Powder)	G	Maximum of 120 grams per 30 days
Ocaliva (Oral Tablet)	B	Maximum of 1 tablet per day
Odefsey (Oral Tablet)	B	Maximum of 1 tablet per day
Odomzo (Oral Capsule)	B	Maximum of 1 capsule per day
Ofev (Oral Capsule)	B	Maximum of 2 capsules per day
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day
Olmesartan Medoxomil (20MG Oral Tablet, 40MG Oral Tablet)	G	Maximum of 1 tablet per day
Olmesartan Medoxomil (5MG Oral Tablet)	G	Maximum of 2 tablets per day
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Omeprazole (10MG Oral Capsule Delayed Release)	G	Maximum of 3 capsules per day
Ongentys (Oral Capsule)	B	Maximum of 1 capsule per day
Onureg (Oral Tablet)	B	Maximum of 14 tablets per 28 days
Onzetra Xsail (Nasal Exhaler Powder)	B	Maximum of 1 kit (16 exhalers) per 30 days
Oralair 300IR (Tablet Sublingual)	B	Maximum of 1 tablet per day
Orgovyx (Oral Tablet)	B	Maximum of 32 tablets per 30 days
Oriahnn (Oral Capsule Therapy Pack)	B	Maximum of 1 pack (56 capsules) per 28 days
Orilissa (150MG Oral Tablet)	B	Maximum of 1 tablet per day
Orilissa (200MG Oral Tablet)	B	Maximum of 2 tablets per day
Orkambi (Oral Packet)	B	Maximum of 56 packets per 28 days
Orkambi (Oral Tablet)	B	Maximum of 112 tablets per 28 days
Orladeyo (Oral Capsule)	B	Maximum of 1 capsule per day
Osphena (Oral Tablet)	B	Maximum of 1 tablet per day
Oxandrolone (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Oxandrolone (2.5MG Oral Tablet)	G	Maximum of 4 tablets per day
Oxervate (Ophthalmic Solution)	B	Maximum of 2 vials (2 ml) per day

Drug Name	Brand or Generic	Quantity Limit
Oxycodone HCl (5MG Oral Capsule)	G	Maximum of 12 capsules per day
Oxycodone HCl (100MG/5ML Oral Concentrate)	G	Maximum of 6 ml per day
Oxycodone HCl (5MG/5ML Oral Solution)	G	Maximum of 130 ml per day
Oxycodone HCl (10MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	Maximum of 12 tablets per day
Oxycodone HCl (15MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Oxycodone HCl (20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
OxyContin (Oral Tablet ER 12 Hour Abuse-Deterrent)	B	Maximum of 3 tablets per day
Oxymorphone HCl ER (10MG Oral Tablet Extended Release 12 Hour, 15MG Oral Tablet Extended Release 12 Hour, 20MG Oral Tablet Extended Release 12 Hour, 5MG Oral Tablet Extended Release 12 Hour, 7.5MG Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
Oxymorphone HCl ER (30MG Oral Tablet Extended Release 12 Hour)	G	Maximum of 4 tablets per day
Oxymorphone HCl ER (40MG Oral Tablet Extended Release 12 Hour)	G	Maximum of 3 tablets per day
Oxymorphone HCl (Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (1.5 ml) per 28 days
Ozempic (1MG/DOSE) (2MG/1.5ML Subcutaneous Solution Pen-Injector)	B	Maximum of 2 pens (3 ml) per 28 days
Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (3 ml) per 28 days
Paliperidone ER (1.5MG Oral Tablet Extended Release 24 Hour, 3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Paliperidone ER (6MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day

Drug Name	Brand or Generic	Quantity Limit
Palynziq (10MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 28 syringes per 28 days
Palynziq (2.5MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 8 syringes per 28 days
Palynziq (20MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 56 syringes per 28 days
Pantoprazole Sodium (20MG Oral Tablet Delayed Release)	G	Maximum of 3 tablets per day
Pantoprazole Sodium (40MG Oral Tablet Delayed Release)	G	Maximum of 2 tablets per day
Pediarix (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Pedvax HIB (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Pemazyre (Oral Tablet)	B	Maximum of 1 tablet per day
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	Maximum of 1 vial (300 mg) per 28 days
Pentasa (250MG Oral Capsule Extended Release)	B	Maximum of 12 capsules per day
Pentasa (500MG Oral Capsule Extended Release)	B	Maximum of 8 capsules per day
Pentazocine-Naloxone HCl (Oral Tablet)	G	Maximum of 12 tablets per day
Perforomist (Inhalation Nebulization Solution)	B	Maximum of 2 vials (4 ml) per day
Perindopril Erbumine (Oral Tablet)	G	Maximum of 2 tablets per day
Pifeltro (Oral Tablet)	B	Maximum of 1 tablet per day
Pimecrolimus (External Cream)	G	Maximum of 100 grams per 30 days
Pioglitazone HCl (15MG Oral Tablet)	G	Maximum of 3 tablets per day
Pioglitazone HCl (30MG Oral Tablet, 45MG Oral Tablet)	G	Maximum of 1 tablet per day
Pioglitazone HCl-Glimepiride (Oral Tablet)	G	Maximum of 1 tablet per day
Pioglitazone HCl-Metformin HCl (Oral Tablet)	G	Maximum of 3 tablets per day
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 tablet per day
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day
Posaconazole (Oral Tablet Delayed Release)	G	Maximum of 6 tablets per day
Pradaxa (Oral Capsule)	B	Maximum of 2 capsules per day
Praluent (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 pens (2 ml) per 28 days

Drug Name	Brand or Generic	Quantity Limit
Pravastatin Sodium (Oral Tablet)	G	Maximum of 1 tablet per day
Pregabalin ER (165MG Oral Tablet Extended Release 24 Hour, 82.5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 3 tablets per day
Pregabalin ER (330MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Pregabalin (100MG Oral Capsule, 150MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	G	Maximum of 4 capsules per day
Pregabalin (200MG Oral Capsule)	G	Maximum of 3 capsules per day
Pregabalin (225MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 2 capsules per day
Pregabalin (Oral Solution)	G	Maximum of 30 ml per day
Premarin (Oral Tablet)	B	Maximum of 1 tablet per day
Premphase (Oral Tablet)	B	Maximum of 1 tablet per day
Prempro (Oral Tablet)	B	Maximum of 1 tablet per day
Prevymis (Oral Tablet)	B	Maximum of 1 tablet per day
Prezcobix (Oral Tablet)	B	Maximum of 1 tablet per day
Prezista (Oral Suspension)	B	Maximum of 2 bottles (400 ml) per 30 days
Prezista (150MG Oral Tablet)	B	Maximum of 6 tablets per day
Prezista (600MG Oral Tablet)	B	Maximum of 2 tablets per day
Prezista (75MG Oral Tablet)	B	Maximum of 10 tablets per day
Prezista (800MG Oral Tablet)	B	Maximum of 1 tablet per day
Prolia (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe per 180 days
Promacta (Oral Packet)	B	Maximum of 6 packets per day
Promacta (12.5MG Oral Tablet, 25MG Oral Tablet)	B	Maximum of 1 tablet per day
Promacta (50MG Oral Tablet, 75MG Oral Tablet)	B	Maximum of 2 tablets per day
ProQuad (Subcutaneous Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 2 inhalers per 30 days
Pulmozyme (Inhalation Solution)	B	Maximum of 2 ampules (5 ml) per day
Qinlock (Oral Tablet)	B	Maximum of 3 tablets per day
Quadracel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day

Drug Name	Brand or Generic	Quantity Limit
Quetiapine Fumarate ER (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Quetiapine Fumarate ER (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Quetiapine Fumarate (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	G	Maximum of 3 tablets per day
Quetiapine Fumarate (25MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Quetiapine Fumarate (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
QuilliChew ER (20MG Oral Tablet Chewable Extended Release, 40MG Oral Tablet Chewable Extended Release)	B	Maximum of 1 tablet per day
QuilliChew ER (30MG Oral Tablet Chewable Extended Release)	B	Maximum of 2 tablets per day
Quinapril HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Quinapril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Quinapril-Hydrochlorothiazide (20-12.5MG Oral Tablet, 20-25MG Oral Tablet)	G	Maximum of 2 tablets per day
RabAvert (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Ramelteon (Oral Tablet)	G	Maximum of 1 tablet per day
Ramipril (Oral Capsule)	G	Maximum of 2 capsules per day
Rayaldee (Oral Capsule Extended Release)	B	Maximum of 2 capsules per day
Recombivax HB (10MCG/ML Injection Suspension, 10MCG/ML (1ML Syringe) Injection Suspension, 40MCG/ML Injection Suspension)	B	1 vaccination dose (1 ml) per day
Recombivax HB (5MCG/0.5ML Injection Suspension)	B	1 vaccination dose (0.5 ml) per day
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 3 inhalers (60 blisters) per 30 days
Relexxii (Oral Tablet Extended Release)	G	Maximum of 1 tablet per day
Repaglinide (0.5MG Oral Tablet)	G	Maximum of 32 tablets per day

Drug Name	Brand or Generic	Quantity Limit
Repaglinide (1MG Oral Tablet)	G	Maximum of 16 tablets per day
Repaglinide (2MG Oral Tablet)	G	Maximum of 8 tablets per day
Repatha Pushtrox System (Subcutaneous Solution Cartridge)	B	Maximum of 1 cartridge (3.5 ml) per 28 days
Repatha (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 28 days
Repatha SureClick (Subcutaneous Solution Auto-Injector)	B	Maximum of 3 pens (3 ml) per 28 days
Restasis Single-Use Vials (Ophthalmic Emulsion)	B	Maximum of 2 vials per day
Retevmo (40MG Oral Capsule)	B	Maximum of 6 capsules per day
Retevmo (80MG Oral Capsule)	B	Maximum of 4 capsules per day
Rexulti (Oral Tablet)	B	Maximum of 1 tablet per day
Reyataz (Oral Packet)	B	Maximum of 6 packets per day
Rinvoq (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Risedronate Sodium (150MG Oral Tablet Immediate Release)	G	Maximum of 1 tablet per 30 days
Risedronate Sodium (35MG Oral Tablet Immediate Release, 35MG (12 PACK) Oral Tablet Immediate Release, 35MG (4 PACK) Oral Tablet Immediate Release)	G	Maximum of 4 tablets per 28 days
Risedronate Sodium (Oral Tablet Delayed Release)	G	Maximum of 4 tablets per 28 days
Ritonavir (Oral Tablet)	G	Maximum of 12 tablets per day
Rivastigmine (Transdermal Patch 24 Hour)	G	Maximum of 1 patch per day
Rizatriptan Benzoate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	Maximum of 12 tablets per 30 days
Rosuvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
Rotarix (Oral Suspension Reconstituted)	B	1 vaccination dose (1 ml) per day
RotaTeq (Oral Solution)	B	1 vaccination dose (2 ml) per day
Rozlytrek (100MG Oral Capsule)	B	Maximum of 5 capsules per day
Rozlytrek (200MG Oral Capsule)	B	Maximum of 3 capsules per day
Rukobia (Oral Tablet Extended Release 12 Hour)	B	Maximum of 2 tablets per day
Ruzurgi (Oral Tablet)	B	Maximum of 10 tablets per day
Rybelsus (Oral Tablet)	B	Maximum of 1 tablet per day
Rydapt (Oral Capsule)	B	Maximum of 8 capsules per day

Drug Name	Brand or Generic	Quantity Limit
Samsca (Oral Tablet)	B	Maximum of 2 tablets per day
Savaysa (Oral Tablet)	B	Maximum of 1 tablet per day
Secuado (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day
Selzentry (Oral Solution)	B	Maximum of 8 bottles (1840 ml) per 30 days
Selzentry (150MG Oral Tablet, 75MG Oral Tablet)	B	Maximum of 2 tablets per day
Selzentry (25MG Oral Tablet, 300MG Oral Tablet)	B	Maximum of 4 tablets per day
Serevent Diskus (60 Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 inhalations) per 30 days
Shingrix (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Sildenafil Citrate (Oral Suspension Reconstituted)	G	Maximum of 6 ml per day
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	Maximum of 3 tablets per day
Silodosin (Oral Capsule)	G	Maximum of 1 capsule per day
Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Sofosbuvir-Velpatasvir (Oral Tablet)	G	Maximum of 1 tablet per day
Solifenacin Succinate (Oral Tablet)	G	Maximum of 1 tablet per day
Soliqua (Subcutaneous Solution Pen-Injector)	B	Maximum of 6 pens (18 ml) per 30 days
Somavert (Subcutaneous Solution Reconstituted)	B	Maximum of 1 vial per day
Sovaldi (150MG Oral Packet)	B	Maximum of 1 carton (28 packets) per 28 days
Sovaldi (200MG Oral Packet)	B	Maximum of 2 cartons (56 packets) per 28 days
Sovaldi (400MG Oral Tablet)	B	Maximum of 1 tablet per day
Spiriva HandiHaler (Inhalation Capsule)	B	Maximum of 1 capsule per day
Spiriva Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 30 days
Stiolto Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 30 days
Stribild (Oral Tablet)	B	Maximum of 1 tablet per day
Striverdi Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 30 days
Sumatriptan (Nasal Solution)	G	Maximum of 12 devices per 30 days

Drug Name	Brand or Generic	Quantity Limit
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	Maximum of 12 tablets per 30 days
Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)	G	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	G	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector)	G	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan-Naproxen Sodium (Oral Tablet)	G	Maximum of 9 tablets per 30 days
Sunosi (Oral Tablet)	B	Maximum of 1 tablet per day
Symbicort (120 Inhalation Aerosol)	B	Maximum of 1 inhaler (10.2 grams) per 30 days
Symdeko (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Symfi Lo (Oral Tablet)	B	Maximum of 1 tablet per day
Symfi (Oral Tablet)	B	Maximum of 1 tablet per day
Symjepi (Injection Solution Prefilled Syringe)	B	Maximum of 4 syringes per 30 days
Sympazan (Oral Film)	B	Maximum of 2 films per day
Symproic (Oral Tablet)	B	Maximum of 1 tablet per day
Symtuza (Oral Tablet)	B	Maximum of 1 tablet per day
Synjardy (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Synjardy XR (10-1000MG Oral Tablet Extended Release 24 Hour, 25-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Synjardy XR (12.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Tabrecta (Oral Tablet)	B	Maximum of 4 tablets per day
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Talzenna (0.25MG Oral Capsule)	B	Maximum of 3 capsules per day
Talzenna (1MG Oral Capsule)	B	Maximum of 1 capsule per day
Targretin (External Gel)	B	Maximum of 60 grams per 30 days
Tavalisse (Oral Tablet)	B	Maximum of 2 tablets per day
Tazverik (Oral Tablet)	B	Maximum of 8 tablets per day
TDVAX (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Tekturna HCT (Oral Tablet)	B	Maximum of 1 tablet per day

Drug Name	Brand or Generic	Quantity Limit
Telmisartan (Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-Amlodipine (Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-HCTZ (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-HCTZ (80-12.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Temazepam (Oral Capsule)	G	Maximum of 1 capsule per day
Temixys (Oral Tablet)	B	Maximum of 1 tablet per day
Tencon (Oral Tablet)	G	Maximum of 6 tablets per day
Tenivac (Intramuscular Injectable)	B	1 vaccination dose (0.5 ml) per day
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Tepmetko (Oral Tablet)	B	Maximum of 2 tablets per day
Thalomid (100MG Oral Capsule, 50MG Oral Capsule)	B	Maximum of 1 capsule per day
Thalomid (150MG Oral Capsule, 200MG Oral Capsule)	B	Maximum of 2 capsules per day
Tibsovo (Oral Tablet)	B	Maximum of 2 tablets per day
Tivicay (10MG Oral Tablet, 25MG Oral Tablet)	B	Maximum of 1 tablet per day
Tivicay (50MG Oral Tablet)	B	Maximum of 2 tablets per day
Tivicay PD (Oral Tablet Soluble)	B	Maximum of 6 tablets per day
TOBI Podhaler (Inhalation Capsule)	B	Maximum of 8 capsules per day
Tobramycin (300MG/4ML Inhalation Nebulization Solution)	G	Maximum of 2 ampules (8 ml) per day
Tobramycin (300MG/5ML Inhalation Nebulization Solution)	G	Maximum of 2 ampules (10 ml) per day
Tolcapone (Oral Tablet)	G	Maximum of 6 tablets per day
Tolvaptan (15MG Oral Tablet)	B	Maximum of 2 tablets per day
Tolvaptan (30MG Oral Tablet)	G	Maximum of 2 tablets per day
Toviaz (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Tracleer (Oral Tablet Soluble)	B	Maximum of 8 tablets per day
Tradjenta (Oral Tablet)	B	Maximum of 1 tablet per day
Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Tramadol HCl ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Tramadol HCl (100MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day

Drug Name	Brand or Generic	Quantity Limit
Tramadol HCl (50MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Tramadol-Acetaminophen (Oral Tablet)	G	Maximum of 8 tablets per day
Trandolapril (1MG Oral Tablet, 2MG Oral Tablet)	G	Maximum of 1 tablet per day
Trandolapril (4MG Oral Tablet)	G	Maximum of 2 tablets per day
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	G	Maximum of 1 tablet per day
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Triazolam (0.125MG Oral Tablet)	G	Maximum of 1 tablet per day
Triazolam (0.25MG Oral Tablet)	G	Maximum of 2 tablets per day
Trientine HCl (Oral Capsule)	G	Maximum of 8 capsules per day
Trijardy XR (10-5-1000MG Oral Tablet Extended Release 24 Hour, 25-5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Trijardy XR (12.5-2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-2.5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Trikafta (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (84 tablets) per 28 days
Triumeq (Oral Tablet)	B	Maximum of 1 tablet per day
Trulicity (Subcutaneous Solution Pen-Injector)	B	Maximum of 4 pens (2 ml) per 28 days
Trumenba (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Truvada (Oral Tablet)	B	Maximum of 1 tablet per day
Tukysa (150MG Oral Tablet)	B	Maximum of 4 tablets per day
Tukysa (50MG Oral Tablet)	B	Maximum of 12 tablets per day
Turalio (Oral Capsule)	B	Maximum of 4 capsules per day
Twinrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day
Tybost (Oral Tablet)	B	Maximum of 1 tablet per day
Typhim Vi (Intramuscular Solution)	B	1 vaccination dose (0.5 ml) per day
Ubrelvy (Oral Tablet)	B	Maximum of 16 tablets per 30 days
Ukoniq (Oral Tablet)	B	Maximum of 4 tablets per day

Drug Name	Brand or Generic	Quantity Limit
Uptravi (1000MCG Oral Tablet, 1200MCG Oral Tablet, 1400MCG Oral Tablet, 1600MCG Oral Tablet, 400MCG Oral Tablet, 600MCG Oral Tablet, 800MCG Oral Tablet)	B	Maximum of 2 tablets per day
Uptravi (200MCG Oral Tablet)	B	Maximum of 5 tablets per day
Valacyclovir HCl (1GM Oral Tablet)	G	Maximum of 4 tablets per day
Valacyclovir HCl (500MG Oral Tablet)	G	Maximum of 2 tablets per day
Valchlor (External Gel)	B	Maximum of 60 grams per 30 days
Valganciclovir HCl (50MG/ML Oral Solution Reconstituted)	G	Maximum of 36 ml per day
Valganciclovir HCl (450MG Oral Tablet)	G	Maximum of 4 tablets per day
Valsartan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	G	Maximum of 2 tablets per day
Valsartan (320MG Oral Tablet)	G	Maximum of 1 tablet per day
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Valtoco 10MG Dose (Nasal Liquid)	B	Maximum of 10 blister packs (10 spray devices) per 30 days
Valtoco 15MG Dose (Nasal Liquid Therapy Pack)	B	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 20MG Dose (Nasal Liquid Therapy Pack)	B	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 5MG Dose (Nasal Liquid)	B	Maximum of 10 blister packs (10 spray devices) per 30 days
Vancomycin HCl (125MG Oral Capsule)	G	Maximum of 4 capsules per day
Vancomycin HCl (250MG Oral Capsule)	G	Maximum of 8 capsules per day
VAQTA (Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
Varivax (Subcutaneous Injectable)	B	1 vaccination dose (1 injection) per day
Veltassa (Oral Packet)	B	Maximum of 1 packet per day
Ventavis (10MCG/ML Inhalation Solution)	B	Maximum of 7 ml per day
Ventavis (20MCG/ML Inhalation Solution)	B	Maximum of 3 ml per day
Verquvo (Oral Tablet)	B	Maximum of 1 tablet per day
Viberzi (Oral Tablet)	B	Maximum of 2 tablets per day
Victoza (Subcutaneous Solution Pen-Injector)	B	Maximum of 3 pens (9 ml) per 30 days
Viekira Pak (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (112 tablets) per 28 days
Vigabatrin (Oral Packet)	G	Maximum of 6 packets per day

Drug Name	Brand or Generic	Quantity Limit
Vigabatrin (Oral Tablet)	G	Maximum of 6 tablets per day
Vigadrone (Oral Packet)	G	Maximum of 6 packets per day
Vimpat (Oral Solution)	B	Maximum of 40 ml per day
Vimpat (Oral Tablet)	B	Maximum of 2 tablets per day
Viracept (250MG Oral Tablet)	B	Maximum of 10 tablets per day
Viracept (625MG Oral Tablet)	B	Maximum of 4 tablets per day
Viread (Oral Powder)	B	Maximum of 4 bottles (240 grams) per 30 days
Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	B	Maximum of 1 tablet per day
Vitrakvi (100MG Oral Capsule)	B	Maximum of 4 capsules per day
Vitrakvi (25MG Oral Capsule)	B	Maximum of 6 capsules per day
Vitrakvi (Oral Solution)	B	Maximum of 20 ml per day
Vosevi (Oral Tablet)	B	Maximum of 1 tablet per day
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	B	Maximum of 1 capsule per day
Vyndamax (Oral Capsule)	B	Maximum of 1 capsule per day
Vyndaqel (Oral Capsule)	B	Maximum of 4 capsules per day
Wakix (Oral Tablet)	B	Maximum of 2 tablets per day
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	Maximum of 1 inhaler (60 blisters) per 30 days
Xarelto (10MG Oral Tablet, 20MG Oral Tablet)	B	Maximum of 1 tablet per day
Xarelto (15MG Oral Tablet, 2.5MG Oral Tablet)	B	Maximum of 2 tablets per day
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (51 tablets) per 30 days
Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (350MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (100MG Oral Tablet, 50MG Oral Tablet)	B	Maximum of 1 tablet per day
Xcopri (150MG Oral Tablet, 200MG Oral Tablet)	B	Maximum of 2 tablets per day
Xcopri (Oral Tablet Titration Therapy Pack)	B	Maximum of 1 pack (28 tablets) per 28 days
Xeljanz (Oral Solution)	B	Maximum of 10 ml per day

Drug Name	Brand or Generic	Quantity Limit
Xeljanz (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Xenleta (Oral Tablet)	B	Maximum of 2 tablets per day
Xermelo (Oral Tablet)	B	Maximum of 3 tablets per day
Xigduo XR (10-1000MG Oral Tablet Extended Release 24 Hour, 10-500MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Xigduo XR (2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Xiidra (Ophthalmic Solution)	B	Maximum of 2 vials per day
Xofluza (40MG Dose) (2 x 20MG Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per 30 days
Xofluza (80MG Dose) (2 x 40MG Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per 30 days
Xospata (Oral Tablet)	B	Maximum of 3 tablets per day
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days
Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 4 tablets per 28 days
Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 4 tablets per 28 days
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 24 tablets per 28 days
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 32 tablets per 28 days
Xtampza ER (13.5MG Oral Capsule ER 12 Hour Abuse-Deterrent, 18MG Oral Capsule ER 12 Hour Abuse-Deterrent, 9MG Oral Capsule ER 12 Hour Abuse-Deterrent)	B	Maximum of 3 capsules per day
Xtampza ER (27MG Oral Capsule ER 12 Hour Abuse-Deterrent, 36MG Oral Capsule ER 12 Hour Abuse-Deterrent)	B	Maximum of 6 capsules per day

Drug Name	Brand or Generic	Quantity Limit
Xultophy (Subcutaneous Solution Pen-Injector)	B	Maximum of 5 pens (15 ml) per 30 days
Xyrem (Oral Solution)	B	Maximum of 18 ml per day
Xywav (Oral Solution)	B	Maximum of 18 ml per day
YF-Vax (Subcutaneous Injectable)	B	1 vaccination dose (1 injection) per day
Yupelri (Inhalation Solution)	B	Maximum of 1 vial (3 ml) per day
Zaleplon (10MG Oral Capsule)	G	Maximum of 2 capsules per day
Zaleplon (5MG Oral Capsule)	G	Maximum of 1 capsule per day
Zelboraf (Oral Tablet)	B	Maximum of 8 tablets per day
Zenzedi (15MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 3 tablets per day
Zenzedi (2.5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 6 tablets per day
Zenzedi (30MG Oral Tablet)	G	Maximum of 2 tablets per day
Zepatier (Oral Tablet)	B	Maximum of 1 tablet per day
Zeposia 7-Day Starter Pack (Oral Capsule Therapy Pack)	B	Maximum of 1 pack (7 capsules) per 7 days
Zeposia (Oral Capsule)	B	Maximum of 1 capsule per day
Zeposia Starter Kit (Oral Capsule Therapy Pack)	B	Maximum of 1 pack (37 capsules) per 37 days
Zidovudine (Oral Capsule)	G	Maximum of 6 capsules per day
Zidovudine (Oral Syrup)	G	Maximum of 64 ml per day
Zidovudine (Oral Tablet)	G	Maximum of 2 tablets per day
Ziprasidone HCl (Oral Capsule)	G	Maximum of 2 capsules per day
Zolmitriptan (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Zolmitriptan ODT (Oral Tablet Dispersible)	G	Maximum of 12 tablets per 30 days
Zolpidem Tartrate ER (Oral Tablet Extended Release)	G	Maximum of 1 tablet per day
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	Maximum of 1 tablet per day
Zolpidem Tartrate (Tablet Sublingual)	G	Maximum of 1 tablet per day
Zolpimist (Oral Solution)	B	Maximum of 7.7 ml per 30 days
Zomig (2.5MG Nasal Solution)	B	Maximum of 18 devices per 30 days
Zomig (5MG Nasal Solution)	B	Maximum of 12 devices per 30 days
Zubsolv (0.7-0.18MG Tablet Sublingual, 1.4-0.36MG Tablet Sublingual, 5.7-1.4MG Tablet Sublingual)	B	Maximum of 3 tablets per day
Zubsolv (11.4-2.9MG Tablet Sublingual)	B	Maximum of 1 tablet per day

Drug Name	Brand or Generic	Quantity Limit
Zubsolv (2.9-0.71MG Tablet Sublingual)	B	Maximum of 5 tablets per day
Zubsolv (8.6-2.1MG Tablet Sublingual)	B	Maximum of 2 tablets per day

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.

This information is available for free in other languages. Please call our Customer Service number located on the cover.

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

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



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