



Complete Drug List (Formulary) 2024

UnitedHealthcare® Group Medicare Advantage (PPO)
UC Medicare Choice

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



Toll-free **1-866-887-9533**, TTY **711**

8 a.m.-8 p.m. PT, Monday-Friday



retiree.uhc.com/uc

United
Healthcare®

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What is a Drug List?

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

Your plan will generally cover the drugs listed in our Drug List as long as:

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

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

Note to existing members:

This **complete** list of prescription drugs covered by your plan has been filed with CMS as of September 1, 2023.

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

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

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

Important message about what you pay for vaccines - Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most adult Part D vaccines at no cost to you, even if you haven’t paid your Part D deductible. Your plan may not have a Part D deductible. Review your Evidence of Coverage or call Customer Service for more information.

Important message about what you pay for insulin - You won’t pay more than \$35 for a 1-month supply of each Part D insulin product covered by our plan, even if you haven’t paid your Part D deductible. Your plan may not have a Part D deductible. Review your Evidence of Coverage for more information.

How can I find a drug on the Drug List?

There are 2 ways to find your prescription drugs in this Drug List:

1. **By name.** Turn to the section “Covered drugs by name (**Drug index**)” on pages 12-44 to see the list of drug names in alphabetical order. Find the name of your drug. The page number where you can find the drug will be next to it.
2. **By medical condition.** Turn to the section “Covered drugs by category” on pages 45-153. The drugs in this Drug List are grouped into categories depending on the type of medical condition they are used to treat. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. This is where you will find drugs that treat heart conditions.

What are generic drugs?

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

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

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

What is a compounded drug?

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

Drug payment stage and drug tiers

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

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

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

Drug tier	Includes
Tier 1: Preferred Generic	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.
Tier 4: Specialty Tier	Unique and/or very high-cost brand drugs.

Getting Extra Help

If you qualify for Extra Help paying for your prescription drugs, your copays and coinsurance may be lower. Members who qualify for Extra Help will receive the Evidence of Coverage Rider for people who get Extra Help paying for prescription drugs (also called a Low Income Subsidy (LIS) Rider). Please read it to learn about your costs. You can also call Customer Service. Our contact information is on the cover.

Are there any rules or limits on my drug coverage?

Yes, some drugs may have coverage rules or have limits on the amount you can get. If your drug has any coverage rules or limits, there will be a code(s) in the “Coverage rules or limits on use” column of the “Covered drugs by category” chart starting on page 45. The codes and what they mean are shown below and on the next page.

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

Coverage rules and limits

PA - Prior authorization

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

QL - Quantity limits

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

ST - Step therapy

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

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

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

Other special coverage rules

B/D - Medicare Part B or Part D

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

HRM - High-risk medication

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

LA - Limited access

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

MME - Morphine milligram equivalent

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

7D - 7-day limit

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

DL - Dispensing limit

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

What if my drug is not on this list?

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

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

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

How can I get an exception?

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

Types of exceptions you can ask for

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

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

Who can ask for an exception?

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

How long does it take to get an exception?

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

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

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

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

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

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

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

Can the Drug List change?

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

Changes that can affect you this year

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

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

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

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

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

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

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

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

Drugs with dosages other than a 1-month supply

Drugs packaged in an extended day supply

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

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

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

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

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

For more information

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

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

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

Covered drugs by name (Drug index)

A	
Abacavir Sulfate	84
Abacavir Sulfate -Lamivudine	84
Abelcet	67
Abilify	79
Abilify Asimtufii	79
Abilify Maintena	79
Abilify MyCite Maintenance Kit	79
Abilify MyCite Starter Kit	79
Abiraterone Acetate	71
Absorica	108
Absorica LD	108
Acamprosate Calcium	51
Acanya	108
Acarbose	87
Accolate	148
Accutane	108
Acebutolol HCl	97
Acetaminophen -Caffeine -Dihydrocodeine	48
Acetaminophen -Codeine	48
Acetazolamide	99
Acetazolamide ER	99
Acetic Acid	146
Acetylcysteine	151
Aciphex	121
Acitretin	108
ActHIB	139
Acthar	125
Actimmune	137
Activella	127
Actonel	141
Actoplus Met	87
Actos	87
Acular	144
Acular LS	144
Acuvail	144
Acyclovir	83
Acyclovir Sodium	83
Aczone	114
Adacel	139
Adapalene	108
Adapalene -Benzoyl Peroxide	108
Adbry	135
Adcirca	150
Adderall	103
Adderall XR	104
Adefovir Dipivoxil	82
Adempas	150
Adlarity	63
Admelog	90
Admelog SoloStar	90
Advair Diskus	151
Advair HFA	151
Adzenys XR -ODT	104
Aemcolo	52
Afinitor	73
Afinitor Disperz	73
Afrezza	90
Agrylin	93
Aimovig	70
AirDuo Digihaler	151
AirDuo RespiClick 113/14	151
AirDuo RespiClick 232/14	151
AirDuo RespiClick 55/14 . .	151
Ajovy	70
Aklief	108
Ala Scalp	109
Ala -Cort	109
Albendazole	76
Albuterol Sulfate	149
Albuterol Sulfate HFA	149
Alclometasone Dipropionate	109
Alcohol Prep Pads.....	142
Aldactazide	99
Aldactone	101
Alecensa	73
Alendronate Sodium	141
Alfuzosin HCl ER	124
Aliskiren Fumarate	99
Alkindi Sprinkle	125
Allopurinol	69
Allzital	48
Almotriptan Malate	69
Alogliptin Benzoate	87
Alogliptin -Metformin HCl	88
Alogliptin -Pioglitazone	88
Alomide	143

Alosetron HCl	119	Amitriptyline HCl	66	AndroGel Pump	127
Alphagan P	146	Amlodipine Besylate	97	Angeliq	127
Alprazolam	86	Amlodipine -Atorvastatin	99	Annovera	127
Alprazolam ER	86	Amlodipine -Benazepril	99	Anoro Ellipta	151
Alprazolam Intensol	86	Amlodipine -Olmesartan	99	Antara	101
Alprazolam ODT	86	Amlodipine -Valsartan	99	Antivert	66
Alrex	144	Amlodipine -Valsartan -HCTZ	99	Anusol -HC	141
Altabax	114	Ammonium Lactate	109	Anzemet	67
Altace	95	Amnesteem	108	ApexiCon E	109
Altavera	127	Amoxapine	66	Apidra	90
Altoprev	102	Amoxicillin	55	Apidra SoloStar	90
Altreno	108	Amoxicillin -Clarithromycin		Aplenzin	64
Alunbrig	73	-Lansoprazole	119	Apokyn	78
Alvesco	147	Amoxicillin -Potassium		Apomorphine HCl	78
Alyacen 1/35	127	Clavulanate	55	Apraclonidine HCl	146
Alyq	150	Amoxicillin -Potassium		Aprepitant	67
AmBisome	67	Clavulanate ER	55	Apri	127
Amabelz	127	Amphetamine Sulfate	104	Apriso	140
Amantadine HCl	77	Amphetamine		Aptensio XR	104
Ambien	153	-Dextroamphetamine	104	Aptiom	62
Ambien CR	153	Amphetamine		Aptivus	85
Ambrisentan	150	-Dextroamphetamine ER ..	104	Aralast NP	121
Amcinonide	109	Amphotericin B	67	Aranella	127
Amethia	127	Ampicillin	55	Aranesp	93
Amikacin Sulfate	52	Ampicillin Sodium	55	Arava	137
Amiloride HCl	101	Ampicillin -Sulbactam Sodium ..	55	Arazlo	108
Amiloride -Hydrochlorothiazide		55	Arcalyst	135
.....	99	Ampyra	106	Arformoterol Tartrate	149
Amiodarone HCl	96	Amrix	152	Aricept	63
Amitiza	118	Amzeeq	114		
		Anafranil	66		
		Anagrelide HCl	93		
		Anastrozole	73		
		Ancobon	67		

Arikayce	52	Atovaquone	76	Azelastine -Fluticasone	147
Arimidex	73	Atovaquone -Proguanil HCl .	77	Azelex	108
Aripiprazole	79	Atralin	108	Azilect	78
Aripiprazole ODT	79	Atropine Sulfate .	142	Azithromycin	56
Aristada	80	Atrovent HFA .	148	Azopt .	146
Aristada Initio	79	Aubagio .	106	Azor	99
Arixtra	92	Aubra EQ	127	Azstarys	104
Armodafinil	153	Augmentin	55	Aztreonam	52
ArmonAir Digihaler	147	Augmentin ES -600	55	Azulfidine	140
Arnuity Ellipta	147	Auryxia .	118	Azulfidine EN -tabs	140
Aromasin .	73	Austedo	105		
Arthrotec	45	Auvelity	64	B	
Ascomp -Codeine	48	Avalide .	99	BCG Vaccine	139
Asenapine Maleate .	80	Avapro	95	BIVIGAM	135
Ashlyna .	127	Aveed .	127	BRIVIACT	59
Asmanex	148	Aviane	127	Bacitracin .	144
Asmanex HFA .	148	Avita	108	Bacitracin -Polymyxin B .	144
Aspirin -Dipyridamole ER	94	Avodart	124	Baclofen	82
Aspruzo Sprinkle .	99	Avonex Pen	106	Bactrim	58
Astagraf XL	137	Avonex Prefilled	106	Bactrim DS	58
Atacand	95	Avycaz	54	Bafiertam	106
Atacand HCT	99	Aygestin .	132	Balcoltra	128
Atazanavir Sulfate	85	Ayvakit	73	Balsalazide Disodium	140
Atelvia	141	Azactam	52	Balversa	73
Atenolol	97	Azasan .	137	Balziva	128
Atenolol -Chlorthalidone	99	Azasite	144	Banzel .	62
Ativan	86	Azathioprine	137	Baqsimi One Pack .	90
Atomoxetine HCl .	104	Azelaic Acid .	108	Baraclude	82
Atorvastatin Calcium	102	Azelastine HCl	147	Basaglar KwikPen	90
				Basaglar Tempo Pen	90

Baxdela	57	Betoptic -S	145	Brimonidine Tartrate	146
Beconase AQ	148	Bevespi Aerosphere	151	Brimonidine Tartrate -Timolol	142
Belbuca	47	Bexarotene	76	Brinzolamide	146
Belsomra	153	Bexsero	139	BromSite	144
Benazepril HCl	95	Beyaz	128	Bromfenac Sodium	144
Benazepril -Hydrochlorothiazide	99	BiDil	99	Bromocriptine Mesylate	78
Benicar	95	Bicalutamide	71	Bronchitol	151
Benicar HCT	99	Bicillin C -R	56	Brovana	149
Benlysta	135	Bicillin C -R 900/300	56	Brukinsa	73
Benzamycin	108	Bicillin L -A	56	Bryhali	110
Benznidazole	77	Bijuva	128	Budesonide	148
Benzoyl Peroxide -Erythromycin	108	Biktarvy	83	Budesonide ER	141
Benztropine Mesylate	77	Biltricide	76	Bumetanide	100
Bepotastine Besilate	143	Bimatoprost	146	Bupap	48
Bepreve	143	Bismuth Subcitrate/Metronidazole/Tetracycline	119	Buphenyl	121
Berinert	135	Bisoprolol Fumarate	97	Buprenorphine	47
Besivance	144	Bisoprolol -Hydrochlorothiazide	99	Buprenorphine HCl	51
Besremi	137	Blisovi 24 Fe	128	Buprenorphine HCl -Naloxone HCl	51
Betaine	121	Blisovi Fe 1.5/30	128	Bupropion HCl	64
Betamethasone Dipropionate	110	Bonjesta	66	Bupropion HCl ER	64
Betamethasone Dipropionate Aug	109	Boostrix	139	Bupropion HCl SR	64
Betamethasone Valerate ..	110	Bosentan	150	Bupropion HCl XL	64
Betapace AF	96	Bosulif	73	Buspirone HCl	86
Betaseron	106	Braftovi	73	Butalbital -Acetaminophen ..	49
Betaxolol HCl	145	Breo Ellipta	151	Butalbital -Acetaminophen -Caffeine	49
Bethanechol Chloride	124	Breztri Aerosphere	151	Butalbital -Acetaminophen -Caffeine -Codeine	49
Bethkis	149	Briellyn	128	Butalbital -Aspirin -Caffeine ..	49
Betimol	145	Brilinta	94	Butalbital -Aspirin -Caffeine -Codeine	49

Butorphanol Tartrate	49	Captopril	95	Catapres -TTS -2	95
Butrans	47	Carac	113	Catapres -TTS -3	95
Bydureon BCise	88	Carafate	120	Cayston	149
Byetta 10MCG Pen	88	Carbaglu	115	Cefaclor	54
Byetta 5MCG Pen	88	Carbamazepine	62	Cefaclor ER	54
Bylvay	119	Carbamazepine ER	62	Cefadroxil	54
Bystolic	97	Carbatrol	62	Cefazolin Sodium	54
C					
Cabergoline	134	Carbidopa	78	Cefdinir	54
Cablivi	94	Carbidopa -Levodopa	78	Cefepime HCl	54
Cabometyx	73	Carbidopa -Levodopa ER	78	Cefixime	54
Caduet	99	Carbidopa -Levodopa ODT	78	Cefotetan Disodium	54
Calcipotriene	113	Carbidopa -Levodopa -Entacapone	77	Cefoxitin Sodium	54
Calcipotriene -Betamethasone	113	Carbinoxamine Maleate	147	Cefpodoxime Proxetil	54
Calcitonin Salmon	141	Cardizem	98	Cefprozil	54
Calcitriol	141	Cardizem CD	98	Ceftazidime	54
Calcium Acetate	118	Cardizem LA	98	Ceftriaxone Sodium	55
Calquence	73	Cardura	95	Cefuroxime Axetil	55
Cambia	45	Cardura XL	124	Cefuroxime Sodium	55
Camila	132	Carglumic Acid	115	Celebrex	45
Camrese Lo	128	Carisoprodol	152	Celecoxib	45
Camzyos	99	Carnitor	122	Celexa	64
Canasa	140	CaroSpir	101	Cellcept	137
Cancidas	67	Carteolol HCl	145	Celontin	61
Candesartan Cilexetil	95	Cartia XT	98	Cephalexin	55
Candesartan Cilexetil -HCTZ	99	Carvedilol	97	Cequa	142
Capex	110	Carvedilol Phosphate ER	97	Cerdelga	122
Caplyta	80	Casodex	71	Cetirizine HCl	147
Caprelsa	73	Caspofungin Acetate	67	Cetraxal	146
		Catapres -TTS -1	95	Cevimeline HCl	107

Chemet	117	Ciprofloxacin in D5W	57	Clinisol SF	116
Chenodal	119	Ciprofloxacin -Dexamethasone	146	Clobazam	61
Chlordiazepoxide HCl	86	Ciprofloxacin -Fluocinolone PF	146	Clobetasol Propionate	110
Chlordiazepoxide -Amitriptyline	64	Citalopram Hydrobromide	64	Clobetasol Propionate Emollient Base	110
Chlordiazepoxide -Clidinium	119	Claravis	108	Clobetasol Propionate Emulsion	110
Chlorhexidine Gluconate	107	Clarinet	147	Clobex	110
Chloroquine Phosphate	77	Clarinet -D 12 Hour	151	Clobex Spray	110
Chlorpromazine HCl	79	Clarithromycin	57	Clocortolone Pivalate	110
Chlorthalidone	101	Clarithromycin ER	56	Clodan	110
Chlorzoxazone	152	Clemastine Fumarate	147	Cloderm	110
Cholbam	122	Clenpiq	119	Clomipramine HCl	66
Cholestyramine	102	Cleocin	52	Clonazepam	86
Cholestyramine Light	102	Cleocin Phosphate	52	Clonazepam ODT	86
Cialis	124	Cleocin -T	114	Clonidine	95
Cibinqo	110	Climara	128	Clonidine HCl	95
Ciclopirox	114	Climara Pro	128	Clonidine HCl ER	104
Ciclopirox Olamine	114	Clindacin	114	Clopidogrel Bisulfate	94
Cilostazol	94	Clindacin ETZ	114	Clorazepate Dipotassium	86
Ciloxan	144	Clindagel	114	Clotrimazole	114
Cimduo	84	Clindamycin HCl	52	Clotrimazole -Betamethasone	113
Cimetidine	120	Clindamycin Palmitate HCl	52	Clozapine	82
Cimzia	137	Clindamycin Phosphate	114	Clozapine ODT	82
Cimzia Prefilled	137	Clindamycin Phosphate in D5W	52	Clozaril	82
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DesRx	111	Diastat AcuDial	61	Diltiazem HCl ER Beads	98
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Gvoke HypoPen 2 -Pack	90	Humalog Mix 50/50	90	Hydrocortisone Valerate	112
Gvoke Kit	90	Humalog Mix 50/50 KwikPen	90	Hydrocortisone -Acetic Acid	147
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Lamotrigine Starter Kit -Green	60	Letrozole	73	Licart	46
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Tolterodine Tartrate ER	124	Trazodone HCl	65	Trientine HCl	118
Tolvaptan	118	Trecator	71	Trifluoperazine HCl	79
Topamax	60	Trelegy Ellipta	152	Trifluridine	144
Topamax Sprinkle	60	Trelstar Mixject	135	Trihexyphenidyl HCl	77
Topicort	112	Tremfya	136	Trijardy XR	89
Topicort Spray	112	Tresiba	92	Trikafta	150
Topiramate	60	Tresiba FlexTouch	92	Trileptal	63
Topiramate ER	60	Tretinoin	109	Trilipix	101
Toprol XL	97	Tretinoin Microsphere	109	Trimethobenzamide HCl	67
Toremifene Citrate	72	Trexall	139	Trimethoprim	53
Torseamide	101	Treximet	70	Trimipramine Maleate	66
Tosymra	70	Trezix	51	Trintellix	65
Toujeo Max SoloStar	92	Tri -Estarylla	131	Tritocin	112
Toujeo SoloStar	92	Tri -Legest Fe	131	Triumeq	85
Tovet	112	Tri -Lo -Estarylla	132	Triumeq PD	85
Toviaz	124	Tri -Lo -Sprintec	132	Trivora	132
Tracleer	151	Tri -Mili	132	Trizivir	85
Tradjenta	89	Tri -Nymyo	132	Trokendi XR	60
Tramadol HCl	50	Tri -Sprintec	132	TrophAmine	117
Tramadol HCl ER	48	Tri -VyLibra	132	Trospium Chloride	124
Tramadol -Acetaminophen ..	50	Tri -VyLibra Lo	132	Trospium Chloride ER	124
Trandolapril	96	Triamcinolone Acetonide ..	112	Trudhesa	70
Trandolapril -Verapamil HCl ER	100	Triamterene	101	Trulance	119
Tranexamic Acid	94	Triamterene -HCTZ	100	Trulicity	89
Transderm -Scop	67	Trianex	112	Trumenba	140
Tranylcypromine Sulfate	64	Triazolam	153	Truvada	85

Tudorza Pressair	149	Urso Forte	120	Vasotec	96	
Tukysa	72	Ursodiol	120	Vecamyl	100	
Turalio	76	Uzedy	81	Vectical	113	
Twinrix	140	v			Velivet	132
Twyneo	109	VAQTA	140	Velphoro	118	
Tyblume	132	Vabomere	56	Veltassa	118	
Tybost	85	Vagifem	132	Veltin	109	
Tydemy	132	Valacyclovir HCl	83	Vemlidy	82	
Tygacil	53	Valchlor	71	Venclexta	76	
Tykerb	76	Valcyte	82	Venclexta Starting Pack	76	
Tymlos	142	Valganciclovir HCl	82	Venlafaxine Besylate ER	65	
Typhim Vi	140	Valium	87	Venlafaxine HCl	65	
Tyrvaya	143	Valproic Acid	60	Venlafaxine HCl ER	65	
Tyvaso DPI Maintenance Kit	151	Valsartan	95	Ventavis	151	
Tyvaso DPI Titration Kit	151	Valsartan -Hydrochlorothiazide	100	Ventolin HFA	149	
u			Valtoco 10MG Dose	Verapamil HCl	98	
Ubrelvy	70	Valtoco 15MG Dose	62	Verapamil HCl ER	98	
Uceris	141	Valtoco 20MG Dose	62	Verdeso	112	
Udenyca	94	Valtoco 5MG Dose	62	Veregen	113	
Uloric	69	Valtrex	83	Verelan	98	
Ultravate	112	Vancocin	53	Verelan PM	99	
Unasyn	56	Vancomycin HCl	54	Verkazia	143	
Unithroid	134	Vandazole	54	Verquvo	103	
Uptravi	151	Vanos	112	Versacloz	82	
Urocit -K 10	117	Varenicline Tartrate	51	Verzenio	76	
Urocit -K 15	117	Varivax	140	Vesicare	124	
Urocit -K 5	117	Varubi	67	Vesicare LS	124	
Uroxatral	124	Vascepa	103	Vestura	132	
Urso 250	120	Vaseretic	100	Vfend	68	

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YAZ	132	
YF -Vax	140	
Yasmin 28	132	
Yonsa	71	
Yupelri	149	
Yuvaferm	132	
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ZTlido	51	
Zafemy	132	
Zafirlukast	148	
Zaleplon	153	
Zanaflex	82	
Zarontin	61	
Zarxio	94	
Zavesca	123	
Zavzpret	70	
Zegalogue	90	
Zegerid	121	
Zejula	76	
Zelapar ODT	79	
Zelboraf	76	
Zemaira	123	
Zembrace SymTouch	70	
Zemdri	52	
Zemplar	142	
Zenatane	109	
Zenpep	123	
Zenedi	104	
Zepatier	83	
Zeposia	107	
Zeposia 7 -Day Starter Pack	107	
Zerbaxa	55	
Zerviate	143	
Zestoretic	100	
Zestril	96	
Zetia	103	
Zetonna	148	
Ziac	100	
Ziagen	85	
Ziana	109	
Zidovudine	85	
Ziextenzo	94	
Zileuton ER	148	
Zilxi	115	
Zimhi	51	
Zioptan	146	
Ziprasidone HCl	81	
Ziprasidone Mesylate	81	
Zipsor	47	
Zirgan	82	
Zithromax	57	
Zithromax Tri -Pak	57	
Zithromax Z -Pak	57	
Zocor	102	
Zokinvy	123	
Zolinza	73	
Zolmitriptan	70	
Zolmitriptan ODT	70	
Zoloft	66	
Zolpidem Tartrate	153	
Zolpidem Tartrate ER	153	
Zomacton	126	
Zomig	70	
Zonalon	112	
Zonegran	63	
Zonisade	63	
Zonisamide	63	
Zontivity	93	
Zorbtive	126	
Zortress	139	
Zoryve	114	
Zosyn	56	
Zovia 1/35	132	
Zovirax	83	
Ztalmy	62	
Zubsolv	51	
Zyclara Pump	114	
Zydelig	76	
Zyflo	148	
Zykadia	76	
Zylet	143	
Zyloprim	69	
Zymaxid	144	
Zypitamag	102	
Zyprexa	81	
Zyprexa Relprew	81	

Zyprexa Zydis81
Zytiga71
Zyvox54

Covered drugs by category

The list below has information about the drugs covered by this plan. If you have trouble finding your drug, turn to the “Covered drugs by name (**Drug index**)” on pages 12-44.

The first column lists the drug name, which may include the dosage form and strength. **Brand name (B)** drugs are listed in **bold** type (for example, **Humalog**) and generic (G) drugs are listed in plain type (for example, Simvastatin). The **(B)** or **(G)** identifier is listed in the “Brand or Generic” column. The information in the “Coverage rules or limits on use” column lists any special requirements for coverage of your drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 154-203.

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	G	1	
Ibuprofen-Famotidine (Oral Tablet)	G	1	PA
Indocin (Oral Suspension)	B	4	HRM
Indocin (Rectal Suppository)	B	4	
Indomethacin ER (Oral Capsule Extended Release)	G	1	HRM
Indomethacin (25MG Oral Capsule Immediate Release, 50MG Oral Capsule Immediate Release)	G	1	HRM
Ketoprofen ER (Oral Capsule Extended Release 24 Hour)	G	1	
Ketoprofen (Oral Capsule Immediate Release)	G	1	
Ketorolac Tromethamine (Nasal Solution)	B	4	
Ketorolac Tromethamine (Oral Tablet)	G	1	HRM
Licart (External Patch 24 Hour)	B	3	PA; QL
Lodine (Oral Tablet)	B	4	
Lofena (Oral Tablet)	B	4	ST
Meclofenamate Sodium (Oral Capsule)	G	1	
Mefenamic Acid (Oral Capsule)	G	1	
Meloxicam (Oral Capsule)	G	1	QL
Meloxicam (Oral Tablet)	G	1	
Nabumetone (Oral Tablet)	G	1	
Nalfon (Oral Capsule)	B	3	
Nalfon (Oral Tablet)	B	3	
Naprelan (375MG Oral Tablet Extended Release 24 Hour, 500MG Oral Tablet Extended Release 24 Hour)	B	4	
Naprelan (750MG Oral Tablet Extended Release 24 Hour)	B	3	
Naproxen (Oral Suspension)	G	1	
Naproxen (Oral Tablet Immediate Release)	G	1	
Naproxen DR (Oral Tablet Delayed Release) (Generic EC-Naprosyn)	G	1	
Naproxen Sodium ER (Oral Tablet Extended Release 24 Hour) (Generic Naprelan)	G	1	
Naproxen Sodium (275MG Oral Tablet Immediate Release, 550MG Oral Tablet Immediate Release)	G	1	
Naproxen-Esomeprazole (Oral Tablet Delayed Release)	G	1	PA
Oxaprozin (Oral Tablet)	G	1	
Pennsaid (External Solution)	B	4	PA
Piroxicam (Oral Capsule)	G	1	
Relafen DS (Oral Tablet)	B	4	ST

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Sprix (Nasal Solution)	B	4	
Sulindac (Oral Tablet)	G	1	
Vimovo (Oral Tablet Delayed Release)	B	4	PA
Zipsor (Oral Capsule)	B	4	ST
Opioid Analgesics, Long-acting			
Belbuca (150MCG Buccal Film, 300MCG Buccal Film, 450MCG Buccal Film, 600MCG Buccal Film, 75MCG Buccal Film)	B	3	PA; 7D; DL; QL
Belbuca (750MCG Buccal Film, 900MCG Buccal Film)	B	4	PA; 7D; DL; QL
Buprenorphine (Transdermal Patch Weekly)	G	1	7D; DL; QL
Butrans (10MCG/HR Transdermal Patch Weekly, 15MCG/HR Transdermal Patch Weekly, 5MCG/HR Transdermal Patch Weekly, 7.5MCG/HR Transdermal Patch Weekly)	B	3	7D; DL; QL
Butrans (20MCG/HR Transdermal Patch Weekly)	B	4	7D; DL; QL
ConZip (Oral Capsule Extended Release 24 Hour)	B	3	7D; MME; DL; QL
Fentanyl (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	4	PA; 7D; MME; DL; QL
Hysingla ER (20MG Oral Tablet ER 24 Hour Abuse-Deterrent, 30MG Oral Tablet ER 24 Hour Abuse-Deterrent, 40MG Oral Tablet ER 24 Hour Abuse-Deterrent)	B	3	PA; 7D; MME; DL; QL
Levorphanol Tartrate (Oral Tablet)	G	1	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
MS Contin (100MG Oral Tablet Extended Release, 200MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release)	B	4	7D; MME; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
MS Contin (15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release)	B	3	7D; MME; DL; QL
Nucynta ER (100MG Oral Tablet Extended Release 12 Hour, 150MG Oral Tablet Extended Release 12 Hour, 200MG Oral Tablet Extended Release 12 Hour, 250MG Oral Tablet Extended Release 12 Hour)	B	4	PA; 7D; MME; DL; QL
Nucynta ER (50MG Oral Tablet Extended Release 12 Hour)	B	3	PA; 7D; MME; DL; QL
Oxycodone HCl ER (10MG Oral Tablet ER 12 Hour Abuse-Deterrent, 20MG Oral Tablet ER 12 Hour Abuse-Deterrent)	B	3	PA; 7D; MME; DL; QL
OxyContin (10MG Oral Tablet ER 12 Hour Abuse-Deterrent, 15MG Oral Tablet ER 12 Hour Abuse-Deterrent, 20MG Oral Tablet ER 12 Hour Abuse-Deterrent, 30MG Oral Tablet ER 12 Hour Abuse-Deterrent)	B	3	PA; 7D; MME; DL; QL
OxyContin (40MG Oral Tablet ER 12 Hour Abuse-Deterrent, 60MG Oral Tablet ER 12 Hour Abuse-Deterrent, 80MG Oral Tablet ER 12 Hour Abuse-Deterrent)	B	4	PA; 7D; MME; DL; QL
Oxymorphone HCl ER (Oral Tablet Extended Release 12 Hour)	G	1	7D; MME; DL; QL
Tramadol HCl ER (Biphasic) (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	B	3	7D; MME; DL; QL
Tramadol HCl ER (Biphasic) (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	1	7D; MME; DL; QL
Tramadol HCl ER (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	1	7D; MME; DL; QL
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	B	3	7D; MME; DL; QL
Opioid Analgesics, Short-acting			
Acetaminophen-Caffeine-Dihydrocodeine (Oral Capsule)	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
Allzital (Oral Tablet)	B	3	HRM; QL
Ascomp-Codeine (Oral Capsule)	G	1	HRM; 7D; MME; DL; QL
Bupap (Oral Tablet)	B	3	HRM; QL

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

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Meperidine HCl (Oral Solution)	G	1	HRM; 7D; MME; DL; QL
Meperidine HCl (Oral Tablet)	G	1	HRM; 7D; MME; DL; QL
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)	G	1	7D; MME; DL; QL
Morphine Sulfate (Oral Solution)	G	1	7D; MME; DL; QL
Morphine Sulfate (Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Nalocet (Oral Tablet)	B	4	7D; MME; DL; QL
Nucynta (100MG Oral Tablet Immediate Release)	B	4	7D; MME; DL; QL
Nucynta (50MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release)	B	3	7D; MME; DL; QL
Oxycodone HCl (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 (5-325MG/5ML Oral Solution)	B	3	7D; MME; DL; QL
Oxycodone-Acetaminophen (10-300MG Oral Tablet, 5-300MG Oral Tablet, 7.5-300MG Oral Tablet)	B	4	7D; MME; DL; QL
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	1	7D; MME; DL; QL
Oxymorphone HCl (Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Pentazocine-Naloxone HCl (Oral Tablet)	G	1	HRM; 7D; MME; DL; QL
Percocet (Oral Tablet)	B	4	7D; MME; DL; QL
Prolate (Oral Solution)	B	4	7D; MME; DL; QL
Prolate (Oral Tablet)	B	4	7D; MME; DL; QL
Roxicodone (15MG Oral Tablet)	B	3	7D; MME; DL; QL
Roxicodone (30MG Oral Tablet)	B	4	7D; MME; DL; QL
RoxyBond (15MG Oral Tablet Abuse-Deterrent, 30MG Oral Tablet Abuse-Deterrent)	B	4	7D; MME; DL; QL
RoxyBond (5MG Oral Tablet Abuse-Deterrent)	B	3	7D; MME; DL; QL
Seglentis (Oral Tablet)	B	3	ST; 7D; MME; DL; QL
Tencon (Oral Tablet)	B	3	HRM; QL
Tramadol HCl (5MG/ML Oral Solution)	B	4	ST; 7D; MME; DL; QL
Tramadol HCl (100MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Tramadol-Acetaminophen (Oral Tablet)	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
Trezip (Oral Capsule)	B	3	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	
Lidoderm (External Patch)	B	3	PA; QL
Pliaglis (External Cream)	B	3	
ZTlido (External Patch)	B	3	PA; QL
Anti-Addiction/Substance Abuse Treatment Agents			
Alcohol Deterrents/Anti-craving			
Acamprosate Calcium (Oral Tablet Delayed Release)	G	1	
Disulfiram (Oral Tablet)	G	1	
Naltrexone HCl (Oral Tablet)	G	1	
Vivitol (Intramuscular Suspension Reconstituted)	B	4	
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	4	QL
Suboxone (Sublingual Film)	B	3	QL
Zubsolv (Tablet Sublingual)	B	3	QL
Opioid Reversal Agents			
Kloxxado (Nasal Liquid)	B	3	ST
Naloxone HCl (0.4MG/ML Injection Solution)	G	1	
Naloxone HCl (Injection Solution Cartridge)	G	1	
Naloxone HCl (Injection Solution Prefilled Syringe)	G	1	
Naloxone HCl (Nasal Liquid)	G	1	
Narcan (Nasal Liquid)	B	2	
Zimhi (Injection Solution Prefilled Syringe)	B	3	ST
Smoking Cessation Agents			
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	G	1	
Nicotrol (Inhalation Inhaler)	B	3	
Nicotrol NS (Nasal Solution)	B	3	
Varenicline Tartrate (Oral Tablet)	G	1	
Varenicline Tartrate (Oral Tablet Therapy Pack)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Antibacterials			
Aminoglycosides			
Amikacin Sulfate (500MG/2ML Injection Solution)	G	1	
Arikayce (Inhalation Suspension)	B	4	PA
Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	G	1	
Gentamicin Sulfate (40MG/ML Injection Solution)	G	1	
Humatin (Oral Capsule)	B	4	
Neomycin Sulfate (Oral Tablet)	G	1	
Paromomycin Sulfate (250MG Oral Capsule)	G	1	
Streptomycin Sulfate (Intramuscular Solution Reconstituted)	G	1	
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	G	1	
Zemdri (Intravenous Solution)	B	4	
Antibacterials, Other			
Aemcolo (Oral Tablet Delayed Release)	B	3	PA
Azactam (Injection Solution Reconstituted)	B	3	
Aztreonam (Injection Solution Reconstituted)	G	1	
Cleocin (Oral Capsule)	B	3	
Cleocin (Oral Solution Reconstituted)	B	3	
Cleocin Phosphate (900MG/6ML Injection Solution)	B	3	
Cleocin (Vaginal Cream)	B	3	
Cleocin (Vaginal Suppository)	B	3	
Clindamycin HCl (Oral Capsule)	G	1	
Clindamycin Palmitate HCl (Oral Solution Reconstituted)	G	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	
Cubicin RF (Intravenous Solution Reconstituted)	B	4	
Dalvance (Intravenous Solution Reconstituted)	B	4	PA
Daptomycin (Intravenous Solution Reconstituted)	G	1	
Firvanq (Oral Solution Reconstituted)	B	3	
Flagyl (Oral Capsule)	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
Fosfomycin Tromethamine (Oral Packet)	G	1	
Hiprex (Oral Tablet)	B	3	
Linezolid (Intravenous Solution)	G	1	
Linezolid (Oral Suspension Reconstituted)	G	1	QL
Linezolid (Oral Tablet)	G	1	QL
Macrobid (Oral Capsule)	B	3	HRM
Macrodantin (Oral Capsule)	B	3	HRM
Methenamine Hippurate (Oral Tablet)	G	1	
MetroCream (External Cream)	B	3	
Metrogel (External Gel)	B	3	
MetroLotion (External Lotion)	B	3	
Metronidazole (External Cream)	G	1	
Metronidazole (External Gel)	G	1	
Metronidazole (External Lotion)	G	1	
Metronidazole (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 Macrodantin)	G	1	HRM
Nitrofurantoin Monohydrate (Generic Macrobid)	G	1	HRM
Nitrofurantoin (Oral Suspension)	G	1	HRM
Noritate (External Cream)	B	4	
Polymyxin B Sulfate (Injection Solution Reconstituted)	G	1	
Sivextro (Intravenous Solution Reconstituted)	B	4	PA
Sivextro (Oral Tablet)	B	4	PA
Solosec (Oral Packet)	B	3	
Tigecycline (Intravenous Solution Reconstituted)	G	1	
Tinidazole (Oral Tablet)	G	1	
Trimethoprim (Oral Tablet)	G	1	
Tygacil (Intravenous Solution Reconstituted)	B	4	
Vancocin (Oral Capsule)	B	4	QL
Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)	G	1	
Vancomycin HCl (Oral Capsule)	G	1	QL
Vancomycin HCl (250MG/5ML Oral Solution Reconstituted)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Vancomycin HCl (25MG/ML Oral Solution Reconstituted)	B	3	
Vandazole (Vaginal Gel)	B	3	
Xenleta (Oral Tablet)	B	3	PA; QL
Xifaxan (200MG Oral Tablet)	B	3	PA
Xifaxan (550MG Oral Tablet)	B	4	PA
Zyvox (600MG/300ML Intravenous Solution)	B	3	
Zyvox (Oral Suspension Reconstituted)	B	4	QL
Zyvox (Oral Tablet)	B	4	QL
Beta-lactam, Cephalosporins			
Avycaz (Intravenous Solution Reconstituted)	B	4	PA
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 (10GM Injection Solution Reconstituted, 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	
Cefepime HCl (2GM Intravenous Solution Reconstituted)	G	1	
Cefixime (Oral Capsule)	G	1	
Cefixime (Oral Suspension Reconstituted)	G	1	
Cefotetan Disodium (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	
Ceftazidime (Intravenous Solution Reconstituted)	G	1	
Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	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
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 (Oral Capsule)	B	3	
Suprax (200MG/5ML Oral Suspension Reconstituted, 500MG/5ML Oral Suspension Reconstituted)	B	3	
Suprax (Oral Tablet Chewable)	B	2	
Tazicef (Injection Solution Reconstituted)	G	1	
Tazicef (2GM Intravenous Solution Reconstituted, 6GM Intravenous Solution Reconstituted)	G	1	
Teflaro (Intravenous Solution Reconstituted)	B	4	
Zerbaxa (Intravenous Solution Reconstituted)	B	4	PA
Beta-lactam, Penicillins			
Amoxicillin (Oral Capsule)	G	1	
Amoxicillin (Oral Suspension Reconstituted)	G	1	
Amoxicillin (Oral Tablet Immediate Release)	G	1	
Amoxicillin (Oral Tablet Chewable)	G	1	
Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour)	G	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	
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	
Augmentin ES-600 (Oral Suspension Reconstituted)	B	3	
Augmentin (125MG/5ML Oral Suspension Reconstituted)	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Bicillin C-R 900/300 (Intramuscular Suspension)	B	3	
Bicillin C-R (Intramuscular Suspension)	B	3	
Bicillin L-A (Intramuscular Suspension Prefilled Syringe)	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 (Intravenous Solution)	B	3	
Oxacillin Sodium (Injection Solution Reconstituted)	G	1	
Oxacillin Sodium (Intravenous Solution Reconstituted)	G	1	
Penicillin G Potassium in Dextrose (40000UNIT/ML Intravenous Solution, 60000UNIT/ML Intravenous Solution)	B	3	
Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)	G	1	
Penicillin G Procaine (600000UNIT/ML Intramuscular Suspension)	G	1	
Penicillin G Sodium (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	
Unasyn (3 (2-1)GM Injection Solution Reconstituted)	B	3	
Unasyn (Intravenous Solution Reconstituted)	B	3	
Zosyn (2-0.25GM/50ML Intravenous Solution)	B	3	
Carbapenems			
Ertapenem Sodium (Injection Solution Reconstituted)	G	1	
Imipenem-Cilastatin (Intravenous Solution Reconstituted)	G	1	
Invanz (1GM Injection Solution Reconstituted)	B	3	
Meropenem (Intravenous Solution Reconstituted)	G	1	
Primaxin IV (Intravenous Solution Reconstituted)	B	3	
Vabomere (Intravenous Solution Reconstituted)	B	4	
Macrolides			
Azithromycin (Intravenous Solution Reconstituted)	G	1	
Azithromycin (Oral Packet)	G	1	
Azithromycin (Oral Suspension Reconstituted)	G	1	
Azithromycin (Oral Tablet)	G	1	
Clarithromycin ER (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
Clarithromycin (Oral Suspension Reconstituted)	G	1	
Clarithromycin (Oral Tablet Immediate Release)	G	1	
Dificid (Oral Suspension Reconstituted)	B	4	
Dificid (Oral Tablet)	B	4	
E.E.S. 400 (Oral Tablet)	B	3	
E.E.S. Granules (Oral Suspension Reconstituted)	B	3	
EryPed 200 (Oral Suspension Reconstituted)	B	3	
EryPed 400 (Oral Suspension Reconstituted)	B	4	
Ery-Tab (Oral Tablet Delayed Release)	B	3	
Erythrocin Lactobionate (Intravenous Solution Reconstituted)	B	3	
Erythrocin Stearate (Oral Tablet)	B	3	
Erythromycin Base (Oral Capsule Delayed Release Particles)	G	1	
Erythromycin Base (Oral Tablet Immediate Release)	G	1	
Erythromycin Ethylsuccinate (Oral Suspension Reconstituted)	G	1	
Erythromycin Ethylsuccinate (Oral Tablet)	G	1	
Erythromycin (Oral Tablet Delayed Release)	G	1	
Zithromax (Intravenous Solution Reconstituted)	B	3	
Zithromax (Oral Packet)	B	3	
Zithromax (Oral Suspension Reconstituted)	B	3	
Zithromax (Oral Tablet)	B	3	
Zithromax Tri-Pak (Oral Tablet)	B	3	
Zithromax Z-Pak (Oral Tablet)	B	3	
Quinolones			
Baxdela (Intravenous Solution Reconstituted)	B	4	
Baxdela (Oral Tablet)	B	4	
Cipro (Oral Suspension Reconstituted)	B	3	
Cipro (Oral Tablet Immediate Release)	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 (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	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Sulfonamides			
Bactrim DS (Oral Tablet)	B	3	
Bactrim (Oral Tablet)	B	3	
Sulfadiazine (Oral Tablet)	G	1	
Sulfamethoxazole-Trimethoprim (Oral Suspension)	G	1	
Sulfamethoxazole-Trimethoprim (Oral Tablet)	G	1	
Tetracyclines			
Demeclocycline HCl (Oral Tablet)	G	1	
Doryx MPC (Oral Tablet Delayed Release)	B	3	
Doryx (50MG Oral Tablet Delayed Release)	B	3	
Doxy 100 (Intravenous Solution Reconstituted)	G	1	
Doxycycline Hyclate (Oral Capsule)	G	1	
Doxycycline Hyclate (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 Hyclate (80MG Oral Tablet Delayed Release)	B	3	
Doxycycline Monohydrate (Oral Capsule)	G	1	
Doxycycline Monohydrate (Oral Suspension Reconstituted)	G	1	
Doxycycline Monohydrate (Oral Tablet)	G	1	
Doxycycline (Oral Capsule Delayed Release)	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	
Minolira (Oral Tablet Extended Release 24 Hour)	B	3	QL
Nuzyra (Intravenous Solution Reconstituted)	B	4	PA
Nuzyra (Oral Tablet)	B	4	PA; QL
Oracea (Oral Capsule Delayed Release)	B	3	
Seysara (Oral Tablet)	B	4	
Solodyn (Oral Tablet Extended Release 24 Hour)	B	3	QL
TARGADOX (Oral Tablet)	B	3	
Tetracycline HCl (Oral Capsule)	G	1	
Vibramycin (Oral Capsule)	B	3	
Vibramycin (Oral Suspension Reconstituted)	B	3	
Vibramycin (50MG/5ML Oral Syrup)	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
Ximino (Oral Capsule Extended Release 24 Hour)	B	3	QL
Anticonvulsants			
Anticonvulsants, Other			
BRIVIACT (Oral Solution)	B	4	PA
BRIVIACT (Oral Tablet)	B	4	PA
Epidiolex (Oral Solution)	B	4	PA
Eprontia (Oral Solution)	B	3	
Felbamate (Oral Suspension)	G	1	
Felbamate (Oral Tablet)	G	1	
Felbatol (Oral Suspension)	B	4	
Felbatol (Oral Tablet)	B	4	
Fintepla (Oral Solution)	B	4	PA; QL
Fycompa (Oral Suspension)	B	4	QL
Fycompa (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	4	QL
Fycompa (2MG Oral Tablet)	B	3	QL
Keppra (Oral Solution)	B	4	
Keppra (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	B	4	
Keppra (250MG Oral Tablet Immediate Release)	B	3	
Keppra XR (Oral Tablet Extended Release 24 Hour)	B	4	
Lamictal ODT (Oral Tablet Dispersible)	B	4	
Lamictal (Oral Tablet Immediate Release)	B	4	
Lamictal (Oral Tablet Chewable)	B	4	
Lamictal Starter (35 Tablets Oral Kit, 49 Tablets Oral Kit)	B	3	
Lamictal Starter (98 Tablets Oral Kit)	B	4	
Lamictal XR (Oral Kit)	B	3	
Lamictal XR (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 250MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	B	4	
Lamictal XR (25MG Oral Tablet Extended Release 24 Hour)	B	3	
Lamotrigine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Lamotrigine ODT (Oral Tablet Dispersible Kit)	G	1	
Lamotrigine (Oral Tablet Immediate Release)	G	1	
Lamotrigine (Oral Tablet Chewable)	G	1	
Lamotrigine ODT (Oral Tablet Dispersible)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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	
Qudexy XR (100MG Oral Capsule ER 24 Hour Sprinkle, 25MG Oral Capsule ER 24 Hour Sprinkle, 50MG Oral Capsule ER 24 Hour Sprinkle)	B	3	PA
Qudexy XR (150MG Oral Capsule ER 24 Hour Sprinkle, 200MG Oral Capsule ER 24 Hour Sprinkle)	B	4	PA
Roweepra (Oral Tablet Immediate Release)	G	1	
Spritam ODT (Oral Tablet Disintegrating Soluble)	B	3	
Subvenite (Oral Tablet)	G	1	
Subvenite Starter Kit-Blue (Oral Kit)	G	1	
Subvenite Starter Kit-Green (Oral Kit)	G	1	
Subvenite Starter Kit-Orange (Oral Kit)	G	1	
Topamax (100MG Oral Tablet, 200MG Oral Tablet)	B	4	
Topamax (25MG Oral Tablet, 50MG Oral Tablet)	B	3	
Topamax Sprinkle (15MG Oral Capsule Sprinkle)	B	3	
Topamax Sprinkle (25MG Oral Capsule Sprinkle)	B	4	
Topiramate ER (Oral Capsule Extended Release 24 Hour Sprinkle)	G	1	PA
Topiramate ER (Oral Capsule Extended Release 24 Hour)	G	1	PA
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	4	PA
Trokendi XR (25MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	B	3	PA
Valproic Acid (Oral Capsule)	G	1	
Valproic Acid (Oral Solution)	G	1	
Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	4	PA; QL
Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack)	B	4	PA; QL
Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet)	B	4	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
Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack)	B	3	PA; QL
Xcopri (14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack)	B	4	PA; QL
Calcium Channel Modifying Agents			
Celontin (Oral Capsule)	B	3	
Ethosuximide (Oral Capsule)	G	1	
Ethosuximide (Oral Solution)	G	1	
Methsuximide (Oral Capsule)	G	1	
Zarontin (Oral Capsule)	B	3	
Zarontin (Oral Solution)	B	3	
Gamma-aminobutyric Acid (GABA) Augmenting Agents			
Clobazam (Oral Suspension)	G	1	PA; QL
Clobazam (Oral Tablet)	G	1	PA; QL
Diacomit (Oral Capsule)	B	4	QL
Diacomit (Oral Packet)	B	4	QL
Diastat AcuDial (Rectal Gel)	B	3	QL
Diastat Pediatric (Rectal Gel)	B	3	QL
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	G	1	QL
Gabapentin (Oral Capsule)	G	1	
Gabapentin (250MG/5ML Oral Solution)	G	1	
Gabapentin (600MG Oral Tablet, 800MG Oral Tablet)	G	1	
Mysoline (Oral Tablet)	B	4	
Nayzilam (Nasal Solution)	B	3	PA; QL
Neurontin (Oral Capsule)	B	3	
Neurontin (Oral Solution)	B	3	
Neurontin (Oral Tablet)	B	4	
Onfi (Oral Suspension)	B	4	PA; QL
Onfi (Oral Tablet)	B	4	PA; QL
Phenobarbital (Oral Elixir)	G	1	HRM
Phenobarbital (Oral Tablet)	G	1	HRM
Primidone (Oral Tablet)	G	1	
Sabril (Oral Packet)	B	4	PA; QL
Sabril (Oral Tablet)	B	4	PA; QL
Sympazan (10MG Oral Film, 20MG Oral Film)	B	4	PA; QL
Sympazan (5MG Oral Film)	B	3	PA; QL
Tiagabine HCl (Oral Tablet)	G	1	
Valtoco 10MG Dose (Nasal Liquid)	B	3	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Valtoco 15MG Dose (Nasal Liquid Therapy Pack)	B	4	PA; QL
Valtoco 20MG Dose (Nasal Liquid Therapy Pack)	B	4	PA; QL
Valtoco 5MG Dose (Nasal Liquid)	B	3	PA; QL
Vigabatrin (Oral Packet)	G	1	PA; QL
Vigabatrin (Oral Tablet)	G	1	PA; QL
Vigadrone (Oral Packet)	G	1	PA; QL
Ztalmy (Oral Suspension)	B	4	PA
Sodium Channel Agents			
Aptiom (Oral Tablet)	B	4	QL
Banzel (Oral Suspension)	B	4	
Banzel (Oral Tablet)	B	4	
Carbamazepine ER (Oral Capsule Extended Release 12 Hour)	G	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	
Carbatrol (Oral Capsule Extended Release 12 Hour)	B	3	
Dilantin INFATABS (Oral Tablet Chewable)	B	2	
Dilantin (Oral Capsule)	B	2	
Dilantin (Oral Suspension)	B	3	
Epitol (Oral Tablet)	G	1	
Lacosamide (Oral Solution)	G	1	QL
Lacosamide (Oral Tablet)	G	1	QL
Oxcarbazepine (Oral Suspension)	G	1	
Oxcarbazepine (Oral Tablet)	G	1	
Oxtellar XR (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	B	3	
Oxtellar XR (600MG Oral Tablet Extended Release 24 Hour)	B	4	
Phenytek (Oral Capsule)	B	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	
Tegretol (Oral Suspension)	B	3	
Tegretol (Oral Tablet Immediate Release)	B	3	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tegretol XR (Oral Tablet Extended Release 12 Hour)	B	3	
Trileptal (Oral Suspension)	B	4	
Trileptal (150MG Oral Tablet, 300MG Oral Tablet)	B	3	
Trileptal (600MG Oral Tablet)	B	4	
Vimpat (Oral Solution)	B	4	QL
Vimpat (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet)	B	4	QL
Vimpat (50MG Oral Tablet)	B	3	QL
Zonegran (Oral Capsule)	B	4	
Zonisade (Oral Suspension)	B	4	ST
Zonisamide (Oral Capsule)	G	1	
Antidementia Agents			
Antidementia Agents, Other			
Ergoloid Mesylates (Oral Tablet)	G	1	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			
Adlarity (Transdermal Patch Weekly)	B	3	QL
Aricept (Oral Tablet)	B	3	QL
Donepezil HCl (Oral Tablet)	G	1	QL
Donepezil HCl ODT (Oral Tablet Dispersible)	G	1	QL
Exelon (Transdermal Patch 24 Hour)	B	3	ST; 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	ST; QL
N-methyl-D-aspartate (NMDA) Receptor Antagonist			
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	PA; QL
Memantine HCl (Oral Solution)	G	1	PA; QL
Memantine HCl (Oral Tablet)	G	1	PA; QL
Memantine HCl Titration Pak (Oral Tablet)	G	1	PA; QL
Namenda (Oral Tablet)	B	3	PA; QL
Namenda Titration Pak (Oral Tablet)	B	3	PA; QL
Namenda XR (Oral Capsule Extended Release 24 Hour)	B	3	PA; QL
Antidepressants			
Antidepressants, Other			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Aplenzin (Oral Tablet Extended Release 24 Hour)	B	4	
Auvelity (Oral Tablet Extended Release)	B	3	
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	G	1	
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	1	
Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour)	B	3	
Bupropion HCl (Oral Tablet Immediate Release)	G	1	
Chlordiazepoxide-Amitriptyline (Oral Tablet)	G	1	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	HRM
Remeron (Oral Tablet)	B	3	
Remeron SolTab (Oral Tablet Dispersible)	B	3	
Symbyax (Oral Capsule)	B	3	
Wellbutrin SR (Oral Tablet Extended Release 12 Hour)	B	3	
Wellbutrin XL (Oral Tablet Extended Release 24 Hour)	B	4	
Monoamine Oxidase Inhibitors			
Emsam (Transdermal Patch 24 Hour)	B	4	
Marplan (Oral Tablet)	B	3	
Nardil (Oral Tablet)	B	3	
Parnate (Oral Tablet)	B	4	
Phenelzine Sulfate (Oral Tablet)	G	1	
Tranlycypromine Sulfate (Oral Tablet)	G	1	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)			
Celexa (Oral Tablet)	B	3	
Citalopram Hydrobromide (Oral Capsule)	B	3	
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	
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	1	
Effexor XR (Oral Capsule Extended Release 24 Hour)	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
Escitalopram Oxalate (Oral Solution)	G	1	
Escitalopram Oxalate (Oral Tablet)	G	1	
Fetzima (Oral Capsule Extended Release 24 Hour)	B	3	ST
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	B	3	ST
Fluoxetine HCl (PMDD) (Oral Tablet)	G	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	
Fluvoxamine Maleate ER (Oral Capsule Extended Release 24 Hour)	G	1	
Fluvoxamine Maleate (Oral Tablet)	G	1	
Lexapro (Oral Tablet)	B	3	
Nefazodone HCl (Oral Tablet)	G	1	
Paroxetine HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	HRM
Paroxetine HCl (Oral Suspension)	G	1	HRM
Paroxetine HCl (Oral Tablet Immediate Release)	G	1	HRM
Paroxetine Mesylate (Oral Capsule)	G	1	HRM
Paxil CR (Oral Tablet Extended Release 24 Hour)	B	3	HRM
Paxil (Oral Suspension)	B	3	HRM
Paxil (Oral Tablet Immediate Release)	B	3	HRM
Pristiq (Oral Tablet Extended Release 24 Hour)	B	3	
Prozac (10MG Oral Capsule, 20MG Oral Capsule)	B	3	
Prozac (40MG Oral Capsule)	B	4	
Sertraline HCl (Oral Capsule)	B	3	
Sertraline HCl (Oral Concentrate)	G	1	
Sertraline HCl (Oral Tablet)	G	1	
Trazodone HCl (Oral Tablet)	G	1	
Trintellix (Oral Tablet)	B	3	
Venlafaxine Besylate ER (Oral Tablet Extended Release 24 Hour)	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	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Viibryd Starter Pack (Oral Kit)	B	3	
Vilazodone HCl (Oral Tablet)	G	1	
Zoloft (Oral Concentrate)	B	3	
Zoloft (Oral Tablet)	B	3	
Tricyclics			
Amitriptyline HCl (Oral Tablet)	G	1	HRM
Amoxapine (Oral Tablet)	G	1	HRM
Anafranil (Oral Capsule)	B	4	HRM
Clomipramine HCl (Oral Capsule)	G	1	HRM
Desipramine HCl (Oral Tablet)	G	1	HRM
Doxepin HCl (Oral Capsule)	G	1	HRM
Doxepin HCl (Oral Concentrate)	G	1	HRM
Imipramine HCl (Oral Tablet)	G	1	HRM
Imipramine Pamoate (Oral Capsule)	G	1	HRM
Norpramin (Oral Tablet)	B	3	HRM
Nortriptyline HCl (Oral Capsule)	G	1	HRM
Nortriptyline HCl (Oral Solution)	G	1	HRM
Pamelor (Oral Capsule)	B	4	HRM
Protriptyline HCl (Oral Tablet)	G	1	HRM
Trimipramine Maleate (Oral Capsule)	G	1	HRM
Antiemetics			
Antiemetics, Other			
Antivert (Oral Tablet)	B	3	HRM
Antivert (Oral Tablet Chewable)	B	3	HRM
Bonjesta (Oral Tablet Extended Release)	B	3	HRM
Compro (Rectal Suppository)	G	1	
Diclegis (Oral Tablet Delayed Release)	B	3	HRM
Doxylamine-Pyridoxine (Oral Tablet Delayed Release)	G	1	HRM
Gimoti (Nasal Solution)	B	4	PA
Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet)	G	1	HRM
Metoclopramide HCl (5MG/5ML Oral Solution)	G	1	
Metoclopramide HCl (Oral Tablet)	G	1	
Metoclopramide HCl ODT (Oral Tablet Dispersible)	G	1	
Perphenazine (Oral Tablet)	G	1	
Prochlorperazine Maleate (Oral Tablet)	G	1	
Prochlorperazine (Rectal Suppository)	G	1	
Promethazine HCl (Oral Syrup)	G	1	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
Promethazine HCl (Oral Tablet)	G	1	HRM
Promethazine HCl (Rectal Suppository)	G	1	HRM; QL
Promethegan (25MG Rectal Suppository, 50MG Rectal Suppository)	G	1	HRM; QL
Reglan (Oral Tablet)	B	3	
Scopolamine (Transdermal Patch 72 Hour)	G	1	HRM
Transderm-Scop (Transdermal Patch 72 Hour)	B	3	HRM
Trimethobenzamide HCl (Oral Capsule)	G	1	B/D,PA; QL
Emetogenic Therapy Adjuncts			
Anzemet (Oral Tablet)	B	3	B/D,PA; QL
Aprepitant (Oral Therapy Pack, Oral Capsule)	G	1	PA; QL
Dronabinol (Oral Capsule)	G	1	PA
Emend (Oral Capsule)	B	3	PA; QL
Emend (Oral Suspension Reconstituted)	B	3	PA; QL
Emend Tri-Pack (Oral Capsule)	B	4	PA; QL
Granisetron HCl (Oral Tablet)	G	1	B/D,PA; QL
Marinol (10MG Oral Capsule, 5MG Oral Capsule)	B	4	PA
Marinol (2.5MG Oral Capsule)	B	3	PA
Ondansetron HCl (Oral Solution)	G	1	B/D,PA; QL
Ondansetron HCl (4MG Oral Tablet, 8MG Oral Tablet)	G	1	B/D,PA; QL
Ondansetron ODT (Oral Tablet Dispersible)	G	1	B/D,PA; QL
Sancuso (Transdermal Patch)	B	4	QL
Syndros (Oral Solution)	B	4	PA
Varubi (180MG Dose) (Oral Tablet Therapy Pack)	B	4	B/D,PA; QL
Antifungals			
Antifungals			
Abelcet (Intravenous Suspension)	B	3	B/D,PA
AmBisome (Intravenous Suspension Reconstituted)	B	4	B/D,PA
Amphotericin B (Intravenous Solution Reconstituted)	G	1	B/D,PA
Ancobon (Oral Capsule)	B	4	
Cancidas (Intravenous Solution Reconstituted)	B	4	
Caspofungin Acetate (Intravenous Solution Reconstituted)	G	1	
Clotrimazole (Mouth/Throat Troche)	G	1	
Cresemba (Oral Capsule)	B	4	PA
Diflucan (Oral Suspension Reconstituted)	B	3	
Diflucan (100MG Oral Tablet, 150MG Oral Tablet)	B	3	
Diflucan (200MG Oral Tablet)	B	4	
Eraxis (Intravenous Solution Reconstituted)	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Exelderm (External Cream)	B	3	
Exelderm (External Solution)	B	3	
Fluconazole in Sodium Chloride (200-0.9MG/100ML-% Intravenous Solution, 400-0.9MG/200ML-% 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 Ultramicrosize (Oral Tablet)	G	1	
Gynazole-1 (Vaginal Cream)	B	3	
Itraconazole (Oral Capsule)	G	1	PA
Itraconazole (Oral Solution)	G	1	PA
Ketoconazole (Oral Tablet)	G	1	
Micafungin Sodium (Intravenous Solution Reconstituted)	G	1	
Miconazole 3 (Vaginal Suppository)	G	1	
Noxafil (Oral Packet)	B	4	PA; QL
Noxafil (Oral Suspension)	B	4	QL
Noxafil (Oral Tablet Delayed Release)	B	4	PA; QL
Nystatin (Mouth/Throat Suspension)	G	1	
Nystatin (Oral Tablet)	G	1	
Posaconazole (Oral Suspension)	G	1	QL
Posaconazole (Oral Tablet Delayed Release)	G	1	PA; QL
Sporanox (Oral Capsule)	B	4	PA
Sporanox (Oral Solution)	B	4	PA
Terbinafine HCl (Oral Tablet)	G	1	QL
Terconazole (Vaginal Cream)	G	1	
Terconazole (Vaginal Suppository)	G	1	
Tolsura (Oral Capsule)	B	4	PA
Vfend IV (Intravenous Solution Reconstituted)	B	3	PA
Vfend (Oral Suspension Reconstituted)	B	4	QL
Vfend (Oral Tablet)	B	3	QL
Vivjoa (Oral Capsule Therapy Pack)	B	3	PA
Voriconazole (Intravenous Solution Reconstituted)	G	1	PA
Voriconazole (Oral Suspension Reconstituted)	G	1	QL
Voriconazole (Oral Tablet)	G	1	QL
Antigout Agents			

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Antigout Agents			
Allopurinol (100MG Oral Tablet, 300MG Oral Tablet)	G	1	
Allopurinol (200MG Oral Tablet)	B	3	ST
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	B	2	
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	G	1	
Colcrys (Oral Tablet)	B	3	PA
Febuxostat (Oral Tablet)	G	1	ST
Mitigare (Oral Capsule)	B	2	
Probenecid (Oral Tablet)	G	1	
Probenecid-Colchicine (Oral Tablet)	G	1	
Uloric (Oral Tablet)	B	3	ST
Zyloprim (Oral Tablet)	B	3	
Antimigraine Agents			
Acute			
Almotriptan Malate (Oral Tablet)	G	1	QL
Eletriptan Hydrobromide (Oral Tablet)	G	1	QL
Frova (Oral Tablet)	B	4	QL
Frovatriptan Succinate (Oral Tablet)	G	1	QL
Imitrex (Nasal Solution)	B	3	QL
Imitrex (Oral Tablet)	B	3	QL
Imitrex STATdose Refill (6MG/0.5ML Subcutaneous Solution Cartridge)	B	4	QL
Imitrex STATdose System (4MG/0.5ML Subcutaneous Solution Auto-Injector)	B	4	QL
Maxalt (Oral Tablet)	B	3	QL
Maxalt-MLT (Oral Tablet Dispersible)	B	3	QL
Naratriptan HCl (Oral Tablet)	G	1	QL
Nurtec ODT (Oral Tablet Dispersible)	B	4	PA; QL
Onzetra Xsail (Nasal Exhaler Powder)	B	4	QL
Relpax (Oral Tablet)	B	3	QL
Reyvow (Oral Tablet)	B	3	PA; 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 (Subcutaneous Solution Auto-Injector)	G	1	QL
Sumatriptan Succinate (Subcutaneous Solution)	G	1	QL
Sumatriptan-Naproxen Sodium (Oral Tablet)	G	1	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tosymra (Nasal Solution)	B	3	QL
Treximet (Oral Tablet)	B	4	QL
Ubrelvy (Oral Tablet)	B	4	PA; QL
Zavzpret (Nasal Solution)	B	4	PA; QL
Zembrace SymTouch (Subcutaneous Solution Auto-Injector)	B	4	QL
Zolmitriptan (5MG Nasal Solution)	G	1	QL
Zolmitriptan (Oral Tablet)	G	1	QL
Zolmitriptan ODT (Oral Tablet Dispersible)	G	1	QL
Zomig (Nasal Solution)	B	3	QL
Zomig (Oral Tablet)	B	4	QL
Ergot Alkaloids			
Dihydroergotamine Mesylate (Nasal Solution)	G	1	PA; QL
Ergotamine-Caffeine (Oral Tablet)	G	1	
Migergot (Rectal Suppository)	B	4	
Migranal (Nasal Solution)	B	4	PA; QL
Trudhesa (Nasal Aerosol Solution)	B	4	PA; QL
Prophylactic			
Aimovig (Subcutaneous Solution Auto-Injector)	B	3	PA; QL
Ajovy (Subcutaneous Solution Auto-Injector)	B	3	PA; QL
Ajovy (Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Emgality (Subcutaneous Solution Auto-Injector)	B	3	PA; QL
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Qulipta (Oral Tablet)	B	4	PA; QL
Timolol Maleate (Oral Tablet)	G	1	
Antimyasthenic Agents			
Parasympathomimetics			
Mestinon (Oral Solution)	B	4	
Mestinon (Oral Tablet Immediate Release)	B	4	
Mestinon (Oral Tablet Extended Release)	B	4	
Pyridostigmine Bromide ER (Oral Tablet Extended Release)	G	1	
Pyridostigmine Bromide (Oral Solution)	G	1	
Pyridostigmine Bromide (Oral Tablet Immediate Release)	G	1	
Antimycobacterials			
Antimycobacterials, 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
Dapsone (Oral Tablet)	G	1	
Mycobutin (Oral Capsule)	B	4	
Rifabutin (Oral Capsule)	G	1	
Antituberculars			
Ethambutol HCl (Oral Tablet)	G	1	
Isoniazid (Oral Syrup)	G	1	
Isoniazid (Oral Tablet)	G	1	
Myambutol (Oral Tablet)	B	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	4	PA
Trecator (Oral Tablet)	B	3	
Antineoplastics			
Alkylating Agents			
Cyclophosphamide (Oral Capsule)	G	1	B/D,PA
Cyclophosphamide (Oral Tablet)	B	2	B/D,PA
Gleostine (100MG Oral Capsule)	B	4	
Gleostine (10MG Oral Capsule, 40MG Oral Capsule)	B	3	
Leukeran (Oral Tablet)	B	4	
Matulane (Oral Capsule)	B	4	
Valchlor (External Gel)	B	4	PA; QL
Antiandrogens			
Abiraterone Acetate (Oral Tablet)	G	1	PA
Bicalutamide (Oral Tablet)	G	1	
Casodex (Oral Tablet)	B	4	
Erleada (Oral Tablet)	B	4	PA
Nilandron (Oral Tablet)	B	4	
Nilutamide (Oral Tablet)	G	1	
Nubeqa (Oral Tablet)	B	4	PA
Xtandi (Oral Capsule)	B	4	PA
Xtandi (Oral Tablet)	B	4	PA
Yonsa (Oral Tablet)	B	4	PA
Zytiga (Oral Tablet)	B	4	PA
Antiangiogenic Agents			
Fotivda (Oral Capsule)	B	4	PA; QL
Lenalidomide (Oral Capsule)	G	1	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Pomalyst (Oral Capsule)	B	4	PA
Qinlock (Oral Tablet)	B	4	PA; QL
Revlimid (Oral Capsule)	B	4	PA
Tabrecta (Oral Tablet)	B	4	PA; QL
Thalomid (Oral Capsule)	B	4	PA; QL
Antiestrogens/Modifiers			
Emcyt (Oral Capsule)	B	3	
Fareston (Oral Tablet)	B	4	
Orserdu (Oral Tablet)	B	4	PA; QL
Soltamox (Oral Solution)	B	4	
Tamoxifen Citrate (Oral Tablet)	G	1	
Toremifene Citrate (Oral Tablet)	G	1	
Antimetabolites			
Droxia (Oral Capsule)	B	3	
Hydrea (Oral Capsule)	B	3	
Hydroxyurea (Oral Capsule)	G	1	
Mercaptopurine (Oral Tablet)	G	1	
Onureg (Oral Tablet)	B	4	PA; QL
Purixan (Oral Suspension)	B	4	PA
Tabloid (Oral Tablet)	B	4	PA
Antineoplastics, Other			
IDHIFA (Oral Tablet)	B	4	PA
Krazati (Oral Tablet)	B	4	PA; QL
Lonsurf (Oral Tablet)	B	4	PA
Lumakras (Oral Tablet)	B	4	PA; QL
Ninlaro (Oral Capsule)	B	4	PA
Pemazyre (Oral Tablet)	B	4	PA; QL
Retevmo (Oral Capsule)	B	4	PA; QL
Synribo (Subcutaneous Solution Reconstituted)	B	4	PA
Tazverik (Oral Tablet)	B	4	PA; QL
Tukysa (Oral Tablet)	B	4	PA; QL
Vonjo (Oral Capsule)	B	4	PA; QL
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	B	4	PA; QL
Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack)	B	4	PA; QL
Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)	B	4	PA; QL

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
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	B	4	PA; QL
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)	B	4	PA; QL
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	B	4	PA; QL
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	B	4	PA; QL
Zolinza (Oral Capsule)	B	4	PA
Aromatase Inhibitors, 3rd Generation			
Anastrozole (Oral Tablet)	G	1	
Arimidex (Oral Tablet)	B	4	
Aromasin (Oral Tablet)	B	4	
Exemestane (Oral Tablet)	G	1	
Femara (Oral Tablet)	B	3	
Letrozole (Oral Tablet)	G	1	
Molecular Target Inhibitors			
Afinitor Disperz (Oral Tablet Soluble)	B	4	PA
Afinitor (Oral Tablet)	B	4	PA
Alecensa (Oral Capsule)	B	4	PA
Alunbrig (Oral Tablet)	B	4	PA; QL
Alunbrig (Oral Tablet Therapy Pack)	B	4	PA; QL
Ayvakit (Oral Tablet)	B	4	PA; QL
Balversa (Oral Tablet)	B	4	PA; QL
Bosulif (Oral Tablet)	B	4	PA
Braftovi (Oral Capsule)	B	4	PA
Brukinsa (Oral Capsule)	B	4	PA; QL
Cabometyx (Oral Tablet)	B	4	PA
Calquence (100MG Oral Capsule)	B	4	PA; QL
Calquence (Oral Tablet)	B	4	PA; QL
Caprelsa (Oral Tablet)	B	4	PA
Cometriq (100MG Daily Dose) (Oral Kit)	B	4	PA
Cometriq (140MG Daily Dose) (Oral Kit)	B	4	PA
Cometriq (60MG Daily Dose) (Oral Kit)	B	4	PA
Copiktra (Oral Capsule)	B	4	PA; QL
Cotellic (Oral Tablet)	B	4	PA
Daurismo (Oral Tablet)	B	4	PA; QL
Erivedge (Oral Capsule)	B	4	PA
Erlotinib HCl (Oral Tablet)	G	1	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Everolimus (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	1	PA
Everolimus (Oral Tablet Soluble)	G	1	PA
Exkivity (Oral Capsule)	B	4	PA; QL
Gavreto (Oral Capsule)	B	4	PA; QL
Gefitinib (Oral Tablet)	G	1	PA
Gilotrif (Oral Tablet)	B	4	PA
Gleevec (Oral Tablet)	B	4	PA
Ibrance (Oral Capsule)	B	4	PA
Ibrance (Oral Tablet)	B	4	PA
Iclusig (Oral Tablet)	B	4	PA; QL
Imatinib Mesylate (Oral Tablet)	G	1	PA
Imbruvica (Oral Capsule)	B	4	PA; QL
Imbruvica (Oral Suspension)	B	4	PA; QL
Imbruvica (140MG Oral Tablet, 280MG Oral Tablet, 420MG Oral Tablet)	B	4	PA; QL
Inlyta (Oral Tablet)	B	4	PA; QL
Inqovi (Oral Tablet)	B	4	PA; QL
Inrebic (Oral Capsule)	B	4	PA; QL
Iressa (Oral Tablet)	B	4	PA
Jakafi (Oral Tablet)	B	4	PA
Jaypirca (Oral Tablet)	B	4	PA; QL
Kisqali (200MG Dose) (Oral Tablet)	B	4	PA
Kisqali (400MG Dose) (Oral Tablet)	B	4	PA
Kisqali (600MG Dose) (Oral Tablet)	B	4	PA
Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)	B	4	PA
Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)	B	4	PA
Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)	B	4	PA
Koselugo (Oral Capsule)	B	4	PA; QL
Lapatinib Ditosylate (Oral Tablet)	G	1	PA
Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA

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
Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lorbrena (Oral Tablet)	B	4	PA; QL
Lynparza (Oral Tablet)	B	4	PA
Lytgobi (12MG Daily Dose) (Oral Tablet Therapy Pack)	B	4	PA; QL
Lytgobi (16MG Daily Dose) (Oral Tablet Therapy Pack)	B	4	PA; QL
Lytgobi (20MG Daily Dose) (Oral Tablet Therapy Pack)	B	4	PA; QL
Mekinist (Oral Solution Reconstituted)	B	4	PA
Mekinist (Oral Tablet)	B	4	PA
Mektovi (Oral Tablet)	B	4	PA
Nerlynx (Oral Tablet)	B	4	PA; QL
Nexavar (Oral Tablet)	B	4	PA
Odomzo (Oral Capsule)	B	4	PA
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	B	4	PA; QL
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	4	PA; QL
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	B	4	PA; QL
Rezlidhia (Oral Capsule)	B	4	PA; QL
Rozlytrek (Oral Capsule)	B	4	PA; QL
Rubraca (Oral Tablet)	B	4	PA
Rydapt (Oral Capsule)	B	4	PA; QL
Scemblix (Oral Tablet)	B	4	PA; QL
Sorafenib Tosylate (Oral Tablet)	G	1	PA
Sprycel (Oral Tablet)	B	4	PA
Stivarga (Oral Tablet)	B	4	PA
Sunitinib Malate (Oral Capsule)	G	1	PA
Sutent (Oral Capsule)	B	4	PA
Tafinlar (Oral Capsule)	B	4	PA
Tafinlar (Oral Tablet Soluble)	B	4	PA
Tagrisso (Oral Tablet)	B	4	PA
Talzenna (0.25MG Oral Capsule, 0.5MG Oral Capsule, 0.75MG Oral Capsule, 1MG Oral Capsule)	B	4	PA; QL
Tasigna (Oral Capsule)	B	4	PA
Tepmetko (Oral Tablet)	B	4	PA; QL
Tibsovo (Oral Tablet)	B	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Turalio (125MG Oral Capsule)	B	4	PA; QL
Tykerb (Oral Tablet)	B	4	PA
Venclexta (100MG Oral Tablet, 50MG Oral Tablet)	B	4	PA
Venclexta (10MG Oral Tablet)	B	2	PA
Venclexta Starting Pack (Oral Tablet Therapy Pack)	B	4	PA
Verzenio (Oral Tablet)	B	4	PA
Vittrakvi (Oral Capsule)	B	4	PA; QL
Vittrakvi (Oral Solution)	B	4	PA; QL
Vizimpro (Oral Tablet)	B	4	PA
Votrient (Oral Tablet)	B	4	PA
Welireg (Oral Tablet)	B	4	PA; QL
Xalkori (Oral Capsule)	B	4	PA
Xospata (Oral Tablet)	B	4	PA; QL
Zejula (Oral Capsule)	B	4	PA
Zelboraf (Oral Tablet)	B	4	PA
Zydelig (Oral Tablet)	B	4	PA
Zykadia (Oral Tablet)	B	4	PA
Retinoids			
Bexarotene (External Gel)	G	1	PA; QL
Bexarotene (Oral Capsule)	G	1	PA
Panretin (External Gel)	B	4	PA
Targretin (External Gel)	B	4	PA; QL
Targretin (Oral Capsule)	B	4	PA
Tretinoin (Oral Capsule)	G	1	
Treatment Adjuncts			
Leucovorin Calcium (Oral Tablet)	G	1	
Mesnex (Oral Tablet)	B	3	
Antiparasitics			
Anthelmintics			
Albendazole (Oral Tablet)	G	1	QL
Biltricide (Oral Tablet)	B	3	
Emverm (Oral Tablet Chewable)	B	4	
Ivermectin (Oral Tablet)	G	1	PA
Praziquantel (Oral Tablet)	G	1	
Stromectol (Oral Tablet)	B	3	PA
Antiprotozoals			
Atovaquone (Oral Suspension)	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
Atovaquone-Proguanil HCl (Oral Tablet)	G	1	
Benznidazole (Oral Tablet)	B	3	
Chloroquine Phosphate (Oral Tablet)	G	1	QL
Coartem (Oral Tablet)	B	3	
DARAPRIM (Oral Tablet)	B	4	
Hydroxychloroquine Sulfate (Oral Tablet)	G	1	QL
Impavido (Oral Capsule)	B	4	
Krintafel (Oral Tablet)	B	3	
Lampit (Oral Tablet)	B	3	PA
Malarone (Oral Tablet)	B	3	
Mefloquine HCl (Oral Tablet)	G	1	
Mepron (Oral Suspension)	B	4	QL
Nebupent (Inhalation Solution Reconstituted)	B	3	B/D,PA; QL
Nitazoxanide (Oral Tablet)	G	1	QL
PENTAM 300 (Injection Solution Reconstituted)	B	3	
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	1	B/D,PA; QL
Pentamidine Isethionate (Injection Solution Reconstituted)	G	1	
Plaquenil (Oral Tablet)	B	3	QL
Primaquine Phosphate (Oral Tablet)	G	1	
Pyrimethamine (Oral Tablet)	G	1	
Qualaquin (Oral Capsule)	B	3	PA
Quinine Sulfate (Oral Capsule)	G	1	PA
Antiparkinson Agents			
Anticholinergics			
Benztropine Mesylate (Oral Tablet)	G	1	HRM
Trihexyphenidyl HCl (Oral Solution)	G	1	HRM
Trihexyphenidyl HCl (Oral Tablet)	G	1	HRM
Antiparkinson Agents, Other			
Amantadine HCl (Oral Capsule)	G	1	
Amantadine HCl (Oral Solution)	G	1	
Amantadine HCl (Oral Tablet)	G	1	
Carbidopa-Levodopa-Entacapone (Oral Tablet)	G	1	
Comtan (Oral Tablet)	B	3	
Entacapone (Oral Tablet)	G	1	
Gocovri (Oral Capsule Extended Release 24 Hour)	B	4	PA
Nourianz (Oral Tablet)	B	4	PA; QL
Ongentys (Oral Capsule)	B	3	ST; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Osmolex ER (Oral Tablet Extended Release 24 Hour)	B	3	PA
Stalevo 100 (Oral Tablet)	B	3	
Stalevo 125 (Oral Tablet)	B	3	
Stalevo 150 (Oral Tablet)	B	4	
Stalevo 200 (Oral Tablet)	B	4	
Stalevo 50 (Oral Tablet)	B	3	
Stalevo 75 (Oral Tablet)	B	3	
Tasmar (Oral Tablet)	B	4	QL
Tolcapone (Oral Tablet)	G	1	QL
Dopamine Agonists			
Apokyn (Subcutaneous Solution Cartridge)	B	4	PA; QL
Apomorphine HCl (Subcutaneous Solution Cartridge)	G	1	PA; QL
Bromocriptine Mesylate (Oral Capsule)	G	1	
Bromocriptine Mesylate (Oral Tablet)	G	1	
Mirapex ER (Oral Tablet Extended Release 24 Hour)	B	3	
Neupro (Transdermal Patch 24 Hour)	B	3	
Parlodel (Oral Capsule)	B	3	
Parlodel (Oral Tablet)	B	3	
Pramipexole Dihydrochloride ER (Oral Tablet Extended Release 24 Hour)	G	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	
Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	G	1	
Dhivy (Oral Tablet)	B	3	ST
Duopa (Enteral Suspension)	B	4	PA
Inbrija (Inhalation Capsule)	B	4	PA
Lodosyn (Oral Tablet)	B	4	
Rytary (Oral Capsule Extended Release)	B	3	ST
Sinemet (Oral Tablet Immediate Release)	B	3	
Monoamine Oxidase B (MAO-B) Inhibitors			
Azilect (Oral Tablet)	B	4	

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
Rasagiline Mesylate (Oral Tablet)	G	1	
Selegiline HCl (Oral Capsule)	G	1	
Selegiline HCl (Oral Tablet)	G	1	
Zelapar ODT (Oral Tablet Dispersible)	B	4	
Antipsychotics			
1st Generation/Typical			
Chlorpromazine HCl (Oral Concentrate)	G	1	
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	
Haldol Decanoate (Intramuscular Solution)	B	3	
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 Asimtufii (Intramuscular Prefilled Syringe)	B	4	
Abilify Maintena (Intramuscular Prefilled Syringe)	B	4	
Abilify Maintena (Intramuscular Suspension Reconstituted ER)	B	4	
Abilify MyCite Maintenance Kit (15MG Oral Tablet Therapy Pack, 20MG Oral Tablet Therapy Pack, 2MG Oral Tablet Therapy Pack, 30MG Oral Tablet Therapy Pack, 5MG Oral Tablet Therapy Pack)	B	4	ST; QL
Abilify MyCite Starter Kit (10MG Oral Tablet Therapy Pack)	B	4	ST
Abilify (Oral Tablet)	B	3	QL
Aripiprazole (Oral Solution)	G	1	QL
Aripiprazole (Oral Tablet)	G	1	QL
Aripiprazole ODT (Oral Tablet Dispersible)	G	1	QL
Aristada Initio (Intramuscular Prefilled Syringe)	B	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Aristada (Intramuscular Prefilled Syringe)	B	4	
Asenapine Maleate (Tablet Sublingual)	G	1	
Caplyta (Oral Capsule)	B	4	PA; QL
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	4	ST; QL
Fanapt Titration Pack (Oral Tablet)	B	3	ST; QL
Geodon (Intramuscular Solution Reconstituted)	B	3	
Geodon (Oral Capsule)	B	4	QL
Invega Hafyera (Intramuscular Suspension Prefilled Syringe)	B	4	
Invega (Oral Tablet Extended Release 24 Hour)	B	3	QL
Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe)	B	4	
Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)	B	3	
Invega Trinza (Intramuscular Suspension Prefilled Syringe)	B	4	
Latuda (Oral Tablet)	B	4	QL
Lurasidone HCl (Oral Tablet)	G	1	QL
Lybalvi (Oral Tablet)	B	4	ST; QL
Nuplazid (Oral Capsule)	B	4	PA; QL
Nuplazid (Oral Tablet)	B	4	PA; 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
Perseris (Subcutaneous Prefilled Syringe)	B	4	
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	4	QL

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

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Clozapine (Oral Tablet)	G	1	
Clozapine ODT (Oral Tablet Dispersible)	G	1	
Clozaril (100MG Oral Tablet, 200MG Oral Tablet)	B	4	
Clozaril (25MG Oral Tablet, 50MG Oral Tablet)	B	3	
Versacloz (Oral Suspension)	B	4	
Antispasticity Agents			
Antispasticity Agents			
Baclofen (Oral Suspension)	B	1	ST
Baclofen (Oral Tablet)	G	1	
Dantrium (Oral Capsule)	B	3	
Dantrolene Sodium (Oral Capsule)	G	1	
Fleqsuvy (Oral Suspension)	B	4	ST
Lyvispah (Oral Packet)	B	3	ST; QL
Tizanidine HCl (Oral Capsule)	G	1	
Tizanidine HCl (Oral Tablet)	G	1	
Zanaflex (Oral Capsule)	B	3	
Zanaflex (Oral Tablet)	B	3	
Antivirals			
Anti-cytomegalovirus (CMV) Agents			
Livtensity (Oral Tablet)	B	4	PA; QL
Prevymis (Oral Tablet)	B	4	PA; QL
Valcyte (Oral Solution Reconstituted)	B	4	QL
Valcyte (Oral Tablet)	B	4	QL
Valganciclovir HCl (Oral Solution Reconstituted)	G	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	
Baraclude (Oral Tablet)	B	4	
Entecavir (Oral Tablet)	G	1	
Lamivudine (100MG Oral Tablet)	G	1	
Vemlidy (Oral Tablet)	B	4	
Anti-hepatitis C (HCV) Agents			
Epclusa (Oral Packet)	B	4	PA; QL
Epclusa (Oral Tablet)	B	4	PA; QL
Harvoni (Oral Packet)	B	4	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
Harvoni (90-400MG Oral Tablet)	B	4	PA; QL
Ledipasvir-Sofosbuvir (Oral Tablet)	B	4	PA; QL
Mavyret (Oral Packet)	B	4	PA; QL
Mavyret (Oral Tablet)	B	4	PA; QL
Ribavirin (Oral Capsule)	G	1	
Ribavirin (Oral Tablet)	G	1	
Sofosbuvir-Velpatasvir (Oral Tablet)	B	4	PA; QL
Sovaldi (Oral Packet)	B	4	PA; QL
Sovaldi (Oral Tablet)	B	4	PA; QL
Vosevi (Oral Tablet)	B	4	PA; QL
Zepatier (Oral Tablet)	B	4	PA; QL
Antiherpetic 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
Denavir (External Cream)	B	3	
Famciclovir (Oral Tablet)	G	1	
Penciclovir (External Cream)	G	1	
Sitavig (Buccal Tablet)	B	4	ST
Valacyclovir HCl (Oral Tablet)	G	1	QL
Valtrex (Oral Tablet)	B	3	QL
Zovirax (External Cream)	B	3	
Zovirax (External Ointment)	B	3	
Anti-HIV Agents, Integrase Inhibitors (INSTI)			
Biktarvy (Oral Tablet)	B	4	QL
Dovato (Oral Tablet)	B	4	QL
Genvoya (Oral Tablet)	B	4	QL
Isentress HD (Oral Tablet)	B	4	QL
Isentress (Oral Packet)	B	3	QL
Isentress (Oral Tablet)	B	4	QL
Isentress (100MG Oral Tablet Chewable)	B	3	QL
Isentress (25MG Oral Tablet Chewable)	B	2	QL
Juluca (Oral Tablet)	B	4	QL
Stribild (Oral Tablet)	B	4	QL
Tivicay (10MG Oral Tablet, 25MG Oral Tablet)	B	3	QL
Tivicay (50MG Oral Tablet)	B	4	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tivicay PD (Oral Tablet Soluble)	B	4	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)			
Complera (Oral Tablet)	B	4	QL
Delstrigo (Oral Tablet)	B	4	QL
Edurant (Oral Tablet)	B	4	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
Intence (100MG Oral Tablet, 200MG Oral Tablet)	B	4	QL
Intence (25MG Oral Tablet)	B	3	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	4	QL
Symfi Lo (Oral Tablet)	B	4	QL
Symfi (Oral Tablet)	B	4	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
Cimduo (Oral Tablet)	B	4	QL
Combivir (Oral Tablet)	B	4	QL
Descovy (Oral Tablet)	B	4	QL
Emtricitabine (Oral Capsule)	G	1	QL
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet)	G	1	QL
Emtriva (Oral Capsule)	B	3	QL
Emtriva (Oral Solution)	B	3	QL
Epivir (Oral Solution)	B	3	QL
Epivir (Oral Tablet)	B	3	QL
Epzicom (Oral Tablet)	B	4	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	4	QL
Retrovir (Oral Capsule)	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
Retrovir (Oral Syrup)	B	3	QL
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	1	QL
Triumeq (Oral Tablet)	B	4	QL
Triumeq PD (Oral Tablet Soluble)	B	4	QL
Trizivir (Oral Tablet)	B	4	QL
Truvada (Oral Tablet)	B	4	QL
Viread (Oral Powder)	B	4	QL
Viread (Oral Tablet)	B	4	QL
Ziagen (Oral Solution)	B	3	QL
Ziagen (Oral Tablet)	B	3	QL
Zidovudine (Oral Capsule)	G	1	QL
Zidovudine (Oral Syrup)	G	1	QL
Zidovudine (Oral Tablet)	G	1	QL
Anti-HIV Agents, Other			
Fuzeon (Subcutaneous Solution Reconstituted)	B	4	QL
Maraviroc (Oral Tablet)	G	1	QL
Rukobia (Oral Tablet Extended Release 12 Hour)	B	4	QL
Selzentry (Oral Solution)	B	4	QL
Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet)	B	4	QL
Selzentry (25MG Oral Tablet)	B	2	QL
Sunlenca (Oral Tablet Therapy Pack)	B	4	QL
Tybost (Oral Tablet)	B	3	QL
Anti-HIV Agents, Protease Inhibitors			
Aptivus (Oral Capsule)	B	4	QL
Atazanavir Sulfate (Oral Capsule)	G	1	QL
Darunavir (Oral Tablet)	G	1	QL
Evotaz (Oral Tablet)	B	4	QL
Fosamprenavir Calcium (Oral Tablet)	G	1	QL
Kaletra (Oral Solution)	B	3	QL
Kaletra (100-25MG Oral Tablet)	B	3	QL
Kaletra (200-50MG Oral Tablet)	B	4	QL
Lexiva (Oral Suspension)	B	3	QL
Lexiva (Oral Tablet)	B	4	QL
Lopinavir-Ritonavir (Oral Solution)	G	1	QL
Lopinavir-Ritonavir (Oral Tablet)	G	1	QL
Norvir (Oral Packet)	B	3	QL
Norvir (Oral Tablet)	B	3	QL
Prezcobix (Oral Tablet)	B	4	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Prezista (Oral Suspension)	B	4	QL
Prezista (150MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	B	4	QL
Prezista (75MG Oral Tablet)	B	3	QL
Reyataz (Oral Capsule)	B	4	QL
Reyataz (Oral Packet)	B	4	QL
Ritonavir (Oral Tablet)	G	1	QL
Symtuza (Oral Tablet)	B	4	QL
Viracept (Oral Tablet)	B	4	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	2	
Rimantadine HCl (Oral Tablet)	G	1	
Tamiflu (Oral Capsule)	B	3	
Tamiflu (Oral Suspension Reconstituted)	B	3	
Xofluza (40MG Dose) (Oral Tablet Therapy Pack)	B	2	QL
Xofluza (80MG Dose) (Oral Tablet Therapy Pack)	B	2	QL
Anxiolytics			
Anxiolytics, Other			
Bupirone HCl (Oral Tablet)	G	1	
Hydroxyzine HCl (Oral Syrup)	G	1	HRM
Hydroxyzine HCl (Oral Tablet)	G	1	HRM
Hydroxyzine Pamoate (Oral Capsule)	G	1	HRM
Meprobamate (Oral Tablet)	G	1	HRM
Vistaril (Oral Capsule)	B	3	HRM
Benzodiazepines			
Alprazolam ER (Oral Tablet Extended Release 24 Hour)	G	1	PA; QL
Alprazolam Intensol (Oral Concentrate)	G	1	QL
Alprazolam (Oral Tablet Immediate Release)	G	1	QL
Alprazolam ODT (Oral Tablet Dispersible)	G	1	QL
Ativan (Oral Tablet)	B	4	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 (Oral Concentrate)	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
Diazepam (5MG/5ML Oral Solution)	G	1	
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	1	QL
Klonopin (Oral Tablet)	B	3	QL
Lorazepam Intensol (Oral Concentrate)	G	1	QL
Lorazepam (Oral Tablet)	G	1	QL
Loreev XR (Oral Capsule ER 24 Hour Sprinkle)	B	3	QL
Oxazepam (Oral Capsule)	G	1	
Valium (Oral Tablet)	B	3	QL
Xanax (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	B	3	QL
Xanax (2MG Oral Tablet Immediate Release)	B	4	QL
Xanax XR (0.5MG Oral Tablet Extended Release 24 Hour, 1MG Oral Tablet Extended Release 24 Hour, 2MG Oral Tablet Extended Release 24 Hour)	B	3	PA; QL
Xanax XR (3MG Oral Tablet Extended Release 24 Hour)	B	4	PA; QL
Bipolar Agents			
Mood Stabilizers			
Depakote ER (Oral Tablet Extended Release 24 Hour)	B	3	
Depakote (Oral Tablet Delayed Release)	B	3	
Depakote Sprinkles (Oral Capsule Delayed Release Sprinkle)	B	3	
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	G	1	
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	G	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	
Lithobid (Oral Tablet Extended Release)	B	3	
Blood Glucose Regulators			
Antidiabetic Agents			
Acarbose (Oral Tablet)	G	1	
Actoplus Met (15MG-850MG Oral Tablet Immediate Release)	B	3	QL
Actos (Oral Tablet)	B	3	QL
Alogliptin Benzoate (Oral Tablet)	B	3	ST; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Alogliptin-Metformin HCl (Oral Tablet)	B	3	ST; QL
Alogliptin-Pioglitazone (Oral Tablet)	B	3	ST; QL
Bydureon BCise (Subcutaneous Auto-Injector)	B	3	PA; QL
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	B	3	PA; QL
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	B	3	PA; QL
Cycloset (Oral Tablet)	B	3	PA
Duetact (Oral Tablet)	B	3	HRM; QL
Farxiga (Oral Tablet)	B	2	QL
Glimepiride (Oral Tablet)	G	1	HRM; QL
Glipizide ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Glipizide (Oral Tablet Immediate Release)	G	1	QL
Glipizide-Metformin HCl (Oral Tablet)	G	1	QL
Glucotrol XL (Oral Tablet Extended Release 24 Hour)	B	3	QL
Glumetza (Oral Tablet Extended Release 24 Hour)	B	4	PA; QL
Glyburide Micronized (Oral Tablet)	G	1	HRM; QL
Glyburide (Oral Tablet)	G	1	HRM; QL
Glyburide-Metformin (Oral Tablet)	G	1	HRM; QL
Glynase (Oral Tablet)	B	3	HRM; QL
Glyxambi (Oral Tablet)	B	2	QL
Invokamet (Oral Tablet Immediate Release)	B	3	ST; QL
Invokamet XR (Oral Tablet Extended Release 24 Hour)	B	3	ST; QL
Invokana (Oral Tablet)	B	3	ST; QL
Janumet (Oral Tablet Immediate Release)	B	2	QL
Janumet XR (Oral Tablet Extended Release 24 Hour)	B	2	QL
Januvia (Oral Tablet)	B	2	QL
Jardiance (Oral Tablet)	B	2	QL
Jentadueto (2.5-1000MG Oral Tablet, 2.5-500MG Oral Tablet)	B	2	QL
Jentadueto XR (Oral Tablet Extended Release 24 Hour)	B	2	QL
Kazano (Oral Tablet)	B	3	ST; QL
Kombiglyze XR (Oral Tablet Extended Release 24 Hour)	B	3	ST; QL
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour, 500MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	G	1	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
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour, 500MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	G	1	PA; QL
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	1	QL
Metformin HCl (Oral Solution)	G	1	QL
Metformin HCl (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 850MG Oral Tablet Immediate Release)	G	1	QL
Miglitol (Oral Tablet)	G	1	
Mounjaro (Subcutaneous Solution Pen-Injector)	B	2	PA; QL
Nateglinide (Oral Tablet)	G	1	QL
Nesina (Oral Tablet)	B	3	ST; QL
Onglyza (Oral Tablet)	B	3	ST; QL
Oseni (Oral Tablet)	B	3	ST; QL
Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector)	B	2	PA; QL
Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector)	B	2	PA; QL
Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector)	B	2	PA; QL
Pioglitazone HCl (Oral Tablet)	G	1	QL
Pioglitazone HCl-Glimepiride (Oral Tablet)	G	1	HRM; QL
Pioglitazone HCl-Metformin HCl (Oral Tablet)	G	1	QL
Qtern (Oral Tablet)	B	3	ST; QL
Repaglinide (Oral Tablet)	G	1	QL
Rybelsus (Oral Tablet)	B	2	PA; QL
Segluromet (Oral Tablet)	B	3	ST; QL
Soliqua (Subcutaneous Solution Pen-Injector)	B	2	PA; QL
Steglatro (Oral Tablet)	B	3	ST; QL
Steglujan (Oral Tablet)	B	3	ST; QL
SymlinPen 120 (Subcutaneous Solution Pen-Injector)	B	4	PA
SymlinPen 60 (Subcutaneous Solution Pen-Injector)	B	4	PA
Synjardy (Oral Tablet Immediate Release)	B	2	QL
Synjardy XR (Oral Tablet Extended Release 24 Hour)	B	2	QL
Tradjenta (Oral Tablet)	B	2	QL
Trijardy XR (Oral Tablet Extended Release 24 Hour)	B	2	QL
Trulicity (Subcutaneous Solution Pen-Injector)	B	2	PA; QL
Victoza (Subcutaneous Solution Pen-Injector)	B	2	PA; QL
Xigduo XR (Oral Tablet Extended Release 24 Hour)	B	2	QL
Xultophy (Subcutaneous Solution Pen-Injector)	B	3	ST; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Glycemic Agents			
Baqsimi One 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 Kit (Subcutaneous Solution)	B	2	
Gvoke PFS (Subcutaneous Solution Prefilled Syringe)	B	2	
Proglycem (Oral Suspension)	B	4	
Zegalogue (Subcutaneous Solution Auto-Injector)	B	3	ST
Zegalogue (Subcutaneous Solution Prefilled Syringe)	B	3	ST
Insulins			
Admelog (Injection Solution)	B	3	ST
Admelog SoloStar (Subcutaneous Solution Pen-Injector)	B	3	ST
Afrezza (12UNIT Inhalation Powder, 60x4UNIT & 60x8UNIT & 60x12UNIT Inhalation Powder, 90x4UNIT & 90x8UNIT Inhalation Powder, 90x8UNIT & 90x12UNIT Inhalation Powder)	B	4	PA
Afrezza (4UNIT Inhalation Powder, 8UNIT Inhalation Powder)	B	3	PA
Apidra (Injection Solution)	B	3	ST
Apidra SoloStar (Subcutaneous Solution Pen-Injector)	B	3	ST
Basaglar KwikPen (Subcutaneous Solution Pen-Injector)	B	3	ST
Basaglar Tempo Pen (Subcutaneous Solution Pen-Injector)	B	3	ST
Fiasp FlexTouch (Subcutaneous Solution Pen-Injector)	B	3	ST
Fiasp (Injection Solution)	B	3	ST
Fiasp PenFill (Subcutaneous Solution Cartridge)	B	3	ST
Humalog (Injection Solution)	B	2	
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	

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
Humalog Mix 75/25 (Subcutaneous Suspension)	B	2	
Humalog (Subcutaneous Solution Cartridge)	B	2	
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)	B	2	
Humulin 70/30 (Subcutaneous Suspension)	B	2	
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)	B	2	
Humulin N (Subcutaneous Suspension)	B	2	
Humulin R (Injection Solution)	B	2	
Humulin R U-500 (Concentrated) (Subcutaneous Solution)	B	2	
Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)	B	2	
Insulin Aspart Prot & Aspart FlexPen (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Novolog)	B	3	ST
Insulin Aspart FlexPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Novolog)	B	3	ST
Insulin Aspart (Injection Solution)	B	3	ST
Insulin Aspart PenFill (Subcutaneous Solution Cartridge) (Brand Equivalent Novolog)	B	3	ST
Insulin Aspart Prot & Aspart (Subcutaneous Suspension) (Brand Equivalent Novolog)	B	3	ST
Insulin Degludec FlexTouch (Subcutaneous Solution Pen-Injector)	B	3	ST
Insulin Degludec (Subcutaneous Solution)	B	3	ST
Insulin Glargine Solostar (Subcutaneous Solution Pen-Injector)	B	3	ST
Insulin Glargine (Subcutaneous Solution)	B	3	ST
Insulin Glargine-yfgn (Subcutaneous Solution)	B	3	ST
Insulin Glargine-yfgn (Subcutaneous Solution Pen-Injector)	B	3	ST
Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)	B	2	
Insulin Lispro (Injection Solution) (Brand Equivalent Humalog)	B	2	
Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)	B	2	
Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog)	B	2	
Lantus SoloStar (Subcutaneous Solution Pen-Injector)	B	2	
Lantus (Subcutaneous Solution)	B	2	
Levemir FlexPen (Subcutaneous Solution Pen-Injector)	B	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Levemir (Subcutaneous Solution)	B	2	
Lyumjev (Injection Solution)	B	2	
Lyumjev KwikPen (Subcutaneous Solution Pen-Injector)	B	2	
Novolin 70/30 FlexPen (Subcutaneous Suspension Pen-Injector)	B	2	
Novolin 70/30 (Subcutaneous Suspension)	B	2	
Novolin N FlexPen (Subcutaneous Suspension Pen-Injector)	B	2	
Novolin N (Subcutaneous Suspension)	B	2	
Novolin R FlexPen (Injection Solution Pen-Injector)	B	2	
Novolin R (Injection Solution)	B	2	
NovoLog FlexPen (Subcutaneous Solution Pen-Injector)	B	2	
NovoLog (Injection Solution)	B	2	
NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector)	B	2	
NovoLog Mix 70/30 (Subcutaneous Suspension)	B	2	
NovoLog PenFill (Subcutaneous Solution Cartridge)	B	2	
Semglee (yfgn) (Subcutaneous Solution)	B	3	ST
Semglee (yfgn) (Subcutaneous Solution Pen-Injector)	B	3	ST
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)	B	2	
Toujeo SoloStar (Subcutaneous Solution Pen-Injector)	B	2	
Tresiba FlexTouch (Subcutaneous Solution Pen-Injector)	B	2	
Tresiba (Subcutaneous Solution)	B	2	
Blood Products and Modifiers			
Anticoagulants			
Arixtra (Subcutaneous Solution)	B	4	
Dabigatran Etexilate Mesylate (Oral Capsule)	G	1	QL
Eliquis (Oral Tablet)	B	2	QL
Eliquis Starter Pack (Oral Tablet)	B	2	QL
Enoxaparin Sodium (Injection Solution Prefilled Syringe)	G	1	
Fondaparinux Sodium (Subcutaneous Solution)	G	1	
Fragmin (95000UNIT/3.8ML Subcutaneous Solution)	B	4	
Fragmin (Subcutaneous Solution Prefilled Syringe)	B	4	
Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection 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
Heparin Sodium (1000UNIT/ML Injection Solution)	G	1	B/D,PA
Jantoven (Oral Tablet)	G	1	
Lovenox (100MG/ML Injection Solution Prefilled Syringe, 120MG/0.8ML Injection Solution Prefilled Syringe, 150MG/ML Injection Solution Prefilled Syringe)	B	4	
Lovenox (30MG/0.3ML Injection Solution Prefilled Syringe, 40MG/0.4ML Injection Solution Prefilled Syringe, 60MG/0.6ML Injection Solution Prefilled Syringe, 80MG/0.8ML Injection Solution Prefilled Syringe)	B	3	
Pradaxa (Oral Capsule)	B	3	ST; QL
Pradaxa (Oral Packet)	B	4	PA; QL
Savaysa (Oral Tablet)	B	3	ST; QL
Warfarin Sodium (Oral Tablet)	G	1	
Xarelto (Oral Suspension Reconstituted)	B	2	QL
Xarelto (Oral Tablet)	B	2	QL
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	2	QL
Zontivity (Oral Tablet)	B	3	PA
Blood Products and Modifiers, Other			
Agrylin (Oral Capsule)	B	3	
Anagrelide HCl (Oral Capsule)	G	1	
Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution)	B	4	PA
Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution)	B	3	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, 60MCG/0.3ML Injection Solution Prefilled Syringe)	B	4	PA
Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe)	B	3	PA
Epogen (Injection Solution)	B	3	PA
Fulphila (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Fylnetra (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Granix (Subcutaneous Solution)	B	4	ST
Granix (Subcutaneous Solution Prefilled Syringe)	B	4	ST
Leukine (Injection Solution Reconstituted)	B	4	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Mulpleta (Oral Tablet)	B	4	PA
Neulasta (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Neupogen (Injection Solution)	B	4	ST
Neupogen (Injection Solution Prefilled Syringe)	B	4	ST
Nivestym (Injection Solution)	B	4	ST
Nivestym (Injection Solution Prefilled Syringe)	B	4	ST
Nyvepria (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Oxbryta (Oral Tablet)	B	4	PA; QL
Oxbryta (Oral Tablet Soluble)	B	4	PA; QL
Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	B	3	PA
Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution)	B	4	PA
Promacta (Oral Packet)	B	4	PA; QL
Promacta (Oral Tablet)	B	4	PA; QL
Pyrukynd (Oral Tablet)	B	4	PA; QL
Pyrukynd Taper Pack (Oral Tablet Therapy Pack)	B	4	PA; QL
Releuko (Subcutaneous Solution Prefilled Syringe)	B	4	ST
Retacrit (Injection Solution)	B	3	PA
Siklos (1000MG Oral Tablet)	B	4	PA
Siklos (100MG Oral Tablet)	B	3	PA
Udenyca (Subcutaneous Solution Auto-Injector)	B	4	PA
Udenyca (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Zarxio (Injection Solution Prefilled Syringe)	B	4	
Ziextenzo (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Hemostasis Agents			
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	4	PA; QL
Cilostazol (Oral Tablet)	G	1	
Clopidogrel Bisulfate (75MG Oral Tablet)	G	1	
Dipyridamole (Oral Tablet)	G	1	HRM
Doptelet (Oral Tablet)	B	4	PA; QL
Effient (Oral Tablet)	B	3	
Plavix (Oral Tablet)	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
Prasugrel HCl (Oral Tablet)	G	1	
Tavalisse (Oral Tablet)	B	4	PA; QL
Cardiovascular Agents			
Alpha-adrenergic Agonists			
Catapres-TTS-1 (Transdermal Patch Weekly)	B	3	
Catapres-TTS-2 (Transdermal Patch Weekly)	B	3	
Catapres-TTS-3 (Transdermal Patch Weekly)	B	3	
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	HRM; QL
Midodrine HCl (Oral Tablet)	G	1	
Northera (Oral Capsule)	B	4	PA; QL
Alpha-adrenergic Blocking Agents			
Cardura (Oral Tablet Immediate Release)	B	3	
Dibenzylamine (Oral Capsule)	B	4	
Doxazosin Mesylate (Oral Tablet)	G	1	
Minipress (Oral Capsule)	B	3	
Phenoxybenzamine HCl (Oral Capsule)	G	1	
Prazosin HCl (Oral Capsule)	G	1	
Angiotensin II Receptor Antagonists			
Atacand (Oral Tablet)	B	3	QL
Avapro (Oral Tablet)	B	3	QL
Benicar (Oral Tablet)	B	3	QL
Candesartan Cilexetil (Oral Tablet)	G	1	QL
Cozaar (Oral Tablet)	B	3	QL
Diovan (Oral Tablet)	B	3	QL
Edarbi (Oral Tablet)	B	3	QL
Irbesartan (Oral Tablet)	G	1	QL
Losartan Potassium (Oral Tablet)	G	1	QL
Micardis (Oral Tablet)	B	3	QL
Olmesartan Medoxomil (Oral Tablet)	G	1	QL
Telmisartan (Oral Tablet)	G	1	QL
Valsartan (Oral Solution)	B	4	ST; QL
Valsartan (Oral Tablet)	G	1	QL
Angiotensin-converting Enzyme (ACE) Inhibitors			
Altace (Oral Capsule)	B	3	QL
Benazepril HCl (Oral Tablet)	G	1	QL
Captopril (Oral Tablet)	G	1	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Enalapril Maleate (Oral Solution)	G	1	
Enalapril Maleate (Oral Tablet)	G	1	QL
Fosinopril Sodium (Oral Tablet)	G	1	QL
Lisinopril (Oral Tablet)	G	1	QL
Lotensin (Oral Tablet)	B	3	QL
Moexipril HCl (Oral Tablet)	G	1	QL
Perindopril Erbumine (Oral Tablet)	G	1	QL
Qbrelis (Oral Solution)	B	4	QL
Quinapril HCl (Oral Tablet)	G	1	QL
Ramipril (Oral Capsule)	G	1	QL
Trandolapril (Oral Tablet)	G	1	QL
Vasotec (10MG Oral Tablet, 20MG Oral Tablet)	B	4	QL
Vasotec (2.5MG Oral Tablet, 5MG Oral Tablet)	B	3	QL
Zestril (Oral Tablet)	B	3	QL
Antiarrhythmics			
Amiodarone HCl (Oral Tablet)	G	1	
Betapace AF (120MG Oral Tablet, 160MG Oral Tablet)	B	4	
Betapace AF (80MG Oral Tablet)	B	3	
Disopyramide Phosphate (Oral Capsule)	G	1	HRM
Dofetilide (Oral Capsule)	G	1	QL
Flecainide Acetate (Oral Tablet)	G	1	
Mexiletine HCl (Oral Capsule)	G	1	
Multaq (Oral Tablet)	B	2	
Norpace CR (Oral Capsule Extended Release 12 Hour)	B	3	HRM
Norpace (Oral Capsule Immediate Release)	B	3	HRM
Pacerone (Oral Tablet)	B	3	
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	
Rythmol SR (225MG Oral Capsule Extended Release 12 Hour)	B	3	
Rythmol SR (325MG Oral Capsule Extended Release 12 Hour, 425MG Oral Capsule Extended Release 12 Hour)	B	4	
Sorine (Oral Tablet)	G	1	
Sotalol HCl AF (Oral Tablet)	G	1	
Sotalol 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
Sotylize (Oral Solution)	B	3	PA
Tikosyn (Oral Capsule)	B	3	QL
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	3	QL
Carvedilol (Oral Tablet)	G	1	
Carvedilol Phosphate ER (Oral Capsule Extended Release 24 Hour)	G	1	
Coreg CR (Oral Capsule Extended Release 24 Hour)	B	3	
Coreg (25MG Oral Tablet)	B	3	
Corgard (20MG Oral Tablet, 40MG Oral Tablet)	B	3	
Inderal LA (Oral Capsule Extended Release 24 Hour)	B	4	
InnoPran XL (Oral Capsule Extended Release 24 Hour)	B	4	
Labetalol HCl (Oral Tablet)	G	1	
Lopressor (Oral Tablet)	B	3	
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	G	1	
Metoprolol Tartrate (Oral Tablet)	G	1	
Nadolol (Oral Tablet)	G	1	
Nebivolol HCl (Oral Tablet)	G	1	QL
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	
Tenormin (Oral Tablet)	B	3	
Toprol XL (Oral Tablet Extended Release 24 Hour)	B	3	
Calcium Channel Blocking Agents, Dihydropyridines			
Amlodipine Besylate (Oral Tablet)	G	1	
Conjupri (Oral Tablet)	B	3	ST
Felodipine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Isradipine (Oral Capsule)	G	1	
Katerzia (Oral Suspension)	B	3	ST
Levamlodipine Maleate (Oral Tablet)	B	3	ST
Nicardipine HCl (Oral Capsule)	G	1	
Nifedipine ER (Oral Tablet Extended Release 24 Hour)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	G	1	
Nifedipine (Oral Capsule)	G	1	HRM
Nimodipine (Oral Capsule)	G	1	
Nisoldipine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Norliqva (Oral Solution)	B	3	ST
Norvasc (Oral Tablet)	B	3	
Nymalize (Oral Solution)	B	3	
Procardia XL (Oral Tablet Extended Release 24 Hour)	B	3	
Sular (Oral Tablet Extended Release 24 Hour)	B	3	
Calcium Channel Blocking Agents, Nondihydropyridines			
Cardizem CD (Oral Capsule Extended Release 24 Hour)	B	4	
Cardizem LA (Oral Tablet Extended Release 24 Hour)	B	3	
Cardizem (120MG Oral Tablet Immediate Release, 60MG Oral Tablet Immediate Release)	B	4	
Cardizem (30MG Oral Tablet Immediate Release)	B	3	
Cartia XT (Oral Capsule Extended Release 24 Hour)	G	1	
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour)	G	1	
Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	G	1	
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour)	G	1	
Diltiazem HCl ER (Oral Tablet Extended Release 24 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	
Tiazac (Oral Capsule Extended Release 24 Hour)	B	3	
Verapamil HCl ER (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	
Verelan (Oral Capsule Extended Release 24 Hour)	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
Verelan PM (Oral Capsule Extended Release 24 Hour)	B	3	
Cardiovascular Agents, Other			
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	G	1	
Acetazolamide (Oral Tablet)	G	1	
Aldactazide (25-25MG 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	
Aspruzyo Sprinkle (Oral Packet)	B	3	ST; QL
Atacand HCT (Oral Tablet)	B	3	QL
Atenolol-Chlorthalidone (Oral Tablet)	G	1	
Avalide (Oral Tablet)	B	3	QL
Azor (Oral Tablet)	B	3	QL
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Benicar HCT (Oral Tablet)	B	3	QL
BiDil (Oral Tablet)	B	3	
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Caduet (Oral Tablet)	B	3	QL
Camzyos (Oral Capsule)	B	4	PA; 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	4	
Digoxin (Oral Solution)	G	1	HRM
Digoxin (Oral Tablet)	G	1	HRM
Diovan HCT (Oral Tablet)	B	3	QL
Edarbyclor (Oral Tablet)	B	3	QL
Enalapril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Entresto (Oral Tablet)	B	2	QL
Exforge HCT (Oral Tablet)	B	3	
Exforge (Oral Tablet)	B	3	QL
Fosinopril Sodium-HCTZ (Oral Tablet)	G	1	QL
Hyzaar (Oral Tablet)	B	3	QL
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	1	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Isosorbide Dinitrate-Hydralazine (Oral Tablet)	G	1	
Kerendia (Oral Tablet)	B	3	PA; QL
Lanoxin (Oral Tablet)	B	3	HRM
Lisinopril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Losartan Potassium-HCTZ (Oral Tablet)	G	1	QL
Lotrel (Oral Capsule)	B	3	QL
Maxzide (Oral Tablet)	B	3	
Maxzide-25 (Oral Tablet)	B	3	
Metoprolol-Hydrochlorothiazide (Oral Tablet)	G	1	
Metyrosine (Oral Capsule)	G	1	
Micardis HCT (Oral Tablet)	B	3	QL
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	1	QL
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	G	1	QL
Pentoxifylline ER (Oral Tablet Extended Release)	G	1	
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	1	
Spirolactone-HCTZ (Oral Tablet)	G	1	
Tekturna (Oral Tablet)	B	3	QL
Telmisartan-Amlodipine (Oral Tablet)	G	1	QL
Telmisartan-HCTZ (Oral Tablet)	G	1	QL
Tenoretic 100 (Oral Tablet)	B	3	
Tenoretic 50 (Oral Tablet)	B	3	
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	G	1	QL
Triamterene-HCTZ (Oral Capsule)	G	1	
Triamterene-HCTZ (Oral Tablet)	G	1	
Tribenzor (Oral Tablet)	B	3	QL
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Vaseretic (Oral Tablet)	B	3	QL
Vecamyl (Oral Tablet)	B	4	PA
Zestoretic (Oral Tablet)	B	3	QL
Ziac (Oral Tablet)	B	3	QL
Diuretics, Loop			
Bumetanide (Injection Solution)	G	1	
Bumetanide (Oral Tablet)	G	1	
Edecrin (Oral Tablet)	B	4	QL
Ethacrynic Acid (Oral Tablet)	G	1	QL
Furoscix (Subcutaneous Cartridge Kit)	B	4	PA
Furosemide (Injection Solution)	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
Furosemide (Oral Solution)	G	1	
Furosemide (Oral Tablet)	G	1	
Lasix (Oral Tablet)	B	3	
Soanz (Oral Tablet)	B	3	PA
Torsemide (Oral Tablet)	G	1	
Diuretics, Potassium-sparing			
Aldactone (Oral Tablet)	B	3	
Amiloride HCl (Oral Tablet)	G	1	
CaroSpir (Oral Suspension)	B	3	
Dyrenium (Oral Capsule)	B	3	
Eplerenone (Oral Tablet)	G	1	
Inspra (Oral Tablet)	B	3	
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	
Thalitone (Oral Tablet)	B	3	
Dyslipidemics, Fibric Acid Derivatives			
Antara (Oral Capsule)	B	3	
Fenofibrate Micronized (130MG Oral Capsule, 134MG Oral Capsule, 200MG Oral Capsule, 43MG Oral Capsule, 67MG Oral Capsule)	G	1	
Fenofibrate Micronized (90MG Oral Capsule)	B	3	
Fenofibrate (150MG Oral Capsule, 50MG Oral Capsule)	G	1	
Fenofibrate (Oral Tablet)	G	1	
Fenofibric Acid (Oral Capsule Delayed Release)	G	1	
Fenoglide (120MG Oral Tablet)	B	4	
Fenoglide (40MG Oral Tablet)	B	3	
Gemfibrozil (Oral Tablet)	G	1	
Lipofen (Oral Capsule)	B	3	
Lopid (Oral Tablet)	B	3	
Tricor (Oral Tablet)	B	3	
Trilipix (Oral Capsule Delayed Release)	B	3	
Dyslipidemics, HMG CoA Reductase Inhibitors			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Altoprev (Oral Tablet Extended Release 24 Hour)	B	4	QL
Atorvastatin Calcium (Oral Tablet)	G	1	QL
Crestor (Oral Tablet)	B	3	QL
Ezallor Sprinkle (Oral Capsule Sprinkle)	B	3	QL
FloLipid (Oral Suspension)	B	3	QL
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Fluvastatin Sodium (Oral Capsule)	G	1	QL
Lescol XL (Oral Tablet Extended Release 24 Hour)	B	3	QL
Lipitor (Oral Tablet)	B	3	QL
Livalo (Oral Tablet)	B	2	QL
Lovastatin (Oral Tablet)	G	1	QL
Pravastatin Sodium (Oral Tablet)	G	1	QL
Rosuvastatin Calcium (Oral Tablet)	G	1	QL
Simvastatin (Oral Tablet)	G	1	QL
Zocor (Oral Tablet)	B	3	QL
Zypitamag (Oral Tablet)	B	3	ST; QL
Dyslipidemics, Other			
Cholestyramine Light (Oral Packet)	G	1	
Cholestyramine (Oral Packet)	G	1	
Colesevelam HCl (Oral Packet)	G	1	
Colesevelam HCl (Oral Tablet)	G	1	
Colestid (Oral Packet)	B	3	
Colestid (Oral Tablet)	B	3	
Colestipol HCl (Oral Packet)	G	1	
Colestipol HCl (Oral Tablet)	G	1	
Ezetimibe (Oral Tablet)	G	1	
Ezetimibe-Simvastatin (Oral Tablet)	G	1	QL
Juxtapid (Oral Capsule)	B	4	PA
Lovaza (Oral Capsule)	B	3	
Nexletol (Oral Tablet)	B	3	PA; QL
Nexlizet (Oral Tablet)	B	3	PA; QL
Niacin (Antihyperlipidemic) (Oral Tablet Immediate Release)	G	1	
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	

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
Praluent (Subcutaneous Solution Auto-Injector)	B	2	PA; QL
Prevalite (Oral Packet)	G	1	
Questran Light (Oral Powder)	B	3	
Questran (Oral Powder)	B	3	
Repatha Pushtonex System (Subcutaneous Solution Cartridge)	B	2	PA; QL
Repatha (Subcutaneous Solution Prefilled Syringe)	B	2	PA; QL
Repatha SureClick (Subcutaneous Solution Auto-Injector)	B	2	PA; QL
Vascepa (Oral Capsule)	B	1	
Vytorin (Oral Tablet)	B	3	QL
Welchol (Oral Packet)	B	3	
Welchol (Oral Tablet)	B	3	
Zetia (Oral Tablet)	B	3	
Vasodilators, Direct-acting Arterial			
Hydralazine HCl (Oral Tablet)	G	1	
Minoxidil (Oral Tablet)	G	1	
Vasodilators, Direct-acting Arterial/Venous			
Isordil Titradoso (Oral Tablet)	B	4	
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	
Nitro-Bid (Transdermal Ointment)	B	3	
Nitro-Dur (0.1MG/HR Transdermal Patch 24 Hour, 0.2MG/HR Transdermal Patch 24 Hour, 0.4MG/HR Transdermal Patch 24 Hour, 0.6MG/HR Transdermal Patch 24 Hour)	B	3	
Nitro-Dur (0.3MG/HR Transdermal Patch 24 Hour, 0.8MG/HR Transdermal Patch 24 Hour)	B	4	
Nitroglycerin (Tablet Sublingual)	G	1	
Nitroglycerin (Transdermal Patch 24 Hour)	G	1	
Nitroglycerin (Translingual Solution)	G	1	
Nitrolingual (Translingual Solution)	B	3	
Nitrostat (Tablet Sublingual)	B	3	
Rectiv (Rectal Ointment)	B	3	QL
Verquvo (Oral Tablet)	B	2	PA; QL
Central Nervous System Agents			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			
Adderall (20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	B	3	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Adderall XR (Oral Capsule Extended Release 24 Hour)	B	3	QL
Adzenys XR-ODT (Oral Tablet Extended Release Dispersible)	B	3	QL
Amphetamine Sulfate (Oral Tablet)	G	1	
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	1	QL
Amphetamine-Dextroamphetamine (Oral Tablet)	G	1	QL
Dexedrine (10MG Oral Capsule Extended Release 24 Hour, 15MG Oral Capsule Extended Release 24 Hour)	B	4	QL
Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)	G	1	QL
Dextroamphetamine Sulfate (Oral Solution)	G	1	
Dextroamphetamine Sulfate (Oral Tablet)	G	1	QL
Dyanavel XR (Oral Suspension Extended Release)	B	3	QL
Dyanavel XR (Oral Tablet Chewable Extended Release)	B	3	QL
Evekeo ODT (Oral Tablet Dispersible)	B	3	
Evekeo (Oral Tablet)	B	3	
Methamphetamine HCl (Oral Tablet)	G	1	PA; QL
Mydayis (Oral Capsule Extended Release 24 Hour)	B	3	QL
ProCentra (Oral Solution)	B	3	
Vyvanse (Oral Capsule)	B	3	
Vyvanse (Oral Tablet Chewable)	B	3	
Xelstrym (Transdermal Patch)	B	3	QL
Zenzedi (Oral Tablet)	B	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	
Azstarys (Oral Capsule)	B	3	QL
Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)	G	1	PA
Concerta (Oral Tablet Extended Release)	B	3	QL
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
Focalin (Oral Tablet)	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
Focalin XR (Oral Capsule Extended Release 24 Hour)	B	3	
Guanfacine HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	HRM
Intuniv (Oral Tablet Extended Release 24 Hour)	B	3	HRM
Jornay PM (Oral Capsule Extended Release 24 Hour)	B	3	QL
Kapvay (Oral Tablet Extended Release 12 Hour)	B	3	PA
Methylin (Oral Solution)	B	3	QL
Methylphenidate HCl CD (Oral Capsule Extended Release) (Generic Metadate CD)	G	1	QL
Methylphenidate HCl LA (Oral Capsule Extended Release 24 Hour) (Generic Ritalin LA)	G	1	QL
Methylphenidate HCl ER Osmotic Release (18MG Oral Tablet Extended Release, 27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release, 54MG Oral Tablet Extended Release, 72MG Oral Tablet Extended Release) (Generic Concerta)	G	1	QL
Methylphenidate HCl ER Osmotic (45MG Oral Tablet Extended Release, 63MG Oral Tablet Extended Release) (Generic Concerta)	B	3	QL
Methylphenidate HCl ER (XR) (Oral Capsule Extended Release 24 Hour) (Brand Equivalent Aptensio XR)	G	1	QL
Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release)	G	1	QL
Methylphenidate HCl ER (18MG Oral Tablet Extended Release 24 Hour, 27MG Oral Tablet Extended Release 24 Hour, 36MG Oral Tablet Extended Release 24 Hour, 54MG 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
Methylphenidate (Transdermal Patch)	G	1	QL
Qelbree (Oral Capsule Extended Release 24 Hour)	B	3	QL
QuilliChew ER (Oral Tablet Chewable Extended Release)	B	3	QL
Quillivant XR (Oral Suspension Reconstituted)	B	3	QL
Relexxii (Oral Tablet Extended Release)	B	3	QL
Ritalin LA (Oral Capsule Extended Release 24 Hour)	B	3	QL
Ritalin (Oral Tablet)	B	3	QL
Strattera (Oral Capsule)	B	3	
Central Nervous System, Other			
Austedo (Oral Tablet)	B	4	PA; QL
Exservan (Oral Film)	B	4	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Firdapse (Oral Tablet)	B	4	PA; QL
Gralise (Oral Tablet)	B	3	PA
Horizant (Oral Tablet Extended Release)	B	3	PA
Ingrezza (Oral Capsule)	B	4	PA; QL
Ingrezza (Oral Capsule Therapy Pack)	B	4	PA; QL
Nuedexta (Oral Capsule)	B	4	PA; QL
Quviviq (Oral Tablet)	B	3	PA; QL
Radicava ORS Starter Kit (Oral Suspension)	B	4	PA; QL
Relyvrio (Oral Packet)	B	4	PA; QL
Rilutek (Oral Tablet)	B	4	
Riluzole (Oral Tablet)	G	1	
Skyclarys (Oral Capsule)	B	4	PA; QL
Tetrabenazine (Oral Tablet)	G	1	PA
Tiglutik (Oral Suspension)	B	4	PA
Xenazine (Oral Tablet)	B	4	PA
Fibromyalgia Agents			
Cymbalta (Oral Capsule Delayed Release Particles)	B	3	QL
Duloxetine HCl (Oral Capsule Delayed Release Particles)	G	1	QL
Lyrica CR (Oral Tablet Extended Release 24 Hour)	B	3	PA; QL
Lyrica (Oral Capsule)	B	3	ST; QL
Lyrica (Oral Solution)	B	3	ST; QL
Pregabalin ER (Oral Tablet Extended Release 24 Hour)	G	1	PA; QL
Pregabalin (Oral Capsule)	G	1	QL
Pregabalin (Oral Solution)	G	1	QL
Savella (Oral Tablet)	B	2	
Savella Titration Pack (Oral Tablet)	B	2	
Multiple Sclerosis Agents			
Ampyra (Oral Tablet Extended Release 12 Hour)	B	4	ST; QL
Aubagio (Oral Tablet)	B	4	QL
Avonex Pen (Intramuscular Auto-Injector Kit)	B	4	
Avonex Prefilled (Intramuscular Prefilled Syringe Kit)	B	4	
Bafiertam (Oral Capsule Delayed Release)	B	4	ST; QL
Betaseron (Subcutaneous Kit)	B	4	
Copaxone (Subcutaneous Solution Prefilled Syringe)	B	4	
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	1	QL
Dimethyl Fumarate (Oral Capsule Delayed Release)	G	1	QL
Dimethyl Fumarate Starter Pack (Oral Capsule)	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
Extavia (Subcutaneous Kit)	B	4	
Fingolimod HCl (Oral Capsule)	G	1	QL
Gilenya (Oral Capsule)	B	4	QL
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	G	1	
Glatopa (Subcutaneous Solution Prefilled Syringe)	G	1	
Kesimpta (Subcutaneous Solution Auto-Injector)	B	4	PA
Mavenclad (10 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mavenclad (4 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mavenclad (5 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mavenclad (6 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mavenclad (7 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mavenclad (8 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mavenclad (9 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mayzent (Oral Tablet)	B	4	QL
Mayzent Starter Pack (Oral Tablet Therapy Pack)	B	3	QL
Plegridy (Subcutaneous Solution Pen-Injector)	B	4	QL
Plegridy (Subcutaneous Solution Prefilled Syringe)	B	4	QL
Ponvory (Oral Tablet)	B	4	QL
Ponvory Starter Pack (Oral Tablet Therapy Pack)	B	4	QL
Rebif Rebidose (Subcutaneous Solution Auto-Injector)	B	4	ST
Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)	B	4	ST
Rebif (Subcutaneous Solution Prefilled Syringe)	B	4	ST
Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)	B	4	ST
Tascenso ODT (Oral Tablet Dispersible)	B	4	QL
Tecfidera Starter Pack (Oral)	B	4	QL
Tecfidera (Oral Capsule Delayed Release)	B	4	QL
Teriflunomide (Oral Tablet)	G	1	QL
Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)	B	4	ST; QL
Zeposia 7-Day Starter Pack (Oral Capsule Therapy Pack)	B	4	PA; QL
Zeposia (Oral Capsule)	B	4	PA; QL
Dental and Oral Agents			
Dental and Oral Agents			
Cevimeline HCl (Oral Capsule)	G	1	ST
Chlorhexidine Gluconate (Mouth Solution)	G	1	
Evoxac (Oral Capsule)	B	3	ST

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Periogard (Mouth Solution)	G	1	
Pilocarpine HCl (Oral Tablet)	G	1	
Salagen (Oral Tablet)	B	3	
Triamcinolone Acetonide (Dental Paste)	G	1	
Dermatological Agents			
Acne and Rosacea Agents			
Absorica LD (Oral Capsule)	B	4	PA
Absorica (Oral Capsule)	B	4	PA
Acanya (External Gel)	B	3	
Accutane (Oral Capsule)	G	1	PA
Acitretin (Oral Capsule)	G	1	
Adapalene (External Cream)	G	1	
Adapalene (0.3% External Gel)	G	1	
Adapalene (External Pad)	B	4	
Adapalene-Benzoyl Peroxide (0.1-2.5% External Gel)	G	1	
Adapalene-Benzoyl Peroxide (0.3-2.5% External Gel)	G	1	ST
Aklief (External Cream)	B	3	PA
Altreno (External Lotion)	B	3	PA
Amnesteem (Oral Capsule)	G	1	PA
Arazlo (External Lotion)	B	3	PA; QL
Atralin (External Gel)	B	3	PA
Avita (External Cream)	B	3	PA
Azelaic Acid (External Gel)	G	1	QL
Azelex (External Cream)	B	3	QL
Benzamycin (External Gel)	B	3	
Benzoyl Peroxide-Erythromycin (External Gel)	G	1	
Brimonidine Tartrate (External Gel)	G	1	
Claravis (Oral Capsule)	G	1	PA
Clindamycin Phosphate-Benzoyl Peroxide (External Gel)	G	1	
Clindamycin-Tretinoin (External Gel)	G	1	PA
Differin (External Cream)	B	3	
Differin (0.3% External Gel)	B	3	
Differin (External Lotion)	B	3	
Epiduo (External Gel)	B	3	
Epiduo Forte (External Gel)	B	3	ST
Epsolay (External Cream)	B	3	PA
Fabior (External Foam)	B	3	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
Finacea (External Foam)	B	3	QL
Finacea (External Gel)	B	3	QL
Isotretinoin (Oral Capsule)	G	1	PA
Mirvaso (External Gel)	B	3	
Neuac (External Gel)	G	1	
Onexton (External Gel)	B	3	ST
Retin-A (External Cream)	B	3	PA
Retin-A (External Gel)	B	3	PA
Retin-A Micro (External Gel)	B	3	PA
Retin-A Micro Pump (0.06% External Gel, 0.08% External Gel)	B	4	PA
Rhofade (External Cream)	B	3	PA
Tazarotene (External Cream)	G	1	PA; QL
Tazarotene (External Foam)	B	3	PA; QL
Tazarotene (External Gel)	G	1	PA; QL
Tazorac (External Cream)	B	3	PA; QL
Tazorac (External Gel)	B	3	PA; QL
Tretinoin (External Cream)	G	1	PA
Tretinoin (External Gel)	G	1	PA
Tretinoin Microsphere (External Gel)	G	1	PA
Twyneo (External Cream)	B	3	ST
Veltin (External Gel)	B	3	PA
Winlevi (External Cream)	B	3	PA
Zenatane (Oral Capsule)	G	1	PA
Ziana (External Gel)	B	3	PA
Dermatitis and Pruritus Agents			
Ala Scalp (External Lotion)	B	3	
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	
ApexiCon E (External Cream)	B	3	QL
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	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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	
Bryhali (External Lotion)	B	3	
Capex (External Shampoo)	B	3	
Cibinqo (Oral Tablet)	B	4	PA; QL
Clobetasol Propionate Emollient Base (External Cream)	G	1	
Clobetasol Propionate Emulsion (External Foam)	G	1	QL
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	
Clobex (External Lotion)	B	4	QL
Clobex (External Shampoo)	B	4	
Clobex Spray (External Liquid)	B	3	QL
Clocortolone Pivalate (External Cream)	G	1	
Clodan (External Shampoo)	G	1	
Cloderm (External Cream)	B	3	
Cordran (0.05% External Cream)	B	4	
Cordran (External Lotion)	B	4	QL
Cordran (External Tape)	B	3	
Derma-Smoothe/FS Scalp (External Oil)	B	3	
Desonide (External Cream)	G	1	QL
Desonide (External Gel)	G	1	ST; QL
Desonide (External Lotion)	G	1	QL
Desonide (External Ointment)	G	1	QL
DesOwen (External Cream)	B	3	QL
Desoximetasone (External Cream)	G	1	QL
Desoximetasone (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
Desoximetasone (External Liquid)	G	1	
Desoximetasone (External Ointment)	G	1	
DesRx (External Gel)	G	1	ST; QL
Diflorasone Diacetate (External Cream)	G	1	QL
Diflorasone Diacetate (External Ointment)	G	1	ST; QL
Diprolene (External Ointment)	B	3	
Doxepin HCl (External Cream)	G	1	PA; QL
Elidel (External Cream)	B	3	ST; QL
Eucrisa (External Ointment)	B	3	PA; 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	QL
Fluocinonide (External Cream)	G	1	QL
Fluocinonide (External Gel)	G	1	QL
Fluocinonide (External Ointment)	G	1	QL
Fluocinonide (External Solution)	G	1	QL
Flurandrenolide (External Cream)	G	1	
Flurandrenolide (External Lotion)	G	1	QL
Fluticasone Propionate (External Cream)	G	1	
Fluticasone Propionate (External Lotion)	G	1	
Fluticasone Propionate (External Ointment)	G	1	
Halcinonide (External Cream)	G	1	
Halobetasol Propionate (External Cream)	G	1	
Halobetasol Propionate (External Foam)	B	3	
Halobetasol Propionate (External Ointment)	G	1	
Halog (External Cream)	B	3	
Halog (External Ointment)	B	3	
Halog (External Solution)	B	3	
Hydrocortisone Butyrate (External Cream)	G	1	
Hydrocortisone Butyrate (External Lotion)	G	1	QL
Hydrocortisone Butyrate (External Ointment)	G	1	
Hydrocortisone Butyrate (External Solution)	G	1	
Hydrocortisone (1% 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	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Hydrocortisone Valerate (External Ointment)	G	1	
Hyftor (External Gel)	B	4	PA
Impeklo (External Lotion)	B	3	QL
Kenalog (External Aerosol Solution)	B	4	
Lexette (External Foam)	B	3	
Locoid (External Lotion)	B	4	QL
Locoid Lipocream (External Cream)	B	3	
Mometasone Furoate (External Cream)	G	1	
Mometasone Furoate (External Ointment)	G	1	
Mometasone Furoate (External Solution)	G	1	
Olux-E (External Foam)	B	4	QL
Opzelura (External Cream)	B	4	PA; QL
Pandel (External Cream)	B	3	
Pimecrolimus (External Cream)	G	1	ST; QL
PRUDOXIN (External Cream)	B	3	PA; QL
Selenium Sulfide (External Lotion)	G	1	
Synalar (External Cream)	B	3	
Synalar (External Solution)	B	3	
Tacrolimus (External Ointment)	G	1	ST
Texacort (External Solution)	B	3	
Topicort (External Cream)	B	3	QL
Topicort (External Gel)	B	3	
Topicort (0.05% External Ointment)	B	3	
Topicort Spray (External Liquid)	B	3	
Tovet (External Foam)	G	1	QL
Triamcinolone Acetonide (External Aerosol Solution) (Generic Kenalog)	G	1	
Triamcinolone Acetonide (External Cream)	G	1	
Triamcinolone Acetonide (External Lotion)	G	1	
Triamcinolone Acetonide (External Ointment)	G	1	
Trianex (External Ointment)	B	3	
Triderm (External Cream)	G	1	
Tritocin (External Ointment)	G	1	
Ultravate (External Lotion)	B	4	
Vanos (External Cream)	B	4	QL
Verdeso (External Foam)	B	4	ST; QL
Zonalon (External Cream)	B	3	PA; QL
Dermatological 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
Calcipotriene (External Cream)	G	1	QL
Calcipotriene (External Foam)	B	4	
Calcipotriene (External Ointment)	G	1	QL
Calcipotriene (External Solution)	G	1	
Calcipotriene-Betamethasone (External Ointment)	G	1	
Calcipotriene-Betamethasone (External Suspension)	G	1	
Calcitriol (External Ointment)	G	1	
Carac (External Cream)	B	4	
Clotrimazole-Betamethasone (External Cream)	G	1	QL
Clotrimazole-Betamethasone (External Lotion)	G	1	
Condylox (External Gel)	B	3	
Diclofenac Sodium (3% External Gel)	G	1	PA; QL
Duobrii (External Lotion)	B	4	PA
Efudex (External Cream)	B	3	QL
Enstilar (External Foam)	B	4	PA
Fluorouracil (0.5% External Cream)	B	4	
Fluorouracil (5% External Cream)	G	1	QL
Fluorouracil (External Solution)	G	1	
Hydrocortisone Acetate-Pramoxine (1-1% External Cream)	G	1	
Imiquimod (5% External Cream)	G	1	QL
Imiquimod Pump (3.75% External Cream)	G	1	PA
Klisyri (External Ointment)	B	4	PA; QL
Methoxsalen Rapid (Oral Capsule)	G	1	
Neo-Synalar (External Cream)	B	4	
Nystatin-Triamcinolone (External Cream)	G	1	
Nystatin-Triamcinolone (External Ointment)	G	1	
Podofilox (External Solution)	G	1	
Qbrexza (External Pad)	B	3	
Regranex (External Gel)	B	4	PA
Santyl (External Ointment)	B	3	
Silvadene (External Cream)	B	3	
Silver Sulfadiazine (External Cream)	G	1	
Sorilux (External Foam)	B	4	
SSD (External Cream)	G	1	
Taclonex (External Ointment)	B	4	
Taclonex (External Suspension)	B	4	
Vectical (External Ointment)	B	4	
Veregen (External Ointment)	B	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Vtama (External Cream)	B	4	PA
Xerese (External Cream)	B	4	PA
Zoryve (External Cream)	B	3	PA
Zyclara Pump (External Cream)	B	4	PA
Pediculicides/Scabicides			
Crotan (External Lotion)	B	4	
Ivermectin (External Cream)	G	1	QL
Malathion (External Lotion)	G	1	
Natroba (External Suspension)	B	3	
Ovide (External Lotion)	B	3	
Permethrin (External Cream)	G	1	
Soolantra (External Cream)	B	3	QL
Spinosad (External Suspension)	G	1	
Topical Anti-infectives			
Aczone (External Gel)	B	3	
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	
Cleocin-T (External Lotion)	B	3	QL
Clindacin ETZ (External Swab)	G	1	QL
Clindacin (External Foam)	G	1	
Clindagel (External Gel)	B	4	QL
Clindamycin Phosphate (External Foam)	G	1	
Clindamycin Phosphate (External Gel)	G	1	QL
Clindamycin Phosphate (External Lotion)	G	1	QL
Clindamycin Phosphate (External Solution)	G	1	QL
Clindamycin Phosphate (External Swab)	G	1	QL
Clotrimazole (External Cream)	G	1	
Clotrimazole (External Solution)	G	1	
Dapsone (External Gel)	G	1	
Econazole Nitrate (External Cream)	G	1	QL
Ertaczo (External Cream)	B	4	
Ery (External Pad)	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
Erygel (External Gel)	B	3	
Erythromycin (External Gel)	G	1	
Erythromycin (External Solution)	G	1	
Gentamicin Sulfate (External Cream)	G	1	
Gentamicin Sulfate (External Ointment)	G	1	
Jublia (External Solution)	B	3	
Kerydin (External Solution)	B	3	ST
Ketoconazole (External Cream)	G	1	QL
Ketoconazole (External Foam)	G	1	QL
Ketoconazole (External Shampoo)	G	1	
Ketodan (External Foam)	G	1	QL
Klaron (External Lotion)	B	3	PA
Loprox (External Shampoo)	B	3	
Luliconazole (External Cream)	B	3	QL
Luzu (External Cream)	B	3	QL
Mafenide Acetate (External Packet)	G	1	
Mupirocin Calcium (External Cream)	G	1	
Mupirocin (External Ointment)	G	1	QL
Naftifine HCl (External Cream)	G	1	
Naftifine HCl (2% External Gel)	G	1	
Naftin (External Gel)	B	3	
Nyamyc (External Powder)	G	1	QL
Nystatin (External Cream)	G	1	
Nystatin (External Ointment)	G	1	
Nystatin (External Powder)	G	1	QL
Nystop (External Powder)	G	1	QL
Oxiconazole Nitrate (External Cream)	G	1	QL
Oxistat (External Cream)	B	3	QL
Oxistat (External Lotion)	B	3	QL
Sulfacetamide Sodium (Acne) (External Lotion)	G	1	PA
Sulfamylon (External Cream)	B	3	
Tavaborole (External Solution)	G	1	
Zilxi (External Foam)	B	3	
Electrolytes/Minerals/Metals/Vitamins			
Electrolyte/Mineral Replacement			
Carbaglu (Oral Tablet Soluble)	B	4	
Carglumic Acid (Oral Tablet Soluble)	G	1	
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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Clinimix E/Dextrose (4.25/5) (Intravenous Solution)	B	3	B/D,PA
Clinimix E/Dextrose (5/15) (Intravenous Solution)	B	3	B/D,PA
Clinimix E/Dextrose (5/20) (Intravenous Solution)	B	3	B/D,PA
Clinimix/Dextrose (4.25/10) (Intravenous Solution)	B	3	B/D,PA
Clinimix/Dextrose (4.25/5) (Intravenous Solution)	B	3	B/D,PA
Clinimix/Dextrose (5/15) (Intravenous Solution)	B	3	B/D,PA
Clinimix/Dextrose (5/20) (Intravenous Solution)	B	3	B/D,PA
Clinisol SF (Intravenous Solution)	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)	G	1	
Dextrose-NaCl (5-0.9% Intravenous Solution)	G	1	B/D,PA
Endari (Oral Packet)	B	4	PA
Intralipid (Intravenous Emulsion)	B	3	B/D,PA
Isolyte-P in D5W (Intravenous Solution)	B	3	
Isolyte-S pH 7.4 (Intravenous Solution)	B	3	
KCl in Dextrose-NaCl (Intravenous Solution)	G	1	
KCl-Lactated Ringers-D5W (Intravenous Solution)	G	1	
Klor-Con 10 (Oral Tablet Extended Release)	G	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)	G	1	
Magnesium Sulfate (Injection Solution)	G	1	
Nutrilipid (Intravenous Emulsion)	B	3	B/D,PA
Plasma-Lyte 148 (Intravenous Solution)	B	3	
Plasma-Lyte A (Intravenous Solution)	B	3	
Plenamaine (Intravenous Solution)	B	3	B/D,PA
Potassium Chloride CR (Oral Tablet Extended Release)	G	1	
Potassium Chloride ER (Oral Capsule Extended Release)	G	1	
Potassium Chloride ER (Oral Tablet Extended Release)	G	1	
Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution, 20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)	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
Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 2MEQ/ML (30ML) Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution, 40MEQ/100ML 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	
Potassium Chloride in Dextrose 5% (20MEQ/L Intravenous Solution)	G	1	B/D,PA
Premasol (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, 5% Intravenous Solution)	G	1	B/D,PA
Sodium Chloride (Irrigation Solution)	G	1	
Sodium Fluoride (Oral Tablet)	G	1	
TPN Electrolytes (Intravenous Concentrate)	B	3	
Travasol (Intravenous Solution)	B	3	B/D,PA
TrophAmine (Intravenous Solution)	B	3	B/D,PA
Urocit-K 10 (Oral Tablet Extended Release)	B	3	
Urocit-K 15 (Oral Tablet Extended Release)	B	3	
Urocit-K 5 (Oral Tablet Extended Release)	B	3	
Electrolyte/Mineral/Metal Modifiers			
Chemet (Oral Capsule)	B	4	
Cuvrior (Oral Tablet)	B	4	PA; QL
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
Exjade (Oral Tablet Soluble)	B	4	PA
Ferriprox (Oral Solution)	B	4	PA
Ferriprox (500MG Oral Tablet)	B	4	PA
Ferriprox Twice-A-Day (Oral Tablet)	B	4	PA
Jadenu (Oral Tablet)	B	4	PA
Jadenu Sprinkle (Oral Packet)	B	4	PA
Jynarque (Oral Tablet)	B	4	PA
Jynarque (Oral Tablet Therapy Pack)	B	4	PA; QL
Samsca (Oral Tablet)	B	4	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Syprine (Oral Capsule)	B	4	PA; QL
Tolvaptan (Oral Tablet)	G	1	PA
Trientine HCl (Oral Capsule)	G	1	PA; QL
Phosphate Binders			
Auryxia (Oral Tablet)	B	4	PA
Calcium Acetate (Phosphate Binder) (Oral Capsule)	G	1	
Calcium Acetate (667MG Oral Tablet)	G	1	
Fosrenol (Oral Packet)	B	4	
Fosrenol (Oral Tablet Chewable)	B	4	
Lanthanum Carbonate (Oral Tablet Chewable)	G	1	
Renagel (Oral Tablet)	B	3	
Renvela (Oral Packet)	B	4	
Renvela (Oral Tablet)	B	4	
Sevelamer Carbonate (Oral Packet)	G	1	
Sevelamer Carbonate (Oral Tablet) (Generic Renvela)	G	1	
Sevelamer HCl (Oral Tablet)	G	1	
Velphoro (Oral Tablet Chewable)	B	4	
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	QL
Vitamins			
Prenatal (27-1MG Oral Tablet)	G	1	
Gastrointestinal Agents			
Anti-Constipation Agents			
Amitiza (Oral Capsule)	B	3	QL
Constulose (Oral Solution)	G	1	
Enulose (Oral Solution)	G	1	
Generlac (Oral Solution)	G	1	
Ibsrela (Oral Tablet)	B	4	PA; QL
Kristalose (Oral Packet)	B	3	
Lactulose (Oral Packet)	G	1	
Lactulose (10GM/15ML Oral Solution)	G	1	
Linzess (Oral Capsule)	B	2	QL
Lubiprostone (Oral Capsule)	G	1	QL
Motegrity (Oral Tablet)	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
Movantik (Oral Tablet)	B	2	QL
Relistor (Oral Tablet)	B	4	PA
Relistor (Subcutaneous Solution)	B	4	PA
Symproic (Oral Tablet)	B	3	PA; QL
Trulance (Oral Tablet)	B	3	
Anti-Diarrheal Agents			
Alosetron HCl (Oral Tablet)	G	1	PA
Diphenoxylate-Atropine (Oral Liquid)	G	1	HRM
Diphenoxylate-Atropine (Oral Tablet)	G	1	HRM
Lomotil (Oral Tablet)	B	3	HRM
Loperamide HCl (Oral Capsule)	G	1	
Lotronex (Oral Tablet)	B	4	PA
Mytesi (Oral Tablet Delayed Release)	B	4	PA
Viberzi (Oral Tablet)	B	4	PA; QL
Xermelo (Oral Tablet)	B	4	PA; QL
Antispasmodics, Gastrointestinal			
Chlordiazepoxide-Clidinium (Oral Capsule)	G	1	HRM
Cuvposa (Oral Solution)	B	3	PA
Dartisla ODT (Oral Tablet Dispersible)	B	3	PA
Dicyclomine HCl (Oral Capsule)	G	1	HRM
Dicyclomine HCl (Oral Solution)	G	1	HRM
Dicyclomine HCl (Oral Tablet)	G	1	HRM
Glycate (Oral Tablet)	B	4	PA
Glycopyrrolate (Oral Solution) (Generic Cuvposa)	G	1	PA
Glycopyrrolate (1.5MG Oral Tablet)	B	4	PA
Glycopyrrolate (1MG Oral Tablet, 2MG Oral Tablet)	G	1	PA
Methscopolamine Bromide (Oral Tablet)	G	1	HRM
Robinul (Oral Tablet)	B	3	PA
Robinul-Forte (Oral Tablet)	B	4	PA
Gastrointestinal Agents, Other			
Amoxicillin-Clarithromycin-Lansoprazole (Oral Therapy Pack)	G	1	
Bismuth Subcitrate/Metronidazole/Tetracycline	G	1	
Bylvay (Pellets) (Oral Capsule Sprinkle)	B	4	PA
Bylvay (Oral Capsule)	B	4	PA
Chenodal (Oral Tablet)	B	4	PA
Clenpiq (Oral Solution)	B	2	
Gattex (Subcutaneous Kit)	B	4	PA
GaviLyte-C (Oral Solution Reconstituted)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
GaviLyte-G (Oral Solution Reconstituted)	G	1	
GoLYTELY (Oral Solution Reconstituted)	B	3	
Helidac Therapy (Oral)	B	4	
Livmarli (Oral Solution)	B	4	PA
MoviPrep (Oral Solution Reconstituted)	B	3	
Myalept (Subcutaneous Solution Reconstituted)	B	4	PA
Sodium Sulfate-Potassium Sulfate-Magnesium Sulfate (Oral Solution)	G	1	
Ocaliva (Oral Tablet)	B	4	PA; QL
OsmoPrep (1.102-0.398GM Oral Tablet)	B	3	
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	G	1	
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	G	1	
PEG-3350/Electrolytes/Ascorbat (Oral Solution Reconstituted) (Generic MoviPrep)	G	1	
Plenvu (Oral Solution Reconstituted)	B	3	
Pylera (Oral Capsule)	B	4	
Reltone (Oral Capsule)	B	4	
Suprep Bowel Prep Kit (Oral Solution)	B	3	
Sutab (Oral Tablet)	B	2	
Talicia (Oral Capsule Delayed Release)	B	3	
Urso 250 (Oral Tablet)	B	3	
Urso Forte (Oral Tablet)	B	3	
Ursodiol (200MG Oral Capsule, 400MG Oral Capsule)	B	4	
Ursodiol (300MG Oral Capsule)	G	1	
Ursodiol (Oral Tablet)	G	1	
Histamine2 (H2) Receptor Antagonists			
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	
Pepcid (Oral Tablet)	B	3	
Protectants			
Carafate (Oral Suspension)	B	3	
Carafate (Oral Tablet)	B	3	
Cytotec (Oral Tablet)	B	3	
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			
Aciphex (Oral Tablet Delayed Release)	B	3	
Dexilant (Oral Capsule Delayed Release)	B	3	ST; QL
Dexlansoprazole (Oral Capsule Delayed Release)	G	1	ST; QL
Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)	G	1	QL
Esomeprazole Magnesium (Oral Packet)	G	1	
Konvomep (Oral Suspension Reconstituted)	B	3	PA
Lansoprazole (Oral Capsule Delayed Release)	G	1	QL
Lansoprazole ODT (Oral Tablet Delayed Release Dispersible)	G	1	
Nexium (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	B	2	QL
Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet)	B	2	
Omeprazole (10MG Oral Capsule Delayed Release)	G	1	QL
Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	G	1	
Omeprazole-Sodium Bicarbonate (Oral Capsule)	G	1	PA
Omeprazole-Sodium Bicarbonate (Oral Packet)	G	1	PA
Pantoprazole Sodium (Oral Packet)	G	1	ST
Pantoprazole Sodium (Oral Tablet Delayed Release)	G	1	QL
Prevacid (30MG Oral Capsule Delayed Release)	B	3	QL
Prevacid SoluTab (Oral Tablet Delayed Release Dispersible)	B	3	
Prilosec (Oral Packet)	B	3	PA
Protonix (Oral Packet)	B	3	ST
Protonix (Oral Tablet Delayed Release)	B	3	QL
Rabeprazole Sodium (Oral Tablet Delayed Release)	G	1	
Zegerid (Oral Capsule)	B	4	PA
Zegerid (Oral Packet)	B	4	PA
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment			
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment			
Aralast NP (1000MG Intravenous Solution Reconstituted)	B	4	PA
Betaine (Oral Powder)	G	1	
Buphenyl (Oral Powder)	B	4	
Buphenyl (Oral Tablet)	B	4	
Carnitor (Oral Solution)	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Carnitor (Oral Tablet)	B	3	
Cerdelga (Oral Capsule)	B	4	PA
Cholbam (Oral Capsule)	B	4	PA
Creon (Oral Capsule Delayed Release Particles)	B	2	
Cromolyn Sodium (Oral Concentrate)	G	1	
Cystadane (Oral Powder)	B	4	
Cystagon (Oral Capsule)	B	3	
Evrysdi (Oral Solution Reconstituted)	B	4	PA; QL
Galafold (Oral Capsule)	B	4	
Gastrocrom (Oral Concentrate)	B	4	
Glassia (Intravenous Solution)	B	4	PA
Javygtor (Oral Packet)	B	4	
Javygtor (Oral Tablet)	B	4	
Keveyis (Oral Tablet)	B	4	PA; QL
Kuvan (Oral Packet)	B	4	
Kuvan (Oral Tablet)	B	4	
Levocarnitine (Oral Solution)	G	1	
Levocarnitine (Oral Tablet)	G	1	
Miglustat (Oral Capsule)	G	1	PA
Nitisinone (10MG Oral Capsule, 2MG Oral Capsule, 5MG Oral Capsule)	G	1	
Nitisinone (20MG Oral Capsule)	G	1	
Nityr (Oral Tablet)	B	4	
Orfadin (Oral Capsule)	B	4	
Orfadin (Oral Suspension)	B	4	
Palynziq (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Pancreaze (10500-35500UNIT Oral Capsule Delayed Release Particles, 16800-56800UNIT Oral Capsule Delayed Release Particles, 2600-8800UNIT Oral Capsule Delayed Release Particles, 4200-14200UNIT Oral Capsule Delayed Release Particles)	B	3	ST
Pancreaze (21000-54700UNIT Oral Capsule Delayed Release Particles, 37000-97300UNIT Oral Capsule Delayed Release Particles)	B	4	ST
Pertzye (16000-57500UNIT Oral Capsule Delayed Release Particles, 24000-86250UNIT Oral Capsule Delayed Release Particles)	B	4	ST
Pertzye (4000-14375UNIT Oral Capsule Delayed Release Particles, 8000-28750UNIT Oral Capsule Delayed Release Particles)	B	3	ST

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
Pheburane (Oral Pellet)	B	4	
Procysbi (Oral Packet)	B	4	
Prolastin-C (Intravenous Solution Reconstituted)	B	4	PA
RAVICTI (Oral Liquid)	B	4	
Revcovi (Intramuscular Solution)	B	4	PA
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	4	
Tegsedi (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Viokace (10440-39150UNIT Oral Tablet)	B	3	ST
Viokace (20880-78300UNIT Oral Tablet)	B	4	ST
Vyndamax (Oral Capsule)	B	4	PA; QL
Vyndaqel (Oral Capsule)	B	4	PA; QL
Xuriden (Oral Packet)	B	4	PA
Zavesca (Oral Capsule)	B	4	PA
Zemaira (Intravenous Solution Reconstituted)	B	4	PA
Zenpep (Oral Capsule Delayed Release Particles)	B	2	
Zokinvy (Oral Capsule)	B	4	PA; QL
Genitourinary Agents			
Antispasmodics, Urinary			
Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Detrol LA (Oral Capsule Extended Release 24 Hour)	B	3	
Detrol (Oral Tablet)	B	3	
Ditropan XL (5MG Oral Tablet Extended Release 24 Hour)	B	3	
Fesoterodine Fumarate ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Flavoxate HCl (Oral Tablet)	G	1	
Gelnique (Transdermal Gel)	B	3	
Gemtesa (Oral Tablet)	B	3	
Myrbetriq (Oral Suspension Reconstituted ER)	B	2	
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 (5MG Oral Tablet Immediate Release)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Oxytrol (Transdermal Patch Twice Weekly)	B	3	
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	ST; QL
Tropium Chloride ER (Oral Capsule Extended Release 24 Hour)	G	1	
Tropium Chloride (Oral Tablet)	G	1	
Vesicare LS (Oral Suspension)	B	3	PA; QL
Vesicare (Oral Tablet)	B	3	QL
Benign Prostatic Hypertrophy Agents			
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	
Avodart (Oral Capsule)	B	3	
Cardura XL (Oral Tablet Extended Release 24 Hour)	B	3	QL
Cialis (2.5MG Oral Tablet, 5MG Oral Tablet)	B	3	PA; QL
Dutasteride (Oral Capsule)	G	1	
Dutasteride-Tamsulosin HCl (Oral Capsule)	G	1	
Entadfi (Oral Capsule)	B	3	ST; QL
Finasteride (5MG Oral Tablet) (Generic Proscar)	G	1	
Flomax (Oral Capsule)	B	3	
Jalyn (Oral Capsule)	B	3	
Proscar (Oral Tablet)	B	3	
Rapaflo (Oral Capsule)	B	3	QL
Silodosin (Oral Capsule)	G	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	
Uroxatral (Oral Tablet Extended Release 24 Hour)	B	3	
Genitourinary Agents, Other			
Bethanechol Chloride (Oral Tablet)	G	1	
Cuprimine (Oral Capsule)	B	4	PA
Depen Titratabs (Oral Tablet)	B	4	
Elmiron (Oral Capsule)	B	3	
Filspari (Oral Tablet)	B	4	PA; QL
Lithostat (Oral Tablet)	B	3	
Penicillamine (250MG Oral Capsule)	G	1	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
Penicillamine (250MG Oral Tablet)	G	1	
Phexxi (Vaginal Gel)	B	3	
Thiola EC (Oral Tablet Delayed Release)	B	4	
Thiola (Oral Tablet Immediate Release)	B	4	
Tiopronin (Oral Tablet)	G	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Acthar (Injection Gel)	B	4	PA
Alkindi Sprinkle (0.5MG Oral Capsule Sprinkle)	B	3	
Alkindi Sprinkle (1MG Oral Capsule Sprinkle, 2MG Oral Capsule Sprinkle, 5MG Oral Capsule Sprinkle)	B	4	
Cortef (Oral Tablet)	B	3	
Cortrophin (Injection Gel)	B	4	PA
Dexabliss (Oral Tablet Therapy Pack)	B	3	
Dexamethasone (Oral Solution)	G	1	
Dexamethasone (Oral Tablet)	G	1	
Dexamethasone (Oral Tablet Therapy Pack)	G	1	
Emflaza (Oral Suspension)	B	4	PA
Emflaza (Oral Tablet)	B	4	PA
Fludrocortisone Acetate (Oral Tablet)	G	1	
Hemady (Oral Tablet)	B	3	
Hydrocortisone (Oral Tablet)	G	1	
Medrol (Oral Tablet)	B	3	
Medrol (Oral Tablet Therapy Pack)	B	3	
Methylprednisolone (Oral Tablet)	G	1	
Methylprednisolone (Oral Tablet Therapy Pack)	G	1	
Millipred (Oral Tablet)	B	3	
Orapred ODT (Oral Tablet Dispersible)	B	3	
Prednisolone (Oral Solution)	G	1	
Prednisolone Sodium Phosphate (10MG/5ML Oral Solution, 20MG/5ML Oral Solution, 25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution)	G	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	
Rayos (Oral Tablet Delayed Release)	B	4	PA
TaperDex 12-Day (Oral Tablet Therapy Pack)	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
TaperDex 6-Day (Oral Tablet Therapy Pack)	B	3	
TaperDex 7-Day (Oral Tablet Therapy Pack)	B	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
DDAVP (Oral Tablet)	B	3	
Desmopressin Acetate (Oral Tablet)	G	1	
Desmopressin Acetate Spray (Nasal Solution)	G	1	
Egrifta SV (2MG Subcutaneous Solution Reconstituted)	B	4	PA
Genotropin MiniQuick (0.2MG Subcutaneous Prefilled Syringe)	B	3	PA
Genotropin MiniQuick (0.4MG Subcutaneous Prefilled Syringe, 0.6MG Subcutaneous Prefilled Syringe, 0.8MG Subcutaneous Prefilled Syringe, 1.2MG Subcutaneous Prefilled Syringe, 1.4MG Subcutaneous Prefilled Syringe, 1.6MG Subcutaneous Prefilled Syringe, 1.8MG Subcutaneous Prefilled Syringe, 1MG Subcutaneous Prefilled Syringe, 2MG Subcutaneous Prefilled Syringe)	B	4	PA
Genotropin (12MG Subcutaneous Cartridge)	B	4	PA
Genotropin (5MG Subcutaneous Cartridge)	B	3	PA
Humatrope (Injection Cartridge)	B	4	PA
Increlex (Subcutaneous Solution)	B	4	PA
Nocdurna (Tablet Sublingual)	B	3	PA
Norditropin FlexPro (Subcutaneous Solution Pen-Injector)	B	4	PA
Nutropin AQ NuSpin 10 (Subcutaneous Solution Pen-Injector)	B	4	PA
Nutropin AQ NuSpin 20 (Subcutaneous Solution Pen-Injector)	B	4	PA
Nutropin AQ NuSpin 5 (Subcutaneous Solution Pen-Injector)	B	4	PA
Omnitrope (Subcutaneous Solution Cartridge)	B	4	PA
Omnitrope (Subcutaneous Solution Reconstituted)	B	4	PA
Saizen (Injection Solution Reconstituted)	B	4	PA
Serostim (Subcutaneous Solution Reconstituted)	B	4	PA
Skytrofa (Subcutaneous Cartridge)	B	4	PA
Zomacton (Subcutaneous Solution Reconstituted)	B	3	PA
Zorbtive (Subcutaneous Solution Reconstituted)	B	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			

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	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)			
Androgens			
AndroGel Pump (Transdermal Gel)	B	3	
Aveed (Intramuscular Solution)	B	3	PA
Danazol (Oral Capsule)	G	1	
Depo-Testosterone (Intramuscular Solution)	B	3	
Fortesta (Transdermal Gel)	B	3	
Jatenzo (158MG Oral Capsule, 198MG Oral Capsule)	B	3	PA
Jatenzo (237MG Oral Capsule)	B	4	PA
Methitest (Oral Tablet)	B	4	PA
Methyltestosterone (Oral Capsule)	G	1	PA
Natesto (Nasal Gel)	B	3	
Testim (Transdermal 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 (20.25MG/1.25GM 1.62% Transdermal Gel, 25MG/2.5GM 1% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel, 50MG/5GM 1% Transdermal Gel)	G	1	
Testosterone (Transdermal Solution)	G	1	
Tlando (Oral Capsule)	B	3	PA
Vogelxo Pump (Transdermal Gel)	B	3	
Vogelxo (Transdermal Gel)	B	3	
Xyosted (Subcutaneous Solution Auto-Injector)	B	3	PA
Estrogens			
Activella (Oral Tablet)	B	3	HRM
Altavera (Oral Tablet)	G	1	
Alyacen 1/35 (Oral Tablet)	G	1	
Amabelz (Oral Tablet)	G	1	HRM
Amethia (Oral Tablet)	G	1	
Angeliq (Oral Tablet)	B	3	HRM
Annovera (Vaginal Ring)	B	3	QL
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	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Balcoltra (Oral Tablet)	B	3	
Balziva (Oral Tablet)	G	1	
Beyaz (Oral Tablet)	B	3	
Bijuva (Oral Capsule)	B	3	HRM
Blisovi 24 Fe (Oral Tablet)	G	1	
Blisovi Fe 1.5/30 (Oral Tablet)	G	1	
Briellyn (Oral Tablet)	G	1	
Camrese Lo (Oral Tablet)	G	1	
Climara Pro (Transdermal Patch Weekly)	B	3	HRM
Climara (Transdermal Patch Weekly)	B	3	HRM; QL
CombiPatch (Transdermal Patch Twice Weekly)	B	3	HRM
Cryselle-28 (Oral Tablet)	G	1	
Cyred EQ (Oral Tablet)	G	1	
Delestrogen (Intramuscular Oil)	B	3	
Depo-Estradiol (Intramuscular Oil)	B	3	
Desogestrel-Ethinyl Estradiol (Oral Tablet)	G	1	
Divigel (Transdermal Gel)	B	3	HRM
Dolishale (Oral Tablet)	G	1	
Dotti (Transdermal Patch Twice Weekly)	G	1	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	3	HRM
Elestrin (Transdermal Gel)	B	3	HRM
EluRyng (Vaginal Ring)	G	1	
Enpresse-28 (Oral Tablet)	G	1	
Enskyce (Oral Tablet)	G	1	
Estarylla (Oral Tablet)	G	1	
Estrace (Oral Tablet)	B	3	HRM
Estrace (Vaginal Cream)	B	3	
Estradiol (Oral Tablet)	G	1	HRM
Estradiol (Transdermal Gel)	G	1	HRM
Estradiol (Transdermal Patch Twice Weekly)	G	1	HRM; QL
Estradiol (Transdermal Patch Weekly)	G	1	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	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
Estring (Vaginal Ring)	B	3	
Estrogel (Transdermal Gel)	B	3	HRM
Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet)	G	1	
Etonogestrel-Ethinyl Estradiol (Vaginal Ring)	G	1	
Evamist (Transdermal Solution)	B	3	HRM
Falmina (Oral Tablet)	G	1	
Femring (Vaginal Ring)	B	3	
Finzala (Oral Tablet Chewable)	G	1	
Fyavolv (Oral Tablet)	G	1	HRM
Gemmily (Oral Capsule)	G	1	
Generess Fe (Oral Tablet Chewable)	B	3	
Hailey 24 Fe (Oral Tablet)	G	1	
Iclevia (Oral Tablet)	G	1	
Imvexy Maintenance Pack (Vaginal Insert)	B	2	PA
Imvexy Starter Pack (Vaginal Insert)	B	2	PA
Introvale (Oral Tablet)	G	1	
Isibloom (Oral Tablet)	G	1	
Jasmiel (Oral Tablet)	G	1	
Jinteli (Oral Tablet)	G	1	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	
Layolis Fe (Oral Tablet Chewable)	G	1	
Leena (Oral Tablet)	G	1	
Lessina (Oral Tablet)	G	1	
Levonest (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet)	G	1	
Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet)	G	1	
Levonorgestrel-Ethinyl Estradiol (Oral Tablet)	G	1	
Levora 0.15/30 (28) (Oral Tablet)	G	1	
Lo Loestrin Fe (Oral Tablet)	B	3	
Loestrin 1.5/30 (21) (Oral Tablet)	B	3	
Loestrin 1/20 (21) (Oral Tablet)	B	3	
Loestrin Fe 1.5/30 (Oral Tablet)	B	3	
Loestrin Fe 1/20 (Oral Tablet)	B	3	
Loryna (Oral Tablet)	G	1	
LoSeasonique (0.1-0.02 & 0.01MG Oral Tablet)	B	3	
Low-Ogestrel (Oral Tablet)	G	1	
Lutera (Oral Tablet)	G	1	
Lyllana (Transdermal Patch Twice Weekly)	G	1	HRM; QL
Marlissa (Oral Tablet)	G	1	
Menest (Oral Tablet)	B	3	HRM
Menostar (Transdermal Patch Weekly)	B	3	HRM; QL
Merzee (Oral Capsule)	G	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 24 Fe (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	HRM
Minivelle (Transdermal Patch Twice Weekly)	B	3	HRM; QL
Natazia (Oral Tablet)	B	3	
Necon 0.5/35 (28) (Oral Tablet)	G	1	
Nextstellis (Oral Tablet)	B	3	
Nikki (Oral Tablet)	G	1	
Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)	G	1	HRM
Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet)	G	1	
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG(24) 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
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	
Norethindrone-Ethinyl Estradiol-Fe (1-20MG-MCG/1-30MG-MCG/1-35MG-MCG Oral Tablet)	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	
NuvaRing (Vaginal Ring)	B	3	
Nylia 1/35 (Oral Tablet)	G	1	
Nylia 7/7/7 (Oral Tablet)	G	1	
Nymyo (Oral Tablet)	G	1	
Ocella (Oral Tablet)	G	1	
Pimtreea (Oral Tablet)	G	1	
Portia-28 (Oral Tablet)	G	1	
Prefest (Oral Tablet)	B	3	HRM
Premarin (Oral Tablet)	B	3	HRM; QL
Premarin (Vaginal Cream)	B	2	
Premphase (Oral Tablet)	B	3	HRM; QL
Prempro (Oral Tablet)	B	3	HRM; QL
Quartette (Oral Tablet)	B	3	
Reclipsen (Oral Tablet)	G	1	
Rivelsa (Oral Tablet)	G	1	
Safyral (Oral Tablet)	B	3	
Seasonique (Oral Tablet)	B	3	
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	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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-Sprintec (Oral Tablet)	G	1	
Trivora (28) (Oral Tablet)	G	1	
Tri-VyLibra Lo (Oral Tablet)	G	1	
Tri-VyLibra (Oral Tablet)	G	1	
Tyblume (Oral Tablet Chewable)	G	1	
Tydemy (Oral Tablet)	G	1	
Vagifem (Vaginal Tablet)	B	3	
Velivet (Oral Tablet)	G	1	
Vestura (Oral Tablet)	G	1	
Vienva (Oral Tablet)	G	1	
Vivelle-Dot (Transdermal Patch Twice Weekly)	B	3	HRM; QL
Vyfemla (Oral Tablet)	G	1	
VyLibra (Oral Tablet)	G	1	
WYMZYA Fe (Oral Tablet Chewable)	G	1	
Xulane (Transdermal Patch Weekly)	G	1	
Yasmin 28 (Oral Tablet)	B	3	
YAZ (Oral Tablet)	B	3	
Yuvaferm (Vaginal Tablet)	G	1	
Zafemy (Transdermal Patch Weekly)	G	1	
Zovia 1/35 (28) (Oral Tablet)	G	1	
Progestins			
Aygestin (Oral Tablet)	B	3	
Camila (Oral Tablet)	G	1	
Crinone (Vaginal Gel)	B	3	PA
Deblitane (Oral Tablet)	G	1	
Depo-Provera (Intramuscular Suspension)	B	3	
Depo-Provera (Intramuscular Suspension Prefilled Syringe)	B	3	
Depo-SubQ Provera 104 (Subcutaneous Suspension Prefilled Syringe)	B	3	
Errin (Oral Tablet)	G	1	
Incassia (Oral Tablet)	G	1	
Intrarosa (Vaginal Insert)	B	3	PA; QL
Kyleena (Intrauterine Device)	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
Liletta (52MG) (Intrauterine Device)	B	3	
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	HRM
Megestrol Acetate (Oral Tablet)	G	1	HRM
Mirena (52MG) (Intrauterine Device)	B	3	
Nexplanon (Subcutaneous Implant)	B	3	
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	
Prometrium (Oral Capsule)	B	3	
Provera (Oral Tablet)	B	3	
Sharobel (Oral Tablet)	G	1	
Skyla (Intrauterine Device)	B	3	
Slynd (Oral Tablet)	B	3	
Selective Estrogen Receptor Modifying Agents			
Evista (Oral Tablet)	B	3	
Osphena (Oral Tablet)	B	2	PA; QL
Raloxifene HCl (Oral Tablet)	G	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
Cytomel (Oral Tablet)	B	3	
Ermeza (Oral Solution)	B	3	
Euthyrox (Oral Tablet)	G	1	
Levothyroxine Sodium (Oral Capsule)	B	3	
Levothyroxine Sodium (Oral Tablet)	G	1	
Levoxyl (Oral Tablet)	G	1	
Liothyronine Sodium (Oral Tablet)	G	1	
Synthroid (Oral Tablet)	B	2	
Thyquidity (Oral Solution)	B	3	
Tirosint (Oral Capsule)	B	3	
Tirosint-SOL (Oral Solution)	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Unithroid (Oral Tablet)	G	1	
Hormonal Agents, Suppressant (Adrenal)			
Hormonal Agents, Suppressant (Adrenal)			
Isturisa (Oral Tablet)	B	4	PA
Lysodren (Oral Tablet)	B	4	
Recorlev (Oral Tablet)	B	4	PA; QL
Hormonal Agents, Suppressant (Pituitary)			
Hormonal Agents, Suppressant (Pituitary)			
Cabergoline (Oral Tablet)	G	1	
Eligard (Subcutaneous Kit)	B	3	PA; QL
Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)	B	4	PA; QL
Firmagon (80MG Subcutaneous Solution Reconstituted)	B	3	PA; QL
Leuprolide Acetate (3 Month) (Intramuscular Injectable)	B	3	PA; QL
Leuprolide Acetate (Subcutaneous Injection Kit)	G	1	PA; QL
Lupron Depot (1-Month) (Intramuscular Kit)	B	3	PA; QL
Lupron Depot (3-Month) (Intramuscular Kit)	B	3	PA; QL
Lupron Depot (4-Month) (Intramuscular Kit)	B	3	PA; QL
Lupron Depot (6-Month) (Intramuscular Kit)	B	3	PA; QL
Lupron Depot-Ped (1-Month) (7.5MG Intramuscular Kit)	B	4	PA; QL
Lupron Depot-Ped (3-Month) (11.25MG (Ped) Intramuscular Kit)	B	4	PA; QL
Lupron Depot-Ped (6-Month) (Intramuscular Kit)	B	4	PA; QL
Mycapssa (Oral Capsule Delayed Release)	B	4	PA; QL
Myfembree (Oral Tablet)	B	4	PA; QL
Octreotide Acetate (Injection Solution)	G	1	PA
Orgovyx (Oral Tablet)	B	4	PA; QL
Oriahnn (Oral Capsule Therapy Pack)	B	3	PA; QL
Orilissa (Oral Tablet)	B	4	PA; QL
Sandostatin (100MCG/ML Injection Solution, 500MCG/ML Injection Solution)	B	4	PA
Sandostatin (50MCG/ML Injection Solution)	B	3	PA
Signifor (Subcutaneous Solution)	B	4	PA
Somavert (Subcutaneous Solution Reconstituted)	B	4	PA; QL
Synarel (Nasal Solution)	B	4	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
Trelstar Mixject (Intramuscular Suspension Reconstituted)	B	3	PA; QL
Hormonal Agents, Suppressant (Thyroid)			
Antithyroid Agents			
Methimazole (Oral Tablet)	G	1	
Propylthiouracil (Oral Tablet)	G	1	
Immunological Agents			
Angioedema Agents			
Beriner (Intravenous Kit)	B	4	PA
Cinryze (Intravenous Solution Reconstituted)	B	4	PA
Firazyr (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Haegarda (Subcutaneous Solution Reconstituted)	B	4	PA
Icatibant Acetate (Subcutaneous Solution Prefilled Syringe)	G	1	PA; QL
Orladeyo (Oral Capsule)	B	4	PA; QL
Ruconest (Intravenous Solution Reconstituted)	B	4	PA
Sajazir (Subcutaneous Solution Prefilled Syringe)	G	1	PA; QL
Takhzyro (Subcutaneous Solution)	B	4	PA
Takhzyro (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Immunoglobulins			
BIVIGAM (5GM/50ML Intravenous Solution)	B	4	PA
Flebogamma DIF (5GM/50ML Intravenous Solution)	B	4	PA
Gammagard (2.5GM/25ML Injection Solution)	B	4	PA
Gammagard S/D Less IgA (Intravenous Solution Reconstituted)	B	4	PA
Gammaked (1GM/10ML Injection Solution)	B	4	PA
Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)	B	4	PA
Gamunex-C (1GM/10ML Injection Solution)	B	4	PA
Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)	B	4	PA
Panzyga (Intravenous Solution)	B	4	PA
Privigen (20GM/200ML Intravenous Solution)	B	4	PA
Immunological Agents, Other			
Adbry (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Arcalyst (Subcutaneous Solution Reconstituted)	B	4	PA
Benlysta (Subcutaneous Solution Auto-Injector)	B	4	PA
Benlysta (Subcutaneous Solution Prefilled Syringe)	B	4	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Dupixent (Subcutaneous Solution Pen-Injector)	B	4	PA
Dupixent (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Grastek (Tablet Sublingual)	B	2	PA
Ilumya (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Kevzara (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Kevzara (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Kineret (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Odactra (Tablet Sublingual)	B	3	PA
Olumiant (1MG Oral Tablet, 2MG Oral Tablet)	B	4	PA; QL
Oralair 300IR (Tablet Sublingual)	B	3	PA
Otezla (Oral Tablet)	B	4	PA; QL
Otezla (Oral Tablet Therapy Pack)	B	4	PA; QL
Ridaura (Oral Capsule)	B	4	
Rinvoq (Oral Tablet Extended Release 24 Hour)	B	4	PA; QL
Siliq (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Skyrizi Pen (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Skyrizi (Subcutaneous Solution Cartridge)	B	4	PA; QL
Skyrizi (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Sotyktu (Oral Tablet)	B	4	PA; QL
Stelara (Subcutaneous Solution)	B	4	PA; QL
Stelara (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Taltz (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Taltz (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Tavneos (Oral Capsule)	B	4	PA; QL
Tremfya (Subcutaneous Solution Pen-Injector)	B	4	PA; QL
Tremfya (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Xeljanz (Oral Solution)	B	4	PA; QL
Xeljanz (Oral Tablet Immediate Release)	B	4	PA; QL
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	B	4	PA; QL
Xolair (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Xolair (Subcutaneous Solution Reconstituted)	B	4	PA
Immunostimulants			

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
Actimmune (Subcutaneous Solution)	B	4	
Besremi (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Pegasys (Subcutaneous Solution)	B	4	PA
Pegasys (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Immunosuppressants			
Arava (Oral Tablet)	B	4	
Astagraf XL (Oral Capsule Extended Release 24 Hour)	B	3	B/D,PA
Azasan (100MG Oral Tablet)	B	3	B/D,PA
Azasan (75MG Oral Tablet)	B	4	B/D,PA
Azathioprine (Oral Tablet)	G	1	B/D,PA
Cellcept (Oral Capsule)	B	4	B/D,PA
Cellcept (Oral Suspension Reconstituted)	B	4	B/D,PA
Cellcept (Oral Tablet)	B	4	B/D,PA
Cimzia (Subcutaneous Kit)	B	4	PA; QL
Cimzia Prefilled (2 X 200MG/ML Subcutaneous Prefilled Syringe Kit)	B	4	PA; QL
Cyclosporine Modified (Oral Capsule)	G	1	B/D,PA
Cyclosporine Modified (Oral Solution)	G	1	B/D,PA
Cyclosporine (100MG Oral Capsule, 25MG Oral Capsule)	G	1	B/D,PA
Cyltezo (Subcutaneous Auto-Injector Kit)	B	4	PA; QL
Cyltezo (Subcutaneous Prefilled Syringe Kit)	B	4	PA; QL
Cyltezo-CD/UC/HS Starter (Subcutaneous Auto-Injector Kit)	B	4	PA
Cyltezo-Psoriasis Starter (Subcutaneous Auto-Injector Kit)	B	4	PA
Enbrel Mini (Subcutaneous Solution Cartridge)	B	4	PA; QL
Enbrel (Subcutaneous Solution)	B	4	PA; QL
Enbrel (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Enspryng (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Envarsus XR (Oral Tablet Extended Release 24 Hour)	B	3	B/D,PA
Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet, 1MG Oral Tablet)	G	1	B/D,PA
Gengraf (Oral Capsule)	G	1	B/D,PA
Gengraf (Oral Solution)	G	1	B/D,PA
Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit)	B	4	PA; QL
Humira Pen (Subcutaneous Pen-Injector Kit)	B	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit)	B	4	PA
Humira Pen-Pediatric UC Start (Subcutaneous Pen-Injector Kit)	B	4	PA
Humira Pen Psoriasis Starter (40MG/0.8ML Subcutaneous Pen-Injector Kit)	B	4	PA
Humira Pen Psoriasis Starter (80MG/0.8ML and 40MG/0.4ML Subcutaneous Pen-Injector Kit)	B	4	PA; QL
Humira (Subcutaneous Prefilled Syringe Kit)	B	4	PA; QL
Imuran (Oral Tablet)	B	3	B/D,PA
Leflunomide (Oral Tablet)	G	1	
Lupkynis (Oral Capsule)	B	4	PA; QL
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	G	1	
Methotrexate Sodium (50MG/2ML Injection Solution)	G	1	
Methotrexate Sodium (Oral Tablet)	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
Myfortic (180MG Oral Tablet Delayed Release)	B	3	B/D,PA
Myfortic (360MG Oral Tablet Delayed Release)	B	4	B/D,PA
Neoral (Oral Capsule)	B	3	B/D,PA
Neoral (Oral Solution)	B	3	B/D,PA
Otrexup (Subcutaneous Solution Auto-Injector)	B	3	PA
Prograf (0.5MG Oral Capsule, 1MG Oral Capsule)	B	3	B/D,PA
Prograf (5MG Oral Capsule)	B	4	B/D,PA
Prograf (Oral Packet)	B	3	B/D,PA
Rapamune (Oral Solution)	B	4	B/D,PA
Rapamune (0.5MG Oral Tablet)	B	3	B/D,PA
Rapamune (1MG Oral Tablet, 2MG Oral Tablet)	B	4	B/D,PA
Rasuvo (Subcutaneous Solution Auto-Injector)	B	3	PA
RediTrex (15MG/0.6ML Subcutaneous Solution Prefilled Syringe, 20MG/0.8ML Subcutaneous Solution Prefilled Syringe, 22.5MG/0.9ML Subcutaneous Solution Prefilled Syringe, 25MG/ML Subcutaneous Solution Prefilled Syringe)	B	3	PA
Rezurock (Oral Tablet)	B	4	PA; QL
Sandimmune (Oral Capsule)	B	3	B/D,PA
Sandimmune (Oral Solution)	B	3	B/D,PA

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Simponi (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Simponi (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
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)	B	3	
Xatmep (Oral Solution)	B	3	PA
Zortress (Oral Tablet)	B	4	B/D,PA
Vaccines			
ActHIB (Intramuscular Solution Reconstituted)	B	2	QL
Adacel (Intramuscular Suspension)	B	2	QL
BCG Vaccine (Injection Solution Reconstituted)	B	2	QL
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Boostrix (Intramuscular Suspension)	B	2	QL
Boostrix (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Daptacel (Intramuscular Suspension)	B	2	QL
Diphtheria-Tetanus Toxoids DT (25-5LFU/0.5ML Intramuscular Suspension)	B	2	QL
Engerix-B (Injection Suspension)	B	2	B/D,PA; QL
Engerix-B (Injection Suspension Prefilled Syringe)	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
Hepelisav-B (Intramuscular Solution Prefilled Syringe)	B	2	B/D,PA; QL
Hiberix (Injection Solution Reconstituted)	B	2	QL
Imovax Rabies (Intramuscular Suspension Reconstituted)	B	2	B/D,PA; QL
Infanrix (Intramuscular Suspension)	B	2	QL
IPOL (Injection)	B	2	QL
Ixiaro (Intramuscular Suspension)	B	2	QL
Jynneos (Subcutaneous Suspension)	B	2	QL
Kinrix (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Menactra (Intramuscular Solution)	B	2	QL
MenQuadfi (Intramuscular Solution)	B	2	QL
Menveo (Intramuscular Solution Reconstituted)	B	2	QL
M-M-R II (Injection Solution Reconstituted)	B	2	QL
Pediarix (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Pedvax HIB (Intramuscular Suspension)	B	2	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Pentacel (Intramuscular Suspension Reconstituted)	B	2	QL
PreHevbrio (Intramuscular Suspension)	B	2	B/D,PA; QL
Priorix (Subcutaneous Suspension Reconstituted)	B	2	QL
ProQuad (Subcutaneous Suspension Reconstituted)	B	2	QL
Quadracel (Intramuscular Suspension)	B	2	QL
Quadracel (Intramuscular Suspension Prefilled Syringe)	B	2	QL
RabAvert (Intramuscular Suspension Reconstituted)	B	2	B/D,PA; QL
Recombivax HB (Injection Suspension)	B	2	B/D,PA; QL
Recombivax HB (Injection Suspension Prefilled Syringe)	B	2	B/D,PA; QL
Rotarix (Oral Suspension)	B	2	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
Ticovac (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Trumenba (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Twinrix (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Typhim Vi (Intramuscular Solution)	B	2	QL
Typhim Vi (Intramuscular Solution Prefilled Syringe)	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			
Apriso (Oral Capsule Extended Release 24 Hour)	B	2	QL
Azulfidine EN-tabs (Oral Tablet Delayed Release)	B	3	
Azulfidine (Oral Tablet Immediate Release)	B	3	
Balsalazide Disodium (Oral Capsule)	G	1	
Canasa (Rectal Suppository)	B	4	QL
Colazal (Oral Capsule)	B	4	
Delzicol (Oral Capsule Delayed Release)	B	3	
Dipentum (Oral Capsule)	B	4	
Lialda (Oral Tablet Delayed Release)	B	3	ST; QL
Mesalamine ER (500MG Oral Capsule Extended Release) (Generic Pentasa)	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
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 (1.2GM Oral Tablet Delayed Release) (Generic Lialda), Mesalamine (800MG Oral Tablet Delayed Release) (Generic Asacol)	G	1	QL
Mesalamine (Rectal Enema)	G	1	
Mesalamine (Rectal Suppository)	G	1	QL
Pentasa (Oral Capsule Extended Release)	B	3	QL
Rowasa (Rectal Kit)	B	4	
Sulfasalazine (Oral Tablet Immediate Release)	G	1	
Sulfasalazine (Oral Tablet Delayed Release)	G	1	
Glucocorticoids			
Anusol-HC (External Cream)	B	3	
Budesonide ER (Oral Tablet Extended Release 24 Hour)	G	1	ST
Budesonide (Oral Capsule Delayed Release Particles)	G	1	
Budesonide (Rectal Foam)	G	1	
Hydrocortisone (Perianal) (2.5% External Cream)	G	1	
Hydrocortisone (Rectal Enema)	G	1	
Ortikos (Oral Capsule Extended Release 24 Hour)	B	4	ST
Procto-Med HC (External Cream)	G	1	
Proctosol HC (External Cream)	G	1	
Proctozone-HC (External Cream)	G	1	
Tarpeyo (Oral Capsule Delayed Release)	B	4	PA; QL
Uceris (Oral Tablet Extended Release 24 Hour)	B	4	ST
Uceris (Rectal Foam)	B	3	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
Actonel (Oral Tablet)	B	3	
Alendronate Sodium (Oral Solution)	G	1	
Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet)	G	1	
Atelvia (Oral Tablet Delayed Release)	B	3	
Calcitonin Salmon (Nasal Solution)	G	1	
Calcitriol (Oral Capsule)	G	1	B/D,PA
Calcitriol (Oral Solution)	G	1	B/D,PA
Cinacalcet HCl (Oral Tablet)	G	1	B/D,PA; QL
Doxercalciferol (Oral Capsule)	G	1	B/D,PA
Evenity (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Forteo (Subcutaneous Solution Pen-Injector)	B	4	PA
Fosamax (Oral Tablet)	B	3	
Fosamax Plus D (Oral Tablet)	B	3	
Ibandronate Sodium (Oral Tablet)	G	1	
Natpara (100MCG Subcutaneous Cartridge, 25MCG Subcutaneous Cartridge, 50MCG Subcutaneous Cartridge, 75MCG Subcutaneous Cartridge)	B	4	PA
Paricalcitol (Oral Capsule)	G	1	B/D,PA
Prolia (Subcutaneous Solution Prefilled Syringe)	B	3	QL
Rayaldee (Oral Capsule Extended Release)	B	4	QL
Risedronate Sodium (Oral Tablet Immediate Release)	G	1	
Risedronate Sodium (Oral Tablet Delayed Release)	G	1	
Rocaltrol (Oral Capsule)	B	3	B/D,PA
Rocaltrol (Oral Solution)	B	3	B/D,PA
Sensipar (30MG Oral Tablet)	B	3	B/D,PA; QL
Sensipar (60MG Oral Tablet, 90MG Oral Tablet)	B	4	B/D,PA; QL
Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector)	B	4	PA
Tymlos (Subcutaneous Solution Pen-Injector)	B	4	PA
Voxzogo (Subcutaneous Solution Reconstituted)	B	4	PA; QL
Xgeva (Subcutaneous Solution)	B	4	PA
Zemplar (Oral Capsule)	B	3	B/D,PA
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
Alcohol Prep Pads	B	2	
Dojolvi (Oral Liquid)	B	4	PA
Gauze (Non-medicated 2X2 Pad)	B	2	
Insulin Syringes, Needles	B	2	
Paragard Intrauterine Copper (Intrauterine Device)	B	3	
Vijoice (Oral Tablet Therapy Pack)	B	4	PA; QL
Ophthalmic Agents			
Ophthalmic Agents, Other			
Atropine Sulfate (1% Ophthalmic Solution)	G	1	
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	G	1	
Brimonidine Tartrate-Timolol (Ophthalmic Solution)	G	1	
Cequa (Ophthalmic Solution)	B	3	PA; QL
Combigan (Ophthalmic Solution)	B	2	
Cosopt (Ophthalmic Solution)	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
Cosopt PF (Ophthalmic Solution)	B	3	
Cyclosporine (0.05% Ophthalmic Emulsion)	G	1	QL
Cystadrops (Ophthalmic Solution)	B	4	
Cystaran (Ophthalmic Solution)	B	4	
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	G	1	
Dorzolamide HCl-Timolol Maleate Preservative Free (2%-0.5% Ophthalmic Solution)	G	1	
Lacrisert (Ophthalmic Insert)	B	3	
Maxitrol (Ophthalmic Ointment)	B	3	
Maxitrol (0.1% Ophthalmic Suspension)	B	3	
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	G	1	
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	G	1	
Neomycin-Polymyxin-HC (Ophthalmic Suspension)	G	1	
Neo-Polycin HC (Ophthalmic Ointment)	G	1	
Oxervate (Ophthalmic Solution)	B	4	PA; QL
Restasis MultiDose (Ophthalmic Emulsion)	B	2	QL
Restasis Single-Use Vials (Ophthalmic Emulsion)	B	2	QL
Rocklatan (Ophthalmic Solution)	B	2	ST
Sulfacetamide-Prednisolone (Ophthalmic Solution)	G	1	
TobraDex (Ophthalmic Ointment)	B	2	
TobraDex (Ophthalmic Suspension)	B	3	
TobraDex ST (Ophthalmic Suspension)	B	3	
Tobramycin-Dexamethasone (Ophthalmic Suspension)	G	1	
Tyrvaya (Nasal Solution)	B	3	QL
Verkazia (Ophthalmic Emulsion)	B	4	PA; QL
Xiidra (Ophthalmic Solution)	B	3	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	
Olopatadine HCl (0.1% Ophthalmic Solution)	G	1	
Zerviate (Ophthalmic Solution)	B	3	
Ophthalmic Anti-Infectives			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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	
Ciprofloxacin HCl (Ophthalmic Solution)	G	1	
Erythromycin (Ophthalmic Ointment)	G	1	
Gatifloxacin (Ophthalmic Solution)	G	1	
Gentamicin Sulfate (Ophthalmic Solution)	G	1	
Levofloxacin (0.5% Ophthalmic Solution)	G	1	
Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox)	G	1	
Natacyn (Ophthalmic Suspension)	B	3	
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)	G	1	
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	G	1	
Neo-Polycin (Ophthalmic Ointment)	G	1	
Ocuflox (Ophthalmic Solution)	B	3	
Ofloxacin (Ophthalmic Solution)	G	1	
Polycin (Ophthalmic Ointment)	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	
Vigamox (Ophthalmic Solution)	B	3	
Zymaxid (Ophthalmic Solution)	B	3	
Ophthalmic Anti-inflammatories			
Acular LS (Ophthalmic Solution)	B	3	
Acular (Ophthalmic Solution)	B	3	
Acuvail (Ophthalmic Solution)	B	3	ST
Alrex (Ophthalmic Suspension)	B	3	
Bromfenac Sodium (Once-Daily) (Ophthalmic Solution)	G	1	
BromSite (Ophthalmic Solution)	B	3	ST
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	G	1	
Diclofenac Sodium (Ophthalmic 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
Difluprednate (Ophthalmic Emulsion)	G	1	
Durezol (Ophthalmic Emulsion)	B	3	
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 Liquifilm (Ophthalmic Suspension)	B	3	
Ilevro (Ophthalmic Suspension)	B	2	
Inveltys (Ophthalmic Suspension)	B	3	
Ketorolac Tromethamine (Ophthalmic Solution)	G	1	
Lotemax (Ophthalmic Gel)	B	3	
Lotemax (Ophthalmic Ointment)	B	3	
Lotemax (Ophthalmic Suspension)	B	3	
Lotemax SM (Ophthalmic Gel)	B	3	
Loteprednol Etabonate (Ophthalmic Gel)	G	1	
Loteprednol Etabonate (Ophthalmic Suspension)	G	1	
Maxidex (Ophthalmic Suspension)	B	3	
Nevanac (Ophthalmic Suspension)	B	3	
Pred Forte (Ophthalmic Suspension)	B	3	
Pred Mild (Ophthalmic Suspension)	B	3	
Prednisolone Acetate (Ophthalmic Suspension)	G	1	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	G	1	
Prolensa (Ophthalmic Solution)	B	3	
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	
Istalol (Ophthalmic Solution)	B	3	
Levobunolol HCl (Ophthalmic Solution)	G	1	
Timolol Maleate (Once-Daily) (Ophthalmic Solution) (Generic Istalol)	G	1	
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	G	1	
Timolol Maleate (Ophthalmic Solution) (Generic Timoptic)	G	1	
Timolol Maleate PF (Ophthalmic Solution) (Generic Timoptic Ocudose)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Timoptic Ocudose (Ophthalmic Solution)	B	3	
Timoptic-XE (0.25% Ophthalmic Gel Forming Solution, 0.5% Ophthalmic Gel Forming Solution)	B	3	
Ophthalmic Intraocular Pressure Lowering Agents, Other			
Alphagan P (Ophthalmic Solution)	B	3	
Apraclonidine HCl (Ophthalmic Solution)	G	1	
Azopt (Ophthalmic Suspension)	B	3	
Brimonidine Tartrate (Ophthalmic Solution)	G	1	
Brinzolamide (Ophthalmic Suspension)	G	1	
Dorzolamide HCl (Ophthalmic Solution)	G	1	
Iopidine (Ophthalmic Solution)	B	3	
Methazolamide (Oral Tablet)	G	1	
Phospholine Iodide (Ophthalmic Solution Reconstituted)	B	4	
Pilocarpine HCl (Ophthalmic Solution)	G	1	
Rhopressa (Ophthalmic Solution)	B	2	ST
Simbrinza (Ophthalmic Suspension)	B	2	
Vuity (Ophthalmic Solution)	B	3	PA; QL
Ophthalmic Prostaglandin and Prostanamide Analogs			
Bimatoprost (Ophthalmic Solution)	G	1	
Latanoprost (Ophthalmic Solution)	G	1	
Lumigan (Ophthalmic Solution)	B	2	
Tafluprost (PF) (Ophthalmic Solution)	G	1	
Travatan Z (Ophthalmic Solution)	B	3	
Travoprost (BAK Free) (Ophthalmic Solution)	G	1	
Vyzulta (Ophthalmic Solution)	B	3	
Xalatan (Ophthalmic Solution)	B	3	
Xelpros (Ophthalmic Emulsion)	B	3	ST
Zioptan (Ophthalmic Solution)	B	3	
Otic Agents			
Otic Agents			
Acetic Acid (Otic Solution)	G	1	
Cetraxal (Otic Solution)	B	3	
Cipro HC (Otic Suspension)	B	3	
Ciprodex (Otic Suspension)	B	3	
Ciprofloxacin HCl (Otic Solution)	G	1	
Ciprofloxacin-Dexamethasone (Otic Suspension)	G	1	
Ciprofloxacin-Fluocinolone PF (Otic Solution)	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
DermOtic (Otic Oil)	B	3	
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	
Otovel (Otic Solution)	B	3	
Respiratory Tract/Pulmonary Agents			
Antihistamines			
Azelastine HCl (0.1% Nasal Solution)	G	1	
Azelastine-Fluticasone (Nasal Suspension)	G	1	
Carbinoxamine Maleate (Oral Solution)	G	1	HRM
Carbinoxamine Maleate (4MG Oral Tablet)	G	1	HRM
Cetirizine HCl (1MG/ML Oral Solution)	G	1	
Clarinet (Oral Tablet)	B	3	
Clemastine Fumarate (Oral Syrup)	G	1	HRM
Clemastine Fumarate (2.68MG Oral Tablet)	G	1	HRM
Cyproheptadine HCl (Oral Syrup)	G	1	HRM
Cyproheptadine HCl (Oral Tablet)	G	1	HRM
Desloratadine (Oral Tablet)	G	1	
Desloratadine ODT (Oral Tablet Dispersible)	G	1	
Dymista (Nasal Suspension)	B	3	
Levocetirizine Dihydrochloride (Oral Solution)	G	1	
Levocetirizine Dihydrochloride (Oral Tablet)	G	1	
Olopatadine HCl (Nasal Solution)	G	1	
Ryaltris (Nasal Suspension)	B	3	ST; QL
RyClora (Oral Solution)	B	3	HRM
RyVent (Oral Tablet)	G	1	HRM
Anti-inflammatories, Inhaled Corticosteroids			
Alvesco (Inhalation Aerosol Solution)	B	3	ST; QL
ArmonAir Digihaler (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
Asmanex (30 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
Asmanex HFA (Inhalation Aerosol)	B	3	ST; QL
Beconase AQ (Nasal Suspension)	B	3	ST
Budesonide (Inhalation Suspension)	G	1	B/D,PA
Flovent Diskus (Inhalation Aerosol Powder Breath Activated)	B	2	
Flovent HFA (Inhalation Aerosol)	B	2	QL
Flunisolide (Nasal Solution)	G	1	
Fluticasone Propionate (Nasal Suspension)	G	1	
Mometasone Furoate (Nasal Suspension)	G	1	
Omnaris (Nasal Suspension)	B	3	ST
Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated)	B	3	ST
Pulmicort (Inhalation Suspension)	B	3	B/D,PA
Qnasl Childrens (Nasal Aerosol Solution)	B	3	ST
Qnasl (Nasal Aerosol Solution)	B	3	ST
QVAR RediHaler (Inhalation Aerosol Breath Activated)	B	3	ST; QL
Khance (Nasal Exhaler Suspension)	B	3	
Zetonna (Nasal Aerosol Solution)	B	3	ST
Antileukotrienes			
Accolate (Oral Tablet)	B	3	
Montelukast Sodium (Oral Packet)	G	1	QL
Montelukast Sodium (Oral Tablet)	G	1	QL
Montelukast Sodium (Oral Tablet Chewable)	G	1	QL
Singulair (Oral Packet)	B	3	QL
Singulair (Oral Tablet)	B	3	QL
Singulair (Oral Tablet Chewable)	B	3	QL
Zafirlukast (Oral Tablet)	G	1	
Zileuton ER (Oral Tablet Extended Release 12 Hour)	G	1	ST
Zyflo (Oral Tablet Immediate Release)	B	4	ST
Bronchodilators, Anticholinergic			
Atrovent HFA (Inhalation Aerosol Solution)	B	3	
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
Ipratropium Bromide (Inhalation Solution)	G	1	B/D,PA
Ipratropium Bromide (Nasal Solution)	G	1	
Spiriva HandiHaler (Inhalation Capsule)	B	2	QL
Spiriva Respimat (Inhalation Aerosol Solution)	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
Tudorza Pressair (Inhalation Aerosol Powder Breath Activated)	B	3	ST
Yupelri (Inhalation Solution)	B	4	B/D,PA; QL
Bronchodilators, Sympathomimetic			
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Brand Equivalent Ventolin)	B	3	ST
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proair), Albuterol Sulfate HFA (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	PA; QL
Brovana (Inhalation Nebulization Solution)	B	3	PA; QL
Epinephrine (Injection Solution Auto-Injector)	G	1	QL
EpiPen 2-Pak (Injection Solution Auto-Injector)	B	3	QL
EpiPen Jr 2-Pak (Injection Solution Auto-Injector)	B	3	QL
Formoterol Fumarate (Inhalation Nebulization Solution)	G	1	B/D,PA; QL
Levalbuterol HCl (Inhalation Nebulization Solution)	G	1	B/D,PA
Levalbuterol Tartrate (Inhalation Aerosol)	B	3	ST
Perforomist (Inhalation Nebulization Solution)	B	3	B/D,PA; QL
ProAir RespiClick (Inhalation Aerosol Powder Breath Activated)	B	2	
Proventil HFA (Inhalation Aerosol Solution)	B	3	ST
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Striverdi Respimat (Inhalation Aerosol Solution)	B	3	ST
Symjepi (Injection Solution Prefilled Syringe)	B	3	QL
Terbutaline Sulfate (Oral Tablet)	G	1	
Ventolin HFA (Inhalation Aerosol Solution)	B	2	
Xopenex HFA (Inhalation Aerosol)	B	3	ST
Cystic Fibrosis Agents			
Bethkis (Inhalation Nebulization Solution)	B	4	B/D,PA; QL
Cayston (Inhalation Solution Reconstituted)	B	4	PA
Kalydeco (Oral Packet)	B	4	PA
Kalydeco (Oral Tablet)	B	4	PA
Kitabis Pak (Inhalation Nebulization Solution)	B	4	B/D,PA; QL
Orkambi (Oral Packet)	B	4	PA; QL
Orkambi (Oral Tablet)	B	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Pulmozyme (Inhalation Solution)	B	4	B/D,PA; QL
Symdeko (Oral Tablet Therapy Pack)	B	4	PA; QL
TOBI (Inhalation Nebulization Solution)	B	4	B/D,PA; QL
TOBI Podhaler (Inhalation Capsule)	B	4	PA; QL
Tobramycin (Inhalation Nebulization Solution)	G	1	B/D,PA; QL
Trikafta (Oral Tablet Therapy Pack)	B	4	PA; QL
Trikafta (Oral Granule Therapy Pack)	B	4	PA; QL
Mast Cell Stabilizers			
Cromolyn Sodium (Inhalation Nebulization Solution)	G	1	B/D,PA
Phosphodiesterase Inhibitors, Airways Disease			
Daliresp (Oral Tablet)	B	3	PA
Roflumilast (Oral Tablet)	G	1	PA
Theo-24 (Oral Capsule Extended Release 24 Hour)	B	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			
Adcirca (Oral Tablet)	B	4	PA
Adempas (Oral Tablet)	B	4	PA
Alyq (Oral Tablet)	G	1	PA
Ambrisentan (Oral Tablet)	G	1	PA; QL
Bosentan (Oral Tablet)	G	1	PA; QL
Letairis (Oral Tablet)	B	4	PA; QL
Liqrev (Oral Suspension)	B	4	PA
Opsumit (Oral Tablet)	B	4	PA
Orenitram Month 1 (Oral Tablet Extended Release Therapy Pack)	B	4	PA; QL
Orenitram Month 2 (Oral Tablet Extended Release Therapy Pack)	B	4	PA; QL
Orenitram Month 3 (Oral Tablet Extended Release Therapy Pack)	B	4	PA; QL
Orenitram (0.125MG Oral Tablet Extended Release)	B	3	PA
Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release)	B	4	PA
Revatio (Oral Suspension Reconstituted)	B	4	PA
Revatio (Oral Tablet)	B	4	PA
Sildenafil Citrate (Oral Suspension Reconstituted)	G	1	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
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	1	PA
Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca)	G	1	PA
Tadliq (Oral Suspension)	B	4	PA
Tracleer (Oral Tablet)	B	4	PA; QL
Tracleer (Oral Tablet Soluble)	B	4	PA; QL
Tyvaso DPI Maintenance Kit (Inhalation Powder)	B	4	PA
Tyvaso DPI Titration Kit (Inhalation Powder)	B	4	PA
Uptravi (Oral Tablet)	B	4	PA; QL
Uptravi (Oral Tablet Therapy Pack)	B	4	PA; QL
Ventavis (Inhalation Solution)	B	4	PA
Pulmonary Fibrosis Agents			
Esbriet (Oral Capsule)	B	4	PA; QL
Esbriet (Oral Tablet)	B	4	PA; QL
Ofev (Oral Capsule)	B	4	PA; QL
Pirfenidone (Oral Capsule)	G	1	PA; QL
Pirfenidone (Oral Tablet)	G	1	PA; QL
Respiratory Tract Agents, Other			
Acetylcysteine (Inhalation Solution)	G	1	B/D,PA
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	B	1	QL
Advair HFA (Inhalation Aerosol)	B	2	QL
AirDuo Digihaler (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
AirDuo RespiClick 113/14 (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
AirDuo RespiClick 232/14 (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
AirDuo RespiClick 55/14 (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Bevespi Aerosphere (Inhalation Aerosol)	B	3	ST
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Breztri Aerosphere (Inhalation Aerosol)	B	2	QL
Bronchitol (Inhalation Capsule)	B	4	PA; QL
Clarinet-D 12 Hour (Oral Tablet Extended Release 12 Hour)	B	3	
Combivent Respimat (Inhalation Aerosol Solution)	B	2	QL
Duaklir Pressair (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Dulera (Inhalation Aerosol)	B	3	QL
Fasenra Pen (Subcutaneous Solution Auto-Injector)	B	4	PA
Fasenra (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Fluticasone-Salmeterol (100-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 250-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 500-50MCG/ACT Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	1	QL
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 RespiClick)	B	2	QL
Ipratropium-Albuterol (Inhalation Solution)	G	1	B/D,PA
Nucala (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Nucala (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Nucala (Subcutaneous Solution Reconstituted)	B	4	PA; QL
Promethazine VC (Oral Syrup)	G	1	HRM
Stiolto Respimat (Inhalation Aerosol Solution)	B	2	
Symbicort (Inhalation Aerosol)	B	2	QL
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	1	QL
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			
Amrix (Oral Capsule Extended Release 24 Hour)	B	4	HRM
Carisoprodol (Oral Tablet)	G	1	PA; HRM; QL
Chlorzoxazone (Oral Tablet)	G	1	HRM
Cyclobenzaprine HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	HRM
Cyclobenzaprine HCl (Oral Tablet)	G	1	HRM
Fexmid (Oral Tablet)	B	3	HRM
Lorzone (Oral Tablet)	B	3	HRM
Metaxalone (Oral Tablet)	G	1	HRM
Methocarbamol (500MG Oral Tablet, 750MG Oral Tablet)	G	1	HRM
Norgesic Forte (Oral Tablet)	B	4	HRM
Norgesic (Oral Tablet)	B	4	HRM
Orphenadrine Citrate ER (Oral Tablet Extended Release 12 Hour)	G	1	HRM
Orphenadrine-Aspirin-Caffeine (Oral Tablet)	G	1	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
Soma (Oral Tablet)	B	3	PA; HRM; QL
Sleep Disorder Agents			
Sleep Promoting Agents			
Ambien CR (Oral Tablet Extended Release)	B	3	HRM; QL
Ambien (Oral Tablet Immediate Release)	B	3	HRM; QL
Belsomra (Oral Tablet)	B	2	QL
DayVigo (Oral Tablet)	B	2	QL
Doxepin HCl (Oral Tablet)	G	1	QL
Edluar (Tablet Sublingual)	B	3	HRM; QL
Estazolam (Oral Tablet)	G	1	HRM; QL
Eszopiclone (Oral Tablet)	G	1	HRM; QL
Halcion (Oral Tablet)	B	3	HRM; QL
Hetlioz LQ (Oral Suspension)	B	4	PA; QL
Hetlioz (Oral Capsule)	B	4	PA; QL
Lunesta (Oral Tablet)	B	3	HRM; QL
Ramelteon (Oral Tablet)	G	1	
Restoril (Oral Capsule)	B	4	HRM; QL
Rozerem (Oral Tablet)	B	3	
Silenor (Oral Tablet)	B	3	QL
Tasimelteon (Oral Capsule)	G	1	PA; QL
Temazepam (Oral Capsule)	G	1	HRM; QL
Triazolam (Oral Tablet)	G	1	HRM; QL
Zaleplon (Oral Capsule)	G	1	HRM; QL
Zolpidem Tartrate ER (Oral Tablet Extended Release)	G	1	HRM; QL
Zolpidem Tartrate (Oral Capsule)	B	3	HRM; QL
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	1	HRM; QL
Zolpidem Tartrate (Tablet Sublingual)	G	1	HRM; QL
Wakefulness Promoting Agents			
Armodafinil (Oral Tablet)	G	1	PA; QL
Modafinil (Oral Tablet)	G	1	PA; QL
Nuvigil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	B	4	PA; QL
Nuvigil (50MG Oral Tablet)	B	3	PA; QL
Provigil (Oral Tablet)	B	4	PA; QL
Sodium Oxybate (Oral Solution)	B	4	PA; QL
Sunosi (Oral Tablet)	B	3	PA; QL
Wakix (Oral Tablet)	B	4	PA; QL
Xyrem (Oral Solution)	B	4	PA; QL
Xywav (Oral Solution)	B	4	PA; QL

Covered drugs with a quantity limit (QL)

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

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

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

Drug name	Brand or Generic	Quantity limit
Abacavir Sulfate (Oral Solution)	G	Maximum of 32 ml per day
Abacavir Sulfate (Oral Tablet)	G	Maximum of 2 tablets per day
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	Maximum of 1 tablet per day
Abilify MyCite Maintenance Kit (15MG Oral Tablet Therapy Pack, 20MG Oral Tablet Therapy Pack, 2MG Oral Tablet Therapy Pack, 30MG Oral Tablet Therapy Pack, 5MG Oral Tablet Therapy Pack)	B	Maximum of 1 tablet per day
Abilify (Oral Tablet)	B	Maximum of 1 tablet per day
Acetaminophen-Caffeine-Dihydrocodeine (Oral Capsule)	G	Maximum of 10 capsules 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
Actoplus Met (15MG-850MG Oral Tablet Immediate Release)	B	Maximum of 3 tablets per day
Actos (Oral Tablet)	B	Maximum of 1 tablet per day
Adacel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Adbry (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 8 syringes (8 ml) per 28 days
Adderall (20MG Oral Tablet)	B	Maximum of 3 tablets per day
Adderall (5MG Oral Tablet, 7.5MG Oral Tablet)	B	Maximum of 2 tablets per day
Adderall XR (Oral Capsule Extended Release 24 Hour)	B	Maximum of 2 capsules per day
Adlarity (Transdermal Patch Weekly)	B	Maximum of 4 patches per 28 days
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days

Drug name	Brand or Generic	Quantity limit
Advair HFA (Inhalation Aerosol)	B	Maximum of 1 inhaler (12 grams) per 30 days
Adzenys XR-ODT (Oral Tablet Extended Release Dispersible)	B	Maximum of 1 tablet per day
Aimovig (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1 ml) per 30 days
AirDuo Digihaler (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
AirDuo RespiClick 113/14 (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
AirDuo RespiClick 232/14 (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
AirDuo RespiClick 55/14 (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
Ajovy (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1.5 ml) per 30 days
Ajovy (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (1.5 ml) per 30 days
Albendazole (Oral Tablet)	G	Maximum of 16 tablets per day
Aliskiren Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Allzital (Oral Tablet)	B	Maximum of 12 tablets per day
Almotriptan Malate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Alogliptin Benzoate (Oral Tablet)	B	Maximum of 1 tablet per day
Alogliptin-Metformin HCl (Oral Tablet)	B	Maximum of 2 tablets per day
Alogliptin-Pioglitazone (Oral Tablet)	B	Maximum of 1 tablet per day
Alprazolam ER (0.5MG Oral Tablet Extended Release 24 Hour, 1MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Alprazolam ER (2MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 5 tablets per day
Alprazolam ER (3MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 3 tablets per day
Alprazolam Intensol (Oral Concentrate)	G	Maximum of 10 ml per day
Alprazolam (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Alprazolam (2MG Oral Tablet Immediate Release)	G	Maximum of 5 tablets per day
Alprazolam ODT (0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Alprazolam ODT (2MG Oral Tablet Dispersible)	G	Maximum of 5 tablets per day
Altace (Oral Capsule)	B	Maximum of 2 capsules per day

Drug name	Brand or Generic	Quantity limit
Altoprev (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Alunbrig (180MG Oral Tablet, 90MG Oral Tablet)	B	Maximum of 1 tablet per day
Alunbrig (30MG Oral Tablet)	B	Maximum of 4 tablets per day
Alunbrig (Oral Tablet Therapy Pack)	B	Maximum of 2 packs (60 tablets) per year
Alvesco (160MCG/ACT Inhalation Aerosol Solution)	B	Maximum of 2 inhalers (12.2 grams) per 30 days
Alvesco (80MCG/ACT Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (6.1 grams) per 30 days
Ambien CR (Oral Tablet Extended Release)	B	Maximum of 1 tablet per day
Ambien (Oral Tablet Immediate Release)	B	Maximum of 1 tablet per day
Ambrisentan (Oral Tablet)	G	Maximum of 1 tablet per day
Amitiza (Oral Capsule)	B	Maximum of 2 capsules per day
Amlodipine-Atorvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Benazepril (Oral Capsule)	G	Maximum of 1 capsule per day
Amlodipine-Olmesartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Valsartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 2 capsules per day
Amphetamine-Dextroamphetamine (10MG Oral Tablet, 12.5MG Oral Tablet, 15MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Amphetamine-Dextroamphetamine (20MG Oral Tablet)	G	Maximum of 3 tablets per day
Ampyra (Oral Tablet Extended Release 12 Hour)	B	Maximum of 2 tablets per day
Annovera (Vaginal Ring)	B	Maximum of 1 ring per 365 days
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Anzemet (Oral Tablet)	B	Maximum of 2 tablets per day
ApexiCon E (External Cream)	B	Maximum of 240 grams per 30 days
Apokyn (Subcutaneous Solution Cartridge)	B	Maximum of 2 ml per day
Apomorphine HCl (Subcutaneous Solution Cartridge)	G	Maximum of 2 ml per day
Aprepitant (125MG Oral Capsule)	G	Maximum of 2 capsules per 28 days
Aprepitant (40MG Oral Capsule, 80MG Oral Capsule)	G	Maximum of 4 capsules per 28 days
Aprepitant (80 & 125MG Oral Capsule)	G	Maximum of 6 capsules (2 packs) per 28 days
Apriso (Oral Capsule Extended Release 24 Hour)	B	Maximum of 4 capsules per day

Drug name	Brand or Generic	Quantity limit
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
Arazlo (External Lotion)	B	Maximum of 45 grams per 30 days
Arformoterol Tartrate (Inhalation Nebulization Solution)	G	Maximum of 2 vials (4 ml) per day
Aricept (10MG Oral Tablet)	B	Maximum of 2 tablets per day
Aricept (23MG Oral Tablet, 5MG Oral Tablet)	B	Maximum of 1 tablet per day
Aripiprazole (1MG/ML Oral Solution)	G	Maximum of 25 ml per day
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Armodafinil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	G	Maximum of 1 tablet per day
Armodafinil (50MG Oral Tablet)	G	Maximum of 2 tablets per day
ArmonAir Digihaler (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (30 blisters) per 30 days
Ascomp-Codeine (Oral Capsule)	G	Maximum of 6 capsules per day
Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
Asmanex (30 Metered Doses) (110MCG/ACT Inhalation Aerosol Powder Breath Activated)	B	Maximum of 2 inhalers per 30 days
Asmanex (30 Metered Doses) (220MCG/ACT Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
Asmanex HFA (Inhalation Aerosol)	B	Maximum of 1 inhaler (13 grams) per 30 days
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	Maximum of 2 capsules per day
Aspruzyo Sprinkle (Oral Packet)	B	Maximum of 2 packets per day
Atacand HCT (Oral Tablet)	B	Maximum of 1 tablet per day
Atacand (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet)	B	Maximum of 1 tablet per day
Atacand (8MG Oral Tablet)	B	Maximum of 3 tablets per day
Atazanavir Sulfate (150MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 1 capsule per day

Drug name	Brand or Generic	Quantity limit
Atazanavir Sulfate (200MG Oral Capsule)	G	Maximum of 2 capsules per day
Ativan (0.5MG Oral Tablet, 1MG Oral Tablet)	B	Maximum of 4 tablets per day
Ativan (2MG Oral Tablet)	B	Maximum of 5 tablets per day
Atorvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
Atovaquone (Oral Suspension)	G	Maximum of 14 ml per day
Aubagio (Oral Tablet)	B	Maximum of 1 tablet per day
Austedo (Oral Tablet)	B	Maximum of 4 tablets per day
Avalide (Oral Tablet)	B	Maximum of 1 tablet per day
Avapro (150MG Oral Tablet, 300MG Oral Tablet)	B	Maximum of 1 tablet per day
Avapro (75MG Oral Tablet)	B	Maximum of 3 tablets per day
Ayvakit (Oral Tablet)	B	Maximum of 1 tablet per day
Azelaic Acid (External Gel)	G	Maximum of 50 grams per 30 days
Azelex (External Cream)	B	Maximum of 50 grams per 30 days
Azor (Oral Tablet)	B	Maximum of 1 tablet per day
Azstarys (Oral Capsule)	B	Maximum of 1 capsule 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 Solution Reconstituted)	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
Benicar HCT (Oral Tablet)	B	Maximum of 1 tablet per day
Benicar (20MG Oral Tablet, 40MG Oral Tablet)	B	Maximum of 1 tablet per day
Benicar (5MG Oral Tablet)	B	Maximum of 2 tablets per day
Bethkis (Inhalation Nebulization Solution)	B	Maximum of 2 ampules (8 ml) per day
Bexarotene (External Gel)	G	Maximum of 60 grams per 30 days
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 (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Boostrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Bosentan (Oral Tablet)	G	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Breztri Aerosphere (120 Inhalation Aerosol)	B	Maximum of 1 inhaler (10.7 grams) per 30 days
Brilinta (Oral Tablet)	B	Maximum of 2 tablets per day
Bronchitol (Inhalation Capsule)	B	Maximum of 20 capsules per day
Brovana (Inhalation Nebulization Solution)	B	Maximum of 2 vials (4 ml) per day
Brukinsa (Oral Capsule)	B	Maximum of 4 capsules per day
Bupap (Oral Tablet)	B	Maximum of 6 tablets per day
Buprenorphine HCl (Tablet Sublingual)	G	Maximum of 3 tablets per day
Buprenorphine HCl-Naloxone HCl (12-3MG Sublingual Film, 4-1MG Sublingual Film)	G	Maximum of 2 films per day
Buprenorphine HCl-Naloxone HCl (2-0.5MG Sublingual Film, 8-2MG Sublingual Film)	G	Maximum of 3 films per day
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	G	Maximum of 3 tablets per day
Buprenorphine (Transdermal Patch Weekly)	G	Maximum of 4 patches per 28 days
Butalbital-Acetaminophen (Oral Capsule)	B	Maximum of 6 capsules per day
Butalbital-Acetaminophen (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 (Transdermal Patch Weekly)	B	Maximum of 4 patches per 28 days
Bydureon BCise (Subcutaneous Auto-Injector)	B	Maximum of 4 pens (3.4 ml) per 28 days
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (2.4 ml) per 30 days
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (1.2 ml) per 30 days
Bystolic (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	B	Maximum of 1 tablet per day
Bystolic (20MG Oral Tablet)	B	Maximum of 2 tablets per day
Cablivi (Injection Kit)	B	Maximum of 1 kit per day
Caduet (Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Calcipotriene (External Cream)	G	Maximum of 120 grams per 30 days
Calcipotriene (External Ointment)	G	Maximum of 120 grams per 30 days
Calquence (100MG Oral Capsule)	B	Maximum of 2 capsules per day
Calquence (Oral Tablet)	B	Maximum of 2 tablets per day
Camzyos (Oral Capsule)	B	Maximum of 1 capsule per day
Canasa (Rectal Suppository)	B	Maximum of 1 suppository per day
Candesartan Cilexetil (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet)	G	Maximum of 1 tablet per day
Candesartan Cilexetil (8MG Oral Tablet)	G	Maximum of 3 tablets per day
Candesartan Cilexetil-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Caplyta (Oral Capsule)	B	Maximum of 1 capsule per day
Captopril (100MG Oral Tablet)	G	Maximum of 4 tablets per day
Captopril (12.5MG Oral Tablet, 25MG Oral Tablet)	G	Maximum of 3 tablets per day
Captopril (50MG Oral Tablet)	G	Maximum of 9 tablets per day
Cardura XL (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Carisoprodol (Oral Tablet)	G	Maximum of 4 tablets per day
Celebrex (Oral Capsule)	B	Maximum of 2 capsules per day
Celecoxib (Oral Capsule)	G	Maximum of 2 capsules per day
Cequa (Ophthalmic Solution)	B	Maximum of 2 vials per day
Chloroquine Phosphate (Oral Tablet)	G	Maximum of 2 tablets per day
Cialis (2.5MG Oral Tablet, 5MG Oral Tablet)	B	Maximum of 1 tablet per day
Cibinqo (Oral Tablet)	B	Maximum of 1 tablet per day
Cimduo (Oral Tablet)	B	Maximum of 1 tablet per day
Cimzia (Subcutaneous Kit)	B	Maximum of 2 kits per 28 days
Cimzia Prefilled (2 X 200MG/ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 2 kits per 28 days
Cinacalcet HCl (30MG Oral Tablet, 60MG Oral Tablet)	G	Maximum of 2 tablets per day
Cinacalcet HCl (90MG Oral Tablet)	G	Maximum of 4 tablets per day
Cleocin-T (External Lotion)	B	Maximum of 60 ml per 30 days
Climara (Transdermal Patch Weekly)	B	Maximum of 4 patches per 28 days
Clindacin ETZ (External Swab)	G	Maximum of 69 pads per 30 days
Clindagel (External Gel)	B	Maximum of 75 ml per 30 days
Clindamycin Phosphate (External Gel)	G	Maximum of 75 grams per 30 days
Clindamycin Phosphate (External Lotion)	G	Maximum of 60 ml per 30 days
Clindamycin Phosphate (External Solution)	G	Maximum of 60 ml per 30 days

Drug name	Brand or Generic	Quantity limit
Clindamycin Phosphate (External Swab)	G	Maximum of 69 pads per 30 days
Clobazam (2.5MG/ML Oral Suspension)	G	Maximum of 16 ml per day
Clobazam (10MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 2 tablets per day
Clobetasol Propionate Emulsion (External Foam)	G	Maximum of 100 grams per 30 days
Clobetasol Propionate (External Foam)	G	Maximum of 100 grams per 30 days
Clobetasol Propionate (External Liquid Spray)	G	Maximum of 125 ml per 30 days
Clobetasol Propionate (External Lotion)	G	Maximum of 118 ml per 30 days
Clobex (External Lotion)	B	Maximum of 118 ml per 30 days
Clobex Spray (External Liquid)	B	Maximum of 125 ml per 30 days
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Clonazepam (2MG Oral Tablet)	G	Maximum of 10 tablets per day
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Clonazepam ODT (2MG Oral Tablet Dispersible)	G	Maximum of 10 tablets per day
Clorazepate Dipotassium (15MG Oral Tablet)	G	Maximum of 6 tablets per day
Clorazepate Dipotassium (3.75MG Oral Tablet)	G	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5MG Oral Tablet)	G	Maximum of 12 tablets per day
Clotrimazole-Betamethasone (External Cream)	G	Maximum of 90 grams per 30 days
Codeine Sulfate (Oral Tablet)	G	Maximum of 6 tablets per day
Combivent Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 20 days
Combivir (Oral Tablet)	B	Maximum of 2 tablets per day
Complera (Oral Tablet)	B	Maximum of 1 tablet per day
Concerta (18MG Oral Tablet Extended Release)	B	Maximum of 3 tablets per day
Concerta (27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release)	B	Maximum of 2 tablets per day
Concerta (54MG Oral Tablet Extended Release)	B	Maximum of 1 tablet per day
ConZip (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Copiktra (Oral Capsule)	B	Maximum of 2 capsules per day
Cordran (External Lotion)	B	Maximum of 240 ml per 30 days
Corlanor (Oral Solution)	B	Maximum of 15 ml per day
Corlanor (Oral Tablet)	B	Maximum of 2 tablets per day
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 10 syringes (10 ml) per 30 days
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)	B	Maximum of 10 pens (10 ml) per 30 days
Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 20 syringes (10 ml) per 30 days

Drug name	Brand or Generic	Quantity limit
Cotempla XR-ODT (Oral Tablet Extended Release Dispersible)	B	Maximum of 2 tablets per day
Cozaar (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Cozaar (25MG Oral Tablet, 50MG Oral Tablet)	B	Maximum of 2 tablets per day
Crestor (Oral Tablet)	B	Maximum of 1 tablet per day
Cuvrior (Oral Tablet)	B	Maximum of 10 tablets per day
Cyclosporine (0.05% Ophthalmic Emulsion)	G	Maximum of 2 vials per day
Cyltezo (Subcutaneous Auto-Injector Kit)	B	Maximum of 4 pens per 28 days
Cyltezo (10MG/0.2ML Subcutaneous Prefilled Syringe Kit, 20MG/0.4ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 2 syringes per 28 days
Cyltezo (40MG/0.8ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 4 syringes per 28 days
Cymbalta (20MG Oral Capsule Delayed Release Particles)	B	Maximum of 4 capsules per day
Cymbalta (30MG Oral Capsule Delayed Release Particles)	B	Maximum of 3 capsules per day
Cymbalta (60MG Oral Capsule Delayed Release Particles)	B	Maximum of 2 capsules per day
Dabigatran Etxilate Mesylate (Oral Capsule)	G	Maximum of 2 capsules per day
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
Daptacel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Darunavir (600MG Oral Tablet)	G	Maximum of 2 tablets per day
Darunavir (800MG Oral Tablet)	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
Desonide (External Cream)	G	Maximum of 60 grams per 30 days
Desonide (External Gel)	G	Maximum of 60 grams per 30 days
Desonide (External Lotion)	G	Maximum of 118 ml per 30 days
Desonide (External Ointment)	G	Maximum of 120 grams per 30 days
DesOwen (External Cream)	B	Maximum of 60 grams per 30 days
Desoximetasone (External Cream)	G	Maximum of 100 grams per 30 days

Drug name	Brand or Generic	Quantity limit
DesRx (External Gel)	G	Maximum of 60 grams per 30 days
Dexedrine (10MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 6 capsules per day
Dexedrine (15MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 4 capsules per day
Dexilant (Oral Capsule Delayed Release)	B	Maximum of 1 capsule per day
Dexlansoprazole (Oral Capsule Delayed Release)	G	Maximum of 1 capsule per day
Dexmethylphenidate HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Dextroamphetamine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 6 capsules per day
Dextroamphetamine Sulfate ER (15MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 4 capsules per day
Dextroamphetamine Sulfate ER (5MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 3 capsules per day
Dextroamphetamine Sulfate (10MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 6 tablets per day
Dextroamphetamine Sulfate (15MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 3 tablets per day
Dextroamphetamine Sulfate (30MG Oral Tablet)	G	Maximum of 2 tablets per day
Diacomit (250MG Oral Capsule)	B	Maximum of 12 capsules per day
Diacomit (500MG Oral Capsule)	B	Maximum of 6 capsules per day
Diacomit (250MG Oral Packet)	B	Maximum of 12 packets per day
Diacomit (500MG Oral Packet)	B	Maximum of 6 packets per day
Diastat AcuDial (Rectal Gel)	B	Maximum of 5 packages per 30 days
Diastat Pediatric (Rectal Gel)	B	Maximum of 5 packages per 30 days
Diazepam Intensol (Oral Concentrate)	G	Maximum of 8 ml per day
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 4 tablets per day
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	G	Maximum of 5 packages per 30 days
Diclofenac Epolamine (External Patch)	B	Maximum of 2 patches per day
Diclofenac Sodium (3% External Gel)	G	Maximum of 100 grams per 30 days
Diflorasone Diacetate (External Cream)	G	Maximum of 240 grams per 30 days
Diflorasone Diacetate (External Ointment)	G	Maximum of 240 grams per 30 days
Dihydroergotamine Mesylate (Nasal Solution)	G	Maximum of 16 vials (16 ml) per 28 days
Dilaudid (Oral Liquid)	B	Maximum of 50 ml per day
Dilaudid (2MG Oral Tablet, 4MG Oral Tablet)	B	Maximum of 8 tablets per day

Drug name	Brand or Generic	Quantity limit
Dilaudid (8MG Oral Tablet)	B	Maximum of 6 tablets per day
Dimethyl Fumarate (120MG Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Dimethyl Fumarate (240MG Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Dimethyl Fumarate Starter Pack (Oral Capsule)	G	Maximum of 2 packs (120 capsules) per year
Diovan HCT (Oral Tablet)	B	Maximum of 1 tablet per day
Diovan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	B	Maximum of 2 tablets per day
Diovan (320MG Oral Tablet)	B	Maximum of 1 tablet per day
Diphtheria-Tetanus Toxoids DT (25-5LFU/0.5ML Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Dofetilide (125MCG Oral Capsule)	G	Maximum of 6 capsules per day
Dofetilide (250MCG Oral Capsule, 500MCG Oral Capsule)	G	Maximum of 2 capsules per day
Donepezil HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Donepezil HCl (23MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Donepezil HCl ODT (10MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Donepezil HCl ODT (5MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day
Doptelet (Oral Tablet)	B	Maximum of 3 tablets 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
Doxepin HCl (Oral Tablet)	G	Maximum of 1 tablet 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
Duaklir Pressair (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
Duetact (Oral Tablet)	B	Maximum of 1 tablet per day
Dulera (120 Inhalation Aerosol)	B	Maximum of 1 inhaler (13 grams) per 30 days
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles)	G	Maximum of 4 capsules per day
Duloxetine HCl (30MG Oral Capsule Delayed Release Particles)	G	Maximum of 3 capsules per day
Duloxetine HCl (40MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	G	Maximum of 2 capsules per day
Dyanavel XR (Oral Suspension Extended Release)	B	Maximum of 8 ml per day

Drug name	Brand or Generic	Quantity limit
Dyanavel XR (Oral Tablet Chewable Extended Release)	B	Maximum of 1 tablet 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
Edecrin (Oral Tablet)	B	Maximum of 16 tablets per day
Edluar (Tablet Sublingual)	B	Maximum of 1 tablet per day
Edurant (Oral Tablet)	B	Maximum of 1 tablet per day
Efavirenz (Oral Capsule)	G	Maximum of 3 capsules per day
Efavirenz (Oral Tablet)	G	Maximum of 1 tablet per day
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)	G	Maximum of 1 tablet per day
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)	G	Maximum of 1 tablet per day
Efudex (External Cream)	B	Maximum of 40 grams per 30 days
Eletriptan Hydrobromide (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Elidel (External Cream)	B	Maximum of 100 grams per 30 days
Eligard (22.5MG Subcutaneous Kit)	B	Maximum of 1 kit per 84 days
Eligard (30MG Subcutaneous Kit)	B	Maximum of 1 kit per 112 days
Eligard (45MG Subcutaneous Kit)	B	Maximum of 1 kit per 168 days
Eligard (7.5MG Subcutaneous Kit)	B	Maximum of 1 kit per 28 days
Eliquis (Oral Tablet)	B	Maximum of 2 tablets per day
Eliquis Starter Pack (Oral Tablet)	B	Maximum of 2 packs (148 tablets) per year
Emend (Oral Capsule)	B	Maximum of 2 capsules per 28 days
Emend (Oral Suspension Reconstituted)	B	Maximum of 2 kits per 28 days
Emend Tri-Pack (Oral Capsule)	B	Maximum of 6 capsules (2 packs) per 28 days
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes or pens (3 ml) per 30 days
Emgality (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 syringes or pens (2 ml) per 30 days
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes or pens (2 ml) per 30 days
Emtricitabine (Oral Capsule)	G	Maximum of 1 capsule per day
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

Drug name	Brand or Generic	Quantity limit
Enalapril-Hydrochlorothiazide (10-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (5-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Enbrel Mini (Subcutaneous Solution Cartridge)	B	Maximum of 8 cartridges per 28 days
Enbrel (Subcutaneous Solution)	B	Maximum of 8 vials (4 ml) per 28 days
Enbrel (25MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 8 syringes (4 ml) per 28 days
Enbrel (50MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 8 syringes (8 ml) per 28 days
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	B	Maximum of 8 pens per 28 days
Endocet (Oral Tablet)	G	Maximum of 12 tablets per day
Engerix-B (Injection Suspension)	B	1 vaccination dose (1 ml) per day
Engerix-B (10MCG/0.5ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Engerix-B (20MCG/ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day
Entadfi (Oral Capsule)	B	Maximum of 1 capsule per day
Entresto (Oral Tablet)	B	Maximum of 2 tablets per day
Epclusa (Oral Packet)	B	Maximum of 1 carton (28 packets) per 28 days
Epclusa (Oral Tablet)	B	Maximum of 1 tablet per day
Epinephrine (Injection Solution Auto-Injector)	G	Maximum of 4 pens (2 boxes) per 30 days
EpiPen 2-Pak (Injection Solution Auto-Injector)	B	Maximum of 4 pens (2 boxes) per 30 days
EpiPen Jr 2-Pak (Injection Solution Auto-Injector)	B	Maximum of 4 pens (2 boxes) per 30 days
Epivir (10MG/ML Oral Solution)	B	Maximum of 32 ml per day
Epivir (150MG Oral Tablet)	B	Maximum of 2 tablets per day
Epivir (300MG Oral Tablet)	B	Maximum of 1 tablet per day
Epzicom (Oral Tablet)	B	Maximum of 1 tablet per day
Esbriet (Oral Capsule)	B	Maximum of 9 capsules per day
Esbriet (267MG Oral Tablet)	B	Maximum of 6 tablets per day
Esbriet (801MG Oral Tablet)	B	Maximum of 3 tablets per day
Esgic (Oral Tablet)	B	Maximum of 6 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
Ethacrynic Acid (Oral Tablet)	G	Maximum of 16 tablets 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
Exelon (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day
Exforge (Oral Tablet)	B	Maximum of 1 tablet per day
Exkivity (Oral Capsule)	B	Maximum of 4 capsules 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
Fabior (External Foam)	B	Maximum of 100 grams per 30 days
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	Maximum of 2 tablets per day
Fanapt Titration Pack (Oral Tablet)	B	Maximum of 2 packs per year
Farxiga (Oral Tablet)	B	Maximum of 1 tablet per day
Fentanyl Citrate (1200MCG Buccal Lozenge On A Handle, 1600MCG Buccal Lozenge On A Handle, 200MCG Buccal Lozenge On A Handle, 400MCG Buccal Lozenge On A Handle, 600MCG Buccal Lozenge On A Handle, 800MCG Buccal Lozenge On A Handle)	G	Maximum of 4 lozenges per day
Fentanyl Citrate (100MCG Buccal Tablet, 200MCG Buccal Tablet, 400MCG Buccal Tablet, 600MCG Buccal Tablet, 800MCG Buccal Tablet)	B	Maximum of 4 tablets per day
Fentanyl (Transdermal Patch 72 Hour)	G	Maximum of 15 patches per 30 days
Fentora (Buccal Tablet)	B	Maximum of 4 tablets per day
Fesoterodine Fumarate ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Filspari (Oral Tablet)	B	Maximum of 1 tablet per day
Finacea (External Foam)	B	Maximum of 50 grams per 30 days
Finacea (External Gel)	B	Maximum of 50 grams per 30 days

Drug name	Brand or Generic	Quantity limit
Fingolimod HCl (Oral Capsule)	G	Maximum of 1 capsule per day
Fintepla (Oral Solution)	B	Maximum of 12 ml per day
Fioricet (Oral Capsule)	B	Maximum of 6 capsules per day
Fioricet/Codeine (Oral Capsule)	B	Maximum of 6 capsules per day
Firazyr (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 6 syringes (18 ml) per 30 days
Firdapse (Oral Tablet)	B	Maximum of 8 tablets per day
Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)	B	Maximum of 2 kits (4 vials) per 365 days
Firmagon (80MG Subcutaneous Solution Reconstituted)	B	Maximum of 1 kit per 28 days
Flector (External Patch)	B	Maximum of 2 patches per day
FloLipid (20MG/5ML Oral Suspension)	B	Maximum of 5 ml per day
FloLipid (40MG/5ML Oral Suspension)	B	Maximum of 10 ml per day
Flovent HFA (110MCG/ACT Inhalation Aerosol)	B	Maximum of 1 inhaler (12 grams) per 30 days
Flovent HFA (220MCG/ACT Inhalation Aerosol)	B	Maximum of 2 inhalers (24 grams) per 30 days
Flovent HFA (44MCG/ACT Inhalation Aerosol)	B	Maximum of 1 inhaler (10.6 grams) per 30 days
Fluocinonide Emulsified Base (External Cream)	G	Maximum of 60 grams per 30 days
Fluocinonide (0.05% External Cream)	G	Maximum of 60 grams per 30 days
Fluocinonide (0.1% External Cream)	G	Maximum of 120 grams per 30 days
Fluocinonide (External Gel)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Ointment)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Solution)	G	Maximum of 60 ml per 30 days
Fluorouracil (5% External Cream)	G	Maximum of 40 grams per 30 days
Flurandrenolide (External Lotion)	G	Maximum of 240 ml per 30 days
Fluticasone-Salmeterol (100-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 250-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 500-50MCG/ACT Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	Maximum of 1 inhaler (60 blisters) per 30 days
Fluticasone-Salmeterol (113-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 232-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 55-14MCG/ACT Inhalation Aerosol Powder Breath Activated) (Brand Equivalent AirDuo RespiClick)	B	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

Drug name	Brand or Generic	Quantity limit
Fluvastatin Sodium (40MG Oral Capsule)	G	Maximum of 2 capsules per day
Focalin (Oral Tablet)	B	Maximum of 2 tablets per day
Formoterol Fumarate (Inhalation Nebulization Solution)	G	Maximum of 2 vials (4 ml) per day
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 21 capsules per 28 days
Frova (Oral Tablet)	B	Maximum of 12 tablets per 30 days
Frovatriptan Succinate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Fuzeon (Subcutaneous Solution Reconstituted)	B	Maximum of 2 vials per day
Fycompa (Oral Suspension)	B	Maximum of 24 ml per day
Fycompa (Oral Tablet)	B	Maximum of 1 tablet per day
Gardasil 9 (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Gavreto (Oral Capsule)	B	Maximum of 4 capsules per day
Genvoya (Oral Tablet)	B	Maximum of 1 tablet per day
Geodon (Oral Capsule)	B	Maximum of 2 capsules per day
Gilenya (Oral Capsule)	B	Maximum of 1 capsule per day
Glimepiride (1MG Oral Tablet)	G	Maximum of 8 tablets per day
Glimepiride (2MG Oral Tablet)	G	Maximum of 4 tablets per day
Glimepiride (4MG Oral Tablet)	G	Maximum of 2 tablets per day
Glipizide ER (10MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Glipizide ER (2.5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 8 tablets per day
Glipizide ER (5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 4 tablets per day
Glipizide (10MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Glipizide (5MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-250MG Oral Tablet)	G	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)	G	Maximum of 4 tablets per day
Glucotrol XL (10MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Glucotrol XL (2.5MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 8 tablets per day

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

Drug name	Brand or Generic	Quantity limit
Humira Pen (40MG/0.8ML Subcutaneous Pen-Injector Kit, 80MG/0.8ML Subcutaneous Pen-Injector Kit)	B	Maximum of 1 kit (2 pens) per 28 days
Humira Pen Psoriasis Starter (80MG/0.8ML and 40MG/0.4ML Subcutaneous Pen-Injector Kit)	B	Maximum of 2 kits per year
Humira (10MG/0.1ML Subcutaneous Prefilled Syringe Kit, 20MG/0.2ML Subcutaneous Prefilled Syringe Kit, 40MG/0.8ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 1 kit (2 syringes) per 28 days
Humira (40MG/0.4ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 2 kits (4 syringes) per 28 days
Hydrocodone Bitartrate ER (10MG Oral Capsule Extended Release 12 Hour, 15MG Oral Capsule Extended Release 12 Hour, 20MG Oral Capsule Extended Release 12 Hour, 30MG Oral Capsule Extended Release 12 Hour, 40MG Oral Capsule Extended Release 12 Hour, 50MG Oral Capsule Extended Release 12 Hour)	G	Maximum of 2 capsules per day
Hydrocodone Bitartrate ER (100MG Oral Tablet ER 24 Hour Abuse-Deterrent, 120MG Oral Tablet ER 24 Hour Abuse-Deterrent, 20MG Oral Tablet ER 24 Hour Abuse-Deterrent, 30MG Oral Tablet ER 24 Hour Abuse-Deterrent, 40MG Oral Tablet ER 24 Hour Abuse-Deterrent, 60MG Oral Tablet ER 24 Hour Abuse-Deterrent, 80MG Oral Tablet ER 24 Hour Abuse-Deterrent)	G	Maximum of 1 tablet per day
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	G	Maximum of 180 ml per day
Hydrocodone-Acetaminophen (10-300MG Oral Tablet, 5-300MG Oral Tablet, 7.5-300MG Oral Tablet)	G	Maximum of 13 tablets per day
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
Hydrocodone-Ibuprofen (Oral Tablet)	G	Maximum of 5 tablets per day
Hydrocortisone Butyrate (External Lotion)	G	Maximum of 118 ml per 30 days
Hydromorphone HCl ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Hydromorphone HCl (1MG/ML Oral Liquid)	G	Maximum of 50 ml per day
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Hydromorphone HCl (8MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Hydroxychloroquine Sulfate (100MG Oral Tablet, 300MG Oral Tablet)	G	Maximum of 2 tablets per day
Hydroxychloroquine Sulfate (200MG Oral Tablet)	G	Maximum of 3 tablets per day

Drug name	Brand or Generic	Quantity limit
Hydroxychloroquine Sulfate (400MG Oral Tablet)	G	Maximum of 1 tablet per day
Hysingla ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	B	Maximum of 1 tablet per day
Hyzaar (100-12.5MG Oral Tablet, 100-25MG Oral Tablet)	B	Maximum of 1 tablet per day
Hyzaar (50-12.5MG Oral Tablet)	B	Maximum of 2 tablets per day
Ibsrela (Oral Tablet)	B	Maximum of 2 tablets per day
Icatibant Acetate (Subcutaneous Solution Prefilled Syringe)	G	Maximum of 6 syringes (18 ml) per 30 days
Iclusig (Oral Tablet)	B	Maximum of 1 tablet per day
Ilumya (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (1 ml) per 28 days
Imbruvica (140MG Oral Capsule)	B	Maximum of 4 capsules per day
Imbruvica (70MG Oral Capsule)	B	Maximum of 1 capsule per day
Imbruvica (Oral Suspension)	B	Maximum of 8 ml per day
Imbruvica (140MG Oral Tablet, 280MG Oral Tablet, 420MG Oral Tablet)	B	Maximum of 1 tablet per day
Imiquimod (5% External Cream)	G	Maximum of 24 packets per 30 days
Imitrex (Nasal Solution)	B	Maximum of 12 devices per 30 days
Imitrex (Oral Tablet)	B	Maximum of 12 tablets per 30 days
Imitrex STATdose Refill (6MG/0.5ML Subcutaneous Solution Cartridge)	B	Maximum of 12 injections (6 ml) per 30 days
Imitrex STATdose System (4MG/0.5ML Subcutaneous Solution Auto-Injector)	B	Maximum of 12 injections (6 ml) per 30 days
Imovax Rabies (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Impeklo (External Lotion)	B	Maximum of 272 grams per 30 days
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (30 blisters) per 30 days
Infanrix (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Ingrezza (Oral Capsule)	B	Maximum of 1 capsule per day
Ingrezza (Oral Capsule Therapy Pack)	B	Maximum of 1 pack (28 capsules) per 28 days
Inlyta (Oral Tablet)	B	Maximum of 4 tablets per day
Inqovi (Oral Tablet)	B	Maximum of 1 pack (5 tablets) per 28 days
Inrebic (Oral Capsule)	B	Maximum of 4 capsules per day

Drug name	Brand or Generic	Quantity limit
Intence (100MG Oral Tablet, 200MG Oral Tablet)	B	Maximum of 2 tablets per day
Intence (25MG Oral Tablet)	B	Maximum of 4 tablets per day
Intrarosa (Vaginal Insert)	B	Maximum of 1 vaginal insert per day
Invega (1.5MG Oral Tablet Extended Release 24 Hour, 3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Invega (6MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Invokamet (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Invokamet XR (Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Invokana (Oral Tablet)	B	Maximum of 1 tablet per day
IPOL (Injection)	B	1 vaccination dose (0.5 ml) per day
Irbesartan (150MG Oral Tablet, 300MG Oral Tablet)	G	Maximum of 1 tablet per day
Irbesartan (75MG Oral Tablet)	G	Maximum of 3 tablets per day
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
ISENTRESS HD (Oral Tablet)	B	Maximum of 2 tablets per day
ISENTRESS (Oral Packet)	B	Maximum of 2 packets per day
ISENTRESS (Oral Tablet)	B	Maximum of 2 tablets per day
ISENTRESS (Oral Tablet Chewable)	B	Maximum of 6 tablets per day
Ivermectin (External Cream)	G	Maximum of 45 grams per 30 days
Ixiaro (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Janumet (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Janumet XR (100-1000MG Oral Tablet Extended Release 24 Hour, 50-500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Janumet XR (50-1000MG 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
Jaypirca (100MG Oral Tablet)	B	Maximum of 3 tablets per day
Jaypirca (50MG Oral Tablet)	B	Maximum of 1 tablet per day
Jentadueto (2.5-1000MG Oral Tablet, 2.5-500MG Oral Tablet)	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 Therapy Pack)	B	Maximum of 2 tablets per day
Jynneos (Subcutaneous Suspension)	B	1 vaccination dose (0.5 ml) per day
Kaletra (Oral Solution)	B	Maximum of 3 bottles (480 ml) per 30 days
Kaletra (100-25MG Oral Tablet)	B	Maximum of 8 tablets per day
Kaletra (200-50MG Oral Tablet)	B	Maximum of 4 tablets per day
Kazano (Oral Tablet)	B	Maximum of 2 tablets per day
Kerendia (Oral Tablet)	B	Maximum of 1 tablet per day
Ketoconazole (External Cream)	G	Maximum of 90 grams per 30 days
Ketoconazole (External Foam)	G	Maximum of 100 grams per 28 days
Ketodan (External Foam)	G	Maximum of 100 grams per 28 days
Keveyis (Oral Tablet)	B	Maximum of 4 tablets per day
Kevzara (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 pens (2.28 ml) per 28 days
Kevzara (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes (2.28 ml) per 28 days
Kinrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Kitabis Pak (Inhalation Nebulization Solution)	B	Maximum of 2 ampules (10 ml) per day
Klisyri (External Ointment)	B	Maximum of 5 packets per 30 days
Klonopin (0.5MG Oral Tablet, 1MG Oral Tablet)	B	Maximum of 4 tablets per day
Klonopin (2MG Oral Tablet)	B	Maximum of 10 tablets per day
Kombiglyze XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Kombiglyze XR (5-1000MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Koselugo (10MG Oral Capsule)	B	Maximum of 8 capsules per day
Koselugo (25MG Oral Capsule)	B	Maximum of 4 capsules per day
Krazati (Oral Tablet)	B	Maximum of 6 tablets per day
Lacosamide (Oral Solution)	G	Maximum of 40 ml per day
Lacosamide (Oral Tablet)	G	Maximum of 2 tablets 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

Drug name	Brand or Generic	Quantity limit
Lamivudine (300MG Oral Tablet)	G	Maximum of 1 tablet per day
Lamivudine-Zidovudine (Oral Tablet)	G	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
Ledipasvir-Sofosbuvir (Oral Tablet)	B	Maximum of 1 tablet per day
Lescol XL (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Letairis (Oral Tablet)	B	Maximum of 1 tablet per day
Leuprolide Acetate (3 Month) (Intramuscular Injectable)	B	Maximum of 1 kit per 84 days
Leuprolide Acetate (Subcutaneous Injection Kit)	G	Maximum of 2 kits per 28 days
Levorphanol Tartrate (Oral Tablet)	G	Maximum of 6 tablets per day
Lexiva (Oral Suspension)	B	Maximum of 60 ml per day
Lexiva (Oral Tablet)	B	Maximum of 4 tablets per day
Lialda (Oral Tablet Delayed Release)	B	Maximum of 4 tablets per day
Licart (External Patch 24 Hour)	B	Maximum of 1 patch per day
Lidocaine (5% External Ointment)	G	Maximum of 152 grams per 30 days
Lidocaine (5% External Patch)	G	Maximum of 3 patches per day
Lidoderm (External Patch)	B	Maximum of 3 patches per day
Linezolid (Oral Suspension Reconstituted)	G	Maximum of 60 ml per day
Linezolid (Oral Tablet)	G	Maximum of 2 tablets per day
Linzess (Oral Capsule)	B	Maximum of 1 capsule per day
Lipitor (Oral Tablet)	B	Maximum of 1 tablet per day
Lisinopril (Oral Tablet)	G	Maximum of 2 tablets per day
Lisinopril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Lisinopril-Hydrochlorothiazide (20-12.5MG Oral Tablet)	G	Maximum of 4 tablets per day
Lisinopril-Hydrochlorothiazide (20-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Livalo (Oral Tablet)	B	Maximum of 1 tablet per day
Livtency (Oral Tablet)	B	Maximum of 12 tablets per day
Locoid (External Lotion)	B	Maximum of 118 ml per 30 days
Lokelma (Oral Packet)	B	Maximum of 3 packets 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

Drug name	Brand or Generic	Quantity limit
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
Loreev XR (1.5MG Oral Capsule ER 24 Hour Sprinkle, 2MG Oral Capsule ER 24 Hour Sprinkle)	B	Maximum of 5 capsules per day
Loreev XR (1MG Oral Capsule ER 24 Hour Sprinkle)	B	Maximum of 1 capsule per day
Loreev XR (3MG Oral Capsule ER 24 Hour Sprinkle)	B	Maximum of 3 capsules per day
Losartan Potassium (100MG Oral Tablet)	G	Maximum of 1 tablet per day
Losartan Potassium (25MG Oral Tablet, 50MG Oral Tablet)	G	Maximum of 2 tablets per day
Losartan Potassium-HCTZ (100-12.5MG Oral Tablet, 100-25MG Oral Tablet)	G	Maximum of 1 tablet per day
Losartan Potassium-HCTZ (50-12.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Lotensin (Oral Tablet)	B	Maximum of 2 tablets per day
Lotrel (Oral Capsule)	B	Maximum of 1 capsule per day
Lovastatin (10MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 1 tablet per day
Lovastatin (40MG Oral Tablet)	G	Maximum of 2 tablets per day
Lubiprostone (Oral Capsule)	G	Maximum of 2 capsules per day
Lucemyra (Oral Tablet)	B	Maximum of 16 tablets per day
Luliconazole (External Cream)	B	Maximum of 60 grams per 28 days
Lumakras (120MG Oral Tablet)	B	Maximum of 8 tablets per day
Lumakras (320MG Oral Tablet)	B	Maximum of 3 tablets per day
Lunesta (Oral Tablet)	B	Maximum of 1 tablet per day
Lupkynis (Oral Capsule)	B	Maximum of 6 capsules per day
Lupron Depot (1-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 28 days
Lupron Depot (3-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 84 days
Lupron Depot (4-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 112 days
Lupron Depot (6-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 168 days
Lupron Depot-Ped (1-Month) (7.5MG Intramuscular Kit)	B	Maximum of 1 kit per 28 days
Lupron Depot-Ped (3-Month) (11.25MG (Ped) Intramuscular Kit)	B	Maximum of 1 kit per 84 days
Lupron Depot-Ped (6-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 168 days
Lurasidone HCl (120MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 60MG Oral Tablet)	G	Maximum of 1 tablet per day
Lurasidone HCl (80MG Oral Tablet)	G	Maximum of 2 tablets per day
Luzu (External Cream)	B	Maximum of 60 grams per 28 days

Drug name	Brand or Generic	Quantity limit
Lybalvi (Oral Tablet)	B	Maximum of 1 tablet 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
Lyrica (100MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	B	Maximum of 4 capsules per day
Lyrica (150MG Oral Capsule, 200MG Oral Capsule)	B	Maximum of 3 capsules per day
Lyrica (225MG Oral Capsule, 300MG Oral Capsule)	B	Maximum of 2 capsules per day
Lyrica (Oral Solution)	B	Maximum of 30 ml per day
Lytgobi (12MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 4 packs (84 tablets) per 28 days
Lytgobi (16MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 4 packs (112 tablets) per 28 days
Lytgobi (20MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 4 packs (140 tablets) per 28 days
Lyvispah (10MG Oral Packet)	B	Maximum of 3 packets per day
Lyvispah (20MG Oral Packet)	B	Maximum of 4 packets per day
Lyvispah (5MG Oral Packet)	B	Maximum of 9 packets per day
Maraviroc (150MG Oral Tablet)	G	Maximum of 2 tablets per day
Maraviroc (300MG Oral Tablet)	G	Maximum of 4 tablets per day
Mavyret (Oral Packet)	B	Maximum of 5 cartons (140 packets) per 28 days
Mavyret (Oral Tablet)	B	Maximum of 3 tablets per day
Maxalt (Oral Tablet)	B	Maximum of 12 tablets per 30 days
Maxalt-MLT (Oral Tablet Dispersible)	B	Maximum of 12 tablets per 30 days
Mayzent (0.25MG Oral Tablet)	B	Maximum of 4 tablets per day
Mayzent (1MG Oral Tablet, 2MG Oral Tablet)	B	Maximum of 1 tablet per day
Mayzent Starter Pack (12 x 0.25MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs (24 tablets) per year
Mayzent Starter Pack (7 x 0.25MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs (14 tablets) per year
Meloxicam (Oral Capsule)	G	Maximum of 1 capsule per day
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Memantine HCl (Oral Solution)	G	Maximum of 10 ml per day

Drug name	Brand or Generic	Quantity limit
Memantine HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Memantine HCl Titration Pak (Oral Tablet)	G	Maximum of 2 packs per year
Memantine HCl (5MG Oral Tablet)	G	Maximum of 3 tablets per day
Menactra (Intramuscular Solution)	B	1 vaccination dose (0.5 ml) per day
Menostar (Transdermal Patch Weekly)	B	Maximum of 4 patches per 28 days
MenQuadfi (Intramuscular Solution)	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 (Oral Tablet)	G	Maximum of 18 tablets per day
Mepron (Oral Suspension)	B	Maximum of 14 ml per day
Mesalamine ER (500MG Oral Capsule Extended Release) (Generic Pentasa)	G	Maximum of 8 capsules per day
Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	Maximum of 4 capsules per day
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	G	Maximum of 4 tablets per day
Mesalamine (800MG Oral Tablet Delayed Release) (Generic Asacol)	G	Maximum of 6 tablets per day
Mesalamine (Rectal Suppository)	G	Maximum of 1 suppository per day
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	G	Maximum of 2 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	G	Maximum of 4 tablets per day
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	G	Maximum of 2 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	G	Maximum of 5 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 4 tablets per day
Metformin HCl ER (750MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 2 tablets per day
Metformin HCl (500MG/5ML Oral Solution)	G	Maximum of 25.5 ml per day
Metformin HCl (1000MG Oral Tablet Immediate Release)	G	Maximum of 2.5 tablets per day
Metformin HCl (500MG Oral Tablet Immediate Release)	G	Maximum of 5 tablets per day
Metformin HCl (850MG Oral Tablet Immediate Release)	G	Maximum of 3 tablets per day
Methadone HCl (10MG/5ML Oral Solution)	G	Maximum of 60 ml per day

Drug name	Brand or Generic	Quantity limit
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
Methamphetamine HCl (Oral Tablet)	G	Maximum of 5 tablets per day
Methylin (10MG/5ML Oral Solution)	B	Maximum of 30 ml per day
Methylin (5MG/5ML Oral Solution)	B	Maximum of 60 ml per day
Methylphenidate HCl CD (Oral Capsule Extended Release) (Generic Metadate CD)	G	Maximum of 1 capsule per day
Methylphenidate HCl LA (Oral Capsule Extended Release 24 Hour) (Generic Ritalin LA)	G	Maximum of 1 capsule per day
Methylphenidate HCl ER Osmotic Release (18MG Oral Tablet Extended Release) (Generic Concerta)	G	Maximum of 3 tablets 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 (45MG Oral Tablet Extended Release, 63MG Oral Tablet Extended Release) (Generic Concerta)	B	Maximum of 1 tablet 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 ER (XR) (Oral Capsule Extended Release 24 Hour) (Brand Equivalent Aptensio XR)	G	Maximum of 1 capsule per day
Methylphenidate HCl ER (10MG Oral Tablet Extended Release)	G	Maximum of 4 tablets per day
Methylphenidate HCl ER (20MG Oral Tablet Extended Release)	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 (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
Methylphenidate (Transdermal Patch)	G	Maximum of 1 patch per day

Drug name	Brand or Generic	Quantity limit
Micardis HCT (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)	B	Maximum of 1 tablet per day
Micardis HCT (80-12.5MG Oral Tablet)	B	Maximum of 2 tablets per day
Micardis (Oral Tablet)	B	Maximum of 1 tablet per day
Migranal (Nasal Solution)	B	Maximum of 16 vials (16 ml) per 28 days
Minivelle (Transdermal Patch Twice Weekly)	B	Maximum of 8 patches per 28 days
Minocycline HCl ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Minolira (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
M-M-R II (Injection Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Modafinil (100MG Oral Tablet)	G	Maximum of 1 tablet per day
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 (Concentrate) (20MG/ML Oral Solution)	G	Maximum of 10 ml per day
Morphine Sulfate ER Beads (120MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	G	Maximum of 3 capsules per day
Morphine Sulfate ER Beads (30MG Oral Capsule Extended Release 24 Hour, 45MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	G	Maximum of 2 capsules per day
Morphine Sulfate ER Beads (75MG Oral Capsule Extended Release 24 Hour, 90MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	G	Maximum of 4 capsules per day
Morphine Sulfate ER (100MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour) (Generic Kadian)	G	Maximum of 3 capsules per day
Morphine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 30MG Oral Capsule Extended Release 24 Hour, 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

Drug name	Brand or Generic	Quantity limit
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
Mounjaro (Subcutaneous Solution Pen-Injector)	B	Maximum of 4 pens (2 ml) per 28 days
Movantik (Oral Tablet)	B	Maximum of 1 tablet per day
MS Contin (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release)	B	Maximum of 3 tablets per day
MS Contin (200MG Oral Tablet Extended Release)	B	Maximum of 2 tablets per day
MS Contin (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release)	B	Maximum of 4 tablets per day
Mupirocin (External Ointment)	G	Maximum of 110 grams per 30 days
Mycapssa (Oral Capsule Delayed Release)	B	Maximum of 112 capsules per 28 days
Mydayis (12.5MG Oral Capsule Extended Release 24 Hour, 25MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 2 capsules per day
Mydayis (37.5MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Myfembree (Oral Tablet)	B	Maximum of 1 tablet per day
Nalocet (Oral Tablet)	B	Maximum of 13 tablets per day
Namenda (10MG Oral Tablet)	B	Maximum of 2 tablets per day
Namenda (5MG Oral Tablet)	B	Maximum of 3 tablets per day
Namenda Titration Pak (Oral Tablet)	B	Maximum of 2 packs per year
Namenda XR (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	B	Maximum of 1 capsule per day
Namzaric (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Naratriptan HCl (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Nateglinide (120MG Oral Tablet)	G	Maximum of 3 tablets per day

Drug name	Brand or Generic	Quantity limit
Nateglinide (60MG Oral Tablet)	G	Maximum of 6 tablets per day
Nayzilam (Nasal Solution)	B	Maximum of 10 devices per 30 days
Nebivolol HCl (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Nebivolol HCl (20MG Oral Tablet)	G	Maximum of 2 tablets per day
Nebupent (Inhalation Solution Reconstituted)	B	Maximum of 1 vial (300 mg) per 28 days
Nerlynx (Oral Tablet)	B	Maximum of 6 tablets per day
Nesina (Oral Tablet)	B	Maximum of 1 tablet per day
Nevirapine ER (100MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Nevirapine (Oral Suspension)	G	Maximum of 40 ml per day
Nevirapine (Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
Nexium (20MG Oral Capsule Delayed Release)	B	Maximum of 3 capsules per day
Nexium (40MG Oral Capsule Delayed Release)	B	Maximum of 2 capsules per day
Nexletol (Oral Tablet)	B	Maximum of 1 tablet per day
Nexlizet (Oral Tablet)	B	Maximum of 1 tablet per day
Nitazoxanide (Oral Tablet)	G	Maximum of 2 tablets 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 Tablet)	B	Maximum of 12 tablets per day
Nourianz (Oral Tablet)	B	Maximum of 1 tablet per day
Noxafil (Oral Packet)	B	Maximum of 2 packets per day
Noxafil (Oral Suspension)	B	Maximum of 20 ml per day
Noxafil (Oral Tablet Delayed Release)	B	Maximum of 6 tablets per day
Nucala (Subcutaneous Solution Auto-Injector)	B	Maximum of 3 ml per 28 days
Nucala (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 ml per 28 days
Nucala (40MG/0.4ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 0.4 ml per 28 days
Nucala (Subcutaneous Solution Reconstituted)	B	Maximum of 3 vials per 28 days
Nucynta ER (Oral Tablet Extended Release 12 Hour)	B	Maximum of 2 tablets per day
Nucynta (Oral Tablet Immediate Release)	B	Maximum of 6 tablets per day
Nuedexta (Oral Capsule)	B	Maximum of 2 capsules per day
Nuplazid (Oral Capsule)	B	Maximum of 1 capsule per day

Drug name	Brand or Generic	Quantity limit
Nuplazid (Oral Tablet)	B	Maximum of 1 tablet per day
Nurtec ODT (Oral Tablet Dispersible)	B	Maximum of 18 tablets per 30 days
Nuvigil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	B	Maximum of 1 tablet per day
Nuvigil (50MG Oral Tablet)	B	Maximum of 2 tablets per day
Nuzyra (Oral Tablet)	B	Maximum of 30 tablets per 14 days
Nyamyc (External Powder)	G	Maximum of 120 grams per 30 days
Nystatin (External Powder)	G	Maximum of 120 grams per 30 days
Nystop (External Powder)	G	Maximum of 120 grams per 30 days
Ocaliva (Oral Tablet)	B	Maximum of 1 tablet per day
Odefsey (Oral Tablet)	B	Maximum of 1 tablet per day
Ofev (Oral Capsule)	B	Maximum of 2 capsules per day
Olanzapine (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Olanzapine (15MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 1 tablet per day
Olanzapine ODT (10MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Olanzapine ODT (15MG Oral Tablet Dispersible, 20MG 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
Olumiant (1MG Oral Tablet, 2MG Oral Tablet)	B	Maximum of 1 tablet per day
Olux-E (External Foam)	B	Maximum of 100 grams per 30 days
Omeprazole (10MG Oral Capsule Delayed Release)	G	Maximum of 3 capsules per day
Ondansetron HCl (Oral Solution)	G	Maximum of 30 ml per day
Ondansetron HCl (4MG Oral Tablet)	G	Maximum of 6 tablets per day
Ondansetron HCl (8MG Oral Tablet)	G	Maximum of 3 tablets per day
Ondansetron ODT (4MG Oral Tablet Dispersible)	G	Maximum of 6 tablets per day
Ondansetron ODT (8MG Oral Tablet Dispersible)	G	Maximum of 3 tablets per day
Onfi (Oral Suspension)	B	Maximum of 16 ml per day
Onfi (Oral Tablet)	B	Maximum of 2 tablets per day
Ongentys (Oral Capsule)	B	Maximum of 1 capsule per day
Onglyza (Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
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
Opzelura (External Cream)	B	Maximum of 4 tubes (240 grams) per 28 days
Orenitram Month 1 (Oral Tablet Extended Release Therapy Pack)	B	Maximum of 2 packs (336 tablets) per year
Orenitram Month 2 (Oral Tablet Extended Release Therapy Pack)	B	Maximum of 2 packs (672 tablets) per year
Orenitram Month 3 (Oral Tablet Extended Release Therapy Pack)	B	Maximum of 2 packs (504 tablets) per year
Orgovyx (Oral Tablet)	B	Maximum of 30 tablets per 28 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 4 tablets per day
Orladeyo (Oral Capsule)	B	Maximum of 1 capsule per day
Orserdu (345MG Oral Tablet)	B	Maximum of 1 tablet per day
Orserdu (86MG Oral Tablet)	B	Maximum of 3 tablets per day
Oseni (Oral Tablet)	B	Maximum of 1 tablet per day
Osphena (Oral Tablet)	B	Maximum of 1 tablet per day
Otezla (Oral Tablet)	B	Maximum of 2 tablets per day
Otezla (Oral Tablet Therapy Pack)	B	Maximum of 2 kits per year
Oxbryta (300MG Oral Tablet)	B	Maximum of 8 tablets per day
Oxbryta (500MG Oral Tablet)	B	Maximum of 5 tablets per day
Oxbryta (Oral Tablet Soluble)	B	Maximum of 8 tablets per day
Oxervate (Ophthalmic Solution)	B	Maximum of 2 vials (2 ml) per day
Oxiconazole Nitrate (External Cream)	G	Maximum of 90 grams per 30 days
Oxistat (External Cream)	B	Maximum of 90 grams per 30 days
Oxistat (External Lotion)	B	Maximum of 60 ml per 30 days
Oxycodone HCl ER (10MG Oral Tablet ER 12 Hour Abuse-Deterrent, 20MG Oral Tablet ER 12 Hour Abuse-Deterrent)	B	Maximum of 3 tablets per day
Oxycodone HCl (5MG Oral Capsule)	G	Maximum of 12 capsules per day
Oxycodone HCl (100MG/5ML Oral Concentrate)	G	Maximum of 6 ml per day
Oxycodone HCl (5MG/5ML Oral Solution)	G	Maximum of 130 ml per day

Drug name	Brand or Generic	Quantity limit
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 (5-325MG/5ML Oral Solution)	B	Maximum of 60 ml per day
Oxycodone-Acetaminophen (10-300MG Oral Tablet, 5-300MG Oral Tablet, 7.5-300MG Oral Tablet)	B	Maximum of 13 tablets per day
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
OxyContin (Oral Tablet ER 12 Hour Abuse-Deterrent)	B	Maximum of 3 tablets per day
Oxymorphone HCl ER (10MG Oral Tablet Extended Release 12 Hour, 15MG Oral Tablet Extended Release 12 Hour, 20MG Oral Tablet Extended Release 12 Hour, 5MG Oral Tablet Extended Release 12 Hour, 7.5MG Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
Oxymorphone HCl ER (30MG Oral Tablet Extended Release 12 Hour)	G	Maximum of 4 tablets per day
Oxymorphone HCl ER (40MG Oral Tablet Extended Release 12 Hour)	G	Maximum of 3 tablets per day
Oxymorphone HCl (Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (2MG/3ML Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (3 ml) per 28 days
Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (3 ml) per 28 days
Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (3 ml) per 28 days
Paliperidone ER (1.5MG Oral Tablet Extended Release 24 Hour, 3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Paliperidone ER (6MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Palynziq (10MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 56 syringes (28 ml) per 28 days
Palynziq (2.5MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 16 syringes (8 ml) per 28 days
Palynziq (20MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 84 syringes (84 ml) per 28 days

Drug name	Brand or Generic	Quantity limit
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 Prefilled Syringe)	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 14 tablets per 21 days
Pentacel (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) 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 16 capsules per day
Pentasa (500MG Oral Capsule Extended Release)	B	Maximum of 8 capsules per day
Pentazocine-Naloxone HCl (Oral Tablet)	G	Maximum of 12 tablets per day
Percocet (Oral Tablet)	B	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 (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
Pirfenidone (Oral Capsule)	G	Maximum of 9 capsules per day
Pirfenidone (267MG Oral Tablet)	G	Maximum of 6 tablets per day
Pirfenidone (534MG Oral Tablet, 801MG Oral Tablet)	G	Maximum of 3 tablets per day
Plaquenil (Oral Tablet)	B	Maximum of 3 tablets per day
Plegridy (Subcutaneous Solution Pen-Injector)	B	Maximum of 2 pens (1 ml) per 28 days
Plegridy (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 pens (1 ml) per 28 days
Ponvory (Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Ponvory Starter Pack (Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Posaconazole (Oral Suspension)	G	Maximum of 20 ml per day
Posaconazole (Oral Tablet Delayed Release)	G	Maximum of 6 tablets per day
Pradaxa (Oral Capsule)	B	Maximum of 2 capsules per day
Pradaxa (110MG Oral Packet, 30MG Oral Packet, 40MG Oral Packet, 50MG Oral Packet)	B	Maximum of 4 packets per day
Pradaxa (150MG Oral Packet, 20MG Oral Packet)	B	Maximum of 2 packets per day
Praluent (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 pens (2 ml) per 28 days
Pravastatin Sodium (Oral Tablet)	G	Maximum of 1 tablet per day
Pregabalin ER (165MG Oral Tablet Extended Release 24 Hour, 82.5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 3 tablets per day
Pregabalin ER (330MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Pregabalin (100MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	G	Maximum of 4 capsules per day
Pregabalin (150MG Oral Capsule, 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
PreHevbrio (Intramuscular Suspension)	B	1 vaccination dose (1 ml) per day
Premarin (Oral Tablet)	B	Maximum of 1 tablet per day
Premphase (Oral Tablet)	B	Maximum of 1 tablet per day
Prempro (Oral Tablet)	B	Maximum of 1 tablet per day
Prevacid (30MG Oral Capsule Delayed Release)	B	Maximum of 2 capsules per day
Prevymis (Oral Tablet)	B	Maximum of 1 tablet per day
Prezcobix (Oral Tablet)	B	Maximum of 1 tablet per day
Prezista (Oral Suspension)	B	Maximum of 2 bottles (400 ml) per 30 days
Prezista (150MG Oral Tablet)	B	Maximum of 6 tablets per day
Prezista (600MG Oral Tablet)	B	Maximum of 2 tablets per day
Prezista (75MG Oral Tablet)	B	Maximum of 10 tablets per day
Prezista (800MG Oral Tablet)	B	Maximum of 1 tablet per day
Priorix (Subcutaneous Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Prolate (Oral Solution)	B	Maximum of 65 ml per day
Prolate (Oral Tablet)	B	Maximum of 13 tablets per day
Prolia (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe per 180 days
Promacta (Oral Packet)	B	Maximum of 6 packets per day

Drug name	Brand or Generic	Quantity limit
Promacta (12.5MG Oral Tablet, 25MG Oral Tablet)	B	Maximum of 1 tablet per day
Promacta (50MG Oral Tablet, 75MG Oral Tablet)	B	Maximum of 2 tablets per day
Promethazine HCl (12.5MG Rectal Suppository)	G	Maximum of 6 suppositories per day
Promethazine HCl (25MG Rectal Suppository)	G	Maximum of 4 suppositories per day
Promethegan (25MG Rectal Suppository)	G	Maximum of 4 suppositories per day
Promethegan (50MG Rectal Suppository)	G	Maximum of 2 suppositories per day
ProQuad (Subcutaneous Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Protonix (20MG Oral Tablet Delayed Release)	B	Maximum of 3 tablets per day
Protonix (40MG Oral Tablet Delayed Release)	B	Maximum of 2 tablets per day
Provigil (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Provigil (200MG Oral Tablet)	B	Maximum of 2 tablets per day
PRUDOXIN (External Cream)	B	Maximum of 90 grams per 30 days
Pulmozyme (Inhalation Solution)	B	Maximum of 2 ampules (5 ml) per day
Pyrukynd (20MG Oral Tablet, 5MG Oral Tablet)	B	Maximum of 1 pack (56 tablets) per 28 days
Pyrukynd (50MG Oral Tablet)	B	Maximum of 2 packs (112 tablets) per 28 days
Pyrukynd Taper Pack (5MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (7 tablets) per 7 days
Pyrukynd Taper Pack (7 x 20MG & 7 x 5MG Oral Tablet Therapy Pack, 7 x 50MG & 7 x 20MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (14 tablets) per 14 days
Qbrelis (Oral Solution)	B	Maximum of 80 ml per day
Qelbree (100MG Oral Capsule Extended Release 24 Hour, 150MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Qelbree (200MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 3 capsules per day
Qinlock (Oral Tablet)	B	Maximum of 3 tablets per day
Qtern (Oral Tablet)	B	Maximum of 1 tablet per day
Quadracel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Quadracel (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Quetiapine Fumarate ER (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
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, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	G	Maximum of 3 tablets per day
Quetiapine Fumarate (25MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Quetiapine Fumarate (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
QuilliChew ER (20MG Oral Tablet Chewable Extended Release, 40MG Oral Tablet Chewable Extended Release)	B	Maximum of 1 tablet per day
QuilliChew ER (30MG Oral Tablet Chewable Extended Release)	B	Maximum of 2 tablets per day
Quillivant XR (Oral Suspension Reconstituted)	B	Maximum of 12 ml per day
Quinapril HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Qulipta (Oral Tablet)	B	Maximum of 1 tablet per day
Quviviq (Oral Tablet)	B	Maximum of 1 tablet per day
QVAR RediHaler (Inhalation Aerosol Breath Activated)	B	Maximum of 2 inhalers (21.2 grams) per 30 days
RabAvert (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Radicava ORS Starter Kit (Oral Suspension)	B	Maximum of 4 bottles (140 ml) per year
Ramipril (Oral Capsule)	G	Maximum of 2 capsules per day
Rapaflo (Oral Capsule)	B	Maximum of 1 capsule per day
Rayaldee (Oral Capsule Extended Release)	B	Maximum of 2 capsules per day
Recombivax HB (10MCG/ML Injection Suspension, 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
Recombivax HB (10MCG/ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day
Recombivax HB (5MCG/0.5ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Recorlev (Oral Tablet)	B	Maximum of 8 tablets per day
Rectiv (Rectal Ointment)	B	Maximum of 30 grams per 30 days
Relexxii (Oral Tablet Extended Release)	B	Maximum of 1 tablet per day
Relpax (Oral Tablet)	B	Maximum of 12 tablets per 30 days
Relyvrio (Oral Packet)	B	Maximum of 2 packets per day

Drug name	Brand or Generic	Quantity limit
Repaglinide (0.5MG Oral Tablet)	G	Maximum of 32 tablets per day
Repaglinide (1MG Oral Tablet)	G	Maximum of 16 tablets per day
Repaglinide (2MG Oral Tablet)	G	Maximum of 8 tablets per day
Repatha Pushtronex System (Subcutaneous Solution Cartridge)	B	Maximum of 2 cartridges (7 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 MultiDose (Ophthalmic Emulsion)	B	Maximum of 1 bottle (5.5 ml) per 25 days
Restasis Single-Use Vials (Ophthalmic Emulsion)	B	Maximum of 2 vials per day
Restoril (Oral Capsule)	B	Maximum of 1 capsule per day
Retevmo (40MG Oral Capsule)	B	Maximum of 6 capsules per day
Retevmo (80MG Oral Capsule)	B	Maximum of 4 capsules per day
Retrovir (Oral Capsule)	B	Maximum of 6 capsules per day
Retrovir (Oral Syrup)	B	Maximum of 64 ml per day
Rexulti (Oral Tablet)	B	Maximum of 1 tablet per day
Reyataz (200MG Oral Capsule)	B	Maximum of 2 capsules per day
Reyataz (300MG Oral Capsule)	B	Maximum of 1 capsule per day
Reyataz (Oral Packet)	B	Maximum of 6 packets per day
Reyvow (100MG Oral Tablet)	B	Maximum of 8 tablets per 30 days
Reyvow (50MG Oral Tablet)	B	Maximum of 4 tablets per 30 days
Rezlidhia (Oral Capsule)	B	Maximum of 2 capsules per day
Rezurock (Oral Tablet)	B	Maximum of 2 tablets per day
Rinvoq (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Ritalin LA (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Ritalin (Oral Tablet)	B	Maximum of 3 tablets per day
Ritonavir (Oral Tablet)	G	Maximum of 12 tablets per day
Rivastigmine (Transdermal Patch 24 Hour)	G	Maximum of 1 patch per day
Rizatriptan Benzoate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	Maximum of 12 tablets per 30 days
Rosuvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
Rotarix (Oral Suspension)	B	1 vaccination dose (1.5 ml) per day
Rotarix (Oral Suspension Reconstituted)	B	1 vaccination dose (1 ml) per day
RotaTeq (Oral Solution)	B	1 vaccination dose (2 ml) per day
Roxicodone (15MG Oral Tablet)	B	Maximum of 8 tablets per day

Drug name	Brand or Generic	Quantity limit
Roxicodone (30MG Oral Tablet)	B	Maximum of 6 tablets per day
RoxyBond (15MG Oral Tablet Abuse-Deterrent)	B	Maximum of 8 tablets per day
RoxyBond (30MG Oral Tablet Abuse-Deterrent)	B	Maximum of 6 tablets per day
RoxyBond (5MG Oral Tablet Abuse-Deterrent)	B	Maximum of 12 tablets per day
Rozlytrek (100MG Oral Capsule)	B	Maximum of 5 capsules per day
Rozlytrek (200MG Oral Capsule)	B	Maximum of 3 capsules per day
Rukobia (Oral Tablet Extended Release 12 Hour)	B	Maximum of 2 tablets per day
Ryaltris (Nasal Suspension)	B	Maximum of 1 bottle (29 grams) per 30 days
Rybelsus (Oral Tablet)	B	Maximum of 1 tablet per day
Rydapt (Oral Capsule)	B	Maximum of 8 capsules per day
Sabril (Oral Packet)	B	Maximum of 6 packets per day
Sabril (Oral Tablet)	B	Maximum of 6 tablets per day
Sajazir (Subcutaneous Solution Prefilled Syringe)	G	Maximum of 6 syringes (18 ml) per 30 days
Sancuso (Transdermal Patch)	B	Maximum of 4 patches per 28 days
Savaysa (Oral Tablet)	B	Maximum of 1 tablet per day
Scemblix (20MG Oral Tablet)	B	Maximum of 2 tablets per day
Scemblix (40MG Oral Tablet)	B	Maximum of 10 tablets per day
Secuado (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day
Seglentis (Oral Tablet)	B	Maximum of 4 tablets per day
Segluromet (2.5-1000MG Oral Tablet, 7.5-1000MG Oral Tablet, 7.5-500MG Oral Tablet)	B	Maximum of 2 tablets per day
Segluromet (2.5-500MG Oral Tablet)	B	Maximum of 4 tablets per day
Selzentry (Oral Solution)	B	Maximum of 8 bottles (1840 ml) per 30 days
Selzentry (150MG Oral Tablet, 75MG Oral Tablet)	B	Maximum of 2 tablets per day
Selzentry (25MG Oral Tablet)	B	Maximum of 16 tablets per day
Selzentry (300MG Oral Tablet)	B	Maximum of 4 tablets per day
Sensipar (30MG Oral Tablet, 60MG Oral Tablet)	B	Maximum of 2 tablets per day
Sensipar (90MG Oral Tablet)	B	Maximum of 4 tablets per day
Serevent Diskus (60 Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 inhalations) per 30 days
Seroquel (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	B	Maximum of 3 tablets per day
Seroquel (25MG Oral Tablet Immediate Release)	B	Maximum of 4 tablets per day
Seroquel (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Seroquel XR (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Seroquel XR (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Shingrix (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Silenor (Oral Tablet)	B	Maximum of 1 tablet per day
Siliq (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 5 syringes (7.5 ml) per 28 days
Silodosin (Oral Capsule)	G	Maximum of 1 capsule per day
Simponi (100MG/ML Subcutaneous Solution Auto-Injector)	B	Maximum of 3 syringes (3 ml) per 28 days
Simponi (50MG/0.5ML Subcutaneous Solution Auto-Injector)	B	Maximum of 1 syringe (0.5 ml) per 30 days
Simponi (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 28 days
Simponi (50MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (0.5 ml) per 30 days
Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Singulair (Oral Packet)	B	Maximum of 1 packet per day
Singulair (Oral Tablet)	B	Maximum of 1 tablet per day
Singulair (Oral Tablet Chewable)	B	Maximum of 1 tablet per day
Skyclarys (Oral Capsule)	B	Maximum of 3 capsules per day
Skyrizi Pen (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1 ml) per 28 days
Skyrizi (180MG/1.2ML Subcutaneous Solution Cartridge)	B	Maximum of 1 cartridge (1.2 ml) per 56 days
Skyrizi (360MG/2.4ML Subcutaneous Solution Cartridge)	B	Maximum of 1 cartridge (2.4 ml) per 56 days
Skyrizi (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (1 ml) per 28 days
Sodium Oxybate (Oral Solution)	B	Maximum of 18 ml per day
Sofosbuvir-Velpatasvir (Oral Tablet)	B	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 5 pens (15 ml) per 25 days
Solodyn (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Soma (Oral Tablet)	B	Maximum of 4 tablets per day
Somavert (Subcutaneous Solution Reconstituted)	B	Maximum of 1 vial per day
Soolantra (External Cream)	B	Maximum of 45 grams per 30 days

Drug name	Brand or Generic	Quantity limit
Sotyktu (Oral Tablet)	B	Maximum of 1 tablet 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 (200MG Oral Tablet)	B	Maximum of 2 tablets per day
Sovaldi (400MG Oral Tablet)	B	Maximum of 1 tablet per day
Spiriva HandiHaler (Inhalation Capsule)	B	Maximum of 1 capsule per day
Spiriva Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 30 days
Steglatro (15MG Oral Tablet)	B	Maximum of 1 tablet per day
Steglatro (5MG Oral Tablet)	B	Maximum of 2 tablets per day
Steglujan (Oral Tablet)	B	Maximum of 1 tablet per day
Stelara (Subcutaneous Solution)	B	Maximum of 6 vials (3 ml) per 84 days
Stelara (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 6 syringes (3 ml) per 84 days
Stelara (90MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 84 days
Stribild (Oral Tablet)	B	Maximum of 1 tablet per day
Suboxone (12-3MG Sublingual Film, 4-1MG Sublingual Film)	B	Maximum of 2 films per day
Suboxone (2-0.5MG Sublingual Film, 8-2MG Sublingual Film)	B	Maximum of 3 films per day
Sumatriptan (Nasal Solution)	G	Maximum of 12 devices per 30 days
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	Maximum of 12 tablets per 30 days
Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)	G	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	G	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector)	G	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan-Naproxen Sodium (Oral Tablet)	G	Maximum of 9 tablets per 30 days
Sunlenca (4 x 300MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs (8 tablets) per year
Sunlenca (5 x 300MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs (10 tablets) per year
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

Drug name	Brand or Generic	Quantity limit
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
Synarel (Nasal Solution)	B	Maximum of 4 bottles (32 ml) per 26 days
Synjardy (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Synjardy XR (10-1000MG Oral Tablet Extended Release 24 Hour, 12.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Synjardy XR (25-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Syprine (Oral Capsule)	B	Maximum of 8 capsules per day
Tabrecta (Oral Tablet)	B	Maximum of 4 tablets per day
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Taltz (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 syringes (4 ml) per 28 days
Taltz (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (4 ml) per 28 days
Talzenna (0.25MG Oral Capsule)	B	Maximum of 3 capsules per day
Talzenna (0.5MG Oral Capsule, 0.75MG Oral Capsule, 1MG Oral Capsule)	B	Maximum of 1 capsule per day
Targretin (External Gel)	B	Maximum of 60 grams per 30 days
Tarpeyo (Oral Capsule Delayed Release)	B	Maximum of 4 capsules per day
Tascenso ODT (Oral Tablet Dispersible)	B	Maximum of 1 tablet per day
Tasimelteon (Oral Capsule)	G	Maximum of 1 capsule per day
Tasmar (Oral Tablet)	B	Maximum of 6 tablets per day
Tavalisse (Oral Tablet)	B	Maximum of 2 tablets per day
Tavneos (Oral Capsule)	B	Maximum of 6 capsules per day
Tazarotene (External Cream)	G	Maximum of 60 grams per 30 days
Tazarotene (External Foam)	B	Maximum of 100 grams per 30 days
Tazarotene (External Gel)	G	Maximum of 100 grams per 30 days
Tazorac (External Cream)	B	Maximum of 60 grams per 30 days

Drug name	Brand or Generic	Quantity limit
Tazorac (External Gel)	B	Maximum of 100 grams per 30 days
Tazverik (Oral Tablet)	B	Maximum of 8 tablets per day
TDVAX (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Tecfidera Starter Pack (Oral)	B	Maximum of 2 packs (120 capsules) per year
Tecfidera (120MG Oral Capsule Delayed Release)	B	Maximum of 2 capsules per day
Tecfidera (240MG Oral Capsule Delayed Release)	B	Maximum of 2 capsules per day
Tekturna (Oral Tablet)	B	Maximum of 1 tablet per day
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
Tencon (Oral Tablet)	B	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
Terbinafine HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Teriflunomide (Oral Tablet)	G	Maximum of 1 tablet 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
Ticovac (1.2MCG/0.25ML Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.25 ml) per day
Ticovac (2.4MCG/0.5ML Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Tikosyn (125MCG Oral Capsule)	B	Maximum of 6 capsules per day
Tikosyn (250MCG Oral Capsule, 500MCG Oral Capsule)	B	Maximum of 2 capsules per day
Tivicay (10MG Oral Tablet, 25MG Oral Tablet)	B	Maximum of 1 tablet per day
Tivicay (50MG Oral Tablet)	B	Maximum of 2 tablets per day
Tivicay PD (Oral Tablet Soluble)	B	Maximum of 6 tablets per day
TOBI (Inhalation Nebulization Solution)	B	Maximum of 2 ampules (10 ml) per day
TOBI Podhaler (Inhalation Capsule)	B	Maximum of 8 capsules per day

Drug name	Brand or Generic	Quantity limit
Tobramycin (300MG/4ML Inhalation Nebulization Solution)	G	Maximum of 2 ampules (8 ml) per day
Tobramycin (300MG/5ML Inhalation Nebulization Solution)	G	Maximum of 2 ampules (10 ml) per day
Tolcapone (Oral Tablet)	G	Maximum of 6 tablets per day
Topicort (External Cream)	B	Maximum of 100 grams per 30 days
Tosymra (Nasal Solution)	B	Maximum of 12 devices per 30 days
Tovet (External Foam)	G	Maximum of 100 grams per 30 days
Toviaz (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Tracleer (Oral Tablet)	B	Maximum of 2 tablets per day
Tracleer (Oral Tablet Soluble)	B	Maximum of 8 tablets per day
Tradjenta (Oral Tablet)	B	Maximum of 1 tablet per day
Tramadol HCl ER (Biphasic) (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Tramadol HCl ER (Biphasic) (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Tramadol HCl ER (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Tramadol HCl (5MG/ML Oral Solution)	B	Maximum of 80 ml per day
Tramadol HCl (100MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Tramadol HCl (50MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Tramadol-Acetaminophen (Oral Tablet)	G	Maximum of 8 tablets per day
Trandolapril (1MG Oral Tablet, 2MG Oral Tablet)	G	Maximum of 1 tablet per day
Trandolapril (4MG Oral Tablet)	G	Maximum of 2 tablets per day
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	G	Maximum of 1 tablet per day
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Trelstar Mixject (11.25MG Intramuscular Suspension Reconstituted)	B	Maximum of 1 vial per 84 days
Trelstar Mixject (22.5MG Intramuscular Suspension Reconstituted)	B	Maximum of 1 vial per 168 days

Drug name	Brand or Generic	Quantity limit
Trelstar Mixject (3.75MG Intramuscular Suspension Reconstituted)	B	Maximum of 1 vial per 28 days
Tremfya (Subcutaneous Solution Pen-Injector)	B	Maximum of 2 pens (2 ml) per 56 days
Tremfya (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes (2 ml) per 56 days
Treximet (Oral Tablet)	B	Maximum of 9 tablets per 30 days
Trezix (Oral Capsule)	B	Maximum of 10 capsules per day
Triazolam (0.125MG Oral Tablet)	G	Maximum of 1 tablet per day
Triazolam (0.25MG Oral Tablet)	G	Maximum of 2 tablets per day
Tribenzor (Oral Tablet)	B	Maximum of 1 tablet per day
Trientine HCl (Oral Capsule)	G	Maximum of 8 capsules per day
Trijardy XR (10-5-1000MG Oral Tablet Extended Release 24 Hour, 25-5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Trijardy XR (12.5-2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-2.5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Trikafta (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (84 tablets) per 28 days
Trikafta (Oral Granule Therapy Pack)	B	Maximum of 1 carton (56 packets) per 28 days
Trimethobenzamide HCl (Oral Capsule)	G	Maximum of 4 capsules per day
Triumeq (Oral Tablet)	B	Maximum of 1 tablet per day
Triumeq PD (Oral Tablet Soluble)	B	Maximum of 6 tablets per day
Trizivir (Oral Tablet)	B	Maximum of 2 tablets per day
Trudhesa (Nasal Aerosol Solution)	B	Maximum of 12 vials (12 ml) per 28 days
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
Typhim Vi (Intramuscular Solution Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day

Drug name	Brand or Generic	Quantity limit
Tyrvaya (Nasal Solution)	B	Maximum of 2 bottles (8.4 ml) per 30 days
Ubrelvy (Oral Tablet)	B	Maximum of 16 tablets per 30 days
Uptravi (1000MCG Oral Tablet, 1200MCG Oral Tablet, 1400MCG Oral Tablet, 1600MCG Oral Tablet, 400MCG Oral Tablet, 600MCG Oral Tablet, 800MCG Oral Tablet)	B	Maximum of 2 tablets per day
Uptravi (200MCG Oral Tablet)	B	Maximum of 5 tablets per day
Uptravi (Oral Tablet Therapy Pack)	B	Maximum of 2 packs (400 tablets) per year
Valacyclovir HCl (1GM Oral Tablet)	G	Maximum of 4 tablets per day
Valacyclovir HCl (500MG Oral Tablet)	G	Maximum of 2 tablets per day
Valchlor (External Gel)	B	Maximum of 60 grams per 30 days
Valcyte (Oral Solution Reconstituted)	B	Maximum of 36 ml per day
Valcyte (Oral Tablet)	B	Maximum of 4 tablets per day
Valganciclovir HCl (50MG/ML Oral Solution Reconstituted)	G	Maximum of 36 ml per day
Valganciclovir HCl (450MG Oral Tablet)	G	Maximum of 4 tablets per day
Valium (Oral Tablet)	B	Maximum of 4 tablets per day
Valsartan (Oral Solution)	B	Maximum of 80 ml 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
Valtrex (1GM Oral Tablet)	B	Maximum of 4 tablets per day
Valtrex (500MG Oral Tablet)	B	Maximum of 2 tablets per day
Vancocin (125MG Oral Capsule)	B	Maximum of 4 capsules per day
Vancocin (250MG Oral Capsule)	B	Maximum of 8 capsules per day
Vancomycin HCl (125MG Oral Capsule)	G	Maximum of 4 capsules per day
Vancomycin HCl (250MG Oral Capsule)	G	Maximum of 8 capsules per day
Vanos (External Cream)	B	Maximum of 120 grams per 30 days

Drug name	Brand or Generic	Quantity limit
VAQTA (25UNIT/0.5ML Intramuscular Suspension, 25UNIT/0.5ML 0.5ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
VAQTA (50UNIT/ML Intramuscular Suspension, 50UNIT/ML 1ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
Varivax (Subcutaneous Injectable)	B	1 vaccination dose (1 injection) per day
Varubi (180MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 4 tablets per 28 days
Vaseretic (Oral Tablet)	B	Maximum of 2 tablets per day
Vasotec (Oral Tablet)	B	Maximum of 2 tablets per day
Veltassa (Oral Packet)	B	Maximum of 1 packet per day
Verdeso (External Foam)	B	Maximum of 100 grams per 30 days
Verkazia (Ophthalmic Emulsion)	B	Maximum of 4 vials per day
Verquvo (Oral Tablet)	B	Maximum of 1 tablet per day
Vesicare LS (Oral Suspension)	B	Maximum of 10 ml per day
Vesicare (Oral Tablet)	B	Maximum of 1 tablet per day
Vfend (Oral Suspension Reconstituted)	B	Maximum of 20 ml per day
Vfend (200MG Oral Tablet)	B	Maximum of 4 tablets per day
Vfend (50MG Oral Tablet)	B	Maximum of 16 tablets 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
Vigabatrin (Oral Packet)	G	Maximum of 6 packets per day
Vigabatrin (Oral Tablet)	G	Maximum of 6 tablets per day
Vigadrone (Oral Packet)	G	Maximum of 6 packets per day
Vijoice (125MG Oral Tablet Therapy Pack, 50MG Oral Tablet Therapy Pack)	B	Maximum of 1 tablet per day
Vijoice (200MG & 50MG Oral Tablet Therapy Pack)	B	Maximum of 2 tablets 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 (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

Drug name	Brand or Generic	Quantity limit
Vivelle-Dot (Transdermal Patch Twice Weekly)	B	Maximum of 8 patches per 28 days
Vonjo (Oral Capsule)	B	Maximum of 4 capsules per day
Voriconazole (Oral Suspension Reconstituted)	G	Maximum of 20 ml per day
Voriconazole (200MG Oral Tablet)	G	Maximum of 4 tablets per day
Voriconazole (50MG Oral Tablet)	G	Maximum of 16 tablets per day
Vosevi (Oral Tablet)	B	Maximum of 1 tablet per day
Voxzogo (Subcutaneous Solution Reconstituted)	B	Maximum of 1 vial per day
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	B	Maximum of 1 capsule per day
Vraylar (Oral Capsule Therapy Pack)	B	Maximum of 2 packs (14 capsules) per year
Vuity (Ophthalmic Solution)	B	Maximum of 1 bottle (2.5 ml) per 25 days
Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)	B	Maximum of 4 capsules per day
Vyndamax (Oral Capsule)	B	Maximum of 1 capsule per day
Vyndaqel (Oral Capsule)	B	Maximum of 4 capsules per day
Vytorin (Oral Tablet)	B	Maximum of 1 tablet per day
Wakix (Oral Tablet)	B	Maximum of 2 tablets per day
Welireg (Oral Tablet)	B	Maximum of 3 tablets per day
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	Maximum of 1 inhaler (60 blisters) per 30 days
Xanax (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	B	Maximum of 4 tablets per day
Xanax (2MG Oral Tablet Immediate Release)	B	Maximum of 5 tablets per day
Xanax XR (0.5MG Oral Tablet Extended Release 24 Hour, 1MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Xanax XR (2MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 5 tablets per day
Xanax XR (3MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 3 tablets per day
Xarelto (Oral Suspension Reconstituted)	B	Maximum of 20 ml per day
Xarelto (10MG Oral Tablet, 20MG Oral Tablet)	B	Maximum of 1 tablet per day
Xarelto (15MG Oral Tablet, 2.5MG Oral Tablet)	B	Maximum of 2 tablets per day
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days

Drug name	Brand or Generic	Quantity limit
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 (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack, 14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Xeljanz (Oral Solution)	B	Maximum of 10 ml per day
Xeljanz (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Xelstrym (Transdermal Patch)	B	Maximum of 1 patch 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
Ximino (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Xofluza (40MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per 30 days
Xofluza (80MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 tablet 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

Drug name	Brand or Generic	Quantity limit
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
Kultophy (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
Zavzpret (Nasal Solution)	B	Maximum of 8 devices per 30 days
Zembrace SymTouch (Subcutaneous Solution Auto-Injector)	B	Maximum of 16 syringes (8 ml) per 30 days
Zenzedi (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	B	Maximum of 6 tablets per day
Zenzedi (15MG Oral Tablet, 20MG Oral Tablet)	B	Maximum of 3 tablets per day
Zenzedi (30MG Oral Tablet)	B	Maximum of 2 tablets per day
Zepatier (Oral Tablet)	B	Maximum of 1 tablet per day
Zeposia 7-Day Starter Pack (Oral Capsule Therapy Pack)	B	Maximum of 2 packs per year
Zeposia (Oral Capsule)	B	Maximum of 1 capsule per day
Zestoretic (10-12.5MG Oral Tablet)	B	Maximum of 1 tablet per day
Zestoretic (20-12.5MG Oral Tablet)	B	Maximum of 4 tablets per day
Zestoretic (20-25MG Oral Tablet)	B	Maximum of 2 tablets per day
Zestril (Oral Tablet)	B	Maximum of 2 tablets per day
Ziac (Oral Tablet)	B	Maximum of 2 tablets per day
Ziagen (Oral Solution)	B	Maximum of 32 ml per day
Ziagen (Oral Tablet)	B	Maximum of 2 tablets per day
Zidovudine (Oral Capsule)	G	Maximum of 6 capsules per day
Zidovudine (Oral Syrup)	G	Maximum of 64 ml per day
Zidovudine (Oral Tablet)	G	Maximum of 2 tablets per day
Ziprasidone HCl (Oral Capsule)	G	Maximum of 2 capsules per day
Zocor (Oral Tablet)	B	Maximum of 1 tablet per day
Zokinvy (Oral Capsule)	B	Maximum of 4 capsules per day
Zolmitriptan (5MG Nasal Solution)	G	Maximum of 12 devices per 30 days
Zolmitriptan (2.5MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 12 tablets per 30 days

Drug name	Brand or Generic	Quantity limit
Zolmitriptan ODT (2.5MG Oral Tablet Dispersible, 5MG 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 Capsule)	B	Maximum of 1 capsule 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
Zomig (2.5MG Nasal Solution)	B	Maximum of 18 devices per 30 days
Zomig (5MG Nasal Solution)	B	Maximum of 12 devices per 30 days
Zomig (Oral Tablet)	B	Maximum of 12 tablets per 30 days
Zonalon (External Cream)	B	Maximum of 90 grams per 30 days
ZTIido (External Patch)	B	Maximum of 3 patches per day
Zubsolv (0.7-0.18MG Tablet Sublingual, 1.4-0.36MG Tablet Sublingual, 5.7-1.4MG Tablet Sublingual)	B	Maximum of 3 tablets per day
Zubsolv (11.4-2.9MG Tablet Sublingual)	B	Maximum of 1 tablet per day
Zubsolv (2.9-0.71MG Tablet Sublingual)	B	Maximum of 5 tablets per day
Zubsolv (8.6-2.1MG Tablet Sublingual)	B	Maximum of 2 tablets per day
Zypitamag (Oral Tablet)	B	Maximum of 1 tablet per day
Zyprexa (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	B	Maximum of 2 tablets per day
Zyprexa (15MG Oral Tablet, 20MG Oral Tablet)	B	Maximum of 1 tablet per day
Zyprexa Zydys (10MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	B	Maximum of 2 tablets per day
Zyprexa Zydys (15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible)	B	Maximum of 1 tablet per day
Zyvox (Oral Suspension Reconstituted)	B	Maximum of 60 ml per day
Zyvox (Oral Tablet)	B	Maximum of 2 tablets per day

Required information

Benefits, Drug List (Formulary), pharmacy network and/or copays/coinsurance may change from time to time during each plan year. You will receive notice when necessary.

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