Complete Drug List (Formulary) 2027

UnitedHealthcare® Group Medicare Advantage
COMPASS ROSE

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, contact Customer Service:

Visit **retiree.uhc.com/compassrose**

Call **1-844-279-9286,** TTY **711**
8 a.m.-8 p.m. local time, Monday-Friday

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. Your plan and a team of health care providers work together in selecting drugs that are needed for well-rounded care and treatment.

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

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

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

Note to existing members:

This **complete** list of prescription drugs covered by your plan is current as of October 15, 2026.

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 (PPO).

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 45-158. 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 generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Depending on state laws, generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription. Our plan covers both brand name and generic drugs.

Talk with your doctor or prescriber to see if any of the brand name drugs you take have generic versions.

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 are original biological products and how are they related to biosimilars?

On the Drug List, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For more information about drug types, please review your Evidence of Coverage. The Drug List tells which Part D drugs are covered.

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.

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. 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 or prescriber to get prior approval for certain drugs. This means the plan needs more information from your doctor or prescriber 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 only cover a certain amount of this drug for 1 copay/coinsurance or over a certain number of days. These limits can help ensure safe and effective use of the drug. If you are prescribed more than this amount or your doctor or prescriber thinks the limit is not right for your situation, you or your doctor or prescriber 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 or prescriber thinks they are not right for you, you or your doctor or prescriber can ask the plan to cover this drug.

You and your doctor or prescriber 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 or prescriber 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 a high-risk medication (HRM) for people 65 years and older. It may cause side effects if taken on a regular basis. We suggest you talk with your doctor or prescriber 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 only be given out by certain facilities, doctors or prescribers. 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 to all opioid drugs used to treat pain. This additional limit is called a cumulative Morphine Milligram Equivalent (MME). It's designed to monitor safe dosing levels of opioids for people who may be taking more than 1 opioid drug for pain management. If your doctor or prescriber prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor or prescriber can ask the plan to cover the additional quantity.

7D - 7-day limit
An opioid drug used to treat pain may be limited to a 7-day supply if you don't have a recent history of using opioids. This limit helps minimize long-term opioid use. If you are new to the plan and have a recent history of using opioids, the pharmacy may override the limit 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:

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 or prescriber 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 or your authorized representative, doctor or prescriber can ask for an exception by calling Customer Service. Your doctor or prescriber 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 or prescriber 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 or prescriber 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 or prescriber'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 or prescriber to decide if there is a similar drug on the Drug List you can take instead. If you and your doctor or prescriber 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 **OR** were a member last year and it's the first 90 days of your plan year	not in a nursing home or long-term care facility	at least a 30-day temporary supply
	in a nursing home or long-term care facility	at least a 31-day temporary supply
have been in the plan for more than 90 days	in a nursing home or long-term care facility and need a supply right away	at least a 31-day emergency supply
are going through a change in your level of care, such as being transferred from a hospital to a long-term care facility, any time during the year	not in a nursing home or long-term care facility	at least a 30-day temporary supply
	in a nursing home or long-term care facility	at least a 31-day temporary supply

The prescription must be filled at a network pharmacy. If your prescription is written for fewer days, we'll allow refills to provide at least the days 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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products**. We may immediately remove a drug from our Drug List if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our Drug List, we may decide to keep the brand name drug or original biological product on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions.

  We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the Drug List (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

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

  If we make such a change, you or your doctor or prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section “How can I get an exception?” on page 8.

  Some of these drug types may be new to you. For more information, see the section titled “What are original biological products and how are they related to biosimilars?”.

- **Other changes**. We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the Drug List when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product or move it to a different cost-sharing tier or both. 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 at least 30 days before the change becomes effective. Or, when a member requests a refill of the drug, they may receive at least a 30-day supply of the drug and notice of the change.

  If we make these other changes, you or your doctor or prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception. For more information, see 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 safe or effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the Drug List. If you are taking the drug, we will send you a notice after we make the change.

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)

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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 159-227.

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	3	
Celebrex (Oral Capsule)	B	3	QL
Celecoxib (Oral Capsule)	G	1	QL
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 (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	
Dolobid (Oral Tablet)	B	4	
Elyxyb (Oral Solution)	B	3	PA; QL
Etodolac ER (Oral Tablet Extended Release 24 Hour)	G	1	
Etodolac (Oral Capsule)	G	1	
Etodolac (Oral Tablet Immediate Release)	G	1	
Fenoprofen Calcium (200MG Oral Capsule, 400MG Oral Capsule)	G	1	
Fenoprofen Calcium (300MG Oral Capsule)	G	1	ST
Fenopron (Oral Capsule)	G	1	ST
Flector (External Patch)	B	3	PA; QL
Flurbiprofen (100MG Oral Tablet)	G	1	
Ibu (600MG Oral Tablet, 800MG Oral Tablet)	G	1	
Ibuprofen (100MG/5ML Oral Suspension)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ibuprofen (300MG Oral Tablet, 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 (Oral Capsule Immediate Release)	G	1	HRM
Indomethacin (Oral Suspension)	G	1	HRM
Indomethacin (50MG Rectal Suppository)	G	1	
Ketoprofen ER (Oral Capsule Extended Release 24 Hour)	G	1	
Ketoprofen (Oral Capsule Immediate Release)	G	1	
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
Lurbiro (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 Suspension)	B	4	PA; QL
Meloxicam (Oral Tablet)	G	1	
Nabumetone (Oral Tablet)	G	1	
Naprelan (Oral Tablet Extended Release 24 Hour)	B	4	
Naproxen DR (Oral Tablet Delayed Release)	G	1	
Naproxen (Oral Suspension)	G	1	QL
Naproxen (Oral Tablet Immediate Release)	G	1	
Naproxen (375MG 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
Orudis (Oral Capsule)	B	3	
Oxaprozin (Oral Tablet)	G	1	
Piroxicam (Oral Capsule)	G	1	
Relafen DS (Oral Tablet)	B	4	ST
Sprix (Nasal Solution)	B	4	
Sulindac (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
Tolectin 600 (Oral Tablet)	B	4	ST
Tolectin DS (Oral Capsule)	B	4	ST
Tolmetin Sodium (Oral Capsule)	G	1	
Tolmetin Sodium (600MG Oral Tablet)	G	1	
Vyscoxa (Oral Suspension)	B	4	ST; QL
Zipsor (Oral Capsule)	B	4	ST
Zybic (Oral Suspension)	B	4	PA; QL
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 (Transdermal Patch Weekly)	B	3	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, 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 (100MG Oral Capsule Extended Release 24 Hour, 10MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour)	G	1	7D; MME; DL; QL
Morphine Sulfate ER (Oral Tablet Extended Release) (Generic MS Contin)	G	1	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
MS Contin (60MG Oral Tablet Extended Release)	B	4	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
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
Tapentadol HCl 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
Tapentadol HCl ER (50MG Oral Tablet Extended Release 12 Hour)	B	3	PA; 7D; MME; DL; QL
Tramadol HCl (ER Biphasic) (Oral Capsule Extended Release 24 Hour)	B	3	7D; MME; DL; QL
Tramadol HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	7D; MME; DL; QL
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	B	3	7D; MME; DL; QL
Opioid Analgesics, Short-acting			
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
Butalbital-Acetaminophen (Oral Capsule)	G	1	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

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-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	HRM; 7D; DL
Dilaudid (Oral Liquid)	B	3	7D; MME; DL; QL
Dilaudid (Oral Tablet)	B	3	7D; MME; DL; QL
Fioricet (Oral Capsule)	B	3	HRM; QL
Hydrocodone-Acetaminophen (10-300MG/15ML Oral Solution, 7.5-325MG/15ML Oral Solution)	G	1	7D; MME; DL; QL
Hydrocodone-Acetaminophen (10-300MG Oral Tablet, 10-325MG Oral Tablet, 2.5-325MG 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 (1MG/ML 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	HRM; 7D; DL
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 (10MG/5ML Oral Solution, 20MG/5ML Oral Solution)	G	1	7D; MME; DL; QL
Morphine Sulfate (Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Nalocet (Oral Tablet)	B	4	7D; MME; DL; QL
Nucynta (100MG Oral Tablet, 75MG Oral Tablet)	B	4	7D; MME; DL; QL
Nucynta (50MG Oral Tablet)	B	3	7D; MME; DL; QL
Oxycodone HCl (5MG Oral Capsule)	G	1	7D; MME; DL; QL
Oxycodone HCl (100MG/5ML Oral Concentrate)	G	1	7D; MME; DL; QL
Oxycodone HCl (5MG/5ML Oral Solution)	G	1	7D; MME; DL; QL
Oxycodone HCl (10MG Oral Tablet Immediate Release, 15MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Oxycodone HCl (10MG Oral Tablet Abuse-Deterrent, 15MG Oral Tablet Abuse-Deterrent, 30MG Oral Tablet Abuse-Deterrent, 5MG Oral Tablet Abuse-Deterrent)	B	4	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 (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG 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 (Oral Tablet Abuse-Deterrent)	B	4	7D; MME; DL; QL
Tapentadol HCl (Oral Tablet)	G	1	7D; MME; DL; QL
Tencon (Oral Tablet)	B	3	HRM; 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
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	
Lidocan (External Patch)	B	4	PA; QL
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	
Vivitrol (Intramuscular Suspension Reconstituted)	B	4	
Opioid Dependence			
Buprenorphine HCl (Tablet Sublingual)	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
Buprenorphine HCl-Naloxone HCl (Sublingual Film)	G	1	
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	G	1	
Lofexidine HCl (Oral Tablet)	G	1	QL
Suboxone (Sublingual Film)	B	3	
Zubsolv (Tablet Sublingual)	B	3	
Opioid Reversal Agents			
Kloxxado (Nasal Liquid)	B	2	
Naloxone HCl (0.4MG/ML Injection Solution)	G	1	
Naloxone HCl (Injection Solution Cartridge)	G	1	
Naloxone HCl (Injection Solution Prefilled Syringe)	G	1	
Opvee (Nasal Solution)	B	3	
Rezenopy (Nasal Liquid)	B	3	ST
Zurnai (Injection Solution Auto-Injector)	B	3	ST
Smoking Cessation Agents			
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	G	1	
Chantix Continuing Month Pak (Oral Tablet)	B	3	
Chantix (Oral Tablet)	B	3	
Chantix Starting Month Pak (Oral Tablet Therapy Pack)	B	3	
Nicotrol NS (Nasal Solution)	B	3	
Varenicline Tartrate (Starter) (Oral Tablet Therapy Pack)	G	1	
Varenicline Tartrate (Oral Tablet)	G	1	
Varenicline Tartrate (Continuing Month Box) (Oral Tablet)	G	1	
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	
Streptomycin Sulfate (Intramuscular Solution Reconstituted)	G	1	
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	G	1	
Antibacterials, Other			
Azactam (2GM Injection Solution Reconstituted)	B	3	
Aztreonam (Injection Solution Reconstituted)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Blujepa (Oral Tablet)	B	4	
Cleocin (Oral Solution Reconstituted)	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 (Injection Solution)	G	1	
Clindamycin Phosphate (Vaginal Cream)	G	1	
Clindesse (Vaginal Cream)	B	3	
Colistimethate Sodium (CBA) (Injection Solution Reconstituted)	G	1	
Dalbavancin HCl (Intravenous Solution Reconstituted)	G	1	PA
Dalvance (Intravenous Solution Reconstituted)	B	4	PA
Daptomycin (Intravenous Solution Reconstituted)	G	1	
Firvanq (Oral Solution Reconstituted)	B	3	
Fosfomycin Tromethamine (Oral Packet)	G	1	
Linezolid (Intravenous Solution)	G	1	
Linezolid (Oral Suspension Reconstituted)	G	1	QL
Linezolid (Oral Tablet)	G	1	QL
Macrobid (Oral Capsule)	B	3	HRM
Methenamine Hippurate (Oral Tablet)	G	1	
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	
Nitrofurantoin Macrocrystal (Oral Capsule) (Generic Macrodantin)	G	1	HRM
Nitrofurantoin Monohydrate (Generic Macrobid)	G	1	HRM
Nitrofurantoin (25MG/5ML Oral Suspension)	G	1	HRM
Nitrofurantoin (50MG/5ML Oral Suspension)	B	4	HRM
Noritate (External Cream)	B	4	
Nuvessa (Vaginal Gel)	B	3	
Polymyxin B Sulfate (Injection Solution Reconstituted)	G	1	
Sivextro (Intravenous Solution Reconstituted)	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
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	3	
Tyzavan (1000MG/200ML Intravenous Solution)	B	3	
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, 25MG/ML Oral Solution Reconstituted)	G	1	
Vandazole (Vaginal Gel)	B	3	
Xaciato (Vaginal Gel)	B	3	
Xifaxan (Oral Tablet)	B	2	PA
Zyvox (Intravenous Solution)	B	3	
Zyvox (100MG/5ML Oral Suspension Reconstituted)	B	3	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	
Cefixime (Oral Tablet)	B	3	
Cefotetan Disodium (Injection Solution Reconstituted)	G	1	
Cefoxitin Sodium (Intravenous Solution Reconstituted)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cefpodoxime Proxetil (Oral Suspension Reconstituted)	G	1	
Cefpodoxime Proxetil (Oral Tablet)	G	1	
Cefprozil (Oral Suspension Reconstituted)	G	1	
Cefprozil (Oral Tablet)	G	1	
Ceftaroline Fosamil (Intravenous Solution Reconstituted)	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	
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	
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
Zevtera (Intravenous Solution Reconstituted)	B	4	
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	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ampicillin Sodium (1GM Injection Solution Reconstituted, 2GM 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 (Oral Suspension Reconstituted)	B	4	
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 (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 (Intravenous Solution)	B	3	
Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)	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 (2.25 (2-0.25)GM Intravenous Solution Reconstituted, 3.375 (3-0.375)GM Intravenous Solution Reconstituted, 4.5 (4-0.5)GM Intravenous Solution Reconstituted, 40.5 (36-4.5)GM 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	
Meropenem (1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted)	G	1	
Vabomere (Intravenous Solution Reconstituted)	B	4	
Macrolides			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Azithromycin (Intravenous Solution Reconstituted)	G	1	
Azithromycin (Oral Suspension Reconstituted)	G	1	
Azithromycin (Oral Tablet)	G	1	
Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	G	1	
Clarithromycin (Oral Suspension Reconstituted)	G	1	
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	
Erythrocin Lactobionate (Intravenous Solution Reconstituted)	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 (Oral Tablet Delayed Release)	G	1	
Fidaxomicin (Oral Tablet)	G	1	
Zithromax (200MG/5ML Oral Suspension Reconstituted)	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	
Sulfonamides			

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
Bactrim DS (Oral Tablet)	B	3	
Bactrim (Oral Tablet)	B	3	
Sulfadiazine (Oral Tablet)	G	1	
Sulfamethoxazole-Trimethoprim (200-40MG/5ML 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	
Doxy 100 (Intravenous Solution Reconstituted)	G	1	
Doxycycline Hyclate (Intravenous Solution Reconstituted)	G	1	
Doxycycline Hyclate (100MG Oral Capsule, 50MG 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 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	
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	
TARGADOX (Oral Tablet)	B	3	
Tetracycline HCl (Oral Capsule)	G	1	
Tetracycline HCl (Oral Tablet)	B	3	
Anticonvulsants			
Anticonvulsants, Other			
Brivaracetam (Oral Solution)	G	1	PA; QL
Brivaracetam (Oral Tablet)	G	1	PA; QL
BRIVIACT (Oral Solution)	B	4	PA; QL
BRIVIACT (Oral Tablet)	B	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Epidiolex (Oral Solution)	B	4	PA
Eprontia (Oral Solution)	B	3	ST
Felbamate (Oral Suspension)	G	1	
Felbamate (Oral Tablet)	G	1	
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 (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release)	B	3	
Lamictal (25MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	B	4	
Lamictal Starter (Oral Kit)	B	3	
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	
Lamotrigine Starter Kit-Blue (Oral Kit)	G	1	
Lamotrigine Starter Kit-Green (Oral Kit)	G	1	
Lamotrigine Starter Kit-Orange (Oral Kit)	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
Levetiracetam ER (Oral Tablet Extended Release 24 Hour)	G	1	
Levetiracetam (100MG/ML Oral Solution)	G	1	
Levetiracetam (1000MG Oral Tablet Immediate Release, 250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	G	1	
Levetiracetam ODT (250MG Oral Tablet Disintegrating Soluble, 500MG Oral Tablet Disintegrating Soluble)	B	3	QL
Perampanel (Oral Suspension)	G	1	QL
Perampanel (Oral Tablet)	G	1	QL
Roweepra (Oral Tablet Immediate Release)	G	1	
Spritam ODT (250MG Oral Tablet Disintegrating Soluble, 500MG Oral Tablet Disintegrating Soluble)	B	3	QL
Subvenite (Oral Suspension)	B	3	
Subvenite (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 25MG 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 (Oral Capsule Sprinkle)	B	4	
Topiramate ER (Oral Capsule Extended Release 24 Hour Sprinkle)	G	1	PA; QL
Topiramate ER (Oral Capsule Extended Release 24 Hour)	G	1	PA; QL
Topiramate (Oral Capsule Sprinkle Immediate Release)	G	1	
Topiramate (25MG/ML Oral Solution)	G	1	ST
Topiramate (Oral Tablet)	G	1	
Trokendi XR (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour)	B	4	PA; QL
Trokendi XR (25MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	B	3	PA; QL
Valproic Acid (Oral Capsule)	G	1	
Valproic Acid (250MG/5ML Oral Solution)	G	1	
Calcium Channel Modifying Agents			
Celontin (Oral Capsule)	B	3	
Ethosuximide (Oral Capsule)	G	1	
Ethosuximide (Oral Solution)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Methsuximide (Oral Capsule)	G	1	
Zarontin (Oral Capsule)	B	3	
Zarontin (Oral Solution)	B	3	
Gamma-aminobutyric Acid (GABA) Modulating Agents			
Clobazam (2.5MG/ML Oral Suspension)	G	1	PA; QL
Clobazam (Oral Tablet)	G	1	PA; QL
Diacomit (Oral Capsule)	B	4	PA; QL
Diacomit (Oral Packet)	B	4	PA; QL
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	G	1	QL
Gabapentin (100MG Oral Capsule, 300MG Oral Capsule, 400MG Oral Capsule)	G	1	
Gabapentin (200MG Oral Capsule)	G	1	PA
Gabapentin (250MG/5ML Oral Solution)	G	1	
Gabapentin (600MG Oral Tablet, 800MG Oral Tablet)	G	1	
Gabarone (Oral Tablet)	B	4	
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 (20MG/5ML Oral Elixir)	G	1	HRM
Phenobarbital (Oral Tablet)	G	1	HRM
Primidone (Oral Tablet)	G	1	
Relgaabi (Oral Capsule)	B	4	PA
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
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

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
Vigadrone (Oral Packet)	B	4	PA; QL
Vigadrone (Oral Tablet)	B	4	PA; QL
Vigafyde (Oral Solution)	B	4	PA
Ztalmy (Oral Suspension)	B	4	PA
Sodium Channel Agents			
Aptiom (Oral Tablet)	B	4	QL
Banzel (Oral Suspension)	B	4	PA
Banzel (Oral Tablet)	B	4	PA
Carbamazepine ER (Oral Capsule Extended Release 12 Hour)	G	1	
Carbamazepine ER (Oral Tablet Extended Release 12 Hour)	G	1	
Carbamazepine (100MG/5ML 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-125 (Oral Suspension)	B	3	
Eslicarbazepine Acetate (Oral Tablet)	G	1	QL
Lacosamide (10MG/ML Oral Solution)	G	1	QL
Lacosamide (Oral Tablet)	G	1	QL
Motpoly XR (100MG Oral Capsule Extended Release 24 Hour)	B	3	PA; QL
Motpoly XR (150MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour)	B	4	PA; QL
Oxcarbazepine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Oxcarbazepine (Oral Suspension)	G	1	
Oxcarbazepine (Oral Tablet Immediate Release)	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)	G	1	
Phenytoin (125MG/5ML Oral Suspension)	G	1	
Phenytoin (Oral Tablet Chewable)	G	1	
Phenytoin Sodium Extended (100MG Oral Capsule)	G	1	
Rufinamide (Oral Suspension)	G	1	PA
Rufinamide (Oral Tablet)	G	1	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tegretol (Oral Suspension)	B	3	
Tegretol (Oral Tablet Immediate Release)	B	3	
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
Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	4	QL
Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack)	B	4	QL
Xcopri (Oral Tablet)	B	4	QL
Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack)	B	3	QL
Xcopri (14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack)	B	4	QL
Zonegran (Oral Capsule)	B	4	
Zonisade (Oral Suspension)	B	3	ST
Zonisamide (Oral Capsule)	G	1	
Antidementia Agents			
Antidementia Agents, Other			
Leqembi IQLIK (500MG Dose) (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Leqembi IQLIK (360MG/1.8ML Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Memantine HCl-Donepezil HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	PA; QL
Namzaric (Oral Capsule Extended Release 24 Hour)	B	3	PA; QL
Cholinesterase Inhibitors			
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	QL
Galantamine Hydrobromide (Oral Solution)	G	1	QL
Galantamine Hydrobromide (Oral Tablet)	G	1	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Rivastigmine Tartrate (Oral Capsule)	G	1	QL
Rivastigmine (Transdermal Patch 24 Hour)	G	1	ST; QL
Zunveyl (Oral Tablet Delayed Release)	B	3	ST; QL
N-methyl-D-aspartate (NMDA) Receptor Antagonist			
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	PA; QL
Memantine HCl (2MG/ML Oral Solution)	G	1	PA; QL
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	1	PA; QL
Antidepressants			
Antidepressants, Other			
Aplenzin (Oral Tablet Extended Release 24 Hour)	B	4	
Auvelity (Oral Tablet Extended Release)	B	4	
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	PA; HRM
Mirtazapine (Oral Tablet)	G	1	
Mirtazapine ODT (Oral Tablet Dispersible)	G	1	
Perphenazine-Amitriptyline (Oral Tablet)	G	1	PA; HRM
Remeron (Oral Tablet)	B	3	
Remeron SolTab (Oral Tablet Dispersible)	B	3	
Wellbutrin SR (Oral Tablet Extended Release 12 Hour)	B	3	
Wellbutrin XL (Oral Tablet Extended Release 24 Hour)	B	4	
Zurzuvae (Oral Capsule)	B	4	PA; QL
Monoamine Oxidase Inhibitors			
Emsam (Transdermal Patch 24 Hour)	B	4	PA; QL
Marplan (Oral Tablet)	B	3	
Nardil (Oral Tablet)	B	3	
Parnate (Oral Tablet)	B	4	
Phenelzine Sulfate (Oral Tablet)	G	1	
Tranylcypromine 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	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Citalopram Hydrobromide (10MG/5ML Oral Solution)	G	1	
Citalopram Hydrobromide (Oral Tablet)	G	1	
Desvenlafaxine ER (Oral Tablet Extended Release 24 Hour) (Brand Equivalent Khedezla)	B	3	QL
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	1	QL
Effexor XR (Oral Capsule Extended Release 24 Hour)	B	3	
Escitalopram Oxalate (Oral Capsule)	B	1	
Escitalopram Oxalate (Oral Solution)	G	1	
Escitalopram Oxalate (Oral Tablet)	G	1	
Exxua (Oral Tablet Extended Release 24 Hour)	B	4	QL
Exxua Titration Pack (Oral Tablet Extended Release 24 Hour)	B	4	
Fetzima (Oral Capsule Extended Release 24 Hour)	B	3	ST; QL
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	B	3	ST; QL
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	PA; HRM
Paroxetine HCl (Oral Suspension)	G	1	PA; HRM
Paroxetine HCl (Oral Tablet Immediate Release)	G	1	PA; HRM
Paroxetine Mesylate (Oral Capsule)	G	1	PA; HRM
Paxil CR (Oral Tablet Extended Release 24 Hour)	B	3	PA; HRM
Paxil (Oral Tablet Immediate Release)	B	3	PA; HRM
Pristiq (Oral Tablet Extended Release 24 Hour)	B	3	QL
Raldesy (Oral Solution)	B	3	
Sertraline HCl (Oral Capsule)	G	1	
Sertraline HCl (Oral Concentrate)	G	1	
Sertraline 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
Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 300MG Oral Tablet, 50MG Oral Tablet)	G	1	
Trintellix (Oral Tablet)	B	2	QL
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	PA; QL
Vilazodone HCl (Oral Tablet)	G	1	PA; QL
Zoloft (Oral Concentrate)	B	3	
Zoloft (Oral Tablet)	B	3	
Tricyclics			
Amitriptyline HCl (Oral Tablet)	G	1	PA; HRM
Amoxapine (Oral Tablet)	G	1	PA; HRM
Anafranil (Oral Capsule)	B	4	PA; HRM
Clomipramine HCl (Oral Capsule)	G	1	PA; HRM
Desipramine HCl (Oral Tablet)	G	1	PA; HRM
Doxepin HCl (Oral Capsule)	G	1	PA; HRM
Doxepin HCl (Oral Concentrate)	G	1	PA; HRM
Imipramine HCl (Oral Tablet)	G	1	PA; HRM
Imipramine Pamoate (Oral Capsule)	G	1	PA; HRM
Nortriptyline HCl (Oral Capsule)	G	1	PA; HRM
Nortriptyline HCl (Oral Solution)	G	1	PA; HRM
Protriptyline HCl (Oral Tablet)	G	1	HRM
Trimipramine Maleate (Oral Capsule)	G	1	HRM
Antiemetics			
Antiemetics, Other			
Bonjesta (Oral Tablet Extended Release)	B	3	PA; HRM
Compro (Rectal Suppository)	B	3	PA
Diclegis (Oral Tablet Delayed Release)	B	3	PA; HRM
Doxylamine-Pyridoxine (Oral Tablet Delayed Release)	G	1	PA; HRM
Gimoti (Nasal Solution)	B	4	PA
Meclizine HCl (Oral Tablet)	G	1	PA; HRM
Meclizine HCl (Oral Tablet Chewable)	G	1	PA; HRM
Metoclopramide HCl (5MG/5ML Oral Solution)	G	1	
Metoclopramide HCl (Oral Tablet)	G	1	
Perphenazine (Oral Tablet)	G	1	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Prochlorperazine Maleate (Oral Tablet)	G	1	PA
Prochlorperazine (Rectal Suppository)	G	1	PA
Promethazine HCl (6.25MG/5ML Oral Solution)	G	1	PA; HRM
Promethazine HCl (Oral Tablet)	G	1	PA; HRM
Promethazine HCl (Rectal Suppository)	G	1	PA; HRM; QL
Promethegan (25MG Rectal Suppository, 50MG Rectal Suppository)	B	3	PA; HRM; QL
Reglan (Oral Tablet)	B	3	
Scopolamine (Transdermal Patch 72 Hour)	G	1	PA; HRM
Transderm Scop (Transdermal Patch 72 Hour)	B	3	PA; HRM
Trimethobenzamide HCl (Oral Capsule)	G	1	B/D,PA; QL
Emetogenic Therapy Adjuncts			
Aprepitant (Oral Capsule)	G	1	PA; QL
Aprepitant (Oral Capsule Therapy Pack)	G	1	PA; QL
Dronabinol (Oral Capsule)	G	1	PA
Emend BiPack (Oral Capsule)	B	4	PA; QL
Emend (Oral Suspension Reconstituted)	B	3	PA; QL
Emend TriPack (Oral Capsule Therapy Pack)	B	4	PA; QL
Granisetron HCl (Oral Tablet)	G	1	B/D,PA; QL
Granisol (Oral Solution)	B	4	B/D,PA; QL
Marinol (Oral Capsule)	B	3	PA
Nereus (Oral Capsule)	B	4	PA; QL
Ondansetron HCl (4MG/5ML Oral Solution)	G	1	B/D,PA; QL
Ondansetron HCl (4MG Oral Tablet, 8MG Oral Tablet)	G	1	B/D,PA; QL
Ondansetron ODT (4MG Oral Tablet Dispersible, 8MG Oral Tablet Dispersible)	G	1	B/D,PA; QL
Sancuso (Transdermal Patch)	B	4	QL
Varubi (180MG Dose) (Oral Tablet Therapy Pack)	B	3	B/D,PA; QL
Antifungals			
Antifungals			
AmBisome (Intravenous Suspension Reconstituted)	B	4	B/D,PA
Amphotericin B (Intravenous Solution Reconstituted)	G	1	B/D,PA
Amphotericin B Liposome (Intravenous Suspension Reconstituted)	G	1	B/D,PA
Ancobon (Oral Capsule)	B	4	PA
Caspofungin Acetate (Intravenous Solution Reconstituted)	G	1	
Clotrimazole (Mouth/Throat Troche)	G	1	
Cresemba (Oral Capsule)	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
Diflucan (Oral Suspension Reconstituted)	B	3	
Eraxis (Intravenous Solution Reconstituted)	B	3	
Exelderm (External Cream)	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	PA
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; QL
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
Nystatin (100000UNIT/ML 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
Terbinafine HCl (Oral Tablet)	G	1	QL
Terconazole (Vaginal Cream)	G	1	
Terconazole (Vaginal Suppository)	G	1	
Tolsura (Oral Capsule)	B	4	PA; QL
Vfend IV (Intravenous Solution Reconstituted)	B	3	PA
Vfend (Oral Suspension Reconstituted)	B	4	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			
Antigout Agents			
Allopurinol (100MG Oral Tablet, 300MG Oral Tablet)	G	1	
Colchicine (0.6MG Oral Capsule) (Generic Mitigare)	G	1	QL
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	G	1	QL
Colchicine-Probenecid (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Febuxostat (Oral Tablet)	G	1	ST
Gloperba (Oral Solution)	B	3	PA; QL
Mitigare (Oral Capsule)	B	3	QL
Probenecid (Oral Tablet)	G	1	
Uloric (Oral Tablet)	B	3	ST
Antimigraine Agents			
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists			
Aimovig (Subcutaneous Solution Auto-Injector)	B	2	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	2	PA; QL
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	B	2	PA; QL
Nurtec ODT (Oral Tablet Dispersible)	B	4	PA; QL
Qulipta (Oral Tablet)	B	4	PA; QL
Ubrelvy (Oral Tablet)	B	4	PA; QL
Zavzpret (Nasal Solution)	B	4	PA; QL
Ergot Alkaloids			
Brekiya (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Cafergot (Oral Tablet)	B	3	
Dihydroergotamine Mesylate (Nasal Solution)	G	1	QL
Ergomar (Tablet Sublingual)	B	4	
Ergotamine-Caffeine (Oral Tablet)	G	1	
Migergot (Rectal Suppository)	B	4	
Trudhesa (Nasal Aerosol Solution)	B	4	QL
Serotonin (5-HT) Receptor Agonist			
Almotriptan Malate (Oral Tablet)	G	1	QL
Eletriptan Hydrobromide (Oral Tablet)	G	1	QL
Frovatriptan Succinate (Oral Tablet)	G	1	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	3	QL
Maxalt (Oral Tablet)	B	3	QL
Maxalt-MLT (Oral Tablet Dispersible)	B	3	QL
Naratriptan HCl (Oral Tablet)	G	1	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Onzetra Xsail (Nasal Exhaler Powder)	B	3	QL
Relpax (Oral Tablet)	B	3	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)	G	1	QL
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector)	G	1	QL
Sumatriptan-Naproxen Sodium (Oral Tablet)	G	1	QL
Symbravo (Oral Tablet)	B	4	ST; QL
Tosymra (Nasal Solution)	B	3	QL
Treximet (Oral Tablet)	B	4	QL
Zembrace SymTouch (Subcutaneous Solution Auto-Injector)	B	4	QL
Zolmitriptan (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 (2.5MG Oral Tablet)	B	3	QL
Zomig (5MG Oral Tablet)	B	4	QL
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	
Vyvgart Hytrulo (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Antimycobacterials			
Antimycobacterials, Other			
Dapsone (Oral Tablet)	G	1	
Emrosi (Oral Capsule Extended Release 24 Hour)	B	4	PA
Rifabutin (Oral Capsule)	G	1	
Antituberculars			
Cycloserine (Oral Capsule)	G	1	
Ethambutol HCl (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Isoniazid (Oral Syrup)	G	1	
Isoniazid (Oral Tablet)	G	1	
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	
Rifapentine (Oral Tablet)	G	1	
Sirturo (Oral Tablet)	B	4	PA
Antineoplastics			
Alkylating Agents			
Cyclophosphamide (25MG Oral Capsule, 50MG Oral Capsule)	G	1	B/D,PA
Cyclophosphamide (50MG Oral Tablet)	B	2	B/D,PA
Gleostine (100MG Oral Capsule, 40MG Oral Capsule)	B	4	
Gleostine (10MG Oral Capsule)	B	3	
Leukeran (Oral Tablet)	B	4	
Lomustine (Oral Capsule)	G	1	
Matulane (Oral Capsule)	B	4	
Valchlor (External Gel)	B	4	PA; QL
Antiandrogens			
Abiraterone Acetate (Oral Tablet)	G	1	QL
Abirtega (Oral Tablet)	G	1	QL
Bicalutamide (Oral Tablet)	G	1	
Casodex (Oral Tablet)	B	4	
Erleada (Oral Tablet)	B	4	PA; QL
Eulexin (Oral Capsule)	B	3	
Nilutamide (Oral Tablet)	G	1	
Nubeqa (Oral Tablet)	B	4	PA; QL
Xtandi (Oral Capsule)	B	4	PA; QL
Xtandi (Oral Tablet)	B	4	PA; QL
Yonsa (Oral Tablet)	B	4	PA; QL
Zytiga (Oral Tablet)	B	4	PA; QL
Antiangiogenic Agents			
Lenalidomide (Oral Capsule)	G	1	PA; QL
Pomalidomide (Oral Capsule)	G	1	PA; QL
Pomalyst (Oral Capsule)	B	4	PA; QL
Revlimid (Oral Capsule)	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
Thalomid (Oral Capsule)	B	4	PA; QL
Antiestrogens/Modifiers			
Inluriyo (Oral Tablet)	B	4	PA; QL
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			
Hydrea (Oral Capsule)	B	3	
Hydroxyurea (Oral Capsule)	G	1	
Mercaptopurine (Oral Suspension)	G	1	PA
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			
Akeega (Oral Tablet)	B	4	PA; QL
Inqovi (Oral Tablet)	B	4	PA; QL
Iwilfin (Oral Tablet)	B	4	PA; QL
Komzifti (Oral Capsule)	B	4	PA; QL
Lazcluze (Oral Tablet)	B	4	PA; QL
Lonsurf (Oral Tablet)	B	4	PA; QL
Lysodren (Oral Tablet)	B	4	
Modeyso (Oral Capsule)	B	4	PA; QL
Ogsiveo (100MG Oral Tablet, 150MG Oral Tablet)	B	4	PA; QL
Orgovyx (Oral Tablet)	B	4	PA; QL
Revuforj (Oral Tablet)	B	4	PA; QL
Vonjo (Oral Capsule)	B	4	PA; QL
Zenbexus (Oral Capsule)	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	
Enzyme Inhibitors			
Avmapki Fakzynja Co-Pack (Oral Therapy Pack)	B	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Molecular Target Inhibitors			
Afinitor Disperz (Oral Tablet Soluble)	B	4	PA
Afinitor (Oral Tablet)	B	4	PA
Alecensa (Oral Capsule)	B	4	PA; QL
Alunbrig (Oral Tablet)	B	4	PA; QL
Alunbrig (Oral Tablet Therapy Pack)	B	4	PA; QL
Augtyro (Oral Capsule)	B	4	PA; QL
Ayvakit (Oral Tablet)	B	4	PA; QL
Balversa (Oral Tablet)	B	4	PA; QL
Bosulif (Oral Capsule)	B	4	PA; QL
Bosulif (Oral Tablet)	B	4	PA; QL
Bosutinib (400MG Oral Tablet)	G	1	PA; QL
Braftovi (Oral Capsule)	B	4	PA
Brukinsa (Oral Tablet)	B	4	PA; QL
Cabometyx (Oral Tablet)	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; QL
Cometriq (140MG Daily Dose) (Oral Kit)	B	4	PA; QL
Cometriq (60MG Daily Dose) (Oral Kit)	B	4	PA; QL
Copiktra (Oral Capsule)	B	4	PA; QL
Cotellic (Oral Tablet)	B	4	PA; QL
Danziten (Oral Tablet)	B	4	PA; QL
Dasatinib (Oral Tablet)	G	1	PA; QL
Daurismo (Oral Tablet)	B	4	PA; QL
Ensacove (Oral Capsule)	B	4	PA; QL
Erivedge (Oral Capsule)	B	4	PA
Erlotinib HCl (Oral Tablet)	G	1	PA; QL
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
Fotivda (Oral Capsule)	B	4	PA; QL
Fruzaqla (Oral Capsule)	B	4	PA; QL
Gavreto (Oral Capsule)	B	4	PA; QL
Gefitinib (Oral Tablet)	G	1	PA; QL
Gilotrif (Oral Tablet)	B	4	PA
Gleevec (Oral Tablet)	B	4	PA; QL
Gomekli (Oral Capsule)	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
Gomekli (Oral Tablet Soluble)	B	4	PA; QL
Hernexeos (Oral Tablet)	B	4	PA; QL
Hyrnuo (Oral Tablet)	B	4	PA; QL
Ibrance (125MG Oral Capsule)	B	4	PA; QL
Ibrance (Oral Tablet)	B	4	PA; QL
Ibtrozi (Oral Capsule)	B	4	PA; QL
Iclusig (Oral Tablet)	B	4	PA; QL
IDHIFA (Oral Tablet)	B	4	PA; QL
Imatinib Mesylate (Oral Tablet)	G	1	QL
Imbruvica (Oral Capsule)	B	4	PA; QL
Imbruvica (Oral Suspension)	B	4	PA; QL
Imbruvica (Oral Tablet)	B	4	PA; QL
Imkeldi (Oral Solution)	B	4	PA; QL
Inlyta (Oral Tablet)	B	4	PA; QL
Inrebic (Oral Capsule)	B	4	PA; QL
Iressa (Oral Tablet)	B	4	PA; QL
Itovebi (Oral Tablet)	B	4	PA; QL
Jakafi (Oral Tablet)	B	4	PA; QL
Jakafi XR (Oral Tablet Extended Release 24 Hour)	B	4	PA; QL
Jaypirca (Oral Tablet)	B	4	PA; QL
Jideytro (Oral Tablet)	B	4	PA; QL
Kisqali (200MG Dose) (Oral Tablet)	B	4	PA; QL
Kisqali (400MG Dose) (Oral Tablet)	B	4	PA; QL
Kisqali (600MG Dose) (Oral Tablet)	B	4	PA; QL
Koselugo (Oral Capsule)	B	4	PA; QL
Koselugo (Oral Capsule Sprinkle)	B	4	PA; QL
Krazati (Oral Tablet)	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
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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lifyorli (125MG Dose) (Oral Capsule Therapy Pack)	B	4	PA; QL
Lifyorli (150MG Dose) (Oral Capsule Therapy Pack)	B	4	PA; QL
Lorbrena (Oral Tablet)	B	4	PA; QL
Lumakras (Oral Tablet)	B	4	PA; QL
Lynparza (Oral Tablet)	B	4	PA; QL
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
Nilotinib D-Tartrate (Oral Capsule)	B	4	PA; QL
Nilotinib HCl (Oral Capsule) (Generic Tasigna)	G	1	PA; QL
Ninlaro (Oral Capsule)	B	4	PA; QL
Odomzo (Oral Capsule)	B	4	PA
Ojemda (Oral Suspension Reconstituted)	B	4	PA; QL
Ojemda (Oral Tablet)	B	4	PA; QL
Ojjaara (Oral Tablet)	B	4	PA; QL
Pazopanib HCl (200MG Oral Tablet)	G	1	PA; QL
Pemazyre (Oral Tablet)	B	4	PA; QL
Phyrago (Oral Tablet)	B	4	PA; QL
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
Qinlock (Oral Tablet)	B	4	PA; QL
Retevmo (Oral Tablet)	B	4	PA; QL
Rezlidhia (Oral Capsule)	B	4	PA; QL
Romvimza (Oral Capsule)	B	4	PA; QL
Rozlytrek (Oral Capsule)	B	4	PA; QL
Rozlytrek (Oral Packet)	B	4	PA; QL
Rubraca (Oral Tablet)	B	4	PA; QL
Rydapt (Oral Capsule)	B	4	PA; QL
Scemblix (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
Sorafenib Tosylate (Oral Tablet)	G	1	PA
Sprycel (Oral Tablet)	B	4	PA; QL
Stivarga (Oral Tablet)	B	4	PA; QL
Sunitinib Malate (Oral Capsule)	G	1	PA; QL
Sutent (Oral Capsule)	B	4	PA; QL
Tabrecta (Oral Tablet)	B	4	PA; QL
Tafinlar (Oral Capsule)	B	4	PA
Tafinlar (Oral Tablet Soluble)	B	4	PA
Tagrisso (Oral Tablet)	B	4	PA; QL
Talzenna (Oral Capsule)	B	4	PA; QL
Tasigna (Oral Capsule)	B	4	PA; QL
Tepmetko (Oral Tablet)	B	4	PA; QL
Tibsovo (Oral Tablet)	B	4	PA; QL
Torpenz (Oral Tablet)	G	1	PA
Truqap (200MG Oral Tablet)	B	4	PA; QL
Truqap (160MG Oral Tablet Therapy Pack)	B	4	PA; QL
Tukysa (Oral Tablet)	B	4	PA; QL
Turalio (Oral Capsule)	B	4	PA; QL
Tykerb (Oral Tablet)	B	4	PA
Vanflyta (Oral Tablet)	B	4	PA; QL
Venclexta (100MG Oral Tablet, 50MG Oral Tablet)	B	4	PA; QL
Venclexta (10MG Oral Tablet)	B	3	PA; QL
Venclexta Starting Pack (Oral Tablet Therapy Pack)	B	4	PA; QL
Verzenio (Oral Tablet)	B	4	PA; QL
Vitrakvi (Oral Capsule)	B	4	PA; QL
Vitrakvi (Oral Solution)	B	4	PA; QL
Voranigo (Oral Tablet)	B	4	PA; QL
Votrient (Oral Tablet)	B	4	PA; QL
Xalkori (Oral Capsule)	B	4	PA
Xalkori (Oral Capsule Sprinkle)	B	4	PA
Xospata (Oral Tablet)	B	4	PA; QL
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	B	4	PA; QL
Xpovio (40MG Once Weekly) (40MG Oral Tablet Therapy Pack)	B	4	PA; QL
Xpovio (40MG Twice Weekly) (40MG Oral Tablet Therapy Pack)	B	4	PA; QL
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	B	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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
Yulithira (Oral Tablet)	G	1	PA
Zejula (Oral Tablet)	B	4	PA; QL
Zelboraf (Oral Tablet)	B	4	PA
Zykadia (Oral Tablet)	B	4	PA; QL
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	
Mesna (Oral Tablet)	G	1	
Mesnex (Oral Tablet)	B	3	
Antiparasitics			
Anthelmintics			
Albendazole (Oral Tablet)	G	1	QL
Benznidazole (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
Atovaquone-Proguanil HCl (Oral Tablet)	G	1	
Chloroquine Phosphate (Oral Tablet)	G	1	QL
Coartem (Oral Tablet)	B	3	
DARAPRIM (Oral Tablet)	B	4	PA
Hydroxychloroquine Sulfate (Oral Tablet)	G	1	QL
Krintafel (Oral Tablet)	B	3	
Lampit (Oral Tablet)	B	3	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
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 (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	PA
Quinine Sulfate (Oral Capsule)	G	1	PA
Antiparkinson Agents			
Anticholinergics			
Benztropine Mesylate (Oral Tablet)	G	1	PA; HRM
Trihexyphenidyl HCl (Oral Solution)	G	1	PA; HRM
Trihexyphenidyl HCl (Oral Tablet)	G	1	PA; HRM
Antiparkinson Agents, Other			
Amantadine HCl (Oral Capsule)	G	1	
Amantadine HCl (50MG/5ML Oral Solution)	G	1	
Amantadine HCl (Oral Tablet)	G	1	
Carbidopa-Levodopa-Entacapone (Oral Tablet)	G	1	
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
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
Neupro (Transdermal Patch 24 Hour)	B	3	
Onapgo (Subcutaneous Solution Cartridge)	B	4	PA; QL
Pramipexole Dihydrochloride ER (Oral Tablet Extended Release 24 Hour)	G	1	
Pramipexole Dihydrochloride (Oral Tablet Immediate Release)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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 Capsule Extended Release)	B	3	PA
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	
Crexont (Oral Capsule Extended Release)	B	3	PA
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	PA
Sinemet (Oral Tablet Immediate Release)	B	3	
Monoamine Oxidase B (MAO-B) Inhibitors			
Azilect (Oral Tablet)	B	4	
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	PA
Chlorpromazine HCl (Oral Tablet)	G	1	PA
Fluphenazine Decanoate (Injection Solution)	G	1	
Fluphenazine HCl (Injection Solution)	G	1	
Fluphenazine HCl (Oral Concentrate)	G	1	
Fluphenazine HCl (Oral Elixir)	G	1	
Fluphenazine HCl (Oral Tablet)	G	1	
Haloperidol Decanoate (Intramuscular Solution)	G	1	
Haloperidol Lactate (Injection Solution)	G	1	
Haloperidol Lactate (2MG/ML Oral Concentrate)	G	1	
Haloperidol (Oral Tablet)	G	1	
Loxapine Succinate (Oral Capsule)	G	1	
Molindone 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
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			
Caplyta (Oral Capsule)	B	4	QL
Erzofri (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 351MG/2.25ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe)	B	4	QL
Erzofri (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)	B	3	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 A (Oral Tablet)	B	3	ST; QL
Fanapt Titration Pack B (Oral Tablet)	B	3	ST; QL
Fanapt Titration Pack C (Oral Tablet)	B	3	ST; 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	QL
Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)	B	3	QL
Invega Trinza (Intramuscular Suspension Prefilled Syringe)	B	4	
Nuplazid (Oral Capsule)	B	4	PA; QL
Nuplazid (Oral Tablet)	B	4	PA; QL
Paliperidone ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Rexulti (Oral Tablet)	B	4	QL
Vraylar (Oral Capsule)	B	2	QL
Treatment-Resistant			
Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	1	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)	G	1	PA; QL
Clozaril (100MG Oral Tablet)	B	4	PA
Clozaril (25MG Oral Tablet)	B	3	PA
Versacloz (Oral Suspension)	B	4	PA; ST
Antispasticity Agents			
Antispasticity Agents			
Baclofen (10MG/5ML Oral Solution, 5MG/5ML Oral Solution)	G	1	ST
Baclofen (Oral Suspension)	G	1	ST
Baclofen (Oral Tablet)	G	1	
Dantrium (Oral Capsule)	B	3	
Dantrolene Sodium (Oral Capsule)	G	1	
Fleqsuvy (Oral Suspension)	B	4	ST
Ontralfy (Oral Solution)	B	4	ST
Ozobax DS (Oral Solution)	B	3	ST
Sohonos (1.5MG Oral Capsule, 10MG Oral Capsule, 1MG Oral Capsule, 5MG Oral Capsule)	B	4	PA
Tizanidine HCl (Oral Capsule)	G	1	
Tizanidine HCl (Oral Tablet)	G	1	
Zanaflex (2MG Oral Capsule, 4MG Oral Capsule, 6MG Oral Capsule)	B	3	
Zanaflex (8MG Oral Capsule)	B	4	
Zanaflex (Oral Tablet)	B	3	
Antivirals			
Anti-cytomegalovirus (CMV) Agents			
Livtencity (Oral Tablet)	B	4	PA; QL
Prevymis (Oral Packet)	B	4	PA; QL
Prevymis (Oral Tablet)	B	4	PA; QL
Valcyte (Oral Solution Reconstituted)	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	

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
Entecavir (Oral Tablet)	G	1	
Hepcludex (Subcutaneous Solution Reconstituted)	B	4	PA; QL
Lamivudine (100MG Oral Tablet)	G	1	
Vemlidy (Oral Tablet)	B	4	QL
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
Harvoni (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
Antiherpetic Agents			
Acyclovir (External Cream)	G	1	QL
Acyclovir (External Ointment)	G	1	QL
Acyclovir (Oral Capsule)	G	1	
Acyclovir (200MG/5ML Oral Suspension)	G	1	
Acyclovir (Oral Tablet)	G	1	
Acyclovir Sodium (Intravenous Solution)	G	1	B/D,PA
Denavir (External Cream)	B	3	QL
Famciclovir (Oral Tablet)	G	1	QL
Penciclovir (External Cream)	G	1	QL
Valacyclovir HCl (Oral Tablet)	G	1	QL
Valtrex (Oral Tablet)	B	3	QL
Zovirax (External Cream)	B	3	QL
Zovirax (External Ointment)	B	3	QL
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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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 (Oral Tablet)	B	4	QL
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
Edurant PED (Oral Tablet Soluble)	B	4	QL
Efavirenz (Oral Tablet)	G	1	QL
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)	G	1	QL
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)	G	1	QL
Emtricitabine-Rilpivirine-Tenofovir DF (Oral Tablet)	G	1	QL
Etravirine (Oral Tablet)	G	1	QL
Intelence (200MG Oral Tablet)	B	4	QL
Intelence (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
Rilpivirine HCl (Oral Tablet)	G	1	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
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
Lamivudine (10MG/ML Oral Solution)	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
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
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	3	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
Zidovudine (Oral Capsule)	G	1	QL
Zidovudine (Oral Syrup)	G	1	QL
Zidovudine (Oral Tablet)	G	1	QL
Anti-HIV Agents, Other			
Idvynso (Oral Tablet)	B	4	QL
Maraviroc (Oral Tablet)	G	1	QL
Rukobia (Oral Tablet Extended Release 12 Hour)	B	4	QL
Selzentry (Oral Tablet)	B	4	QL
Sunlenca (Oral Tablet)	B	4	QL
Sunlenca (Oral Tablet Therapy Pack)	B	4	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
Lopinavir-Ritonavir (Oral Tablet)	G	1	QL
Norvir (Oral Tablet)	B	3	QL
Prezcobix (Oral Tablet)	B	4	QL
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 Packet)	B	4	QL
Ritonavir (Oral Tablet)	G	1	QL
Symtuza (Oral Tablet)	B	4	QL
Viracept (250MG Oral Tablet)	B	3	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Viracept (625MG Oral Tablet)	B	4	QL
Anti-influenza Agents			
Oseltamivir Phosphate (Oral Capsule)	G	1	QL
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	1	QL
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Rimantadine HCl (Oral Tablet)	G	1	
Tamiflu (Oral Capsule)	B	3	QL
Tamiflu (Oral Suspension Reconstituted)	B	3	QL
Xofluza (40MG Dose) (Oral Tablet Therapy Pack)	B	2	QL
Xofluza (80MG Dose) (Oral Tablet Therapy Pack)	B	2	QL
Antiviral, Coronavirus Agents			
Paxlovid (150/100MG) (Oral Tablet Therapy Pack)	B	4	QL
Paxlovid (300/100MG) (Oral Tablet Therapy Pack)	B	4	QL
Paxlovid (300/100MG & 150/100MG) (Oral Tablet Therapy Pack)	B	4	QL
Xocova (Oral Tablet)	B	4	QL
Anxiolytics			
Anxiolytics, Other			
Bucapsol (10MG Oral Capsule, 15MG Oral Capsule, 7.5MG Oral Capsule)	B	4	
Buspirone HCl (10MG Oral Tablet, 15MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	1	
Hydroxyzine HCl (10MG/5ML Oral Syrup)	G	1	PA; HRM
Hydroxyzine HCl (Oral Tablet)	G	1	PA; HRM
Hydroxyzine Pamoate (Oral Capsule)	G	1	PA; HRM
Meprobamate (Oral Tablet)	G	1	HRM
Benzodiazepines			
Alprazolam ER (Oral Tablet Extended Release 24 Hour)	G	1	PA; QL
Alprazolam Intensol (Oral Concentrate)	G	1	PA; QL
Alprazolam (Oral Tablet Immediate Release)	G	1	PA; QL
Alprazolam ODT (Oral Tablet Dispersible)	G	1	PA; QL
Ativan (Oral Tablet)	B	4	PA; QL
Chlordiazepoxide HCl (Oral Capsule)	G	1	PA
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet)	G	1	PA; QL
Clonazepam ODT (Oral Tablet Dispersible)	G	1	PA; QL
Clorazepate Dipotassium (Oral Tablet)	G	1	PA; QL
Diazepam Intensol (Oral Concentrate)	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
Diazepam (5MG/5ML Oral Solution)	G	1	PA
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	1	PA; QL
Klonopin (Oral Tablet)	B	3	PA; QL
Lorazepam Intensol (Oral Concentrate)	G	1	PA; QL
Lorazepam (Oral Tablet)	G	1	PA; QL
Loreev XR (Oral Capsule ER 24 Hour Sprinkle)	B	3	PA; QL
Oxazepam (Oral Capsule)	G	1	PA
Valium (10MG Oral Tablet)	B	4	PA; QL
Valium (2MG Oral Tablet, 5MG Oral Tablet)	B	3	PA; QL
Xanax (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	B	3	PA; QL
Xanax (2MG Oral Tablet Immediate Release)	B	4	PA; QL
Xanax XR (2MG Oral Tablet Extended Release 24 Hour)	B	3	PA; QL
Bipolar Agents			
Bipolar Agents, Other			
Abilify Asimtufii (Intramuscular Prefilled Syringe)	B	4	QL
Abilify Maintena (Intramuscular Prefilled Syringe)	B	4	
Abilify Maintena (Intramuscular Suspension Reconstituted ER)	B	4	
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	
Aristada (Intramuscular Prefilled Syringe)	B	4	
Asenapine Maleate (Tablet Sublingual)	G	1	QL
Geodon (Intramuscular Solution Reconstituted)	B	3	
Geodon (Oral Capsule)	B	4	QL
Latuda (Oral Tablet)	B	4	QL
Lurasidone HCl (Oral Tablet)	G	1	QL
Lybalvi (Oral Tablet)	B	4	PA; ST; 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	PA; QL
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	1	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Olanzapine-Fluoxetine HCl (Oral Capsule)	G	1	PA
Opipza (Oral Film)	B	4	PA; QL
Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Quetiapine Fumarate (Oral Tablet Immediate Release)	G	1	QL
Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER)	B	3	ST
Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER)	B	4	ST
Risperdal (Oral Solution)	B	3	
Risperdal (Oral Tablet)	B	3	
Risperidone Microspheres ER (Intramuscular Suspension Reconstituted ER)	G	1	
Risperidone (1MG/ML Oral Solution)	G	1	
Risperidone (0.25MG Oral Tablet, 0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet)	G	1	
Risperidone ODT (0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible, 3MG Oral Tablet Dispersible, 4MG Oral Tablet Dispersible)	G	1	ST
Saphris (Tablet Sublingual)	B	3	QL
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 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
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	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
Zyprexa (15MG Oral Tablet, 20MG Oral Tablet)	B	4	PA; QL
Zyprexa Zydis (10MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	B	3	PA; QL
Zyprexa Zydis (15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible)	B	4	PA; QL
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	
Lithium (Oral Solution)	G	1	
Lithobid (Oral Tablet Extended Release)	B	3	
Blood Glucose Regulators			
Antidiabetic Agents			
Acarbose (Oral Tablet)	G	1	QL
Actoplus Met (Oral Tablet Immediate Release)	B	3	QL
Actos (Oral Tablet)	B	3	QL
Alogliptin Benzoate (Oral Tablet)	B	3	ST; QL
Alogliptin-Metformin HCl (Oral Tablet)	B	3	ST; QL
Alogliptin-Pioglitazone (Oral Tablet)	B	3	ST; QL
Brynovin (Oral Solution)	B	3	ST; QL
Cycloset (Oral Tablet)	B	3	PA; QL
Dapagliflozin-Saxagliptin (Oral Tablet)	B	3	ST; QL
Duetact (Oral Tablet)	B	3	HRM; 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 (5MG Oral Tablet Extended Release 24 Hour)	B	3	QL
Glyburide (Oral Tablet)	G	1	HRM; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Glyburide-Metformin (Oral Tablet)	G	1	HRM; QL
Glyxambi (Oral Tablet)	B	2	QL
Invokamet (Oral Tablet Immediate Release)	B	3	PA; QL
Invokamet XR (Oral Tablet Extended Release 24 Hour)	B	3	PA; 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
Jentadueto (2.5-1000MG Oral Tablet Immediate Release, 2.5-500MG Oral Tablet Immediate Release)	B	2	QL
Jentadueto XR (Oral Tablet Extended Release 24 Hour)	B	2	QL
Liraglutide (Subcutaneous Solution Pen-Injector)	G	1	PA; QL
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour, 500MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	G	1	PA; QL
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 (Oral Tablet Immediate Release)	G	1	QL
Miglitol (Oral Tablet)	G	1	QL
Mounjaro (Subcutaneous Solution Auto-Injector)	B	2	PA; QL
Nateglinide (Oral Tablet)	G	1	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
Ozempic (Oral Tablet)	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
Repaglinide (Oral Tablet)	G	1	QL
Saxagliptin HCl (Oral Tablet)	G	1	QL
Saxagliptin-Metformin ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Segluromet (Oral Tablet)	B	3	ST; 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
Sitagliptin Phosphate-Metformin HCl ER (Oral Tablet Extended Release 24 Hour)	B	1	QL
Sitagliptin Base-Metformin HCl (Oral Tablet Immediate Release)	B	3	ST; QL
Sitagliptin Base-Metformin HCl ER (Oral Tablet Extended Release 24 Hour)	B	3	ST; QL
Sitagliptin (Oral Tablet)	B	3	ST; QL
Sitagliptin Phosphate (Oral Tablet)	G	1	QL
Sitagliptin Phosphate-Metformin HCl (Oral Tablet)	G	1	QL
Soliqua (Subcutaneous Solution Pen-Injector)	B	2	QL
Steglujan (Oral Tablet)	B	3	ST; QL
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 Auto-Injector)	B	2	PA; QL
Victoza (Subcutaneous Solution Pen-Injector)	B	3	PA; QL
Xigduo XR (10-1000MG Oral Tablet Extended Release 24 Hour, 10-500MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	B	1	QL
Xigduo XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	B	2	QL
Xultophy (Subcutaneous Solution Pen-Injector)	B	3	ST; QL
Zituvimet (Oral Tablet Immediate Release)	B	3	ST; QL
Zituvimet XR (Oral Tablet Extended Release 24 Hour)	B	3	ST; QL
Zituvio (Oral Tablet)	B	3	ST; QL
Glycemic Agents			
Baqsimi One Pack (Nasal Powder)	B	2	QL
Diazoxide (Oral Suspension)	G	1	
Glucagon Emergency (1MG Injection Solution Reconstituted)	G	1	QL
Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector)	B	2	QL
Gvoke Kit (Subcutaneous Solution)	B	2	QL
Gvoke PFS (Subcutaneous Solution Prefilled Syringe)	B	2	QL
Proglycem (Oral Suspension)	B	4	
Insulins			
Admelog (Injection Solution)	B	3	ST

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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
Fiasp FlexTouch (Subcutaneous Solution Pen-Injector)	B	2	
Fiasp (Injection Solution)	B	2	
Fiasp PenFill (Subcutaneous Solution Cartridge)	B	2	
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 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)	B	2	
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 KwikPen (Subcutaneous Solution Pen-Injector)	B	2	
Insulin Glargine Max SoloStar (Subcutaneous Solution Pen-Injector)	B	3	ST
Insulin Glargine Solostar (300UNIT/ML Subcutaneous Solution Pen-Injector)	B	3	ST
Insulin Glargine-yfgn (Subcutaneous Solution)	B	3	ST
Insulin Glargine-yfgn (Subcutaneous Solution Pen-Injector)	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
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	
Lyumjev (Injection Solution)	B	2	
Lyumjev KwikPen (Subcutaneous Solution Pen-Injector)	B	2	
Merilog SoloStar (Subcutaneous Solution Pen-Injector)	B	3	ST
Merilog (Subcutaneous Solution)	B	3	ST
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	
Rezvoglar KwikPen (Subcutaneous Solution Pen-Injector)	B	3	ST
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	3	ST
Tresiba (Subcutaneous Solution)	B	3	ST
Blood Products and Modifiers			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Anticoagulants			
Arixtra (Subcutaneous Solution)	B	4	
Dabigatran Etexilate Mesylate (Oral Capsule)	G	1	QL
Eliquis (1.5MG Pack) (Oral Tablet Soluble)	B	2	QL
Eliquis (2MG Pack) (Oral Tablet Soluble)	B	2	QL
Eliquis (Oral Capsule Sprinkle)	B	2	QL
Eliquis (Oral Tablet)	B	2	QL
Eliquis (0.5MG Oral Tablet Soluble)	B	2	QL
Eliquis Starter Pack (Oral Tablet)	B	2	QL
Enoxaparin Sodium (Injection Solution Prefilled Syringe)	G	1	QL
Fondaparinux Sodium (Subcutaneous Solution)	G	1	
Fragmin (95000UNIT/3.8ML Subcutaneous Solution)	B	4	
Fragmin (Subcutaneous Solution Prefilled Syringe)	B	4	
Heparin Sodium (Porcine) (Injection Solution)	G	1	B/D,PA
Jantoven (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet, 5MG Oral Tablet, 6MG Oral Tablet, 7.5MG Oral Tablet)	G	1	
Lovenox (100MG/ML Injection Solution Prefilled Syringe, 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	QL
Lovenox (120MG/0.8ML Injection Solution Prefilled Syringe, 150MG/ML Injection Solution Prefilled Syringe)	B	4	QL
Pradaxa (Oral Capsule)	B	3	ST; QL
Pradaxa (Oral Packet)	B	4	PA; QL
Rivaroxaban (Oral Suspension Reconstituted)	G	1	QL
Rivaroxaban (Oral Tablet)	G	1	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
Blood Products and Modifiers, Other			
Agrylin (Oral Capsule)	B	3	
Alvaiz (Oral Tablet)	B	4	PA; QL
Anagrelide HCl (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
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)	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, 60MCG/0.3ML Injection Solution Prefilled Syringe)	B	3	PA
Armlupeg (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Droxia (Oral Capsule)	B	3	
Eltrombopag Olamine (Oral Packet)	G	1	PA; QL
Eltrombopag Olamine (Oral Tablet)	G	1	PA; QL
Epogen (Injection Solution)	B	3	PA
Fabhalta (Oral Capsule)	B	4	PA; QL
Fulphila (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Fylnetra (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Granix (300MCG/1ML Subcutaneous Solution)	B	4	ST
Granix (Subcutaneous Solution Prefilled Syringe)	B	4	ST
Leukine (Injection Solution Reconstituted)	B	4	PA
Mircera (Injection Solution Prefilled Syringe)	B	3	PA
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
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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Releuko (300MCG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	3	ST
Releuko (480MCG/0.8ML Subcutaneous Solution Prefilled Syringe)	B	4	ST
Retacrit (Injection Solution)	B	3	PA
Rolvedon (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Siklos (1000MG Oral Tablet)	B	4	PA
Siklos (100MG Oral Tablet)	B	3	PA
Stimufend (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Udenyca (Subcutaneous Solution Auto-Injector)	B	4	PA
Udenyca (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Voydeya (Oral Tablet)	B	4	PA; QL
Voydeya (Oral Tablet Therapy Pack)	B	4	PA; QL
Xolremdi (Oral Capsule)	B	4	PA; QL
Xromi (Oral Solution)	B	3	PA
Zarxio (Injection Solution Prefilled Syringe)	B	3	
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	3	QL
Cablivi (Injection Kit)	B	4	PA; QL
Cilostazol (Oral Tablet)	G	1	
Clopidogrel Bisulfate (Oral Tablet)	G	1	QL
Dipyridamole (Oral Tablet)	G	1	HRM
Doptelet (Oral Tablet)	B	4	PA; QL
Doptelet Sprinkle (Oral Capsule Sprinkle)	B	4	PA; QL
Effient (Oral Tablet)	B	3	QL
Plavix (Oral Tablet)	B	3	QL
Prasugrel HCl (Oral Tablet)	G	1	QL
Tavalisse (Oral Tablet)	B	4	PA; QL
Ticagrelor (Oral Tablet)	G	1	QL
Wayrilz (Oral Tablet)	B	4	PA; QL
Cardiovascular Agents			
Alpha-adrenergic Agonists			
Clonidine ER (Oral Tablet Extended Release 24 Hour)	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
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
Javadin (Oral Solution)	B	4	PA; QL
Methyldopa (Oral Tablet)	G	1	
Midodrine HCl (Oral Tablet)	G	1	
Nexiclon XR (Oral Tablet Extended Release 24 Hour)	B	3	ST
Northera (Oral Capsule)	B	4	PA; QL
Alpha-adrenergic Blocking Agents			
Cardura (Oral Tablet Immediate Release)	B	3	
Doxazosin Mesylate (Oral Tablet)	G	1	
Phenoxybenzamine HCl (Oral Capsule)	G	1	
Prazosin HCl (Oral Capsule)	G	1	
Angiotensin II Receptor Antagonists			
Arbli (Oral Suspension)	B	3	PA
Atacand (Oral Tablet)	B	3	QL
Avapro (Oral Tablet)	B	3	QL
Azilsartan Medoxomil (Oral Tablet)	B	1	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
Olmesartan Medoxomil (Oral Tablet)	G	1	QL
Telmisartan (Oral Tablet)	G	1	QL
Valsartan (Oral Solution)	G	1	ST; QL
Valsartan (Oral Tablet)	G	1	QL
Angiotensin-converting Enzyme (ACE) Inhibitors			
Benazepril HCl (Oral Tablet)	G	1	QL
Captopril (Oral Tablet)	G	1	QL
Enalapril Maleate (Oral Solution)	G	1	QL
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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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, 2.5MG Oral Tablet, 5MG Oral Tablet)	B	3	QL
Vasotec (20MG Oral Tablet)	B	4	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	
Betapace (Oral Tablet)	B	4	
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	QL
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	
Sotalol HCl (AF) (Oral Tablet)	G	1	
Sotalol HCl (Oral Tablet)	G	1	
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	

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
Carvedilol Phosphate ER (Oral Capsule Extended Release 24 Hour)	G	1	QL
Coreg CR (Oral Capsule Extended Release 24 Hour)	B	4	QL
Coreg (Oral Tablet)	B	4	
Hemangeol (Oral Solution)	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 Solution)	B	3	PA
Lopressor (Oral Tablet)	B	3	
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	G	1	
Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 37.5MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	G	1	
Metoprolol Tartrate (12.5MG Oral Tablet)	B	3	
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	
Timolol Maleate (Oral Tablet)	G	1	
Toprol XL (Oral Tablet Extended Release 24 Hour)	B	3	
Calcium Channel Blocking Agents, Dihydropyridines			
Amlodipine Besylate (Oral Tablet)	G	1	
Felodipine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Isradipine (Oral Capsule)	G	1	
Katerzia (Oral Suspension)	B	3	ST
Nicardipine HCl (Oral Capsule)	G	1	
Nifedipine ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	G	1	QL
Nifedipine (Oral Capsule)	G	1	HRM
Nimodipine (30MG Oral Capsule)	G	1	
Nimodipine (60MG/20ML Oral Solution)	B	4	
Nisoldipine ER (Oral Tablet Extended Release 24 Hour)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Norliqva (Oral Solution)	B	3	ST
Norvasc (Oral Tablet)	B	3	
Nymalize (Oral Solution)	B	4	
Procardia XL (30MG Oral Tablet Extended Release 24 Hour, 60MG Oral Tablet Extended Release 24 Hour)	B	3	QL
Sdamlo (Oral Solution Reconstituted)	B	4	ST
Sular (Oral Tablet Extended Release 24 Hour)	B	3	
Calcium Channel Blocking Agents, Nondihydropyridines			
Cardamyst (Nasal Solution)	B	4	PA
Cardizem CD (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour)	B	3	
Cardizem CD (240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour, 360MG 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	
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	

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
Cardiovascular Agents, Other			
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	G	1	
Acetazolamide (Oral Tablet)	G	1	
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	QL
Atacand HCT (Oral Tablet)	B	3	QL
Atenolol-Chlorthalidone (Oral Tablet)	G	1	
Attruby (Oral Tablet Therapy Pack)	B	4	PA; QL
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	QL
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
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 Capsule Sprinkle)	B	3	QL
Entresto (Oral Tablet)	B	3	QL
Exforge HCT (Oral Tablet)	B	3	QL
Exforge (Oral Tablet)	B	3	QL
Filspari (Oral Tablet)	B	4	PA; QL
Fosinopril Sodium-HCTZ (Oral Tablet)	G	1	QL
Hyzaar (Oral Tablet)	B	3	QL
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Isosorbide Dinitrate-Hydralazine (Oral Tablet)	G	1	QL
Ivabradine HCl (Oral Tablet)	G	1	PA; QL
Lanoxin (Oral Tablet)	B	3	HRM

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Lisinopril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Lodoco (Oral Tablet)	B	3	PA
Losartan Potassium-HCTZ (Oral Tablet)	G	1	QL
Metoprolol-Hydrochlorothiazide (Oral Tablet)	G	1	
Metyrosine (Oral Capsule)	G	1	PA
Micardis HCT (Oral Tablet)	B	3	QL
Myqorzo (Oral Tablet)	B	4	PA; 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	
Quinapril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	1	QL
Sacubitril-Valsartan (Oral Tablet)	G	1	QL
Spironolactone-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
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
Tryvio (Oral Tablet)	B	3	PA; 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
Diuretics, Loop			
Bumetanide (Injection Solution)	G	1	
Bumetanide (Oral Tablet)	G	1	
Edecrin (Oral Tablet)	B	4	QL
Enbumyst (Nasal Solution)	B	4	PA
Ethacrynic Acid (Oral Tablet)	G	1	QL
Furoscix (Subcutaneous Cartridge Kit)	B	4	PA
Furosemide (Injection Solution)	G	1	
Furosemide (Oral Solution)	G	1	
Furosemide (Oral Tablet)	G	1	
Lasix ONYU (Subcutaneous Cartridge Kit)	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
Soaanz (40MG Oral Tablet)	B	3	PA
Torsemide (Oral Tablet)	G	1	
Diuretics, Potassium-sparing			
Amiloride HCl (Oral Tablet)	G	1	
Dyrenium (Oral Capsule)	B	3	
Triamterene (Oral Capsule)	G	1	
Diuretics, Thiazide			
Chlorthalidone (Oral Tablet)	G	1	
Hemiclor (Oral Tablet)	B	3	
Hydrochlorothiazide (Oral Capsule)	G	1	
Hydrochlorothiazide (Oral Tablet)	G	1	
Indapamide (Oral Tablet)	G	1	
Inzirqo (Oral Suspension Reconstituted)	B	3	PA
Metolazone (Oral Tablet)	G	1	
Thalitone (Oral Tablet)	B	3	
Dyslipidemics, Fibric Acid Derivatives			
Fenofibrate Micronized (Oral Capsule)	G	1	
Fenofibrate (150MG Oral Capsule, 50MG Oral Capsule)	G	1	
Fenofibrate (Oral Tablet)	G	1	
Fenofibric Acid (Oral Capsule Delayed Release)	G	1	
Gemfibrozil (Oral Tablet)	G	1	
Lipofen (Oral Capsule)	B	3	
Dyslipidemics, HMG CoA Reductase Inhibitors			
Atorvaliq (Oral Suspension)	B	3	PA; QL
Atorvastatin Calcium (Oral Tablet)	G	1	QL
Crestor (Oral Tablet)	B	3	QL
FloLipid (Oral Suspension)	B	3	QL
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	G	1	ST; QL
Fluvastatin Sodium (Oral Capsule)	G	1	ST; QL
Lescol XL (Oral Tablet Extended Release 24 Hour)	B	3	ST; QL
Lipitor (Oral Tablet)	B	3	QL
Livalo (Oral Tablet)	B	2	QL
Lovastatin (Oral Tablet)	G	1	QL
Pitavastatin Calcium (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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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 Tablet)	B	3	
Colestipol HCl (Oral Packet)	G	1	
Colestipol HCl (Oral Tablet)	G	1	
Ezetimibe (Oral Tablet)	G	1	QL
Ezetimibe-Simvastatin (Oral Tablet)	G	1	QL
Icosapent Ethyl (Oral Capsule)	G	1	
Juxtapid (10MG Oral Capsule, 20MG Oral Capsule, 30MG Oral Capsule, 5MG Oral Capsule)	B	4	PA
Juxtapid (2MG Oral Capsule)	B	4	PA; QL
Lerochol (Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Lovaza (Oral Capsule)	B	3	QL
Nexletol (Oral Tablet)	B	2	QL
Nexlizet (Oral Tablet)	B	2	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	QL
Praluent (Subcutaneous Solution Auto-Injector)	B	3	PA; QL
Prevalite (Oral Packet)	G	1	
Questran Light (Oral Powder)	B	3	
Questran (Oral Powder)	B	3	
Redemplo (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Repatha (140MG/ML Subcutaneous Solution Prefilled Syringe)	B	2	QL
Repatha SureClick (Subcutaneous Solution Auto-Injector)	B	2	QL
Tryngolza (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Vascepa (Oral Capsule)	B	1	
Vytorin (Oral Tablet)	B	3	QL
Welchol (Oral Packet)	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
Welchol (Oral Tablet)	B	3	
Zetia (Oral Tablet)	B	3	QL
Mineralocorticoid Receptor Antagonists			
Aldactone (50MG Oral Tablet)	B	3	
CaroSpir (Oral Suspension)	B	3	
Eplerenone (Oral Tablet)	G	1	
Kerendia (Oral Tablet)	B	3	PA; QL
Spironolactone (25MG/5ML Oral Suspension)	G	1	
Spironolactone (Oral Tablet)	G	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)			
Dapagliflozin (Oral Tablet)	B	1	QL
Farxiga (Oral Tablet)	B	2	ST; QL
Inpefa (Oral Tablet)	B	3	ST; QL
Invokana (Oral Tablet)	B	3	PA; QL
Jardiance (Oral Tablet)	B	2	QL
Steglatro (Oral Tablet)	B	3	ST; QL
Vasodilators, Direct-acting Arterial			
Hydralazine HCl (Oral Tablet)	G	1	
Minoxidil (Oral Tablet)	G	1	
Vasodilators, Direct-acting Arterial/Venous			
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	1	
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 (Rectal Ointment)	G	1	QL
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	
Verquvo (Oral Tablet)	B	2	PA; QL
Central Nervous System Agents			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Adderall (20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	B	3	QL
Adderall XR (Oral Capsule Extended Release 24 Hour)	B	3	QL
Adzenys XR-ODT (Oral Tablet Extended Release Dispersible)	B	3	QL
Amphetamine ER ODT (Oral Tablet Extended Release Dispersible)	G	1	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
Amphetamine-Dextroamphetamine 3-Bead ER (Oral Capsule Extended Release 24 Hour)	G	1	QL
Arynta (Oral Solution)	B	3	PA; QL
Azstarys (Oral Capsule)	B	3	QL
Dexedrine (10MG 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 (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	1	QL
Dyanavel XR (Oral Suspension Extended Release)	B	3	QL
Dyanavel XR (Oral Tablet Extended Release)	B	3	QL
Evekeo (Oral Tablet)	B	3	
Lisdexamfetamine Dimesylate (Oral Capsule)	G	1	
Lisdexamfetamine Dimesylate (Oral Tablet Chewable)	G	1	
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			
Atomoxetine HCl (Oral Capsule)	G	1	QL
Atomoxetine HCl (Oral Solution)	B	3	ST; QL
Atoncy (Oral Solution)	B	3	ST; 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
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
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
Metadate CD (Oral Capsule Extended Release)	B	3	QL
Methylin (Oral Solution)	B	3	QL
Methylphenidate ER (Oral Tablet Extended Release Dispersible)	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)	G	1	QL
Methylphenidate HCl ER Osmotic (45MG Oral Tablet Extended Release, 63MG Oral Tablet Extended Release) (Generic Relexxii)	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)	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
Onyda XR (Oral Suspension Extended Release)	B	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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 (Oral Tablet)	B	3	QL
Central Nervous System, Other			
Aqneursa (Oral Packet)	B	4	PA; QL
Austedo (Oral Tablet Immediate Release)	B	4	PA; QL
Austedo XR (Oral Tablet Extended Release 24 Hour)	B	4	PA; QL
Austedo XR Patient Titration (Oral Tablet Extended Release Therapy Pack)	B	4	PA; QL
Cobenfy (Oral Capsule)	B	4	PA; QL
Cobenfy Starter Pack (Oral Capsule Therapy Pack)	B	4	PA; QL
Dextromethorphan-Quinidine (Oral Capsule)	G	1	PA; QL
Firdapse (Oral Tablet)	B	4	PA; QL
Gabapentin (Once-Daily) (Oral Tablet)	G	1	PA
Gralise (Oral Tablet)	B	3	PA
Horizant (Oral Tablet Extended Release)	B	3	PA
Ingrezza (Oral Capsule)	B	4	PA; QL
Ingrezza (Oral Capsule Sprinkle)	B	4	PA; QL
Ingrezza (Oral Capsule Therapy Pack)	B	4	PA; QL
Lynkuet (Oral Capsule)	B	3	PA; QL
Nuedexta (Oral Capsule)	B	4	PA; QL
Radicava ORS Starter Kit (Oral Suspension)	B	4	PA; QL
Riluzole (Oral Tablet)	G	1	
Skyclarys (Oral Capsule)	B	4	PA; QL
Tetrabenazine (Oral Tablet)	G	1	PA; QL
Tiglutik (Oral Suspension)	B	4	PA
Veozah (Oral Tablet)	B	3	PA; QL
Xenazine (Oral Tablet)	B	4	PA; QL
Fibromyalgia Agents			
Drizalma Sprinkle (Oral Capsule Delayed Release Sprinkle)	B	3	ST; QL
Duloxetine HCl (Oral Capsule Delayed Release Particles)	G	1	QL
Lyrica CR (Oral Tablet Extended Release 24 Hour)	B	3	PA; QL
Lyrica (Oral Capsule)	B	3	QL
Lyrica (Oral Solution)	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
Milnacipran HCl (Oral Tablet)	G	1	
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	
Tonmya (Tablet Sublingual)	B	3	
Multiple Sclerosis Agents			
Ampyra (Oral Tablet Extended Release 12 Hour)	B	4	QL
Aubagio (Oral Tablet)	B	4	QL
Avonex Pen (Intramuscular Auto-Injector Kit)	B	4	QL
Avonex Prefilled (Intramuscular Prefilled Syringe Kit)	B	4	QL
Bafiertam (Oral Capsule Delayed Release)	B	4	ST; QL
Betaseron (Subcutaneous Kit)	B	4	QL
Cladribine (10 Tabs) (Oral Tablet Therapy Pack)	G	1	PA
Cladribine (4 Tabs) (Oral Tablet Therapy Pack)	G	1	PA
Cladribine (5 Tabs) (Oral Tablet Therapy Pack)	G	1	PA
Cladribine (6 Tabs) (Oral Tablet Therapy Pack)	G	1	PA
Cladribine (7 Tabs) (Oral Tablet Therapy Pack)	G	1	PA
Cladribine (8 Tabs) (Oral Tablet Therapy Pack)	G	1	PA
Cladribine (9 Tabs) (Oral Tablet Therapy Pack)	G	1	PA
Copaxone (Subcutaneous Solution Prefilled Syringe)	B	4	QL
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 Delayed Release Therapy Pack)	G	1	QL
Fingolimod HCl (Oral Capsule)	G	1	QL
Gilenya (Oral Capsule)	B	4	QL
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	G	1	QL
Glatopa (Subcutaneous Solution Prefilled Syringe)	G	1	QL
Kesimpta (Subcutaneous Solution Auto-Injector)	B	4	
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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Mayzent (Oral Tablet)	B	4	QL
Mayzent Starter Pack (Oral Tablet Therapy Pack)	B	3	QL
Plegridy (Subcutaneous Solution Auto-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; QL
Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)	B	4	ST; QL
Rebif (Subcutaneous Solution Prefilled Syringe)	B	4	ST; QL
Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)	B	4	ST; QL
Tascenso ODT (Oral Tablet Dispersible)	B	4	QL
Tecfidera (Oral Capsule Delayed Release)	B	4	QL
Tecfidera (Oral Capsule Delayed Release Therapy Pack)	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
Zeposia Starter Kit (Oral Capsule Therapy Pack)	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
Kourzeq (Mouth/Throat Paste)	B	3	
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	

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
Accutane (10MG Oral Capsule, 20MG Oral Capsule, 40MG Oral Capsule)	G	1	PA
Acitretin (Oral Capsule)	G	1	PA
Adapalene (External Cream)	G	1	
Adapalene (0.3% External Gel)	G	1	
Adapalene (External Pad)	B	4	
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
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	
Bimzelx (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Bimzelx (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Brimonidine Tartrate (External Gel)	G	1	
Cabtreo (External Gel)	B	3	ST
Claravis (Oral Capsule)	G	1	PA
Clindamycin Phosphate-Benzoyl Peroxide (1.2-3.75% External Gel)	G	1	ST
Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel, 1.2-2.5% External Gel, 1.2-5% External Gel)	G	1	
Clindamycin-Tretinoin (External Gel)	G	1	PA
Differin (0.3% External Gel)	B	3	
Epiduo Forte (0.3-2.5% External Gel)	B	3	ST
Epsolay (External Cream)	B	3	PA
Finacea (External Foam)	B	3	QL
Isotretinoin (Oral Capsule)	G	1	PA
Mirvaso (0.33% External Gel)	B	3	
Neuac (External Gel)	G	1	
Onexton (External Gel)	B	3	ST
Oxymetazoline HCl (External Cream)	G	1	PA
Retin-A (External Cream)	B	3	PA
Retin-A (External Gel)	B	3	PA
Retin-A Micro Pump (0.06% External Gel, 0.08% External Gel)	B	3	PA
Rhofade (External Cream)	B	3	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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 (0.04% External Gel, 0.1% External Gel)	G	1	PA
Tretinoin Microsphere Pump (0.08% External Gel)	G	1	PA
Trilitas (External Gel)	G	1	PA; QL
Twyneo (External Cream)	B	3	ST
Winlevi (External Cream)	B	3	PA
Zenatane (Oral Capsule)	G	1	PA
Ziana (External Gel)	B	3	PA
Dermatitis and Pruritus Agents			
Adbry (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
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 Cream)	G	1	
Amcinonide (External Ointment)	G	1	
Ammonium Lactate (External Cream)	G	1	
Ammonium Lactate (External Lotion)	G	1	
Anzupgo (External Cream)	B	4	PA
Betamethasone Dipropionate Aug (External Cream)	G	1	
Betamethasone Dipropionate Aug (External Gel)	G	1	
Betamethasone Dipropionate Aug (External Lotion)	G	1	
Betamethasone Dipropionate Aug (External Ointment)	G	1	
Betamethasone Dipropionate (External Cream)	G	1	
Betamethasone Dipropionate (External Lotion)	G	1	
Betamethasone Dipropionate (External Ointment)	G	1	
Betamethasone Valerate (External Cream)	G	1	
Betamethasone Valerate (External Foam)	G	1	
Betamethasone Valerate (External Lotion)	G	1	
Betamethasone Valerate (External Ointment)	G	1	
Bryhali (External Lotion)	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
Clobetasol Propionate Emollient Base (External Cream)	G	1	QL
Clobetasol Propionate Emulsion (External Foam)	G	1	QL
Clobetasol Propionate (0.025% External Cream)	B	3	QL
Clobetasol Propionate (0.05% External Cream)	G	1	QL
Clobetasol Propionate (External Foam)	G	1	QL
Clobetasol Propionate (External Gel)	G	1	QL
Clobetasol Propionate (External Liquid Spray)	G	1	QL
Clobetasol Propionate (External Lotion)	G	1	QL
Clobetasol Propionate (External Ointment)	G	1	QL
Clobetasol Propionate (External Shampoo)	G	1	QL
Clobetasol Propionate (External Solution)	G	1	QL
Clocortolone Pivalate (External Cream)	G	1	
Clodan (External Shampoo)	G	1	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
Desoximetasone (External Cream)	G	1	QL
Desoximetasone (External Gel)	G	1	
Desoximetasone (External Liquid)	G	1	
Desoximetasone (External Ointment)	G	1	
Diflorasone Diacetate (External Cream)	G	1	QL
Diflorasone Diacetate (External Ointment)	G	1	QL
Diprolene (External Ointment)	B	3	
Doxepin HCl (External Cream)	G	1	PA; QL
Eucrisa (External Ointment)	B	3	PA; QL
Evesse (External Lotion)	G	1	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 Lotion)	G	1	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Fluticasone Propionate (External Cream)	G	1	
Fluticasone Propionate (External Lotion)	G	1	
Fluticasone Propionate (External Ointment)	G	1	
Halcinonide (External Cream)	G	1	
Halcinonide (External Solution)	G	1	
Halobetasol Propionate (External Cream)	G	1	
Halobetasol Propionate (External Foam)	G	1	
Halobetasol Propionate (External Lotion)	B	3	
Halobetasol Propionate (External Ointment)	G	1	
Halog (External Cream)	B	3	
Halog (External Solution)	B	3	
Hydrocortisone Acetate (2.5% External Cream)	B	4	
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% External Lotion, 2.5% External Lotion)	G	1	
Hydrocortisone (1% External Ointment, 2.5% External Ointment)	G	1	
Hydrocortisone (External Solution)	B	4	
Hydrocortisone Valerate (External Cream)	G	1	
Hydrocortisone Valerate (External Ointment)	G	1	
Hyftor (External Gel)	B	4	PA
Lexette (External Foam)	B	3	
Mometasone Furoate (External Cream)	G	1	
Mometasone Furoate (External Ointment)	G	1	
Mometasone Furoate (External Solution)	G	1	
Opzelura (External Cream)	B	4	PA; QL
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 Ointment)	B	3	
Tacrolimus (External Ointment)	G	1	ST
Texacort (External Solution)	B	3	
Topicort (0.05% External Ointment)	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
Topicort Spray (External Liquid)	B	3	
Tovet (External Foam)	G	1	QL
Triamcinolone Acetonide (External Cream)	G	1	
Triamcinolone Acetonide (External Lotion)	G	1	
Triamcinolone Acetonide (External Ointment)	G	1	
Triderm (External Cream)	G	1	
Ultravate (External Lotion)	B	4	
Zonalon (External Cream)	B	3	PA; QL
Dermatological Agents, Other			
Analpram HC (External Cream)	B	3	
Analpram HC (External Lotion)	B	3	
Calcipotriene (External Cream)	G	1	QL
Calcipotriene (External Foam)	B	3	
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	
Clotrimazole-Betamethasone (External Cream)	G	1	QL
Clotrimazole-Betamethasone (External Lotion)	G	1	
Diclofenac Sodium (3% External Gel)	G	1	PA; QL
Duobrii (External Lotion)	B	3	PA
Enstilar (External Foam)	B	4	PA
Filsuvez (External Gel)	B	4	PA
Fluorouracil (0.5% External Cream)	B	4	QL
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	3	
Nystatin-Triamcinolone (External Cream)	G	1	
Nystatin-Triamcinolone (External Ointment)	G	1	
Podofilox (External Gel)	G	1	
Podofilox (External Solution)	G	1	
Pramosone (External Cream)	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Pramosone (External Lotion)	B	3	
Proctofoam HC (External Foam)	B	3	
Qbrexza (External Pad)	B	3	
Santyl (External Ointment)	B	3	QL
Silvadene (External Cream)	B	3	
Silver Sulfadiazine (External Cream)	G	1	
Sofdra (External Gel)	B	4	PA; QL
Sorilux (External Foam)	B	4	
SSD (External Cream)	G	1	
Taclonex (External Suspension)	B	4	
Vectical (3MCG/GM External Ointment)	B	4	
Veregen (External Ointment)	B	4	
Vtama (External Cream)	B	4	PA
Xerese (External Cream)	B	4	PA; QL
Zoryve (External Cream)	B	3	PA
Zoryve (External Foam)	B	3	PA
Zyclara Pump (3.75% External Cream)	B	4	PA
Pediculicides/Scabicides			
Crotan (External Lotion)	B	4	QL
Eurax (External Cream)	B	3	QL
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	
Pruradik (External Lotion)	B	4	QL
Soolantra (External Cream)	B	3	QL
Spinosad (External Suspension)	G	1	
Topical Anti-infectives			
Aczone (External Gel)	B	3	
Amzeeq (External Foam)	B	3	
Ciclopirox (External Gel)	G	1	QL
Ciclopirox (External Shampoo)	G	1	QL
Ciclopirox (External Solution)	G	1	QL
Ciclopirox Olamine (External Cream)	G	1	QL
Ciclopirox Olamine (External Suspension)	G	1	QL
Cleocin-T (External Lotion)	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
Clindacin ETZ (External Swab)	G	1	QL
Clindacin (External Foam)	G	1	
Clindagel (External Gel)	B	4	QL
Clindamycin Phosphate (Once-Daily) (External Gel)	G	1	QL
Clindamycin Phosphate (Twice-Daily) (External Gel)	G	1	QL
Clindamycin Phosphate (External Foam)	G	1	
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
Econazole Nitrate (External Foam)	B	4	QL
Ertaczo (External Cream)	B	4	QL
Ery (External Pad)	B	2	
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	
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	
Luliconazole (External Cream)	B	3	QL
Luzu (External Cream)	B	3	QL
Mupirocin Calcium (External Cream)	G	1	
Mupirocin (External Ointment)	G	1	QL
Naftifine HCl (External Cream)	G	1	
Naftifine HCl (External Gel)	G	1	
Naftin (External Gel)	B	3	
Nyamyc (100000UNIT/GM 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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Sulfacetamide Sodium (Acne) (External Lotion)	G	1	
Sulfamylon (External Cream)	B	3	
Tavaborole (External Solution)	G	1	
Zelsuvmi (External Gel)	B	4	PA
Zilxi (External Foam)	B	3	
Electrolytes/Minerals/Metals/Vitamins			
Electrolyte/Mineral Replacement			
Carbaglu (Oral Tablet Soluble)	B	4	PA
Carglumic Acid (Oral Tablet Soluble)	G	1	PA
Clinimix E/Dextrose (2.75/5) (Intravenous Solution)	B	3	B/D,PA
Clinimix E/Dextrose (4.25/10) (Intravenous Solution)	B	3	B/D,PA
Clinimix E/Dextrose (4.25/5) (Intravenous Solution)	B	3	B/D,PA
Clinimix E/Dextrose (5/15) (Intravenous Solution)	B	3	B/D,PA
Clinimix E/Dextrose (5/20) (Intravenous Solution)	B	3	B/D,PA
Clinimix/Dextrose (4.25/10) (Intravenous Solution)	B	3	B/D,PA
Clinimix/Dextrose (4.25/5) (Intravenous Solution)	B	3	B/D,PA
Clinimix/Dextrose (5/15) (Intravenous Solution)	B	3	B/D,PA
Clinimix/Dextrose (5/20) (Intravenous Solution)	B	3	B/D,PA
Clinisol SF (Intravenous Solution)	B	3	B/D,PA
Clinolipid (Intravenous Emulsion)	B	3	B/D,PA
Dextrose (10% Intravenous Solution, 5% Intravenous Solution)	G	1	
Dextrose-Sodium Chloride (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, 5-0.9% Intravenous Solution)	G	1	
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 (10-5-0.45MEQ/L-%-% Intravenous Solution, 20-5-0.45MEQ/L-%-% Intravenous Solution, 40-5-0.45MEQ/L-%-% 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	

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
Klor-Con 8 (Oral Tablet Extended Release)	G	1	
L-Glutamine (Oral Packet)	G	1	PA
Magnesium Sulfate (Injection Solution)	G	1	
Multiple Electrolytes Type 1 pH 7.4 (Intravenous Solution)	G	1	
Nutrilipid (Intravenous Emulsion)	B	3	B/D,PA
Plasma-Lyte A (Intravenous Solution)	B	3	
Plenamine (Intravenous Solution)	B	3	B/D,PA
Pokonza (Oral Packet)	B	4	
Pokonza (Oral Solution)	B	4	
Potassium Chloride Microencapsulated ER (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	
Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 2MEQ/ML Intravenous Solution, 2MEQ/ML (20 ML) Intravenous Solution)	G	1	
Potassium Chloride (20MEQ Oral Packet)	G	1	
Potassium Chloride (20MEQ/15ML(10%) Oral Solution, 40MEQ/15ML(20%) Oral Solution)	G	1	
Potassium Citrate ER (Oral Tablet Extended Release)	G	1	
Premasol (Intravenous Solution)	B	4	B/D,PA
Prosol (Intravenous Solution)	B	3	B/D,PA
Sodium Chloride (0.45% Intravenous Solution, 0.9% Intravenous Solution, 3% Intravenous Solution, 5% Intravenous Solution)	G	1	
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	
Electrolyte/Mineral/Metal Modifiers			
Chemet (Oral Capsule)	B	4	
Cuvrior (Oral Tablet)	B	4	PA; QL
Deferasirox Granules (Oral Packet)	G	1	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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 (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; QL
Jynarque (Oral Tablet Therapy Pack)	B	4	PA; QL
Samsca (Oral Tablet)	B	4	PA; QL
Syprine (Oral Capsule)	B	4	PA; QL
Tolvaptan (15MG Oral Tablet, 30MG Oral Tablet) (Generic Samsca)	G	1	PA; QL
Tolvaptan (15MG Oral Tablet, 30MG Oral Tablet) (Generic Jynarque)	G	1	PA; QL
Tolvaptan (Oral Tablet Therapy Pack) (Generic Jynarque)	G	1	PA; QL
Trientine HCl (Oral Capsule)	G	1	PA; QL
Phosphate Binders			
Calcium Acetate (Phosphate Binder) (Oral Capsule)	G	1	B/D,PA
Calcium Acetate (Phosphate Binder) (Oral Tablet)	G	1	B/D,PA
Fosrenol (1000MG Oral Packet)	B	3	B/D,PA
Fosrenol (750MG Oral Packet)	B	4	B/D,PA
Fosrenol (1000MG Oral Tablet Chewable)	B	3	B/D,PA
Fosrenol (500MG Oral Tablet Chewable, 750MG Oral Tablet Chewable)	B	4	B/D,PA
Lanthanum Carbonate (Oral Tablet Chewable)	G	1	B/D,PA
Sevelamer Carbonate (Oral Packet)	G	1	B/D,PA
Sevelamer Carbonate (Oral Tablet) (Generic Renvela)	G	1	B/D,PA
Sevelamer HCl (Oral Tablet)	G	1	B/D,PA
Velphoro (Oral Tablet Chewable)	B	3	B/D,PA
Potassium Binders			
Kionex (Combination Suspension)	B	3	
Lokelma (Oral Packet)	B	3	QL
Sodium Polystyrene Sulfonate (Combination Suspension)	G	1	
Sodium Polystyrene Sulfonate (Oral Powder)	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
SPS (Sodium Polystyrene Sulfate) (Combination Suspension)	B	3	
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
Movantik (Oral Tablet)	B	2	QL
Prucalopride Succinate (Oral Tablet)	G	1	QL
Relistor (Oral Tablet)	B	4	PA; QL
Relistor (Subcutaneous Solution)	B	4	PA
Relistor (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Symproic (Oral Tablet)	B	3	PA; QL
Trulance (Oral Tablet)	B	2	QL
Anti-Diarrheal Agents			
Alosetron HCl (Oral Tablet)	G	1	PA
Diphenoxylate-Atropine (Oral Liquid)	G	1	PA; HRM
Diphenoxylate-Atropine (Oral Tablet)	G	1	PA; HRM
Lomotil (Oral Tablet)	B	3	PA; HRM
Loperamide HCl (Oral Capsule)	G	1	
Lotronex (Oral Tablet)	B	4	PA
Motofen (Oral Tablet)	B	3	PA; HRM
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	PA; HRM
Cuvposa (Oral Solution)	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Dicyclomine HCl (Oral Capsule)	G	1	PA; HRM
Dicyclomine HCl (10MG/5ML Oral Solution)	G	1	PA; HRM
Dicyclomine HCl (Oral Tablet)	G	1	PA; HRM
Glycate (Oral Tablet)	B	3	
Glycopyrrolate (1MG/5ML Oral Solution)	G	1	
Glycopyrrolate (1.5MG Oral Tablet)	B	4	
Glycopyrrolate (1MG Oral Tablet, 2MG Oral Tablet)	G	1	
Librax (Oral Capsule)	B	4	PA; HRM
Methscopolamine Bromide (Oral Tablet)	G	1	HRM
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
Clenpiq (Oral Solution)	B	2	QL
Ctexli (Oral Tablet)	B	4	PA
Gattex (Subcutaneous Kit)	B	4	PA
GaviLyte-C (Oral Solution Reconstituted)	G	1	QL
GaviLyte-G (Oral Solution Reconstituted)	G	1	QL
GaviLyte-N with Flavor Pack (Oral Solution Reconstituted)	G	1	QL
GoLYTELY (Oral Solution Reconstituted)	B	3	QL
Iqirvo (Oral Tablet)	B	4	PA; QL
Livdelzi (Oral Capsule)	B	4	PA; QL
Livmarli (Oral Solution)	B	4	PA; QL
Livmarli (Oral Tablet)	B	4	PA; QL
MoviPrep (Oral Solution Reconstituted)	B	3	QL
Myalept (Subcutaneous Solution Reconstituted)	B	4	PA
Sodium Sulfate-Potassium Sulfate-Magnesium Sulfate (Oral Solution)	G	1	QL
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	G	1	QL
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	G	1	QL
PEG-3350/Electrolytes/Ascorbat (Oral Solution Reconstituted) (Generic MoviPrep)	G	1	QL
Pylera (Oral Capsule)	B	3	
Reltone (Oral Capsule)	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
Suflave (Oral Solution Reconstituted)	B	2	QL
Suprep Bowel Prep Kit (Oral Solution)	B	3	QL
Sutab (Oral Tablet)	B	2	QL
Talicia (Oral Capsule Delayed Release)	B	3	
Ursodiol (200MG Oral Capsule, 400MG Oral Capsule)	B	4	
Ursodiol (300MG Oral Capsule)	G	1	
Ursodiol (Oral Tablet)	G	1	
Voquezna Dual Pak (Oral Therapy Pack)	B	3	PA
Voquezna Triple Pak (Oral Therapy Pack)	B	3	PA
Vowst (Oral Capsule)	B	4	PA
Histamine2 (H2) Receptor Antagonists			
Cimetidine HCl (Oral Solution)	G	1	
Cimetidine (Oral Tablet)	G	1	
Famotidine (Oral Suspension Reconstituted)	G	1	
Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	G	1	
Nizatidine (Oral Capsule)	G	1	
Pepcid (Oral Tablet)	B	3	
Ranitidine HCl (Oral Tablet)	B	3	ST
Protectants			
Carafate (Oral Tablet)	B	3	
Cytotec (Oral Tablet)	B	3	
Misoprostol (Oral Tablet)	G	1	
Sucralfate (Oral Suspension)	G	1	
Sucralfate (Oral Tablet)	G	1	
Proton Pump Inhibitors			
Aciphex (Oral Tablet Delayed Release)	B	4	PA
Dexilant (Oral Capsule Delayed Release)	B	3	PA; QL
Dexlansoprazole (Oral Capsule Delayed Release)	G	1	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	3	PA; QL
Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet)	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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	
Omeprazole-Sodium Bicarbonate (Oral Packet)	G	1	PA
Pantoprazole Sodium (Oral Packet)	G	1	PA
Pantoprazole Sodium (Oral Tablet Delayed Release)	G	1	QL
Prevacid (Oral Capsule Delayed Release)	B	3	PA; QL
Prevacid SoluTab (Oral Tablet Delayed Release Dispersible)	B	3	
Prilosec (Oral Packet)	B	3	PA
Protonix (Oral Packet)	B	3	PA
Protonix (Oral Tablet Delayed Release)	B	3	PA; QL
Rabeprazole Sodium (Oral Tablet Delayed Release)	G	1	
Voquezna (Oral Tablet)	B	3	PA; QL
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment			
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment			
Aqvesme (Oral Tablet)	B	4	PA; QL
Aralast NP (1000MG Intravenous Solution Reconstituted)	B	4	PA
Betaine (Oral Powder)	G	1	
Carnitor (Oral Solution)	B	3	
Carnitor (Oral Tablet)	B	3	
Cerdelga (Oral Capsule)	B	4	PA; QL
Cholbam (Oral Capsule)	B	4	PA
Crenessity (100MG Oral Capsule, 50MG Oral Capsule)	B	4	PA; QL
Crenessity (Oral Solution)	B	4	PA; QL
Creon (Oral Capsule Delayed Release Particles)	B	2	
Cromolyn Sodium (Oral Concentrate)	G	1	
Cystadane (Oral Powder)	B	4	
Cystagon (Oral Capsule)	B	3	
Daybue (Oral Solution)	B	4	PA; QL
Daybue Stix (Oral Packet)	B	4	PA; QL
Dichlorphenamide (Oral Tablet)	G	1	PA; QL
Dojolvi (Oral Liquid)	B	4	PA
Evrysdi (Oral Solution Reconstituted)	B	4	PA; QL
Evrysdi (Oral Tablet)	B	4	PA; QL
Forzinity (Subcutaneous Solution)	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
Galafold (Oral Capsule)	B	4	
Gastrocrom (Oral Concentrate)	B	4	
Glassia (1000MG/50ML Intravenous Solution)	B	4	PA
Glycerol Phenylbutyrate (Oral Liquid)	G	1	QL
Harliku (Oral Tablet)	B	4	PA; QL
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	
Loargys (Injection Solution)	B	4	PA
Miglustat (Oral Capsule)	G	1	PA
Miplyffa (Oral Capsule)	B	4	PA; QL
Nitisinone (Oral Capsule)	G	1	
Nityr (Oral Tablet)	B	4	
Olpruva (2GM Dose) (Oral Therapy Pack)	B	4	QL
Olpruva (3GM Dose) (Oral Therapy Pack)	B	4	QL
Olpruva (4GM Dose) (Oral Therapy Pack)	B	4	QL
Olpruva (5GM Dose) (Oral Therapy Pack)	B	4	QL
Olpruva (6GM Dose) (Oral Therapy Pack)	B	4	QL
Olpruva (6.67GM Dose) (Oral Therapy Pack)	B	4	QL
Orfadin (Oral Capsule)	B	4	
Orfadin (Oral Suspension)	B	4	
Ormalvi (Oral Tablet)	B	4	PA; QL
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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Pheburane (Oral Pellet)	B	4	
Procysbi (Oral Packet)	B	4	PA
Prolastin-C (Intravenous Solution)	B	4	PA
Pyrukynd (Oral Tablet)	B	4	PA; QL
Pyrukynd Taper Pack (Oral Tablet Therapy Pack)	B	4	PA; QL
Revcovi (Intramuscular Solution)	B	4	PA
Rivfloza (Subcutaneous Solution)	B	4	PA; QL
Rivfloza (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Sapropterin Dihydrochloride (Oral Packet)	G	1	
Sapropterin Dihydrochloride (Oral Tablet)	G	1	
Sephience (Oral Packet)	B	4	PA
Sodium Phenylbutyrate (Oral Powder)	G	1	
Sodium Phenylbutyrate (Oral Tablet)	G	1	
Sucraid (Oral Solution)	B	4	
Viokace (10440-39150UNIT Oral Tablet)	B	3	ST
Viokace (20880-78300UNIT Oral Tablet)	B	4	ST
Voxzogo (Subcutaneous Solution Reconstituted)	B	4	PA; QL
Vyndamax (Oral Capsule)	B	4	PA; QL
Wainua (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Welireg (Oral Tablet)	B	4	PA; QL
Yargesa (Oral Capsule)	G	1	PA
Yuviwel (Subcutaneous Solution Reconstituted)	B	4	PA; QL
Zavesca (Oral Capsule)	B	4	PA
Zelvysia (Oral Packet)	G	1	
Zemaira (1000MG 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	PA; QL
Fesoterodine Fumarate ER (Oral Tablet Extended Release 24 Hour)	G	1	PA; QL
Flavoxate HCl (Oral Tablet)	G	1	PA
Gemtesa (Oral Tablet)	B	3	
Myrbetriq (Oral Suspension Reconstituted ER)	B	2	
Myrbetriq (Oral Tablet Extended Release 24 Hour)	B	1	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	G	1	PA; QL
Oxybutynin Chloride (Oral Solution)	G	1	PA
Oxybutynin Chloride (Oral Tablet Immediate Release)	G	1	PA
Oxytrol (Transdermal Patch Twice Weekly)	B	3	PA
Solifenacin Succinate (Oral Tablet)	G	1	PA; QL
Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour)	G	1	PA
Tolterodine Tartrate (Oral Tablet)	G	1	PA
Toviaz (Oral Tablet Extended Release 24 Hour)	B	3	PA; ST; QL
Trospium Chloride ER (Oral Capsule Extended Release 24 Hour)	G	1	PA
Trospium Chloride (Oral Tablet)	G	1	PA
Benign Prostatic Hypertrophy Agents			
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	
Avodart (Oral Capsule)	B	4	QL
Cardura XL (Oral Tablet Extended Release 24 Hour)	B	3	QL
Cialis (5MG Oral Tablet)	B	3	PA; QL
Dutasteride (Oral Capsule)	G	1	QL
Dutasteride-Tamsulosin HCl (Oral Capsule)	G	1	
Finasteride (5MG Oral Tablet) (Generic Proscar)	G	1	
Jalyn (Oral Capsule)	B	4	
Proscar (Oral Tablet)	B	3	
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	
Lithostat (Oral Tablet)	B	3	
Penicillamine (Oral Capsule)	G	1	PA
Penicillamine (Oral Tablet)	G	1	
Phexx (Vaginal Gel)	B	3	
Thiola EC (Oral Tablet Delayed Release)	B	4	
Thiola (Oral Tablet Immediate Release)	B	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tiopronin (Oral Tablet Immediate Release)	G	1	
Tiopronin (Oral Tablet Delayed Release)	G	1	
Vanrafia (Oral Tablet)	B	4	QL
Venxxiva (Oral Tablet Delayed Release)	B	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Acthar Gel (Subcutaneous Pen-Injector)	B	4	PA
Acthar (Injection Gel)	B	4	PA
Agamree (Oral Suspension)	B	4	PA; QL
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 Gel (Subcutaneous Prefilled Syringe)	B	4	PA
Cortrophin (Injection Gel)	B	4	PA
Deflazacort (Oral Suspension)	G	1	PA
Deflazacort (Oral Tablet)	G	1	PA
Dexamethasone (Oral Solution)	G	1	
Dexamethasone (Oral Tablet)	G	1	
Dexamethasone (Oral Tablet Therapy Pack)	G	1	
Dexlyt (Oral Tablet)	B	3	PA
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	
Jaythari (Oral Suspension)	G	1	PA
Jaythari (Oral Tablet)	G	1	PA
Khindivi (Oral Solution)	B	4	PA
Kymbee (Oral Suspension)	G	1	PA
Kymbee (Oral Tablet)	G	1	PA
Medrol (Oral Tablet)	B	3	
Medrol (Oral Tablet Therapy Pack)	B	3	
Methylprednisolone (Oral Tablet)	G	1	
Methylprednisolone (Oral Tablet Therapy Pack)	G	1	
Orapred ODT (Oral Tablet Dispersible)	B	3	
Prednisolone (Oral Solution)	G	1	
Prednisolone (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
Prednisolone Sodium Phosphate (10MG/5ML Oral Solution, 20MG/5ML Oral Solution, 25MG/5ML Oral Solution, 5MG/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 (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 50MG Oral Tablet, 5MG Oral Tablet)	G	1	
Prednisone (1MG Oral Tablet Delayed Release, 2MG Oral Tablet Delayed Release, 5MG Oral Tablet Delayed Release)	B	4	PA
Prednisone (10MG (21) Oral Tablet Therapy Pack, 10MG (48) Oral Tablet Therapy Pack, 5MG (21) Oral Tablet Therapy Pack, 5MG (48) Oral Tablet Therapy Pack)	G	1	
Pyquvi (Oral Suspension)	G	1	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
DDAVP (Oral Tablet)	B	3	
Desmoda (Oral Solution)	B	4	PA
Desmopressin Acetate (Oral Tablet)	G	1	
Desmopressin Acetate Spray (Nasal Solution)	G	1	
Egrifta SV (2MG Subcutaneous Solution Reconstituted)	B	4	PA
Egrifta WR (Subcutaneous Kit)	B	4	PA; QL
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 (Subcutaneous Cartridge)	B	4	PA
Humatrope (Injection Cartridge)	B	4	PA
Increlex (Subcutaneous Solution)	B	4	PA
Ngenla (Subcutaneous Solution Pen-Injector)	B	4	PA
Norditropin FlexPro (10MG/1.5ML Subcutaneous Solution Pen-Injector, 15MG/1.5ML Subcutaneous Solution Pen-Injector)	B	4	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Norditropin FlexPro (5MG/1.5ML Subcutaneous Solution Pen-Injector)	B	3	PA
Omnitrope (10MG/1.5ML Subcutaneous Solution Cartridge)	B	4	PA
Omnitrope (5MG/1.5ML Subcutaneous Solution Cartridge)	B	3	PA
Omnitrope (Subcutaneous Solution Reconstituted)	B	4	PA
Serostim (Subcutaneous Solution Reconstituted)	B	4	PA
Skytrofa (Subcutaneous Cartridge)	B	4	PA
Sogroya (Subcutaneous Solution Pen-Injector)	B	4	PA
Zomacton (5MG Subcutaneous Solution Reconstituted)	B	3	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)			
Androgens			
Aveed (Intramuscular Solution)	B	3	PA
Danazol (Oral Capsule)	G	1	
Depo-Testosterone (Intramuscular Solution)	B	3	PA
Jatenzo (158MG Oral Capsule, 198MG Oral Capsule)	B	3	PA
Jatenzo (237MG Oral Capsule)	B	4	PA
Kyzatrex (Oral Capsule)	B	3	PA
Methitest (Oral Tablet)	B	4	PA
Methyltestosterone (Oral Capsule)	G	1	PA
Testim (Transdermal Gel)	B	3	
Testosterone Cypionate (Intramuscular Solution)	G	1	PA
Testosterone Enanthate (Intramuscular Solution)	G	1	PA
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), Testosterone Pump (1% Transdermal Gel, 1.62% Transdermal Gel)	G	1	
Testosterone (Transdermal Solution)	G	1	QL
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			
Abigale Lo (Oral Tablet)	G	1	HRM
Abigale (Oral Tablet)	G	1	HRM
Activella (Oral Tablet)	B	3	HRM
Altavera (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
Alyacen 1/35 (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	3	
Ashlyna (Oral Tablet)	G	1	
Aubra EQ (Oral Tablet)	G	1	
Aviane (Oral Tablet)	G	1	
Azurette (Oral Tablet)	G	1	
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 (Oral Tablet)	G	1	
Cyred EQ (Oral Tablet)	G	1	
Delestrogen (10MG/ML Intramuscular Oil, 20MG/ML Intramuscular Oil)	B	3	
Depo-Estradiol (Intramuscular Oil)	B	3	
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	
EnilloRing (Vaginal Ring)	G	1	
Enskyce (Oral Tablet)	G	1	
Estarylla (Oral Tablet)	G	1	
Estrace (Vaginal Cream)	B	3	
Estradiol (Oral Tablet)	G	1	HRM

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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	QL
Estradiol Valerate (Intramuscular Oil)	G	1	
Estradiol-Norethindrone Acetate (Oral Tablet)	G	1	HRM
Estring (Vaginal Ring)	B	3	
Estrogens Conjugated (Oral Tablet)	G	1	HRM; QL
Etonogestrel-Ethinyl Estradiol (Vaginal Ring)	G	1	
Evamist (Transdermal Solution)	B	3	HRM
Falmina (Oral Tablet)	G	1	
Feirza 1.5/30 (Oral Tablet)	G	1	
Feirza 1/20 (Oral Tablet)	G	1	
Femlyv ODT (Oral Tablet Dispersible)	B	3	
Femring (Vaginal Ring)	B	3	
Finzala (Oral Tablet Chewable)	G	1	
Fyavolv (Oral Tablet)	G	1	HRM
Galbriela (Oral Tablet Chewable)	G	1	
Gemmily (Oral Capsule)	G	1	
Hailey 24 Fe (Oral Tablet)	G	1	
Hailey Fe 1/20 (Oral Tablet)	G	1	
Iclevia (Oral Tablet)	G	1	
Imvexxy Maintenance Pack (Vaginal Insert)	B	3	PA; QL
Imvexxy Starter Pack (Vaginal Insert)	B	3	PA; QL
Introvale (Oral Tablet)	G	1	
Isibloom (Oral Tablet)	G	1	
Jaimiess (Oral Tablet)	G	1	
Jasmiel (Oral Tablet)	G	1	
Jinteli (Oral Tablet)	G	1	HRM
Joyeaux (Oral Tablet)	G	1	
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	

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
Kaitlib Fe (Oral Tablet Chewable)	G	1	
Kariva (Oral Tablet)	G	1	
Kelnor 1/35 (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	
Lessina (Oral Tablet)	G	1	
Levonest (Oral Tablet)	G	1	
Levonorgest-Ethinyl Estradiol-Iron (Oral Tablet)	G	1	
Levonorgestrel-Ethinyl Estradiol 91-Day (0.1-0.02 & 0.01MG Oral Tablet, 0.15-0.03MG Oral Tablet)	G	1	
Levonorgestrel-Ethinyl Estradiol (0.1-20MG-MCG Oral Tablet, 90-20MCG Oral Tablet)	G	1	
Levonorgestrel-Ethinyl Estradiol Triphasic (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	
LoJaimiess (Oral Tablet)	G	1	
Loryna (Oral Tablet)	G	1	
Low-Ogestrel (Oral Tablet)	G	1	
Luizza 1.5/30 (Oral Tablet)	G	1	
Luizza 1/20 (Oral Tablet)	G	1	
Lyllana (Transdermal Patch Twice Weekly)	G	1	HRM; QL
Marlissa (Oral Tablet)	G	1	
Menostar (Transdermal Patch Weekly)	B	3	HRM; QL
Mibelas 24 Fe (Oral Tablet Chewable)	G	1	
Microgestin 1.5/30 (Oral Tablet)	G	1	
Microgestin 1/20 (Oral Tablet)	G	1	
Microgestin Fe 1.5/30 (Oral Tablet)	G	1	
Microgestin Fe 1/20 (Oral Tablet)	G	1	
Mili (Oral Tablet)	G	1	
Mimvey (Oral Tablet)	G	1	HRM
Minivelle (Transdermal Patch Twice Weekly)	B	3	HRM; QL
Minzoya (Oral Tablet)	G	1	
Natazia (Oral Tablet)	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Necon 0.5/35 (28) (Oral Tablet)	G	1	
Nextstellis (Oral Tablet)	B	3	
Nikki (Oral Tablet)	G	1	
Norelgestromin-Ethinyl Estradiol (Transdermal Patch Weekly)	G	1	
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG(24) Oral Capsule)	G	1	
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG Oral Tablet Chewable)	G	1	
Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet)	G	1	
Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)	G	1	HRM
Norgestimate-Ethinyl Estradiol (0.25-35MG-MCG 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	
Pimtrea (Oral Tablet)	G	1	
Portia-28 (Oral Tablet)	G	1	
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
Reclipsen (Oral Tablet)	G	1	
Rivelsa (Oral Tablet)	G	1	
Rosyrah (Oral Tablet)	G	1	
Safyral (Oral Tablet)	B	3	
Setlakin (Oral Tablet)	G	1	
Sprintec 28 (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	

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
Tri-Estarylla (Oral Tablet)	G	1	
Tri-Legest Fe (Oral Tablet)	G	1	
Tri-Lo-Estarylla (Oral Tablet)	G	1	
Tri-Lo-Sprintec (Oral Tablet)	G	1	
Tri-Mili (Oral Tablet)	G	1	
Tri-Sprintec (Oral Tablet)	G	1	
Tri-VyLibra Lo (Oral Tablet)	G	1	
Tri-VyLibra (Oral Tablet)	G	1	
Turqoz (Oral Tablet)	G	1	
Twirla (Transdermal Patch Weekly)	B	3	
Tyblume (Oral Tablet Chewable)	B	3	
Tydemy (Oral Tablet)	G	1	
Vagifem (Vaginal Tablet)	B	3	QL
Valtya 1/35 (Oral Tablet)	G	1	
Valtya 1/50 (Oral Tablet)	G	1	
Velivet (Oral Tablet)	G	3	
Vestura (Oral Tablet)	G	1	
Vienva (Oral Tablet)	G	1	
Viorele (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	
Xarah Fe (Oral Tablet)	G	1	
Xelria Fe (Oral Tablet Chewable)	G	1	
Xulane (Transdermal Patch Weekly)	G	1	
Yasmin 28 (Oral Tablet)	B	3	
YAZ (Oral Tablet)	B	3	
Yuvafem (Vaginal Tablet)	G	1	QL
Zafemy (Transdermal Patch Weekly)	G	1	
Zovia 1/35 (28) (Oral Tablet)	G	1	
Progestins			
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	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Depo-SubQ Provera 104 (Subcutaneous Suspension Prefilled Syringe)	B	2	
Errin (Oral Tablet)	G	1	
Gallifrey (Oral Tablet)	G	1	
Heather (Oral Tablet)	G	1	
Incassia (Oral Tablet)	G	1	
Intrarosa (Vaginal Insert)	B	3	PA; QL
Kyleena (Intrauterine Device)	B	3	
Liletta (52MG) (Intrauterine Device)	B	2	
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
Meleya (Oral Tablet)	G	1	
Mirena (52MG) (Intrauterine Device)	B	3	
Nexplanon (Subcutaneous Implant)	B	2	
Nora-BE (Oral Tablet)	G	1	
Norethindrone Acetate (5MG Oral Tablet)	G	1	
Norethindrone (0.35MG Oral Tablet)	G	1	
Orquidea (Oral Tablet)	G	1	
Progesterone (Oral Capsule)	G	1	
Prometrium (Oral Capsule)	B	3	
Provera (5MG 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	QL
Osphena (Oral Tablet)	B	2	PA; QL
Raloxifene HCl (Oral Tablet)	G	1	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
Cytomel (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
Levothyroxine Sodium (Oral Capsule)	B	3	
Levothyroxine Sodium (Oral Tablet)	G	1	
Levoxyl (Oral Tablet)	G	1	
Liomny (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	
Unithroid (Oral Tablet)	G	1	
Hormonal Agents, Suppressant (Adrenal or Pituitary)			
Hormonal Agents, Suppressant (Adrenal or Pituitary)			
Bromocriptine Mesylate (Oral Capsule)	G	1	
Bromocriptine Mesylate (Oral Tablet)	G	1	
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
Isturisa (Oral Tablet)	B	4	PA
Korlym (Oral Tablet)	B	4	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
Lutrate Depot (Intramuscular Injectable)	B	3	PA; QL
Mifepristone (300MG Oral Tablet)	G	1	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
Oriahnn (Oral Capsule Therapy Pack)	B	4	PA; QL
Orilissa (Oral Tablet)	B	4	PA; QL
Palsonify (Oral Tablet)	B	4	PA; QL
Parlodel (5MG Oral Capsule)	B	3	
Parlodel (2.5MG Oral Tablet)	B	3	
Recorlev (Oral Tablet)	B	4	PA; QL
Sandostatin (100MCG/ML Injection Solution)	B	4	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Sandostatin (500MCG/ML Injection Solution, 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	
Trelstar Mixject (Intramuscular Suspension Reconstituted)	B	3	PA; QL
Vabrinty (Subcutaneous Kit)	B	4	PA; QL
Hormonal Agents, Suppressant (Thyroid)			
Antithyroid Agents			
Methimazole (Oral Tablet)	G	1	
Propylthiouracil (Oral Tablet)	G	1	
Immunological Agents			
Angioedema Agents			
Andembry (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Berinert (Intravenous Kit)	B	4	PA
Cinryze (Intravenous Solution Reconstituted)	B	4	PA
Dawnzera (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Ekterly (Oral Tablet)	B	4	PA; QL
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)	B	4	PA; QL
Takhzyro (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Immunoglobulins			
BIVIGAM (5GM/50ML Intravenous Solution)	B	4	PA
Gammagard ERC (Injection Solution)	B	4	PA
Gammagard (10GM/100ML Injection Solution, 2.5GM/25ML Injection Solution, 5GM/50ML 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

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
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
Qivigy (Intravenous Solution)	B	4	PA
Yimmugo (Intravenous Solution)	B	4	PA
Immunological Agents, Other			
Actemra ACTPen (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Actemra (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Adbry (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Arcalyst (Subcutaneous Solution Reconstituted)	B	4	PA
Auranofin (Oral Capsule)	B	4	
Avtozma (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Avtozma (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Benlysta (Subcutaneous Solution Auto-Injector)	B	4	PA
Benlysta (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Cibinqo (Oral Tablet)	B	4	PA; QL
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
Cosentyx UnoReady (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Dupixent (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Dupixent (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Ebglyss (Subcutaneous Solution Auto-Injector)	B	4	PA
Ebglyss (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Empaveli (Subcutaneous Solution)	B	4	PA; QL
Entyvio Pen (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Grastek (Tablet Sublingual)	B	3	PA
Ilumya (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Joenja (70MG Oral Tablet)	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
Leqselvi (Oral Tablet)	B	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Litfulo (Oral Capsule)	B	4	PA; QL
Nemluvio (Subcutaneous Auto-Injector)	B	4	PA; QL
Odactra (Tablet Sublingual)	B	3	PA
Olumiant (Oral Tablet)	B	4	PA; QL
Omvoh (300MG Dose) (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Omvoh (300MG Dose) (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Omvoh (200MG/2ML Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Omvoh (200MG/2ML Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Orencia (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Otezla (Oral Tablet Immediate Release)	B	4	PA; QL
Otezla (Oral Tablet Therapy Pack)	B	4	PA; QL
Otezla XR (Oral Tablet Extended Release 24 Hour)	B	4	PA; QL
Otezla/Otezla XR Initiation Pack (Oral Tablet Therapy Pack)	B	4	PA; QL
Pyzchiva (Subcutaneous Solution)	B	3	PA; QL
Pyzchiva (45MG/0.5ML Subcutaneous Solution Auto-Injector)	B	3	PA; QL
Pyzchiva (90MG/ML Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Pyzchiva (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Pyzchiva (90MG/ML Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Rhapsido (Oral Tablet)	B	4	PA; QL
Ridaura (Oral Capsule)	B	4	
Rinvoq LQ (Oral Solution)	B	4	PA; QL
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
Spevigo (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Starjemza (Subcutaneous Solution)	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
Starjemza (Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Steqeyma (Subcutaneous Solution)	B	2	PA; QL
Steqeyma (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	2	PA; QL
Steqeyma (90MG/ML 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
Tezspire (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Tofacitinib Citrate ER (Oral Tablet Extended Release 24 Hour)	G	1	PA; QL
Tofacitinib Citrate (Oral Solution)	G	1	PA; QL
Tofacitinib Citrate (Oral Tablet)	G	1	PA; QL
Tremfya One-Press (100MG/ML Subcutaneous Solution Pen-Injector)	B	4	PA; QL
Tremfya Pen (200MG/2ML Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Tremfya (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Tremfya-Crohn's Disease/Ulcerative Colitis Induction (Subcutaneous Solution Auto-Injector)	B	4	PA
Tyenne (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Tyenne (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Ustekinumab-ttwe (Subcutaneous Solution)	B	3	PA; QL
Ustekinumab-ttwe (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Ustekinumab-ttwe (90MG/ML Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Velsipity (Oral Tablet)	B	4	PA; QL
Wezlana (Subcutaneous Solution)	B	4	PA; QL
Wezlana (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 Auto-Injector)	B	4	PA
Xolair (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Xolair (Subcutaneous Solution Reconstituted)	B	4	PA
Yesintek (Subcutaneous Solution)	B	2	PA; QL
Yesintek (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	2	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Yesintek (90MG/ML Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Zilbrysq (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Immunostimulants			
Actimmune (Subcutaneous Solution)	B	4	PA
Besremi Pen (Subcutaneous Solution Pen-Injector)	B	4	PA
Besremi (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Pegasys (Subcutaneous Solution)	B	4	PA
Pegasys (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Immunosuppressants			
Adalimumab-aaty (1 Pen) (80MG/0.8ML Subcutaneous Auto-Injector Kit)	B	4	PA
Adalimumab-aaty (2 Pen) (Subcutaneous Auto-Injector Kit)	B	4	PA
Adalimumab-aaty (2 Syringe) (Subcutaneous Prefilled Syringe Kit)	B	4	PA
Adalimumab-aaty (Crohn's Disease/Ulcerative Colitis/Hidradenitis Suppurativa Starter) (Subcutaneous Auto-Injector Kit)	B	4	PA
Adalimumab-adaz (40MG/0.4ML Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Adalimumab-adaz (80MG/0.8ML Subcutaneous Solution Auto-Injector)	B	4	PA
Adalimumab-adaz (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Adalimumab-adbm (2 Pen) (Subcutaneous Auto-Injector Kit) (Boehringer Ingelheim)	B	4	PA; QL
Adalimumab-adbm (2 Syringe) (Subcutaneous Prefilled Syringe Kit) (Boehringer Ingelheim)	B	4	PA; QL
Adalimumab-fkjp (2 Pen) (Subcutaneous Auto-Injector Kit)	B	4	PA; QL
Adalimumab-fkjp (2 Syringe) (Subcutaneous Prefilled Syringe Kit)	B	4	PA; QL
Amjevita (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Amjevita (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Amjevita-Ped 10kg to <15kg (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Amjevita-Ped 15kg to <30kg (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Astagraf XL (Oral Capsule Extended Release 24 Hour)	B	3	B/D,PA
Azasan (Oral Tablet)	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
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 (1 Syringe) (Subcutaneous Prefilled Syringe Kit)	B	4	PA; QL
Cimzia (2 Syringe) (Subcutaneous Prefilled Syringe Kit)	B	4	PA; QL
Cimzia (Subcutaneous Kit)	B	4	PA; QL
Cimzia-Starter (Subcutaneous Prefilled Syringe Kit)	B	4	PA
Cyclosporine Modified (Oral Capsule)	G	1	B/D,PA
Cyclosporine Modified (Oral Solution)	G	1	B/D,PA
Cyclosporine (Oral Capsule)	G	1	B/D,PA
Enbrel Mini (Subcutaneous Solution Cartridge)	B	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
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
Hyrimoz (40MG/0.4ML Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Hyrimoz (80MG/0.8ML Subcutaneous Solution Auto-Injector)	B	4	PA
Hyrimoz (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Hyrimoz-Crohns/UC Starter (Subcutaneous Solution Auto-Injector)	B	4	PA
Hyrimoz-Plaque Psoriasis Start (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Imuran (Oral Tablet)	B	3	B/D,PA
Jylamvo (Oral Solution)	B	3	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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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
Myhibbin (Oral Suspension)	B	4	B/D,PA
Neoral (Oral Capsule)	B	3	B/D,PA
Neoral (Oral Solution)	B	3	B/D,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
Rasuvo (Subcutaneous Solution Auto-Injector)	B	3	PA
Rezurock (Oral Tablet)	B	4	PA; QL
Sandimmune (100MG Oral Capsule)	B	4	B/D,PA
Sandimmune (25MG Oral Capsule)	B	3	B/D,PA
Saphnelo Pen (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Saphnelo (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
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	
Voyxact (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Xatmep (Oral Solution)	B	3	PA
Zortress (Oral Tablet)	B	4	B/D,PA
Zymfentra (2 Pen) (Subcutaneous Auto-Injector Kit)	B	4	PA
Zymfentra (2 Syringe) (Subcutaneous Prefilled Syringe Kit)	B	4	PA
Vaccines			
Abrysvo (Intramuscular Solution Reconstituted)	B	2	PA; QL
ActHIB (Intramuscular Solution Reconstituted)	B	2	QL
Adacel (Intramuscular Suspension)	B	2	QL
Adacel (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Arexvy (Intramuscular Suspension Reconstituted)	B	2	PA; QL
BCG Vaccine (Injection Solution Reconstituted)	B	2	QL
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Boostrix (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Daptacel (Intramuscular Suspension)	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
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 Prefilled Syringe)	B	2	QL
Heplisav-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 Suspension)	B	2	QL
Ixiaro (Intramuscular Suspension)	B	2	QL
Jynneos (Subcutaneous Suspension)	B	2	QL
Kinrix (Intramuscular Suspension Prefilled Syringe)	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
MResvia (Intramuscular Suspension Prefilled Syringe)	B	2	PA; QL
Pediarix (Intramuscular Suspension Prefilled Syringe)	B	2	QL
PedvaxHIB (Intramuscular Suspension)	B	2	QL
Penbraya (Intramuscular Suspension Reconstituted)	B	2	QL
Penmenvy (Intramuscular Suspension Reconstituted)	B	2	QL
Pentacel (Intramuscular Suspension Reconstituted)	B	2	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
RotaTeq (Oral Solution)	B	2	QL
Shingrix (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Shingrix (50MCG/0.5ML Intramuscular Suspension Reconstituted)	B	2	QL
Tenivac (Intramuscular Injectable)	B	2	QL
Ticovac (Intramuscular Suspension Prefilled Syringe)	B	2	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Trumenba (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Twinrix (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Typhim VI (Intramuscular Solution Prefilled Syringe)	B	2	QL
Vaqta (Intramuscular Suspension)	B	2	QL
Vaqta (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Varivax (Injection Suspension Reconstituted)	B	2	QL
Vaxchora (Oral Suspension Reconstituted)	B	2	PA; QL
Vimkunya (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Vivotif (Oral Capsule Delayed Release)	B	2	QL
YF-VAX (Subcutaneous Suspension Reconstituted)	B	2	QL
Inflammatory Bowel Disease Agents			
Aminosalicylates			
Apriso (Oral Capsule Extended Release 24 Hour)	B	3	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
Dipentum (Oral Capsule)	B	4	
Lialda (Oral Tablet Delayed Release)	B	3	ST; QL
Mesalamine ER (Oral Capsule Extended Release) (Generic Pentasa)	G	1	QL
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	QL
Mesalamine (Rectal Suppository)	G	1	QL
Pentasa (Oral Capsule Extended Release)	B	3	QL
Rowasa (Rectal Kit)	B	4	QL
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

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
Budesonide (Oral Capsule Delayed Release Particles)	G	1	
Budesonide (2MG Rectal Foam)	G	1	
Eohilia (Oral Suspension)	B	4	PA; QL
Hydrocortisone (Perianal) (2.5% External Cream)	G	1	
Hydrocortisone (Rectal Enema)	G	1	
Procto-Med HC (External Cream)	G	1	
Proctosol HC (External Cream)	B	3	
Proctozone-HC (External Cream)	B	3	
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	QL
Alendronate Sodium (Oral Solution)	G	1	
Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet)	G	1	QL
Atelvia (Oral Tablet Delayed Release)	B	3	QL
Bilprevda (Subcutaneous Solution)	B	4	PA
Bomyntra (Subcutaneous Solution)	B	4	
Bomyntra (Subcutaneous Solution Prefilled Syringe)	B	4	
Bonsity (Subcutaneous Solution Pen-Injector)	B	4	PA; QL
Calcitonin Salmon (Nasal Solution)	G	1	QL
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
Conexxence (Subcutaneous Solution Prefilled Syringe)	B	3	QL
Doxercalciferol (Oral Capsule)	G	1	B/D,PA
Enoby (Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Evenity (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Forteo (Subcutaneous Solution Pen-Injector)	B	4	PA; QL
Fosamax (Oral Tablet)	B	3	QL
Fosamax Plus D (Oral Tablet)	B	3	QL
Ibandronate Sodium (Oral Tablet)	G	1	QL
Osenvelt (Subcutaneous Solution)	B	4	
Ospomyv (Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Paricalcitol (Oral Capsule)	G	1	B/D,PA
Rayaldee (Oral Capsule Extended Release)	B	4	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Risedronate Sodium (Oral Tablet Immediate Release)	G	1	QL
Risedronate Sodium (Oral Tablet Delayed Release)	G	1	QL
Rocaltrol (0.25MCG Oral Capsule, 0.5MCG Oral Capsule)	B	3	B/D,PA
Rocaltrol (1MCG/ML Oral Solution)	B	3	B/D,PA
Stoboclo (Subcutaneous Solution Prefilled Syringe)	B	3	QL
Teriparatide (Subcutaneous Solution Pen-Injector)	G	1	PA; QL
Tymlos (Subcutaneous Solution Pen-Injector)	B	4	PA; QL
Wyost (Subcutaneous Solution)	B	4	PA
Xgeva (Subcutaneous Solution)	B	4	PA
Xtrenbo (Subcutaneous Solution)	B	3	PA
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
Alcohol Prep Pads	B	2	
Duvyzat (Oral Suspension)	B	4	PA; QL
Gauze (Non-medicated 2X2 Pad)	B	2	
Insulin Syringes, Needles	B	2	
Journavx (Oral Tablet)	B	2	
Rezdiffra (Oral Tablet)	B	4	PA; QL
Vijoice (Oral Packet)	B	4	PA; QL
Vijoice (Oral Tablet Therapy Pack)	B	4	PA; QL
Vykat XR (Oral Tablet Extended Release 24 Hour)	B	4	PA; QL
Wegovy (Oral Tablet)	B	2	PA; QL
Wegovy (Subcutaneous Solution Auto-Injector)	B	2	PA; QL
Yorvipath (Subcutaneous Solution Pen-Injector)	B	4	PA; QL
Zepbound KwikPen (Subcutaneous Solution Pen-Injector)	B	3	PA; QL
Zepbound (Subcutaneous Solution Auto-Injector)	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	3	
Cosopt (Ophthalmic Solution)	B	3	
Cosopt PF (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
Cyclosporine (PF) (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 (Ophthalmic Solution)	G	1	
Enspryng (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Loteprednol-Tobramycin (Ophthalmic Suspension)	B	1	
Maxitrol (Ophthalmic Ointment)	B	3	
Maxitrol (Ophthalmic Suspension)	B	3	
Miebo (Ophthalmic Solution)	B	3	QL
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	G	1	
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	G	1	
Neomycin-Polymyxin-HC (Ophthalmic Suspension)	G	1	
Oxervate (Ophthalmic Solution)	B	4	PA; QL
Restasis MultiDose (Ophthalmic Emulsion)	B	2	QL
Restasis Single-Use Vials (Ophthalmic Emulsion)	B	1	QL
Rocklatan (Ophthalmic Solution)	B	2	ST
Sulfacetamide-Prednisolone (Ophthalmic Solution)	G	1	
TobraDex (Ophthalmic Ointment)	B	2	
TobraDex ST (Ophthalmic Suspension)	B	3	
Tobramycin-Dexamethasone (Ophthalmic Suspension)	G	1	
Tryptyr (Ophthalmic Solution)	B	3	QL
Tyrvaya (Nasal Solution)	B	3	QL
Verkazia (Ophthalmic Emulsion)	B	4	PA; QL
Vevye (Ophthalmic Solution)	B	3	PA; QL
Xiidra (Ophthalmic Solution)	B	3	QL
Zylet (Ophthalmic Suspension)	B	3	
Ophthalmic Anti-allergy Agents			
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	
Zerviate (Ophthalmic Solution)	B	3	
Ophthalmic Anti-Infectives			
Azasite (Ophthalmic Solution)	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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 (Ophthalmic Ointment)	G	1	
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	G	1	
Ocuflox (Ophthalmic Solution)	B	3	
Ofloxacin (Ophthalmic Solution)	G	1	
Polymyxin B-Trimethoprim (Ophthalmic Solution)	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	
Xdemvy (Ophthalmic Solution)	B	4	QL
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	
Bromfenac Sodium (Ophthalmic Solution)	G	1	
BromSite (Ophthalmic Solution)	B	3	
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	G	1	
Diclofenac Sodium (Ophthalmic Solution)	G	1	
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	

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
Flurbiprofen Sodium (Ophthalmic Solution)	G	1	
FML Forte (Ophthalmic Suspension)	B	3	
FML Liquifilm (Ophthalmic Suspension)	B	3	
Ilevro (Ophthalmic Suspension)	B	2	
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	ST
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	
Carteolol HCl (Ophthalmic Solution)	G	1	
Istalol (Ophthalmic Solution)	B	3	
Levobunolol HCl (Ophthalmic Solution)	G	1	
Timolol Hemihydrate (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	
Timoptic Ocudose (Ophthalmic 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	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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 (1% Ophthalmic Solution, 2% Ophthalmic Solution, 4% Ophthalmic Solution)	G	1	
Pilocarpine HCl (1.25% Ophthalmic Solution)	G	1	PA; QL
Rhopressa (Ophthalmic Solution)	B	2	ST
Simbrinza (Ophthalmic Suspension)	B	2	
Ophthalmic Prostaglandin and Prostamide Analogs			
Bimatoprost (Ophthalmic Solution)	G	1	
Iyuzeh (Ophthalmic Solution)	B	3	ST
Latanoprost (Ophthalmic Solution)	G	1	
Lumigan (Ophthalmic Solution)	B	1	
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	
Zioptan (Ophthalmic Solution)	B	3	ST
Zolymbus (Ophthalmic Gel)	B	3	ST
Otic Agents			
Otic Agents			
Acetic Acid (Otic Solution)	G	1	
Cipro HC (Otic Suspension)	B	3	
Ciprofloxacin HCl (Otic Solution)	G	1	
Ciprofloxacin-Dexamethasone (Otic Suspension)	G	1	
Ciprofloxacin-Hydrocortisone (Otic Suspension)	G	1	
Clotic (Otic Solution)	B	4	
DermOtic (Otic Oil)	B	3	
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	
Xtoro (Otic Suspension)	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
Respiratory Tract/Pulmonary Agents			
Antihistamines			
Azelastine HCl (0.1% Nasal Solution)	G	1	
Azelastine-Fluticasone (Nasal Suspension)	G	1	
Carbinoxamine Maleate ER (Oral Suspension Extended Release)	B	3	ST; HRM
Carbinoxamine Maleate (Oral Solution)	G	1	HRM
Carbinoxamine Maleate (Oral Tablet)	G	1	HRM
Carbzah (Oral Solution)	B	4	HRM
Cetirizine HCl (5MG/5ML Oral Solution)	G	1	
Clarinex (Oral Tablet)	B	3	
Clemastine Fumarate (Oral Syrup)	G	1	HRM
Clemastine Fumarate (Oral Tablet)	G	1	HRM
Clemsza (Oral Tablet)	B	4	HRM
Corphena (Oral Solution)	B	4	HRM
Cyproheptadine HCl (2MG/5ML Oral Syrup)	G	1	PA; HRM
Cyproheptadine HCl (Oral Tablet)	G	1	PA; HRM
Desloratadine (Oral Solution)	B	4	
Desloratadine (Oral Tablet)	G	1	
Desloratadine ODT (Oral Tablet Dispersible)	G	1	
Dymista (Nasal Suspension)	B	3	
Karbinal ER (Oral Suspension Extended Release)	B	3	ST; HRM
Levocetirizine Dihydrochloride (Oral Solution)	G	1	
Levocetirizine Dihydrochloride (Oral Tablet)	G	1	QL
Olopatadine HCl (Nasal Solution)	G	1	
RyClora (Oral Solution)	B	3	HRM
RyVent (Oral Tablet)	G	1	HRM
Anti-inflammatories, Inhaled Corticosteroids			
Alvesco (Inhalation Aerosol Solution)	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
Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
Asmanex HFA (Inhalation Aerosol)	B	3	ST; QL
Beclomethasone Diprop HFA (Inhalation Aerosol Solution)	B	3	ST; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Budesonide (Inhalation Suspension)	G	1	B/D,PA
Flunisolide (Nasal Solution)	G	1	
Fluticasone Propionate Diskus (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
Fluticasone Propionate HFA (110MCG/ACT Inhalation Aerosol, 220MCG/ACT Inhalation Aerosol)	B	3	ST; QL
Fluticasone Propionate HFA (44MCG/ACT Inhalation Aerosol)	B	1	QL
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; QL
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	2	QL
Xhance (Nasal Exhaler Suspension)	B	3	ST
Antileukotrienes			
Montelukast Sodium (Oral Packet)	G	1	QL
Montelukast Sodium (Oral Tablet)	G	1	QL
Montelukast Sodium (Oral Tablet Chewable)	G	1	QL
Singulair (Oral Tablet)	B	3	QL
Singulair (Oral Tablet Chewable)	B	3	QL
Zafirlukast (Oral Tablet)	G	1	QL
Zileuton ER (Oral Tablet Extended Release 12 Hour)	G	1	ST
Bronchodilators, Anticholinergic			
Atrovent HFA (Inhalation Aerosol Solution)	B	3	
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Ipratropium Bromide HFA (Inhalation Aerosol Solution)	G	1	
Ipratropium Bromide (Inhalation Solution)	G	1	B/D,PA
Ipratropium Bromide (Nasal Solution)	G	1	
Spiriva HandiHaler (Inhalation Capsule)	B	1	QL
Spiriva Respimat (Inhalation Aerosol Solution)	B	2	QL
Tudorza Pressair (Inhalation Aerosol Powder Breath Activated)	B	3	ST
Yupelri (Inhalation Nebulization Solution)	B	4	B/D,PA; QL
Bronchodilators, Sympathomimetic			

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
Albuterol Sulfate HFA (Inhalation Aerosol Solution)	G	1	
Albuterol Sulfate (Inhalation Nebulization Solution)	G	1	B/D,PA
Albuterol Sulfate (2MG/5ML Oral Syrup)	G	1	
Albuterol Sulfate (Oral Tablet Immediate Release)	G	1	
Arformoterol Tartrate (Inhalation Nebulization Solution)	G	1	B/D,PA; QL
Auvi-Q (Injection Solution Auto-Injector)	B	3	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
Neffy (Nasal Solution)	B	3	QL
Perforomist (Inhalation Nebulization Solution)	B	3	B/D,PA; QL
ProAir RespiClick (Inhalation Aerosol Powder Breath Activated)	B	3	ST
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Striverdi Respimat (Inhalation Aerosol Solution)	B	3	ST; QL
Terbutaline Sulfate (Oral Tablet)	G	1	
Ventolin HFA (Inhalation Aerosol Solution)	B	3	ST
Xopenex HFA (Inhalation Aerosol)	B	3	ST
Cystic Fibrosis Agents			
Alyftrek (Oral Tablet)	B	4	PA; QL
Bethkis (Inhalation Nebulization Solution)	B	4	B/D,PA; QL
Cayston (Inhalation Solution Reconstituted)	B	4	PA
Kalydeco (Oral Packet)	B	4	PA; QL
Kalydeco (Oral Tablet)	B	4	PA; QL
Kitabis Pak (w/ nebulizer) (Inhalation Nebulization Solution)	B	4	B/D,PA; QL
Orkambi (Oral Packet)	B	4	PA; QL
Orkambi (Oral Tablet)	B	4	PA; QL
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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Mast Cell Stabilizers			
Cromolyn Sodium (Inhalation Nebulization Solution)	G	1	B/D,PA
Phosphodiesterase Inhibitors, Airways Disease			
Daliresp (Oral Tablet)	B	3	PA; QL
Ohtuvayre (Inhalation Suspension)	B	4	PA; QL
Roflumilast (Oral Tablet)	G	1	PA; QL
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; QL
Adempas (Oral Tablet)	B	4	PA
Alyq (Oral Tablet)	G	1	PA; QL
Ambrisentan (Oral Tablet)	G	1	PA; QL
Bosentan (Oral Tablet)	G	1	PA; QL
Bosentan (Oral Tablet Soluble)	G	1	PA; QL
Letairis (Oral Tablet)	B	4	PA; QL
Macitentan (Oral Tablet)	G	1	PA
Opsumit (Oral Tablet)	B	4	PA
Opsynvi (Oral Tablet)	B	4	PA; QL
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 Tablet)	B	4	PA; QL
Sildenafil Citrate (Oral Suspension Reconstituted)	G	1	PA; QL
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	1	PA; QL
Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca)	G	1	PA; QL
Tadliq (Oral Suspension)	B	3	PA; QL
Tracleer (Oral Tablet)	B	4	PA; QL
Tracleer (Oral Tablet Soluble)	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
Tyvaso DPI Maintenance Kit (Inhalation Powder)	B	4	PA; QL
Tyvaso DPI Titration Kit (Inhalation Powder)	B	4	PA; QL
Uptravi (1000MCG Oral Tablet, 1200MCG Oral Tablet, 1400MCG Oral Tablet, 1600MCG Oral Tablet, 200MCG Oral Tablet, 400MCG Oral Tablet, 600MCG Oral Tablet, 800MCG Oral Tablet)	B	4	PA
Uptravi Titration (Oral Tablet Therapy Pack)	B	4	PA; QL
Winrevair (Subcutaneous Kit)	B	4	PA; QL
Yutrepia (Inhalation Capsule)	B	4	PA; QL
Pulmonary Fibrosis Agents			
Esbriet (Oral Tablet)	B	4	PA; QL
Jascayd (Oral Tablet)	B	4	PA; QL
Nintedanib Esylate (Oral Capsule)	G	1	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	3	ST; QL
Advair HFA (Inhalation Aerosol)	B	3	ST; QL
Airsupra (Inhalation Aerosol)	B	2	QL
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Bevespi Aerosphere (Inhalation Aerosol)	B	3	ST; QL
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	B	1	QL
Breztri Aerosphere (Inhalation Aerosol)	B	2	QL
Brinsupri (Oral Tablet)	B	4	PA; QL
Clarinex-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
Dulera (Inhalation Aerosol)	B	3	QL
Fasenra Pen (Subcutaneous Solution Auto-Injector)	B	4	PA
Fasenra (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Fluticasone Furoate-Vilanterol (Inhalation Aerosol Powder Breath Activated)	B	1	QL
Fluticasone-Salmeterol (Inhalation Aerosol)	B	3	ST; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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	3	ST; 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-Phenylephrine (Oral Syrup)	G	1	PA; HRM
Stiolto Respimat (Inhalation Aerosol Solution)	B	2	QL
Symbicort (Inhalation Aerosol)	B	1	QL
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Umeclidinium-Vilanterol (Inhalation Aerosol Powder Breath Activated)	B	3	ST; 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	PA; HRM
Carisoprodol (Oral Tablet)	G	1	HRM; QL
Chlorzoxazone (Oral Tablet)	G	1	HRM
Cyclobenzaprine HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	PA; HRM
Cyclobenzaprine HCl (Oral Tablet)	G	1	PA; HRM
Fexmid (Oral Tablet)	B	3	PA; HRM
Metaxalone (400MG Oral Tablet, 800MG Oral Tablet)	G	1	HRM
Methocarbamol (Oral Tablet)	G	1	HRM
Norgesic Forte (Oral Tablet)	B	4	PA; HRM
Norgesic (Oral Tablet)	B	4	PA; HRM
Orphenadrine Citrate ER (Oral Tablet Extended Release 12 Hour)	G	1	PA; HRM
Orphenadrine-Aspirin-Caffeine (Oral Tablet)	G	1	PA; HRM
Soma (Oral Tablet)	B	3	HRM; QL
Tanlor (Oral Tablet)	B	4	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
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	3	QL
Doxepin HCl (Oral Tablet)	G	1	PA; QL
Edluar (Tablet Sublingual)	B	3	HRM; QL
Estazolam (Oral Tablet)	G	1	HRM; QL
Eszopiclone (Oral Tablet)	G	1	HRM; QL
Flurazepam HCl (Oral Capsule)	G	1	HRM; QL
Hetlioz LQ (Oral Suspension)	B	4	PA; QL
Hetlioz (Oral Capsule)	B	4	PA; QL
Lunesta (Oral Tablet)	B	4	HRM; QL
Quviviq (Oral Tablet)	B	3	QL
Ramelteon (Oral Tablet)	G	1	QL
Restoril (15MG Oral Capsule, 30MG Oral Capsule)	B	3	PA; HRM; QL
Restoril (22.5MG Oral Capsule, 7.5MG Oral Capsule)	B	4	PA; HRM; QL
Rozerem (Oral Tablet)	B	3	QL
Silenor (Oral Tablet)	B	3	PA; QL
Tasimelteon (Oral Capsule)	G	1	PA; QL
Temazepam (Oral Capsule)	G	1	PA; 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
Lumryz (Oral Packet)	B	4	PA; QL
Lumryz Starter Pack (Oral Therapy Pack)	B	4	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	1	PA; QL
Sunosi (Oral Tablet)	B	3	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Wakix (Oral Tablet)	B	4	PA; QL
Xyrem (Oral Solution)	B	4	PA; QL
Xywav (Oral Solution)	B	4	PA; QL

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

Covered drugs with a quantity limit (QL)

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

Your plan will cover only a certain amount of these drugs or will only cover these drugs for a certain number of days. For more information about quantity limits, talk with your doctor, prescriber 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 Asimtufii (720MG/2.4ML Intramuscular Prefilled Syringe)	**B**	Maximum of 1 syringe (2.4 ml) per 56 days
Abilify Asimtufii (960MG/3.2ML Intramuscular Prefilled Syringe)	**B**	Maximum of 1 syringe (3.2 ml) per 56 days
Abilify (Oral Tablet)	**B**	Maximum of 1 tablet per day
Abiraterone Acetate (250MG Oral Tablet)	G	Maximum of 4 tablets per day
Abiraterone Acetate (500MG Oral Tablet)	G	Maximum of 2 tablets per day
Abirtega (Oral Tablet)	G	Maximum of 4 tablets per day
Abrysvo (Intramuscular Solution Reconstituted)	**B**	1 vaccination dose (0.5 ml) per day
Acarbose (100MG Oral Tablet)	G	Maximum of 3 tablets per day
Acarbose (25MG Oral Tablet)	G	Maximum of 12 tablets per day
Acarbose (50MG Oral Tablet)	G	Maximum of 6 tablets per day
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	Maximum of 150 ml per day
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	Maximum of 13 tablets per day
Actemra ACTPen (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 4 pens (3.6 ml) per 28 days
Actemra (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 4 syringes (3.6 ml) per 28 days
ActHIB (Intramuscular Solution Reconstituted)	**B**	1 vaccination dose (1 injection) per day
Actonel (150MG Oral Tablet)	**B**	Maximum of 1 tablet per 30 days
Actonel (35MG Oral Tablet)	**B**	Maximum of 4 tablets per 28 days
Actoplus Met (Oral Tablet Immediate Release)	**B**	Maximum of 3 tablets per day
Actos (Oral Tablet)	**B**	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Acyclovir (External Cream)	G	Maximum of 1 tube (5 grams) per 30 days
Acyclovir (External Ointment)	G	Maximum of 30 grams per 30 days
Adacel (Intramuscular Suspension)	**B**	1 vaccination dose (0.5 ml) per day
Adacel (Intramuscular Suspension Prefilled Syringe)	**B**	1 vaccination dose (0.5 ml) per day
Adalimumab-adaz (40MG/0.4ML Subcutaneous Solution Auto-Injector)	**B**	Maximum of 4 pens (1.6 ml) per 28 days
Adalimumab-adaz (10MG/0.1ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 2 syringes (0.2 ml) per 28 days
Adalimumab-adaz (20MG/0.2ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 2 syringes (0.4 ml) per 28 days
Adalimumab-adaz (40MG/0.4ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 4 syringes (1.6 ml) per 28 days
Adalimumab-adbm (2 Pen) (Subcutaneous Auto-Injector Kit) (Boehringer Ingelheim)	**B**	Maximum of 4 pens per 28 days
Adalimumab-adbm (2 Syringe) (10MG/0.2ML Subcutaneous Prefilled Syringe Kit, 20MG/0.4ML Subcutaneous Prefilled Syringe Kit) (Boehringer Ingelheim)	**B**	Maximum of 2 syringes per 28 days
Adalimumab-adbm (2 Syringe) (40MG/0.4ML Subcutaneous Prefilled Syringe Kit, 40MG/0.8ML Subcutaneous Prefilled Syringe Kit) (Boehringer Ingelheim)	**B**	Maximum of 4 syringes per 28 days
Adalimumab-fkjp (2 Pen) (Subcutaneous Auto-Injector Kit)	**B**	Maximum of 6 pens per 28 days
Adalimumab-fkjp (2 Syringe) (20MG/0.4ML Subcutaneous Prefilled Syringe Kit)	**B**	Maximum of 2 syringes per 28 days
Adalimumab-fkjp (2 Syringe) (40MG/0.8ML Subcutaneous Prefilled Syringe Kit)	**B**	Maximum of 6 syringes per 28 days
Adbry (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 4 pens (8 ml) per 28 days
Adbry (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 6 syringes (6 ml) per 28 days
Adcirca (Oral Tablet)	**B**	Maximum of 2 tablets per day
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
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	**B**	Maximum of 1 inhaler (60 blisters) per 30 days
Advair HFA (Inhalation Aerosol)	**B**	Maximum of 1 inhaler (12 grams) per 30 days

Drug name	Brand or Generic	Quantity limit
Adzenys XR-ODT (Oral Tablet Extended Release Dispersible)	**B**	Maximum of 1 tablet per day
Agamree (Oral Suspension)	**B**	Maximum of 200 ml (2 bottles) per 26 days
Aimovig (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 1 pen (1 ml) per 28 days
Airsupra (Inhalation Aerosol)	**B**	Maximum of 3 inhalers (32.1 grams) per 30 days
Ajovy (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 1 pen (1.5 ml) per 28 days
Ajovy (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 1 syringe (1.5 ml) per 28 days
Akeega (Oral Tablet)	**B**	Maximum of 2 tablets per day
Albendazole (Oral Tablet)	G	Maximum of 16 tablets per day
Alecensa (Oral Capsule)	**B**	Maximum of 8 capsules per day
Alendronate Sodium (10MG Oral Tablet)	G	Maximum of 1 tablet per day
Alendronate Sodium (35MG Oral Tablet)	G	Maximum of 8 tablets per 28 days
Alendronate Sodium (70MG Oral Tablet)	G	Maximum of 4 tablets per 28 days
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
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

Drug name	Brand or Generic	Quantity limit
Alunbrig (Oral Tablet Therapy Pack)	**B**	Maximum of 2 packs (60 tablets) per year
Alvaiz (18MG Oral Tablet, 9MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Alvaiz (36MG Oral Tablet, 54MG Oral Tablet)	**B**	Maximum of 2 tablets per day
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
Alyftrek (10-50-125MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Alyftrek (4-20-50MG Oral Tablet)	**B**	Maximum of 3 tablets per day
Alyq (Oral Tablet)	G	Maximum of 2 tablets per day
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
Amjevita (40MG/0.4ML Subcutaneous Solution Auto-Injector)	**B**	Maximum of 6 pens (2.4 ml) per 28 days
Amjevita (40MG/0.8ML Subcutaneous Solution Auto-Injector)	**B**	Maximum of 6 pens (4.8 ml) per 28 days
Amjevita (80MG/0.8ML Subcutaneous Solution Auto-Injector)	**B**	Maximum of 2 pens (1.6 ml) per 28 days
Amjevita (40MG/0.4ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 6 syringes (2.4 ml) per 28 days
Amjevita (40MG/0.8ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 6 syringes (4.8 ml) per 28 days
Amjevita-Ped 10kg to <15kg (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 2 syringes (0.4 ml) per 28 days
Amjevita-Ped 15kg to <30kg (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 2 syringes (0.4 ml) per 28 days
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
Amlodipine-Valsartan-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Amphetamine ER ODT (Oral Tablet Extended Release Dispersible)	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

Drug name	Brand or Generic	Quantity limit
Amphetamine-Dextroamphetamine (20MG Oral Tablet)	G	Maximum of 3 tablets per day
Amphetamine-Dextroamphetamine 3-Bead ER (12.5MG Oral Capsule Extended Release 24 Hour, 25MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 2 capsules per day
Amphetamine-Dextroamphetamine 3-Bead ER (37.5MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Ampyra (Oral Tablet Extended Release 12 Hour)	**B**	Maximum of 2 tablets per day
Andembry (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 2 pens (2.4 ml) per 28 days
Annovera (Vaginal Ring)	**B**	Maximum of 1 ring per year
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	**B**	Maximum of 1 inhaler (60 blisters) 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 (Oral Capsule Therapy Pack)	G	Maximum of 6 capsules (2 packs) per 28 days
Apriso (Oral Capsule Extended Release 24 Hour)	**B**	Maximum of 4 capsules 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
Aqneursa (Oral Packet)	**B**	Maximum of 4 packets per day
Aqvesme (Oral Tablet)	**B**	Maximum of 56 tablets per 28 days
Arazlo (External Lotion)	**B**	Maximum of 45 grams per 30 days
Arexvy (Intramuscular Suspension Reconstituted)	**B**	1 vaccination dose (0.5 ml) per day
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

Drug name	Brand or Generic	Quantity limit
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
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	**B**	Maximum of 1 inhaler (30 blisters) per 30 days
Arynta (Oral Solution)	**B**	Maximum of 240 ml per 34 days
Ascomp-Codeine (Oral Capsule)	G	Maximum of 6 capsules per day
Asenapine Maleate (Tablet Sublingual)	G	Maximum of 2 tablets 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
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
Atazanavir Sulfate (200MG Oral Capsule)	G	Maximum of 2 capsules per day
Atelvia (Oral Tablet Delayed Release)	**B**	Maximum of 4 tablets per 28 days
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
Atomoxetine HCl (100MG Oral Capsule, 60MG Oral Capsule, 80MG Oral Capsule)	G	Maximum of 1 capsule per day
Atomoxetine HCl (10MG Oral Capsule, 18MG Oral Capsule, 25MG Oral Capsule, 40MG Oral Capsule)	G	Maximum of 2 capsules per day
Atomoxetine HCl (Oral Solution)	**B**	Maximum of 25 ml per day
Atoncy (Oral Solution)	**B**	Maximum of 25 ml per day
Atorvaliq (Oral Suspension)	**B**	Maximum 4 bottles (600 ML) per 30 days
Atorvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
Atovaquone (Oral Suspension)	G	Maximum of 14 ml per day
Attruby (Oral Tablet Therapy Pack)	**B**	Maximum of 4 tablets per day
Aubagio (Oral Tablet)	**B**	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Augtyro (160MG Oral Capsule)	**B**	Maximum of 2 capsules per day
Augtyro (40MG Oral Capsule)	**B**	Maximum of 8 capsules per day
Austedo (Oral Tablet Immediate Release)	**B**	Maximum of 4 tablets per day
Austedo XR (12MG Oral Tablet Extended Release 24 Hour, 18MG Oral Tablet Extended Release 24 Hour, 30MG Oral Tablet Extended Release 24 Hour, 36MG Oral Tablet Extended Release 24 Hour, 42MG Oral Tablet Extended Release 24 Hour, 48MG Oral Tablet Extended Release 24 Hour, 6MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 1 tablet per day
Austedo XR (24MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 2 tablets per day
Austedo XR Patient Titration (Oral Tablet Extended Release Therapy Pack)	**B**	Maximum of 2 kits (56 tablets) per year
Auvi-Q (Injection Solution Auto-Injector)	**B**	Maximum of 4 pens (2 boxes) per 30 days
Avalide (Oral Tablet)	**B**	Maximum of 1 tablet per day
Avapro (Oral Tablet)	**B**	Maximum of 1 tablet per day
Avmapki Fakzynja Co-Pack (Oral Therapy Pack)	**B**	Maximum of 66 capsules per 28 days
Avodart (Oral Capsule)	**B**	Maximum of 1 capsule per day
Avonex Pen (Intramuscular Auto-Injector Kit)	**B**	Maximum of 1 kit per 28 days
Avonex Prefilled (Intramuscular Prefilled Syringe Kit)	**B**	Maximum of 1 kit per 28 days
Avtozma (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 4 pens (3.6 ml) per 28 days
Avtozma (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 4 syringes (3.6 ml) per 28 days
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
Azilsartan Medoxomil (Oral Tablet)	**B**	Maximum of 1 tablet per day
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
Baqsimi One Pack (Nasal Powder)	**B**	Maximum 4 boxes (4 devices) per 30 days
BCG Vaccine (Injection Solution Reconstituted)	**B**	1 vaccination dose (1 vial) per day

Drug name	Brand or Generic	Quantity limit
Beclomethasone Diprop HFA (Inhalation Aerosol Solution)	**B**	Maximum of 2 inhalers (17.4 grams) per 30 days
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
Betaseron (Subcutaneous Kit)	**B**	Maximum of 1 kit (15 vials) per 30 days
Bethkis (Inhalation Nebulization Solution)	**B**	Maximum of 2 ampules (8 ml) per day
Bevespi Aerosphere (Inhalation Aerosol)	**B**	Maximum of 1 inhaler (10.7 grams) per 30 days
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
BiDil (Oral Tablet)	**B**	Maximum of 6 tablets per day
Biktarvy (Oral Tablet)	**B**	Maximum of 1 tablet per day
Bimzelx (160MG/ML Subcutaneous Solution Auto-Injector)	**B**	Maximum of 1 pen (1 ml) per 28 days
Bimzelx (320MG/2ML Subcutaneous Solution Auto-Injector)	**B**	Maximum of 3 pens (6 ml) per 28 days
Bimzelx (160MG/ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 1 syringe (1 ml) per 28 days
Bimzelx (320MG/2ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 3 syringes (6 ml) per 28 days
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 2 tablets per day
Bonsity (Subcutaneous Solution Pen-Injector)	**B**	Maximum of 1 pen (2.24 ml) per 28 days
Boostrix (Intramuscular Suspension Prefilled Syringe)	**B**	1 vaccination dose (0.5 ml) per day
Bosentan (Oral Tablet)	G	Maximum of 2 tablets per day
Bosentan (Oral Tablet Soluble)	G	Maximum of 8 tablets per day
Bosulif (100MG Oral Capsule)	**B**	Maximum of 6 capsules per day
Bosulif (50MG Oral Capsule)	**B**	Maximum of 11 capsules per day
Bosulif (100MG Oral Tablet)	**B**	Maximum of 6 tablets per day
Bosulif (400MG Oral Tablet, 500MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Bosutinib (400MG Oral Tablet)	G	Maximum of 1 tablet per day
Brekiya (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 24 pens per 28 days

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
Brinsupri (Oral Tablet)	**B**	Maximum of 1 tablet per day
Brivaracetam (Oral Solution)	G	Maximum of 20 ml per day
Brivaracetam (Oral Tablet)	G	Maximum of 2 tablets per day
BRIVIACT (10MG/ML Oral Solution)	**B**	Maximum of 20 ml per day
BRIVIACT (100MG Oral Tablet, 10MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Brukinsa (Oral Tablet)	**B**	Maximum of 2 tablets per day
Brynovin (Oral Solution)	**B**	Maximum of 4 ml per day
Buprenorphine (Transdermal Patch Weekly)	G	Maximum of 4 patches per 28 days
Butalbital-Acetaminophen (Oral Capsule)	G	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
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
Cabometyx (20MG Oral Tablet, 60MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Cabometyx (40MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Caduet (Oral Tablet)	**B**	Maximum of 1 tablet per day
Calcipotriene (External Cream)	G	Maximum of 120 grams per 30 days
Calcipotriene (External Ointment)	G	Maximum of 120 grams per 30 days

Drug name	Brand or Generic	Quantity limit
Calcitonin Salmon (Nasal Solution)	G	Maximum of 1 bottle (3.7 ml) per 28 days
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
Carvedilol Phosphate ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule 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
Cerdelga (Oral Capsule)	**B**	Maximum of 2 capsules per day
Chloroquine Phosphate (Oral Tablet)	G	Maximum of 2 tablets per day
Cialis (5MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Cibinqo (Oral Tablet)	**B**	Maximum of 1 tablet per day
Ciclopirox (External Gel)	G	Maximum of 100 grams per 30 days
Ciclopirox (External Shampoo)	G	Maximum of 120 ml per 30 days
Ciclopirox (External Solution)	G	Maximum of 6.6 ml per 30 days
Ciclopirox Olamine (External Cream)	G	Maximum of 90 grams per 30 days
Ciclopirox Olamine (External Suspension)	G	Maximum of 60 ml per 30 days
Cimduo (Oral Tablet)	**B**	Maximum of 1 tablet per day
Cimzia (1 Syringe) (Subcutaneous Prefilled Syringe Kit)	**B**	Maximum of 4 syringes per 28 days
Cimzia (2 Syringe) (Subcutaneous Prefilled Syringe Kit)	**B**	Maximum of 4 syringes per 28 days
Cimzia (Subcutaneous 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

Drug name	Brand or Generic	Quantity limit
Clenpiq (Oral Solution)	**B**	Maximum 2 bottles (350 ML) per 30 days
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 (Once-Daily) (External Gel)	G	Maximum of 75 ml per 30 days
Clindamycin Phosphate (Twice-Daily) (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
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 Emollient Base (External Cream)	G	Maximum of 120 grams per 30 days
Clobetasol Propionate Emulsion (External Foam)	G	Maximum of 100 grams per 30 days
Clobetasol Propionate (0.025% External Cream)	**B**	Maximum of 100 grams per 30 days
Clobetasol Propionate (0.05% External Cream)	G	Maximum of 120 grams per 30 days
Clobetasol Propionate (External Foam)	G	Maximum of 100 grams per 30 days
Clobetasol Propionate (External Gel)	G	Maximum of 120 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
Clobetasol Propionate (External Ointment)	G	Maximum of 120 grams per 30 days
Clobetasol Propionate (External Shampoo)	G	Maximum of 236 ml per 30 days
Clobetasol Propionate (External Solution)	G	Maximum of 100 ml per 30 days
Clodan (External Shampoo)	G	Maximum of 236 ml per 30 days
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Clonazepam (2MG Oral Tablet)	G	Maximum of 10 tablets per day
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Clonazepam ODT (2MG Oral Tablet Dispersible)	G	Maximum of 10 tablets per day
Clopidogrel Bisulfate (Oral Tablet)	G	Maximum of 1 tablet 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

Drug name	Brand or Generic	Quantity limit
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
Clozapine ODT (100MG Oral Tablet Dispersible)	G	Maximum of 9 tablets per day
Clozapine ODT (12.5MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Clozapine ODT (150MG Oral Tablet Dispersible)	G	Maximum of 6 tablets per day
Clozapine ODT (200MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Clozapine ODT (25MG Oral Tablet Dispersible)	G	Maximum of 3 tablets per day
Cobenfy (Oral Capsule)	**B**	Maximum of 2 capsules per day
Cobenfy Starter Pack (Oral Capsule Therapy Pack)	**B**	Maximum of 2 packs (112 capsules) per year
Codeine Sulfate (Oral Tablet)	G	Maximum of 6 tablets per day
Colchicine (0.6MG Oral Capsule) (Generic Mitigare)	G	Maximum of 4 capsules per day
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	G	Maximum of 4 tablets per day
Combivent Respimat (Inhalation Aerosol Solution)	**B**	Maximum of 1 inhaler (4 grams) per 20 days
Cometriq (100MG Daily Dose) (Oral Kit)	**B**	Maximum of 1 carton (56 capsules) per 28 days
Cometriq (140MG Daily Dose) (Oral Kit)	**B**	Maximum of 1 carton (112 capsules) per 28 days
Cometriq (60MG Daily Dose) (Oral Kit)	**B**	Maximum of 1 carton (84 capsules) per 28 days
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
Conexxence (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 1 syringe (1 ml) per 180 days
ConZip (Oral Capsule Extended Release 24 Hour)	**B**	Maximum of 1 capsule per day
Copaxone (20MG/ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 1 syringe (1 ml) per day
Copaxone (40MG/ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 12 syringes (12 ml) per 28 days
Copiktra (Oral Capsule)	**B**	Maximum of 2 capsules per day
Coreg CR (Oral Capsule Extended Release 24 Hour)	**B**	Maximum of 1 capsule 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
Cosentyx UnoReady (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 5 pens (10 ml) per 30 days
Cotellic (Oral Tablet)	**B**	Maximum of 3 tablets per day
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
Crenessity (100MG Oral Capsule)	**B**	Maximum of 4 capsules per day
Crenessity (50MG Oral Capsule)	**B**	Maximum of 3 capsules per day
Crenessity (Oral Solution)	**B**	Maximum of 8 ml per day
Crestor (Oral Tablet)	**B**	Maximum of 1 tablet per day
Crotan (External Lotion)	**B**	Maximum of 454 grams per 30 days
Cuvrior (Oral Tablet)	**B**	Maximum of 10 tablets per day
Cycloset (Oral Tablet)	**B**	Maximum of 6 tablets per day
Cyclosporine (PF) (Ophthalmic Emulsion)	G	Maximum of 2 vials per day
Dabigatran Etexilate 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
Daliresp (250MCG Oral Tablet)	**B**	Maximum of 1 tablet per day
Daliresp (500MCG Oral Tablet)	**B**	Maximum of 1 tablet per day
Danziten (Oral Tablet)	**B**	Maximum of 4 tablets per day
Dapagliflozin (Oral Tablet)	**B**	Maximum of 1 tablet per day
Dapagliflozin-Saxagliptin (Oral Tablet)	**B**	Maximum of 1 tablet 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
Dasatinib (100MG Oral Tablet, 140MG Oral Tablet, 70MG Oral Tablet)	G	Maximum of 1 tablet per day
Dasatinib (20MG Oral Tablet, 50MG Oral Tablet)	G	Maximum of 3 tablets per day
Dasatinib (80MG Oral Tablet)	G	Maximum of 2 tablets per day
Daurismo (100MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Daurismo (25MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Dawnzera (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 1 pen (0.8 mL) per 28 days
Daybue (Oral Solution)	**B**	Maximum of 120 ml per day
Daybue Stix (5000MG Oral Packet, 6000MG Oral Packet)	**B**	Maximum of 4 packets per day

Drug name	Brand or Generic	Quantity limit
Daybue Stix (8000MG Oral Packet)	**B**	Maximum of 2 packets 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
Denavir (External Cream)	**B**	Maximum of 1 tube (5 grams) per 30 days
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
Desoximetasone (External Cream)	G	Maximum of 100 grams per 30 days
Desvenlafaxine ER (100MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 4 tablets per day
Desvenlafaxine ER (50MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 1 tablet per day
Desvenlafaxine Succinate ER (100MG Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	Maximum of 4 tablets per day
Desvenlafaxine Succinate ER (25MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	Maximum of 1 tablet per day
Dexedrine (10MG Oral Capsule Extended Release 24 Hour)	**B**	Maximum of 6 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
Dextromethorphan-Quinidine (Oral Capsule)	G	Maximum of 2 capsules per day
Diacomit (250MG Oral Capsule)	**B**	Maximum of 12 capsules per day
Diacomit (500MG Oral Capsule)	**B**	Maximum of 6 capsules per day

Drug name	Brand or Generic	Quantity limit
Diacomit (250MG Oral Packet)	**B**	Maximum of 12 packets per day
Diacomit (500MG Oral Packet)	**B**	Maximum of 6 packets per day
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
Dichlorphenamide (Oral Tablet)	G	Maximum of 4 tablets per day
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 60 grams per 30 days
Diflorasone Diacetate (External Ointment)	G	Maximum of 60 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
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 Delayed Release Therapy Pack)	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
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
Doptelet Sprinkle (Oral Capsule Sprinkle)	**B**	Maximum of 2 capsules 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

Drug name	Brand or Generic	Quantity limit
Doxepin HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Drizalma Sprinkle (20MG Oral Capsule Delayed Release Sprinkle, 40MG Oral Capsule Delayed Release Sprinkle, 60MG Oral Capsule Delayed Release Sprinkle)	**B**	Maximum of 2 capsules per day
Drizalma Sprinkle (30MG Oral Capsule Delayed Release Sprinkle)	**B**	Maximum of 3 capsules per day
Droxidopa (100MG Oral Capsule)	G	Maximum of 3 capsules per day
Droxidopa (200MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 6 capsules per day
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 (120MG Oral Capsule Delayed Release Particles, 80MG Oral Capsule Delayed Release Particles, 90MG Oral Capsule Delayed Release Particles)	G	Maximum of 1 capsule per day
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles)	G	Maximum of 4 capsules per day
Duloxetine HCl (30MG Oral Capsule Delayed Release Particles)	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
Dupixent (200MG/1.14ML Subcutaneous Solution Auto-Injector)	**B**	Maximum of 4 pens (4.56 ml) per 28 days
Dupixent (300MG/2ML Subcutaneous Solution Auto-Injector)	**B**	Maximum of 4 pens (8 ml) per 28 days
Dupixent (200MG/1.14ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 4 syringes (4.56 ml) per 28 days
Dupixent (300MG/2ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 4 syringes (8 ml) per 28 days
Dutasteride (Oral Capsule)	G	Maximum of 1 capsule per day
Duvyzat (Oral Suspension)	**B**	Maximum of 12 ml per day
Dyanavel XR (Oral Suspension Extended Release)	**B**	Maximum of 8 ml per day
Dyanavel XR (Oral Tablet Extended Release)	**B**	Maximum of 1 tablet per day
Econazole Nitrate (External Cream)	G	Maximum of 90 grams per 30 days
Econazole Nitrate (External Foam)	**B**	Maximum of 1 canister (70 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

Drug name	Brand or Generic	Quantity limit
Edluar (Tablet Sublingual)	**B**	Maximum of 1 tablet per day
Edurant (Oral Tablet)	**B**	Maximum of 1 tablet per day
Edurant PED (Oral Tablet Soluble)	**B**	Maximum of 6 tablets 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
Effient (Oral Tablet)	**B**	Maximum of 1 tablet per day
Egrifta WR (Subcutaneous Kit)	**B**	Maximum of 4 vials per 28 days
Ekterly (Oral Tablet)	**B**	Maximum of 16 tablets per 30 days
Eletriptan Hydrobromide (Oral Tablet)	G	Maximum of 12 tablets 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 (1.5MG Pack) (Oral Tablet Soluble)	**B**	Maximum of 4 packets (12 tablets) per day
Eliquis (2MG Pack) (Oral Tablet Soluble)	**B**	Maximum of 4 packets (16 tablets) per day
Eliquis (Oral Capsule Sprinkle)	**B**	Maximum of 2 capsules per day
Eliquis (Oral Tablet)	**B**	Maximum of 2 tablets per day
Eliquis (0.5MG Oral Tablet Soluble)	**B**	Maximum of 4 tablets per day
Eliquis Starter Pack (Oral Tablet)	**B**	Maximum of 2 packs (148 tablets) per year
Eltrombopag Olamine (Oral Packet)	G	Maximum of 6 packets per day
Eltrombopag Olamine (12.5MG Oral Tablet, 25MG Oral Tablet)	G	Maximum of 1 tablet per day
Eltrombopag Olamine (50MG Oral Tablet, 75MG Oral Tablet)	G	Maximum of 2 tablets per day
Elyxyb (Oral Solution)	**B**	Maximum of 1 bottle (4.8 ml) per day
Emend BiPack (Oral Capsule)	**B**	Maximum of 4 capsules per 28 days
Emend (Oral Suspension Reconstituted)	**B**	Maximum of 2 kits per 28 days
Emend TriPack (Oral Capsule Therapy Pack)	**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 28 days
Emgality (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 2 syringes or pens (2 ml) per 28 days

Drug name	Brand or Generic	Quantity limit
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 2 syringes or pens (2 ml) per 28 days
Empaveli (Subcutaneous Solution)	**B**	Maximum of 8 vials (160 ml) per 28 days
Emsam (Transdermal Patch 24 Hour)	**B**	Maximum of 1 patch per day
Emtricitabine (Oral Capsule)	G	Maximum of 1 capsule per day
Emtricitabine-Rilpivirine-Tenofovir DF (Oral Tablet)	G	Maximum of 1 tablet 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 Solution)	G	Maximum 8 bottles (1200 ml) per 30 days
Enalapril Maleate (Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (10-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (5-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
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
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
Enoby (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 1 syringe (1 ml) per 180 days
Enoxaparin Sodium (100MG/ML Injection Solution Prefilled Syringe, 150MG/ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (2 ml) per day
Enoxaparin Sodium (120MG/0.8ML Injection Solution Prefilled Syringe, 80MG/0.8ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (1.6 ml) per day
Enoxaparin Sodium (30MG/0.3ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (0.6 ml) per day

Drug name	Brand or Generic	Quantity limit
Enoxaparin Sodium (40MG/0.4ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (0.8 ml) per day
Enoxaparin Sodium (60MG/0.6ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (1.2 ml) per day
Ensacove (100MG Oral Capsule)	**B**	Maximum of 2 capsules per day
Ensacove (25MG Oral Capsule)	**B**	Maximum of 9 capsules per day
Entresto (Oral Capsule Sprinkle)	**B**	Maximum of 8 capsules per day
Entresto (24-26MG Oral Tablet)	**B**	Maximum of 6 tablets per day
Entresto (49-51MG Oral Tablet, 97-103MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Entyvio Pen (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 2 pens (1.36 ml) per 28 days
Eohilia (Oral Suspension)	**B**	Maximum of 2 packets (20 ml) 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 (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
Erleada (240MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Erleada (60MG Oral Tablet)	**B**	Maximum of 4 tablets per day
Erlotinib HCl (100MG Oral Tablet, 150MG Oral Tablet)	G	Maximum of 1 tablet per day
Erlotinib HCl (25MG Oral Tablet)	G	Maximum of 3 tablets per day
Ertaczo (External Cream)	**B**	Maximum of 60 grams per 30 days
Erzofri (117MG/0.75ML Intramuscular Suspension Prefilled Syringe)	**B**	Maximum of 1 syringe (0.75 ML) per 28 days
Erzofri (156MG/ML Intramuscular Suspension Prefilled Syringe)	**B**	Maximum of 1 syringe (1 ML) per 20 days
Erzofri (234MG/1.5ML Intramuscular Suspension Prefilled Syringe)	**B**	Maximum of 1 syringe (1.5 ML) per 28 days
Erzofri (351MG/2.25ML Intramuscular Suspension Prefilled Syringe)	**B**	Maximum of 1 syringe (2.25 ML) per 28 days
Erzofri (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)	**B**	Maximum of 1 syringe (0.25 ML) per 28 days

Drug name	Brand or Generic	Quantity limit
Erzofri (78MG/0.5ML Intramuscular Suspension Prefilled Syringe)	**B**	Maximum of 1 syringe (0.5 ML) per 28 days
Esbriet (267MG Oral Tablet)	**B**	Maximum of 6 tablets per day
Esbriet (801MG Oral Tablet)	**B**	Maximum of 3 tablets per day
Eslicarbazepine Acetate (200MG Oral Tablet, 400MG Oral Tablet)	G	Maximum of 1 tablet per day
Eslicarbazepine Acetate (600MG Oral Tablet, 800MG Oral Tablet)	G	Maximum of 2 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
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
Estradiol (Vaginal Tablet)	G	Maximum of 18 tablets per 28 days
Estrogens Conjugated (Oral Tablet)	G	Maximum of 1 tablet per day
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
Eurax (External Cream)	**B**	Maximum of 2 tubes (120 grams) per 30 days
Evenity (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 2 syringes (2.34 ml) per 28 days
Evesse (External Lotion)	G	Maximum of 118 ml per 30 days
Evista (Oral Tablet)	**B**	Maximum of 1 tablet per day
Evotaz (Oral Tablet)	**B**	Maximum of 1 tablet per day
Evrysdi (Oral Solution Reconstituted)	**B**	Maximum of 8 ml per day
Evrysdi (Oral Tablet)	**B**	Maximum of 1 tablet per day
Exelon (Transdermal Patch 24 Hour)	**B**	Maximum of 1 patch per day
Exforge HCT (Oral Tablet)	**B**	Maximum of 1 tablet per day
Exforge (Oral Tablet)	**B**	Maximum of 1 tablet per day
Exxua (Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 1 tablet per day
Ezetimibe (Oral Tablet)	G	Maximum of 1 tablet per day
Ezetimibe-Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Fabhalta (Oral Capsule)	**B**	Maximum of 2 capsules per day

Drug name	Brand or Generic	Quantity limit
Famciclovir (125MG Oral Tablet, 250MG Oral Tablet)	G	Maximum of 2 tablets per day
Famciclovir (500MG Oral Tablet)	G	Maximum of 3 tablets per day
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Fanapt Titration Pack A (Oral Tablet)	**B**	Maximum of 2 packs per year
Fanapt Titration Pack B (Oral Tablet)	**B**	Maximum of 2 packs per year
Fanapt Titration Pack C (Oral Tablet)	**B**	Maximum of 2 packs per year
Farxiga (Oral Tablet)	**B**	Maximum of 1 tablet per day
Fentanyl (Transdermal Patch 72 Hour)	G	Maximum of 15 patches per 30 days
Fesoterodine Fumarate ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Fetzima (Oral Capsule Extended Release 24 Hour)	**B**	Maximum of 1 capsule per day
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	**B**	Maximum of 2 packs (56 capsules) per year
Filspari (200MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Filspari (400MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Finacea (External Foam)	**B**	Maximum of 50 grams per 30 days
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
Firazyr (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 12 syringes (36 ml) per 30 days
Firdapse (Oral Tablet)	**B**	Maximum of 10 tablets per day
Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)	**B**	Maximum of 2 kits (4 vials) per year
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
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 (0.5% External Cream)	**B**	Maximum of 30 grams per 30 days

Drug name	Brand or Generic	Quantity limit
Fluorouracil (5% External Cream)	G	Maximum of 40 grams per 30 days
Flurandrenolide (External Lotion)	G	Maximum of 240 ml per 30 days
Flurazepam HCl (Oral Capsule)	G	Maximum of 1 capsule per day
Fluticasone Furoate-Vilanterol (Inhalation Aerosol Powder Breath Activated)	**B**	Maximum of 1 inhaler (60 blisters) per 30 days
Fluticasone Propionate Diskus (100MCG/ACT Inhalation Aerosol Powder Breath Activated, 50MCG/ACT Inhalation Aerosol Powder Breath Activated)	**B**	Maximum of 2 inhalers (120 blisters) per 30 days
Fluticasone Propionate Diskus (250MCG/ACT Inhalation Aerosol Powder Breath Activated)	**B**	Maximum of 4 inhalers (240 blisters) per 30 days
Fluticasone Propionate HFA (110MCG/ACT Inhalation Aerosol)	**B**	Maximum of 1 inhaler (12 grams) per 30 days
Fluticasone Propionate HFA (220MCG/ACT Inhalation Aerosol)	**B**	Maximum of 2 inhalers (24 grams) per 30 days
Fluticasone Propionate HFA (44MCG/ACT Inhalation Aerosol)	**B**	Maximum of 1 inhaler (10.6 grams) per 30 days
Fluticasone-Salmeterol (Inhalation Aerosol)	**B**	Maximum of 1 inhaler (12 grams) 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
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
Forteo (Subcutaneous Solution Pen-Injector)	**B**	Maximum of 1 pen (2.24 ml) per 28 days
Forzinity (Subcutaneous Solution)	**B**	Maximum of 4 vials (14 ml) per 28 days
Fosamax (Oral Tablet)	**B**	Maximum of 4 tablets per 28 days
Fosamax Plus D (Oral Tablet)	**B**	Maximum of 4 tablets per 28 days
Fosamprenavir Calcium (Oral Tablet)	G	Maximum of 4 tablets per day
Fosinopril Sodium (Oral Tablet)	G	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Fosinopril Sodium-HCTZ (Oral Tablet)	G	Maximum of 4 tablets per day
Fotivda (Oral Capsule)	**B**	Maximum of 21 capsules per 28 days
Frovatriptan Succinate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Fruzaqla (1MG Oral Capsule)	**B**	Maximum of 84 capsules per 28 days
Fruzaqla (5MG Oral Capsule)	**B**	Maximum of 21 capsules per 28 days
Fycompa (Oral Suspension)	**B**	Maximum of 24 ml per day
Fycompa (Oral Tablet)	**B**	Maximum of 1 tablet per day
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Galantamine Hydrobromide (Oral Solution)	G	Maximum of 2 bottles (200 ml) per 30 days
Galantamine Hydrobromide (Oral Tablet)	G	Maximum of 2 tablets 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
GaviLyte-C (Oral Solution Reconstituted)	G	Maximum 2 bottles (8000 ML) per 30 days
GaviLyte-G (Oral Solution Reconstituted)	G	Maximum 2 bottles (8000 ML) per 30 days
GaviLyte-N with Flavor Pack (Oral Solution Reconstituted)	G	Maximum 2 bottles (8000 ML) per 30 days
Gavreto (Oral Capsule)	**B**	Maximum of 4 capsules per day
Gefitinib (Oral Tablet)	G	Maximum of 2 tablets per day
Genvoya (Oral Tablet)	**B**	Maximum of 1 tablet per day
Geodon (Oral Capsule)	**B**	Maximum of 2 capsules per day
Gilenya (0.25MG Oral Capsule)	**B**	Maximum of 2 capsules per day
Gilenya (0.5MG Oral Capsule)	**B**	Maximum of 1 capsule per day
Glatiramer Acetate (20MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 1 syringe (1 ml) per day
Glatiramer Acetate (40MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 12 syringes (12 ml) per 28 days
Glatopa (20MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 1 syringe (1 ml) per day
Glatopa (40MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 12 syringes (12 ml) per 28 days
Gleevec (Oral Tablet)	**B**	Maximum of 3 tablets per day
Glimepiride (1MG Oral Tablet)	G	Maximum of 8 tablets per day
Glimepiride (2MG Oral Tablet)	G	Maximum of 4 tablets per day

Drug name	Brand or Generic	Quantity limit
Glimepiride (3MG Oral Tablet, 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 (15MG Oral Tablet, 2.5MG Oral Tablet)	G	Maximum of 2 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
Gloperba (Oral Solution)	**B**	Maximum of 10 ml per day
Glucagon Emergency (1MG Injection Solution Reconstituted)	G	Maximum 2 kits per 30 days
Glucotrol XL (5MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 4 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
Glycerol Phenylbutyrate (Oral Liquid)	G	Maximum of 17.5 ml per day
Glyxambi (Oral Tablet)	**B**	Maximum of 1 tablet per day
GoLYTELY (Oral Solution Reconstituted)	**B**	Maximum 2 bottles (8000 ML) per 30 days
Gomekli (1MG Oral Capsule)	**B**	Maximum of 126 capsules per 28 days
Gomekli (2MG Oral Capsule)	**B**	Maximum of 84 capsules per 28 days
Gomekli (Oral Tablet Soluble)	**B**	Maximum of 168 tablets per 28 days
Granisetron HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Granisol (Oral Solution)	**B**	Maximum of 10 ml per day
Guanfacine HCl (Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
Gvoke HypoPen 2-Pack (0.5MG/0.1ML Subcutaneous Solution Auto-Injector)	**B**	Maximum 4 syringes (0.4 ML) per 30 days
Gvoke HypoPen 2-Pack (1MG/0.2ML Subcutaneous Solution Auto-Injector)	**B**	Maximum 4 syringes (0.8 ML) per 30 days

Drug name	Brand or Generic	Quantity limit
Gvoke Kit (Subcutaneous Solution)	**B**	Maximum 2 kits (0.4 ML) per 30 days
Gvoke PFS (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum 2 syringes (0.4 ML) per 30 days
Harliku (Oral Tablet)	**B**	Maximum of 1 tablet per day
Harvoni (Oral Packet)	**B**	Maximum of 1 carton (28 packets) per 28 days
Harvoni (Oral Tablet)	**B**	Maximum of 1 tablet per day
Havrix (1440EL U/ML Intramuscular Suspension Prefilled Syringe)	**B**	Maximum of 2 vaccines per lifetime
Havrix (720EL U/0.5ML Intramuscular Suspension Prefilled Syringe)	**B**	Maximum of 2 vaccines per lifetime
Hepcludex (Subcutaneous Solution Reconstituted)	**B**	Maximum of 1 vial per day
Heplisav-B (Intramuscular Solution Prefilled Syringe)	**B**	1 vaccination dose (0.5 ml) per day
Hernexeos (Oral Tablet)	**B**	Maximum of 6 tablets 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
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 (10-300MG/15ML Oral Solution, 7.5-325MG/15ML Oral Solution)	G	Maximum of 90 ml per day
Hydrocodone-Acetaminophen (10-300MG Oral Tablet, 10-325MG Oral Tablet, 7.5-300MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 6 tablets per day
Hydrocodone-Acetaminophen (2.5-325MG Oral Tablet, 5-300MG Oral Tablet, 5-325MG Oral Tablet)	G	Maximum of 8 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

Drug name	Brand or Generic	Quantity limit
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 4 tablets per day
Hydroxychloroquine Sulfate (400MG Oral Tablet)	G	Maximum of 1 tablet per day
Hyrimoz (40MG/0.4ML Subcutaneous Solution Auto-Injector)	**B**	Maximum of 4 pens (1.6 ml) per 28 days
Hyrimoz (10MG/0.1ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 2 syringes (0.2 ml) per 28 days
Hyrimoz (20MG/0.2ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 2 syringes (0.4 ml) per 28 days
Hyrimoz (40MG/0.4ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 4 syringes (1.6 ml) per 28 days
Hyrimoz-Plaque Psoriasis Start (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 2 kits (6 pens) per year
Hyrnuo (Oral Tablet)	**B**	Maximum of 4 tablets 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
Ibandronate Sodium (Oral Tablet)	G	Maximum of 1 tablet per 28 days
Ibrance (125MG Oral Capsule)	**B**	Maximum of 1 capsule per day
Ibrance (Oral Tablet)	**B**	Maximum of 1 tablet per day
Ibsrela (Oral Tablet)	**B**	Maximum of 2 tablets per day
Ibtrozi (Oral Capsule)	**B**	Maximum of 3 capsules per day
Icatibant Acetate (Subcutaneous Solution Prefilled Syringe)	G	Maximum of 12 syringes (36 ml) per 30 days
Iclusig (Oral Tablet)	**B**	Maximum of 1 tablet per day
IDHIFA (Oral Tablet)	**B**	Maximum of 1 tablet per day
Idvynso (Oral Tablet)	**B**	Maximum of 1 tablet per day
Ilumya (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 1 syringe (1 ml) per 28 days
Imatinib Mesylate (Oral Tablet)	G	Maximum of 3 tablets per day
Imbruvica (140MG Oral Capsule)	**B**	Maximum of 3 capsules per day
Imbruvica (70MG Oral Capsule)	**B**	Maximum of 1 capsule per day

Drug name	Brand or Generic	Quantity limit
Imbruvica (Oral Suspension)	**B**	Maximum of 8 ml per day
Imbruvica (Oral Tablet)	**B**	Maximum of 1 tablet per day
Imiquimod (5% External Cream)	G	Maximum of 24 packets 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 cartridges (6 ml) per 30 days
Imitrex STATdose System (4MG/0.5ML Subcutaneous Solution Auto-Injector)	**B**	Maximum of 12 pens (6 ml) per 30 days
Imkeldi (Oral Solution)	**B**	Maximum of 10 ml per day
Imovax Rabies (Intramuscular Suspension Reconstituted)	**B**	1 vaccination dose (1 injection) per day
Imvexxy Maintenance Pack (Vaginal Insert)	**B**	Maximum of 8 vaginal inserts per 28 days
Imvexxy Starter Pack (Vaginal Insert)	**B**	Maximum of 2 packs per year
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 Sprinkle)	**B**	Maximum of 1 capsule per day
Ingrezza (Oral Capsule Therapy Pack)	**B**	Maximum of 1 pack (28 capsules) per 28 days
Inluriyo (Oral Tablet)	**B**	Maximum of 3 tablets per day
Inlyta (Oral Tablet)	**B**	Maximum of 4 tablets per day
Inpefa (Oral Tablet)	**B**	Maximum of 1 tablet per day
Inqovi (Oral Tablet)	**B**	Maximum of 1 pack (5 tablets) per 28 days
Inrebic (Oral Capsule)	**B**	Maximum of 4 capsules per day
Intelence (200MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Intelence (25MG Oral Tablet)	**B**	Maximum of 4 tablets per day
Intrarosa (Vaginal Insert)	**B**	Maximum of 1 vaginal insert per day
Invega (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
Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe)	**B**	Maximum of 1 syringe (0.75 ML) per 28 days
Invega Sustenna (156MG/ML Intramuscular Suspension Prefilled Syringe)	**B**	Maximum of 1 syringe (1 ML) per 20 days

Drug name	Brand or Generic	Quantity limit
Invega Sustenna (234MG/1.5ML Intramuscular Suspension Prefilled Syringe)	**B**	Maximum of 1 syringe (1.5 ML) per 28 days
Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)	**B**	Maximum of 1 syringe (0.25 ML) per 28 days
Invega Sustenna (78MG/0.5ML Intramuscular Suspension Prefilled Syringe)	**B**	Maximum of 1 syringe (0.5 ML) per 28 days
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 Suspension)	**B**	1 vaccination dose (0.5 ml) per day
Iqirvo (Oral Tablet)	**B**	Maximum of 1 tablet per day
Irbesartan (150MG Oral Tablet, 300MG Oral Tablet)	G	Maximum of 1 tablet per day
Irbesartan (75MG Oral Tablet)	G	Maximum of 3 tablets per day
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Iressa (Oral Tablet)	**B**	Maximum of 2 tablets per day
Isentress HD (Oral Tablet)	**B**	Maximum of 2 tablets per day
Isentress (Oral Packet)	**B**	Maximum of 2 packets per day
Isentress (Oral Tablet)	**B**	Maximum of 2 tablets per day
Isentress (Oral Tablet Chewable)	**B**	Maximum of 6 tablets per day
Isosorbide Dinitrate-Hydralazine (Oral Tablet)	G	Maximum of 6 tablets per day
Itovebi (3MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Itovebi (9MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Itraconazole (Oral Capsule)	G	Maximum of 4 capsules per day
Ivabradine HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Ivermectin (External Cream)	G	Maximum of 45 grams per 30 days
Iwilfin (Oral Tablet)	**B**	Maximum of 8 tablets per day
Ixiaro (Intramuscular Suspension)	**B**	1 vaccination dose (0.5 ml) per day
Jakafi (Oral Tablet)	**B**	Maximum of 2 tablets per day
Jakafi XR (Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 1 tablet 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
Jascayd (Oral Tablet)	**B**	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Javadin (Oral Solution)	**B**	Maximum of 120 ml 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 Immediate Release, 2.5-500MG Oral Tablet Immediate Release)	**B**	Maximum of 2 tablets per day
Jentadueto XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 2 tablets per day
Jentadueto XR (5-1000MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 1 tablet per day
Jideytro (100MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Jideytro (25MG Oral Tablet)	**B**	Maximum of 3 tablets per day
Joenja (70MG Oral Tablet)	**B**	Maximum of 2 tablets per day
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
Juxtapid (2MG Oral Capsule)	**B**	Maximum of 112 capsules per 365 days
Jynarque (Oral Tablet)	**B**	Maximum of 4 tablets 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
Kalydeco (Oral Packet)	**B**	Maximum of 2 packets per day
Kalydeco (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
Kisqali (200MG Dose) (Oral Tablet)	**B**	Maximum of 1 tablet per day
Kisqali (400MG Dose) (Oral Tablet)	**B**	Maximum of 2 tablets per day
Kisqali (600MG Dose) (Oral Tablet)	**B**	Maximum of 3 tablets per day
Kitabis Pak (w/ nebulizer) (Inhalation Nebulization Solution)	**B**	Maximum of 2 ampules (10 ml) per day

Drug name	Brand or Generic	Quantity limit
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
Komzifti (Oral Capsule)	**B**	Maximum of 3 capsules per day
Korlym (Oral Tablet)	**B**	Maximum of 4 tablets per day
Koselugo (10MG Oral Capsule)	**B**	Maximum of 8 capsules per day
Koselugo (25MG Oral Capsule)	**B**	Maximum of 4 capsules per day
Koselugo (5MG Oral Capsule Sprinkle)	**B**	Maximum of 20 capsules per day
Koselugo (7.5MG Oral Capsule Sprinkle)	**B**	Maximum of 12 capsules per day
Krazati (Oral Tablet)	**B**	Maximum of 6 tablets per day
Lacosamide (10MG/ML 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
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
Lazcluze (240MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Lazcluze (80MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Ledipasvir-Sofosbuvir (Oral Tablet)	**B**	Maximum of 1 tablet per day
Lenalidomide (Oral Capsule)	G	Maximum of 1 capsule per day
Leqembi IQLIK (500MG Dose) (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 8 pens (10 ml) per 28 days
Leqembi IQLIK (360MG/1.8ML Subcutaneous Solution Auto-Injector)	**B**	Maximum of 4 pens (7.2 ml) per 28 days
Leqselvi (Oral Tablet)	**B**	Maximum of 2 tablets per day
Lerochol (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 1 syringe (1.2 ml) per 28 days
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 (Subcutaneous Injection Kit)	G	Maximum of 2 kits per 28 days
Levetiracetam ODT (250MG Oral Tablet Disintegrating Soluble)	**B**	Maximum of 2 tablets per day
Levetiracetam ODT (500MG Oral Tablet Disintegrating Soluble)	**B**	Maximum of 6 tablets per day
Levocetirizine Dihydrochloride (Oral Tablet)	G	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Levorphanol Tartrate (Oral Tablet)	G	Maximum of 6 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
Lidocan (External Patch)	**B**	Maximum of 3 patches per day
Lifyorli (125MG Dose) (Oral Capsule Therapy Pack)	**B**	Maximum of 18 capsules per 28 days
Lifyorli (150MG Dose) (Oral Capsule Therapy Pack)	**B**	Maximum of 27 capsules per 28 days
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
Liraglutide (Subcutaneous Solution Pen-Injector)	G	Maximum of 3 pens (9 ml) per 30 days
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
Litfulo (Oral Capsule)	**B**	Maximum of 1 capsule per day
Livalo (Oral Tablet)	**B**	Maximum of 1 tablet per day
Livdelzi (Oral Capsule)	**B**	Maximum of 1 capsule per day
Livmarli (19MG/ML Oral Solution)	**B**	Maximum of 2 ml per day
Livmarli (9.5MG/ML Oral Solution)	**B**	Maximum of 3 ml per day
Livmarli (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Livmarli (30MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Livtencity (Oral Tablet)	**B**	Maximum of 12 tablets per day
Lofexidine HCl (Oral Tablet)	G	Maximum of 16 tablets per day
Lokelma (Oral Packet)	**B**	Maximum of 3 packets per day
Lonsurf (15-6.14MG Oral Tablet)	**B**	Maximum of 10 tablets per day
Lonsurf (20-8.19MG Oral Tablet)	**B**	Maximum of 8 tablets per day
Lopinavir-Ritonavir (100-25MG Oral Tablet)	G	Maximum of 8 tablets per day
Lopinavir-Ritonavir (200-50MG Oral Tablet)	G	Maximum of 4 tablets per day
Lorazepam Intensol (Oral Concentrate)	G	Maximum of 5 ml per day
Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day

Drug name	Brand or Generic	Quantity limit
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
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
Lovaza (Oral Capsule)	**B**	Maximum of 4 capsules per day
Lovenox (100MG/ML Injection Solution Prefilled Syringe, 150MG/ML Injection Solution Prefilled Syringe)	**B**	Maximum of 2 syringes (2 ml) per day
Lovenox (120MG/0.8ML Injection Solution Prefilled Syringe, 80MG/0.8ML Injection Solution Prefilled Syringe)	**B**	Maximum of 2 syringes (1.6 ml) per day
Lovenox (30MG/0.3ML Injection Solution Prefilled Syringe)	**B**	Maximum of 2 syringes (0.6 ml) per day
Lovenox (40MG/0.4ML Injection Solution Prefilled Syringe)	**B**	Maximum of 2 syringes (0.8 ml) per day
Lovenox (60MG/0.6ML Injection Solution Prefilled Syringe)	**B**	Maximum of 2 syringes (1.2 ml) per day
Lubiprostone (Oral Capsule)	G	Maximum of 2 capsules 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 (240MG Oral Tablet)	**B**	Maximum of 4 tablets per day
Lumakras (320MG Oral Tablet)	**B**	Maximum of 3 tablets per day
Lumryz (Oral Packet)	**B**	Maximum of 1 packet per day
Lumryz Starter Pack (Oral Therapy Pack)	**B**	Maximum of 2 packs (56 tablets) per year
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

Drug name	Brand or Generic	Quantity limit
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
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
Lutrate Depot (Intramuscular Injectable)	**B**	Maximum of 1 kit per 84 days
Luzu (External Cream)	**B**	Maximum of 60 grams per 28 days
Lybalvi (Oral Tablet)	**B**	Maximum of 1 tablet per day
Lyllana (Transdermal Patch Twice Weekly)	G	Maximum of 8 patches per 28 days
Lynkuet (Oral Capsule)	**B**	Maximum of 2 capsules per day
Lynparza (Oral Tablet)	**B**	Maximum of 4 tablets per day
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
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

Drug name	Brand or Generic	Quantity limit
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
Meloxicam (Oral Suspension)	**B**	Maximum of 10 ml per day
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Memantine HCl (2MG/ML Oral Solution)	G	Maximum of 10 ml per day
Memantine HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Memantine HCl (5MG Oral Tablet)	G	Maximum of 3 tablets per day
Memantine HCl-Donepezil HCl ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule 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 (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	Maximum of 4 capsules per day
Mesalamine ER (250MG Oral Capsule Extended Release) (Generic Pentasa)	G	Maximum of 16 capsules per day
Mesalamine ER (500MG Oral Capsule Extended Release) (Generic Pentasa)	G	Maximum of 8 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 Enema)	G	Maximum of 1 bottle (60 ml) per day
Mesalamine (Rectal Suppository)	G	Maximum of 1 suppository per day
Metadate CD (Oral Capsule Extended Release)	**B**	Maximum of 1 capsule 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

Drug name	Brand or Generic	Quantity limit
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 (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 (625MG Oral Tablet)	G	Maximum of 4 tablets per day
Metformin HCl (750MG Oral Tablet, 850MG Oral Tablet)	G	Maximum of 3 tablets per day
Methadone HCl (10MG/5ML Oral Solution)	G	Maximum of 60 ml per day
Methadone HCl (5MG/5ML Oral Solution)	G	Maximum of 120 ml per day
Methadone HCl (10MG Oral Tablet)	G	Maximum of 12 tablets per day
Methadone HCl (5MG Oral Tablet)	G	Maximum of 8 tablets per day
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 ER (Oral Tablet Extended Release Dispersible)	**B**	Maximum of 2 tablets 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 Relexxii)	**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

Drug name	Brand or Generic	Quantity limit
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 (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
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
Miebo (Ophthalmic Solution)	**B**	Maximum of 12 ml (4 bottles) per 30 days
Mifepristone (300MG Oral Tablet)	G	Maximum of 4 tablets per day
Miglitol (100MG Oral Tablet)	G	Maximum of 3 tablets per day
Miglitol (25MG Oral Tablet)	G	Maximum of 12 tablets per day
Miglitol (50MG Oral Tablet)	G	Maximum of 6 tablets per day
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
Miplyffa (Oral Capsule)	**B**	Maximum of 3 capsules per day
Mitigare (Oral Capsule)	**B**	Maximum of 4 capsules 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
Modeyso (Oral Capsule)	**B**	Maximum of 20 capsules per 28 days
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

Drug name	Brand or Generic	Quantity limit
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, 50MG Oral Capsule Extended Release 24 Hour) (Generic Kadian)	G	Maximum of 2 capsules per day
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 3 tablets per day
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 2 tablets per day
Morphine Sulfate ER (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 4 tablets per day
Morphine Sulfate (10MG/5ML Oral Solution)	G	Maximum of 100 ml per day
Morphine Sulfate (20MG/5ML Oral Solution)	G	Maximum of 50 ml per day
Morphine Sulfate (15MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Morphine Sulfate (30MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Motegrity (Oral Tablet)	**B**	Maximum of 1 tablet per day
Motpoly XR (100MG Oral Capsule Extended Release 24 Hour)	**B**	Maximum of 1 capsule per day
Motpoly XR (150MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour)	**B**	Maximum of 2 capsules per day
Mounjaro (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 4 pens (2 ml) per 28 days
Movantik (Oral Tablet)	**B**	Maximum of 1 tablet per day
MoviPrep (Oral Solution Reconstituted)	**B**	Maximum 1 box per 30 days
MResvia (Intramuscular Suspension Prefilled Syringe)	**B**	1 vaccination dose (0.5 ml) per day
MS Contin (15MG Oral Tablet Extended Release)	**B**	Maximum of 3 tablets per day
MS Contin (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release)	**B**	Maximum of 4 tablets per day
Multaq (Oral Tablet)	**B**	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
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
Myqorzo (Oral Tablet)	**B**	Maximum of 1 tablet per day
Sodium Sulfate-Potassium Sulfate-Magnesium Sulfate (Oral Solution)	G	Maximum 2 bottles (354 ML) per 30 days
Nalocet (Oral Tablet)	**B**	Maximum of 13 tablets per day
Namzaric (Oral Capsule Extended Release 24 Hour)	**B**	Maximum of 1 capsule per day
Naproxen (Oral Suspension)	G	Maximum of 60 ml per day
Naratriptan HCl (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Nateglinide (120MG Oral Tablet)	G	Maximum of 3 tablets per day
Nateglinide (60MG Oral Tablet)	G	Maximum of 6 tablets per day
Nayzilam (Nasal Solution)	**B**	Maximum of 10 spray 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
Neffy (Nasal Solution)	**B**	Maximum of 4 devices (2 boxes) per 30 days
Nemluvio (Subcutaneous Auto-Injector)	**B**	Maximum of 2 pens (0.98 ml) per 28 days
Nereus (Oral Capsule)	**B**	Maximum of 2 capsules per day
Nerlynx (Oral Tablet)	**B**	Maximum of 6 tablets per day
Nevirapine ER (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

Drug name	Brand or Generic	Quantity limit
Nifedipine ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Nilotinib D-Tartrate (150MG Oral Capsule)	**B**	Maximum of 5 capsules per day
Nilotinib D-Tartrate (200MG Oral Capsule)	**B**	Maximum of 4 capsules per day
Nilotinib D-Tartrate (50MG Oral Capsule)	**B**	Maximum of 14 capsules per day
Nilotinib HCl (150MG Oral Capsule)	G	Maximum of 5 capsules per day
Nilotinib HCl (200MG Oral Capsule)	G	Maximum of 4 capsules per day
Nilotinib HCl (50MG Oral Capsule)	G	Maximum of 14 capsules per day
Ninlaro (Oral Capsule)	**B**	Maximum of 3 capsules per 28 days
Nintedanib Esylate (Oral Capsule)	G	Maximum of 2 capsules per day
Nitazoxanide (Oral Tablet)	G	Maximum of 2 tablets per day
Nitroglycerin (Rectal Ointment)	G	Maximum of 30 grams per 30 days
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 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
Nubeqa (Oral Tablet)	**B**	Maximum of 4 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
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

Drug name	Brand or Generic	Quantity limit
Nyamyc (100000UNIT/GM 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
Odefsey (Oral Tablet)	**B**	Maximum of 1 tablet per day
Ofev (Oral Capsule)	**B**	Maximum of 2 capsules per day
Ogsiveo (100MG Oral Tablet, 150MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Ohtuvayre (Inhalation Suspension)	**B**	Maximum of 2 ampules (5 ml) per day
Ojemda (Oral Suspension Reconstituted)	**B**	Maximum of 96 ml per 28 days
Ojemda (Oral Tablet)	**B**	Maximum of 24 tablets per 28 days
Ojjaara (Oral Tablet)	**B**	Maximum of 1 tablet 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
Olpruva (2GM Dose) (Oral Therapy Pack)	**B**	Maximum of 6 envelopes (12 packets) per day
Olpruva (3GM Dose) (Oral Therapy Pack)	**B**	Maximum of 6 envelopes (12 packets) per day
Olpruva (4GM Dose) (Oral Therapy Pack)	**B**	Maximum of 5 envelopes (15 packets) per day
Olpruva (5GM Dose) (Oral Therapy Pack)	**B**	Maximum of 4 envelopes (12 packets) per day
Olpruva (6GM Dose) (Oral Therapy Pack)	**B**	Maximum of 3 envelopes (9 packets) per day
Olpruva (6.67GM Dose) (Oral Therapy Pack)	**B**	Maximum of 3 envelopes (9 packets) per day
Olumiant (Oral Tablet)	**B**	Maximum of 1 tablet per day
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	G	Maximum of 4 capsules per day
Omeprazole (10MG Oral Capsule Delayed Release)	G	Maximum of 3 capsules per day

Drug name	Brand or Generic	Quantity limit
Omvoh (300MG Dose) (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 2 pens (3 ml) per 28 days
Omvoh (300MG Dose) (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 2 syringes (3 ml) per 28 days
Omvoh (200MG/2ML Subcutaneous Solution Auto-Injector)	**B**	Maximum of 1 pen (2 ml) per 28 days
Omvoh (200MG/2ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 1 syringe (2 ml) per 28 days
Onapgo (Subcutaneous Solution Cartridge)	**B**	Maximum of 1 cartridge (20 ml) per day
Ondansetron HCl (4MG/5ML 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
Onureg (Oral Tablet)	**B**	Maximum of 14 tablets per 28 days
Onyda XR (Oral Suspension Extended Release)	**B**	Maximum of 4 ml per day
Onzetra Xsail (Nasal Exhaler Powder)	**B**	Maximum of 1 kit (16 exhalers) per 30 days
Opipza (10MG Oral Film, 5MG Oral Film)	**B**	Maximum of 3 films per day
Opipza (2MG Oral Film)	**B**	Maximum of 1 film per day
Opsynvi (Oral Tablet)	**B**	Maximum of 1 tablet per day
Opzelura (External Cream)	**B**	Maximum of 4 tubes (240 grams) per 28 days
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 4 pens (4 ml) per 28 days
Orencia (125MG/ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 4 syringes (4 ml) per 28 days
Orencia (50MG/0.4ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 4 syringes (1.6 ml) per 28 days
Orencia (87.5MG/0.7ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 4 syringes (2.8 ml) 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

Drug name	Brand or Generic	Quantity limit
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
Ormalvi (Oral Tablet)	**B**	Maximum of 4 tablets per day
Orserdu (345MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Orserdu (86MG Oral Tablet)	**B**	Maximum of 3 tablets per day
Oseltamivir Phosphate (Oral Capsule)	G	Maximum of 2 capsules per day
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	Maximum of 26 ml per day
Osphena (Oral Tablet)	**B**	Maximum of 1 tablet per day
Ospomyv (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 1 syringe (1 ml) per 180 days
Otezla (Oral Tablet Immediate Release)	**B**	Maximum of 2 tablets per day
Otezla (Oral Tablet Therapy Pack)	**B**	Maximum of 2 kits per year
Otezla XR (Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 1 tablet per day
Otezla/Otezla XR Initiation Pack (Oral Tablet Therapy Pack)	**B**	Maximum of 2 kits per year
Oxervate (Ophthalmic Solution)	**B**	Maximum of 2 vials (2 ml) per day
Oxiconazole Nitrate (External Cream)	G	Maximum of 90 grams per 30 days
Oxybutynin Chloride ER (10MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 3 tablets per day
Oxybutynin Chloride ER (15MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Oxybutynin Chloride ER (5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet 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
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

Drug name	Brand or Generic	Quantity limit
Oxycodone HCl (10MG Oral Tablet Immediate Release Abuse-Deterrent, 5MG Oral Tablet Immediate Release Abuse-Deterrent)	**B**	Maximum of 12 tablets per day
Oxycodone HCl (15MG Oral Tablet Immediate Release Abuse-Deterrent)	**B**	Maximum of 8 tablets per day
Oxycodone HCl (30MG Oral Tablet Immediate Release Abuse-Deterrent)	**B**	Maximum of 6 tablets 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) (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
Ozempic (Oral Tablet)	**B**	Maximum of 1 tablet per day
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
Palsonify (20MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Palsonify (30MG Oral Tablet)	**B**	Maximum of 4 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

Drug name	Brand or Generic	Quantity limit
Palynziq (20MG/ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 84 syringes (84 ml) per 28 days
Pantoprazole Sodium (20MG Oral Tablet Delayed Release)	G	Maximum of 3 tablets per day
Pantoprazole Sodium (40MG Oral Tablet Delayed Release)	G	Maximum of 2 tablets per day
Paxlovid (150/100MG) (Oral Tablet Therapy Pack)	**B**	Maximum of 4 tablets per day and 20 tablets per prescription
Paxlovid (300/100MG) (Oral Tablet Therapy Pack)	**B**	Maximum of 6 tablets per day and 30 tablets per prescription
Paxlovid (300/100MG & 150/100MG) (Oral Tablet Therapy Pack)	**B**	Maximum of 11 tablets per 5 days and 11 tablets per prescription
Pazopanib HCl (200MG Oral Tablet)	G	Maximum of 4 tablets per day
Pediarix (Intramuscular Suspension Prefilled Syringe)	**B**	1 vaccination dose (0.5 ml) per day
PedvaxHIB (Intramuscular Suspension)	**B**	1 vaccination dose (0.5 ml) per day
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	G	Maximum 2 bottles (8000 ML) per 30 days
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	G	Maximum 2 bottles (8000 ML) per 30 days
PEG-3350/Electrolytes/Ascorbat (Oral Solution Reconstituted) (Generic MoviPrep)	G	Maximum 1 box per 30 days
Pemazyre (Oral Tablet)	**B**	Maximum of 14 tablets per 21 days
Penbraya (Intramuscular Suspension Reconstituted)	**B**	1 vaccination dose (1 injection) per day
Penciclovir (External Cream)	G	Maximum of 1 tube (5 grams) per 30 days
Penmenvy (Intramuscular Suspension Reconstituted)	**B**	1 vaccination dose (1 injection) per day
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
Perampanel (Oral Suspension)	G	Maximum of 24 ml per day
Perampanel (Oral Tablet)	G	Maximum of 1 tablet per day
Percocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	**B**	Maximum of 12 tablets per day
Perforomist (Inhalation Nebulization Solution)	**B**	Maximum of 2 vials (4 ml) per day

Drug name	Brand or Generic	Quantity limit
Perindopril Erbumine (Oral Tablet)	G	Maximum of 2 tablets per day
Phyrago (100MG Oral Tablet, 140MG Oral Tablet, 70MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Phyrago (20MG Oral Tablet, 50MG Oral Tablet)	**B**	Maximum of 3 tablets per day
Phyrago (80MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Pifeltro (Oral Tablet)	**B**	Maximum of 1 tablet per day
Pilocarpine HCl (1.25% Ophthalmic Solution)	G	Maximum of 3 bottles (7.5 ml) per 28 days
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
Pitavastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
Plaquenil (Oral Tablet)	**B**	Maximum of 4 tablets per day
Plavix (Oral Tablet)	**B**	Maximum of 1 tablet per day
Plegridy (Subcutaneous Solution Auto-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
Pomalidomide (Oral Capsule)	G	Maximum of 1 capsule per day
Pomalyst (Oral Capsule)	**B**	Maximum of 1 capsule per day
Ponvory (Oral Tablet)	**B**	Maximum of 1 tablet per day
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

Drug name	Brand or Generic	Quantity limit
Prasugrel HCl (Oral Tablet)	G	Maximum of 1 tablet per day
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
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 (Oral Capsule Delayed Release)	**B**	Maximum of 2 capsules per day
Prevymis (Oral Packet)	**B**	Maximum of 4 packs 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
Pristiq (100MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 4 tablets per day
Pristiq (25MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 1 tablet per day
Procardia XL (Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 2 tablets per day
Prolate (Oral Solution)	**B**	Maximum of 65 ml per day
Prolate (Oral Tablet)	**B**	Maximum of 13 tablets per day
Promacta (Oral Packet)	**B**	Maximum of 6 packets per day
Promacta (12.5MG Oral Tablet, 25MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Promacta (50MG Oral Tablet, 75MG Oral Tablet)	**B**	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
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)	**B**	Maximum of 4 suppositories per day
Promethegan (50MG Rectal Suppository)	**B**	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
Prucalopride Succinate (Oral Tablet)	G	Maximum of 1 tablet per day
Prudoxin (External Cream)	**B**	Maximum of 90 grams per 30 days
Pruradik (External Lotion)	**B**	Maximum of 454 grams per 30 days
Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated)	**B**	Maximum of 2 inhalers per 30 days
Pulmozyme (Inhalation Solution)	**B**	Maximum of 2 ampules (5 ml) per day
Pyrukynd (20MG Oral Tablet, 5MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Pyrukynd (50MG Oral Tablet)	**B**	Maximum of 4 tablets per day
Pyrukynd Taper Pack (5MG Oral Tablet Therapy Pack)	**B**	Maximum of 14 tablets per 14 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 14 tablets per 14 days
Pyzchiva (Subcutaneous Solution)	**B**	Maximum of 6 vials (3 ml) per 84 days
Pyzchiva (45MG/0.5ML Subcutaneous Solution Auto-Injector)	**B**	Maximum of 6 pens (3 ml) per 84 days
Pyzchiva (90MG/ML Subcutaneous Solution Auto-Injector)	**B**	Maximum of 3 pens (3 ml) per 84 days
Pyzchiva (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 6 syringes (3 ml) per 84 days
Pyzchiva (90MG/ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 3 syringes (3 ml) per 84 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

Drug name	Brand or Generic	Quantity limit
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
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
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, 150MG Oral Tablet, 50MG Oral Tablet)	G	Maximum of 3 tablets per day
Quetiapine Fumarate (200MG Oral Tablet, 25MG Oral Tablet)	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
Quinapril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Quinapril-Hydrochlorothiazide (20-12.5MG Oral Tablet, 20-25MG Oral Tablet)	G	Maximum of 2 tablets per day
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 70 ml per 28 days
Raloxifene HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Ramelteon (Oral Tablet)	G	Maximum of 1 tablet per day
Ramipril (Oral Capsule)	G	Maximum of 2 capsules per day
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
Rayaldee (Oral Capsule Extended Release)	**B**	Maximum of 2 capsules per day

Drug name	Brand or Generic	Quantity limit
Rebif Rebidose (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 12 pens (6 ml) per 28 days
Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 2 packs per year
Rebif (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 12 syringes (6 ml) per 28 days
Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 2 packs per year
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
Redemplo (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 1 syringe (0.5 ml) per 84 days
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	**B**	Maximum of 3 inhalers (60 blisters) per 30 days
Relexxii (18MG Oral Tablet Extended Release)	**B**	Maximum of 3 tablets per day
Relexxii (27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release)	**B**	Maximum of 2 tablets per day
Relexxii (45MG Oral Tablet Extended Release, 54MG Oral Tablet Extended Release, 63MG Oral Tablet Extended Release, 72MG Oral Tablet Extended Release)	**B**	Maximum of 1 tablet per day
Relistor (Oral Tablet)	**B**	Maximum of 3 tablets per day
Relpax (Oral Tablet)	**B**	Maximum of 12 tablets per 30 days
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 (140MG/ML 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 (120MG Oral Tablet, 160MG Oral Tablet, 80MG Oral Tablet)	**B**	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Retevmo (40MG Oral Tablet)	**B**	Maximum of 3 tablets per day
Retrovir (Oral Capsule)	**B**	Maximum of 6 capsules per day
Retrovir (Oral Syrup)	**B**	Maximum of 64 ml per day
Revatio (Oral Tablet)	**B**	Maximum of 3 tablets per day
Revlimid (Oral Capsule)	**B**	Maximum of 1 capsule per day
Revuforj (110MG Oral Tablet)	**B**	Maximum of 4 tablets per day
Revuforj (160MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Revuforj (25MG Oral Tablet)	**B**	Maximum of 8 tablets per day
Rexulti (Oral Tablet)	**B**	Maximum of 1 tablet per day
Reyataz (Oral Packet)	**B**	Maximum of 6 packets per day
Rezdiffra (Oral Tablet)	**B**	Maximum of 1 tablet per day
Rezlidhia (Oral Capsule)	**B**	Maximum of 2 capsules per day
Rezurock (Oral Tablet)	**B**	Maximum of 2 tablets per day
Rhapsido (Oral Tablet)	**B**	Maximum of 2 tablets per day
Rilpivirine HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Rinvoq LQ (Oral Solution)	**B**	Maximum of 12 ml per day
Rinvoq (Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 1 tablet per day
Risedronate Sodium (150MG Oral Tablet Immediate Release)	G	Maximum of 1 tablet per 30 days
Risedronate Sodium (30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	Maximum of 1 tablet per day
Risedronate Sodium (35MG (12 PACK) Oral Tablet Immediate Release, 35MG (4 PACK) Oral Tablet Immediate Release)	G	Maximum of 4 tablets per 28 days
Risedronate Sodium (Oral Tablet Delayed Release)	G	Maximum of 4 tablets per 28 days
Ritalin (Oral Tablet)	**B**	Maximum of 3 tablets per day
Ritonavir (Oral Tablet)	G	Maximum of 12 tablets per day
Rivaroxaban (Oral Suspension Reconstituted)	G	Maximum of 20 ml per day
Rivaroxaban (Oral Tablet)	G	Maximum of 12 tablets per day
Rivastigmine Tartrate (Oral Capsule)	G	Maximum of 2 capsules per day
Rivastigmine (Transdermal Patch 24 Hour)	G	Maximum of 1 patch per day
Rivfloza (Subcutaneous Solution)	**B**	Maximum of 2 vials (1 ml) per 28 days
Rivfloza (128MG/0.8ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 1 syringe (0.8 ml) per 28 days
Rivfloza (160MG/ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 1 syringe (1 ml) per 28 days
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

Drug name	Brand or Generic	Quantity limit
Roflumilast (250MCG Oral Tablet)	G	Maximum of 1 tablet per day
Roflumilast (500MCG Oral Tablet)	G	Maximum of 1 tablet per day
Romvimza (Oral Capsule)	**B**	Maximum of 8 capsules per 28 days
Rosuvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
Rotarix (Oral Suspension)	**B**	1 vaccination dose (1.5 ml) per day
RotaTeq (Oral Solution)	**B**	1 vaccination dose (2 ml) per day
Rowasa (Rectal Kit)	**B**	Maximum of 4 kits (28 bottles) per 28 days
Roxicodone (15MG Oral Tablet)	**B**	Maximum of 8 tablets per day
Roxicodone (30MG Oral Tablet)	**B**	Maximum of 6 tablets per day
RoxyBond (10MG Oral Tablet Abuse-Deterrent, 5MG Oral Tablet Abuse-Deterrent)	**B**	Maximum of 12 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
Rozerem (Oral Tablet)	**B**	Maximum of 1 tablet per day
Rozlytrek (100MG Oral Capsule)	**B**	Maximum of 5 capsules per day
Rozlytrek (200MG Oral Capsule)	**B**	Maximum of 3 capsules per day
Rozlytrek (Oral Packet)	**B**	Maximum of 12 packs per day
Rubraca (Oral Tablet)	**B**	Maximum of 4 tablets per day
Rukobia (Oral Tablet Extended Release 12 Hour)	**B**	Maximum of 2 tablets 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
Sacubitril-Valsartan (24-26MG Oral Tablet)	G	Maximum of 6 tablets per day
Sacubitril-Valsartan (49-51MG Oral Tablet, 97-103MG Oral Tablet)	G	Maximum of 2 tablets per day
Sajazir (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 12 syringes (36 ml) per 30 days
Samsca (15MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Samsca (30MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Sancuso (Transdermal Patch)	**B**	Maximum of 4 patches per 28 days
Santyl (External Ointment)	**B**	Maximum of 180 grams per 30 days
Saphnelo Pen (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 4 pens (3.2 ml) per 28 days
Saphnelo (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 4 syringes (3.2 ml) per 28 days
Saphris (Tablet Sublingual)	**B**	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Savaysa (Oral Tablet)	**B**	Maximum of 1 tablet per day
Saxagliptin HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Saxagliptin-Metformin ER (2.5-1000MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Saxagliptin-Metformin ER (5-1000MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Scemblix (100MG Oral Tablet)	**B**	Maximum of 4 tablets per day
Scemblix (20MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Scemblix (40MG Oral Tablet)	**B**	Maximum of 8 tablets per day
Secuado (Transdermal Patch 24 Hour)	**B**	Maximum of 1 patch 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 (150MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Selzentry (300MG Oral Tablet)	**B**	Maximum of 4 tablets per day
Serevent Diskus (60 Inhalation Aerosol Powder Breath Activated)	**B**	Maximum of 1 inhaler (60 inhalations) per 30 days
Seroquel (100MG Oral Tablet, 50MG Oral Tablet)	**B**	Maximum of 3 tablets per day
Seroquel (200MG Oral Tablet, 25MG Oral Tablet)	**B**	Maximum of 4 tablets per day
Seroquel (300MG Oral Tablet)	**B**	Maximum of 2 tablets per day
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 Prefilled Syringe)	**B**	1 vaccination dose (1 injection) per day
Shingrix (50MCG/0.5ML Intramuscular Suspension Reconstituted)	**B**	1 vaccination dose (1 injection) per day
Sildenafil Citrate (Oral Suspension Reconstituted)	G	Maximum of 6 ml per day
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	Maximum of 3 tablets per day
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

Drug name	Brand or Generic	Quantity limit
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 Tablet)	**B**	Maximum of 1 tablet per day
Singulair (Oral Tablet Chewable)	**B**	Maximum of 1 tablet per day
Sitagliptin Phosphate-Metformin HCl ER (100-1000MG Oral Tablet Extended Release 24 Hour, 50-500MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 1 tablet per day
Sitagliptin Phosphate-Metformin HCl ER (50-1000MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 2 tablets per day
Sitagliptin Base-Metformin HCl (50-1000MG Oral Tablet Immediate Release, 50-500MG Oral Tablet Immediate Release)	**B**	Maximum of 2 tablets per day
Sitagliptin Base-Metformin HCl ER (100-1000MG Oral Tablet Extended Release 24 Hour, 50-500MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 1 tablet per day
Sitagliptin Base-Metformin HCl ER (50-1000MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 2 tablets per day
Sitagliptin (Oral Tablet)	**B**	Maximum of 1 tablet per day
Sitagliptin Phosphate (Oral Tablet)	G	Maximum of 1 tablet per day
Sitagliptin Phosphate-Metformin HCl (Oral Tablet)	G	Maximum of 2 tablets 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 (150MG/ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 1 syringe (1 ml) per 28 days
Skyrizi (55MG/0.37ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 1 syringe (0.37 ml) per 28 days
Sodium Oxybate (Oral Solution)	**B**	Maximum of 18 ml per day
Sofdra (External Gel)	**B**	Maximum of 1 bottle (40.2 ml) per 30 days
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 24 days
Soma (Oral Tablet)	**B**	Maximum of 4 tablets per day

Drug name	Brand or Generic	Quantity limit
Somavert (Subcutaneous Solution Reconstituted)	**B**	Maximum of 1 vial per day
Soolantra (External Cream)	**B**	Maximum of 45 grams per 30 days
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
Spevigo (150MG/ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 4 syringes (4 ml) per 28 days
Spevigo (300MG/2ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 2 syringes (4 ml) per 28 days
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
Spritam ODT (250MG Oral Tablet Disintegrating Soluble)	**B**	Maximum of 2 tablets per day
Spritam ODT (500MG Oral Tablet Disintegrating Soluble)	**B**	Maximum of 6 tablets per day
Sprycel (100MG Oral Tablet, 140MG Oral Tablet, 70MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Sprycel (20MG Oral Tablet, 50MG Oral Tablet)	**B**	Maximum of 3 tablets per day
Sprycel (80MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Starjemza (Subcutaneous Solution)	**B**	Maximum of 6 vials (3 ml) per 84 days
Starjemza (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 6 syringes (3 ml) per 84 days
Starjemza (90MG/ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 3 syringes (3 ml) per 84 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
Steqeyma (Subcutaneous Solution)	**B**	Maximum of 6 vials (3 ml) per 84 days
Steqeyma (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 6 syringes (3 ml) per 84 days
Steqeyma (90MG/ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 3 syringes (3 ml) per 84 days
Stiolto Respimat (60 Inhalation Aerosol Solution)	**B**	Maximum of 1 inhaler (4 grams) per 30 days
Stivarga (Oral Tablet)	**B**	Maximum of 4 tablets per day

Drug name	Brand or Generic	Quantity limit
Stoboclo (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 1 syringe (1 ml) per 180 days
Stribild (Oral Tablet)	**B**	Maximum of 1 tablet per day
Striverdi Respimat (Inhalation Aerosol Solution)	**B**	Maximum of 1 inhaler (4 grams) per 30 days
Suflave (Oral Solution Reconstituted)	**B**	Maximum 2 bottles per 30 days
Sumatriptan (Nasal Solution)	G	Maximum of 12 devices per 30 days
Sumatriptan Succinate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Sumatriptan Succinate (Subcutaneous Solution)	G	Maximum of 12 vials (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector)	G	Maximum of 12 pens (6 ml) per 30 days
Sumatriptan-Naproxen Sodium (Oral Tablet)	G	Maximum of 9 tablets per 30 days
Sunitinib Malate (12.5MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule)	G	Maximum of 1 capsule per day
Sunitinib Malate (37.5MG Oral Capsule)	G	Maximum of 2 capsules per day
Sunlenca (Oral Tablet)	**B**	Maximum of 24 tablets per 168 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
Suprep Bowel Prep Kit (Oral Solution)	**B**	Maximum 2 bottles (354 ML) per 30 days
Sutab (Oral Tablet)	**B**	Maximum 24 tablets per 30 days
Sutent (12.5MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule)	**B**	Maximum of 1 capsule per day
Sutent (37.5MG Oral Capsule)	**B**	Maximum of 2 capsules per day
Symbicort (120 Inhalation Aerosol)	**B**	Maximum of 1 inhaler (10.2 grams) per 30 days
Symbravo (Oral Tablet)	**B**	Maximum of 9 tablets per 30 days
Symdeko (Oral Tablet Therapy Pack)	**B**	Maximum of 1 pack (56 tablets) per 28 days
Symfi (Oral Tablet)	**B**	Maximum of 1 tablet per day
Sympazan (Oral Film)	**B**	Maximum of 2 films per day
Symproic (Oral Tablet)	**B**	Maximum of 1 tablet per day
Symtuza (Oral Tablet)	**B**	Maximum of 1 tablet per day
Synjardy (Oral Tablet Immediate Release)	**B**	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
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 (PAH) (20MG Oral Tablet) (Generic Adcirca)	G	Maximum of 2 tablets per day
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Tadliq (Oral Suspension)	**B**	Maximum of 10 ml per day
Tagrisso (Oral Tablet)	**B**	Maximum of 1 tablet per day
Taltz (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 4 syringes (4 ml) per 28 days
Taltz (20MG/0.25ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 2 syringes (0.5 ml) per 28 days
Taltz (40MG/0.5ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 2 syringes (1 ml) per 28 days
Taltz (80MG/ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 4 syringes (4 ml) per 28 days
Talzenna (0.1MG Oral Capsule, 0.35MG Oral Capsule, 0.5MG Oral Capsule, 0.75MG Oral Capsule, 1MG Oral Capsule)	**B**	Maximum of 1 capsule per day
Talzenna (0.25MG Oral Capsule)	**B**	Maximum of 3 capsules per day
Tamiflu (Oral Capsule)	**B**	Maximum of 2 capsules per day
Tamiflu (Oral Suspension Reconstituted)	**B**	Maximum of 26 ml per day
Tapentadol HCl ER (Oral Tablet Extended Release 12 Hour)	**B**	Maximum of 2 tablets per day
Tapentadol HCl (Oral Tablet)	G	Maximum of 6 tablets 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
Tasigna (150MG Oral Capsule)	**B**	Maximum of 5 capsules per day
Tasigna (200MG Oral Capsule)	**B**	Maximum of 4 capsules per day
Tasigna (50MG Oral Capsule)	**B**	Maximum of 14 capsules 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

Drug name	Brand or Generic	Quantity limit
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
Tazorac (External Gel)	**B**	Maximum of 100 grams per 30 days
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
Tecfidera (Oral Capsule Delayed Release Therapy Pack)	**B**	Maximum of 2 packs (120 capsules) per year
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
Teriparatide (Subcutaneous Solution Pen-Injector)	G	Maximum of 1 pen (2.24 ml) per 28 days
Testosterone (Transdermal Solution)	G	Maximum of 2 bottles (180 ml) per 30 days
Tetrabenazine (12.5MG Oral Tablet)	G	Maximum of 3 tablets per day
Tetrabenazine (25MG Oral Tablet)	G	Maximum of 4 tablets per day
Tezspire (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 1 syringe (1.91 ml) per 28 days
Thalomid (100MG Oral Capsule)	**B**	Maximum of 4 capsules per day
Thalomid (50MG Oral Capsule)	**B**	Maximum of 3 capsules per day
Tibsovo (Oral Tablet)	**B**	Maximum of 2 tablets per day
Ticagrelor (Oral Tablet)	G	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

Drug name	Brand or Generic	Quantity limit
Tikosyn (250MCG Oral Capsule, 500MCG Oral Capsule)	**B**	Maximum of 2 capsules per day
Tivicay (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
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
Tofacitinib Citrate ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Tofacitinib Citrate (Oral Solution)	G	Maximum of 10 ml per day
Tofacitinib Citrate (Oral Tablet)	G	Maximum of 2 tablets per day
Tolcapone (Oral Tablet)	G	Maximum of 6 tablets per day
Tolsura (Oral Capsule)	**B**	Maximum of 4 capsules per day
Tolvaptan (15MG Oral Tablet) (Generic Samsca)	G	Maximum of 1 tablet per day
Tolvaptan (30MG Oral Tablet) (Generic Samsca)	G	Maximum of 2 tablets per day
Tolvaptan (15MG Oral Tablet, 30MG Oral Tablet) (Generic Jynarque)	G	Maximum of 4 tablets per day
Tolvaptan (Oral Tablet Therapy Pack) (Generic Jynarque)	G	Maximum of 2 tablets per day
Topiramate ER (100MG Oral Capsule ER 24 Hour Sprinkle, 50MG Oral Capsule ER 24 Hour Sprinkle)	G	Maximum of 3 capsules per day
Topiramate ER (150MG Oral Capsule ER 24 Hour Sprinkle, 200MG Oral Capsule ER 24 Hour Sprinkle, 25MG Oral Capsule ER 24 Hour Sprinkle)	G	Maximum of 2 capsules per day
Topiramate ER (100MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 3 capsules per day
Topiramate ER (200MG Oral Capsule Extended Release 24 Hour, 25MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 2 capsules per day
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

Drug name	Brand or Generic	Quantity limit
Tramadol HCl (ER Biphasic) (Oral Capsule Extended Release 24 Hour)	**B**	Maximum of 1 capsule per day
Tramadol HCl ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Tramadol HCl (100MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
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
Trelstar Mixject (3.75MG Intramuscular Suspension Reconstituted)	**B**	Maximum of 1 vial per 28 days
Tremfya One-Press (100MG/ML Subcutaneous Solution Pen-Injector)	**B**	Maximum of 2 pens (2 ml) per 56 days
Tremfya Pen (200MG/2ML Subcutaneous Solution Auto-Injector)	**B**	Maximum of 1 pen (2 ml) per 28 days
Tremfya (100MG/ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 2 syringes (2 ml) per 56 days
Tremfya (200MG/2ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 1 syringe (2 ml) per 28 days
Treximet (Oral Tablet)	**B**	Maximum of 9 tablets per 30 days
Triazolam (0.125MG Oral Tablet)	G	Maximum of 1 tablet per day
Triazolam (0.25MG Oral Tablet)	G	Maximum of 2 tablets per day
Tribenzor (Oral Tablet)	**B**	Maximum of 1 tablet per day
Trientine HCl (250MG Oral Capsule)	G	Maximum of 8 capsules per day
Trientine HCl (500MG Oral Capsule)	G	Maximum of 4 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

Drug name	Brand or Generic	Quantity limit
Trikafta (Oral Granule Therapy Pack)	**B**	Maximum of 1 carton (56 packets) per 28 days
Trilitas (External Gel)	G	Maximum of 100 grams per 30 days
Trimethobenzamide HCl (Oral Capsule)	G	Maximum of 4 capsules per day
Trintellix (Oral Tablet)	**B**	Maximum of 1 tablet per day
Triumeq (Oral Tablet)	**B**	Maximum of 1 tablet per day
Triumeq PD (Oral Tablet Soluble)	**B**	Maximum of 6 tablets per day
Trokendi XR (100MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	**B**	Maximum of 3 capsules per day
Trokendi XR (200MG Oral Capsule Extended Release 24 Hour, 25MG Oral Capsule Extended Release 24 Hour)	**B**	Maximum of 2 capsules per day
Trudhesa (Nasal Aerosol Solution)	**B**	Maximum of 12 vials (12 ml) per 28 days
Trulance (Oral Tablet)	**B**	Maximum of 1 tablet per day
Trulicity (Subcutaneous Solution Auto-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
Truqap (200MG Oral Tablet)	**B**	Maximum of 64 tablets per 28 days
Truqap (160MG Oral Tablet Therapy Pack)	**B**	Maximum of 4 packs (64 tablets) per 28 days
Truvada (Oral Tablet)	**B**	Maximum of 1 tablet per day
Tryngolza (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 1 pen (0.8 ml) per 28 days
Tryptyr (Ophthalmic Solution)	**B**	Maximum of 60 vials per 30 days
Tryvio (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
Tyenne (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 4 pens (3.6 ml) per 28 days
Tyenne (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 4 syringes (3.6 ml) per 28 days
Tymlos (Subcutaneous Solution Pen-Injector)	**B**	Maximum of 1 pen (1.56 ml) per 30 days
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
Tyvaso DPI Maintenance Kit (112 x 32MCG & 112 x 64MCG Inhalation Powder, 112 x 48MCG & 112 x 64MCG Inhalation Powder, 112 x 48MCG & 112 x 80MCG Inhalation Powder)	**B**	Maximum of 1 kit (224 cartridges) per 28 days
Tyvaso DPI Maintenance Kit (16MCG Inhalation Powder, 32MCG Inhalation Powder, 48MCG Inhalation Powder, 64MCG Inhalation Powder, 80MCG Inhalation Powder)	**B**	Maximum of 1 kit (112 cartridges) per 28 days
Tyvaso DPI Titration Kit (Inhalation Powder)	**B**	Maximum of 2 kits (504 cartridges) per year
Ubrelvy (Oral Tablet)	**B**	Maximum of 16 tablets per 30 days
Umeclidinium-Vilanterol (Inhalation Aerosol Powder Breath Activated)	**B**	Maximum of 1 inhaler (60 blisters) per 30 days
Uptravi Titration (Oral Tablet Therapy Pack)	**B**	Maximum of 2 packs (400 tablets) per year
Ustekinumab-ttwe (Subcutaneous Solution)	**B**	Maximum of 6 vials (3 ml) per 84 days
Ustekinumab-ttwe (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 6 syringes (3 ml) per 84 days
Ustekinumab-ttwe (90MG/ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 3 syringes (3 ml) per 84 days
Vabrinty (22.5MG Subcutaneous Kit)	**B**	Maximum of 1 kit per 84 days
Vabrinty (30MG Subcutaneous Kit)	**B**	Maximum of 1 kit per 112 days
Vabrinty (45MG Subcutaneous Kit)	**B**	Maximum of 1 kit per 168 days
Vabrinty (7.5MG Subcutaneous Kit)	**B**	Maximum of 1 kit per 28 days
Vagifem (Vaginal Tablet)	**B**	Maximum of 18 tablets per 28 days
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
Valganciclovir HCl (Oral Solution Reconstituted)	G	Maximum of 36 ml per day
Valganciclovir HCl (Oral Tablet)	G	Maximum of 4 tablets per day
Valium (Oral Tablet)	**B**	Maximum of 4 tablets per day
Valsartan (Oral Solution)	G	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

Drug name	Brand or Generic	Quantity limit
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
Vanflyta (Oral Tablet)	**B**	Maximum of 2 tablets per day
Vanrafia (Oral Tablet)	**B**	Maximum of 1 tablet per day
Vaqta (25UNIT/0.5ML Intramuscular Suspension)	**B**	Maximum of 2 vaccines per lifetime
Vaqta (50UNIT/ML Intramuscular Suspension)	**B**	Maximum of 2 vaccines per lifetime
Vaqta (25UNIT/0.5ML Intramuscular Suspension Prefilled Syringe)	**B**	Maximum of 2 vaccines per lifetime
Vaqta (50UNIT/ML Intramuscular Suspension Prefilled Syringe)	**B**	Maximum of 2 vaccines per lifetime
Varivax (Injection Suspension Reconstituted)	**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
Vaxchora (Oral Suspension Reconstituted)	**B**	1 vaccination dose (100 ml) per day
Velsipity (Oral Tablet)	**B**	Maximum of 1 tablet per day
Veltassa (16.8GM Oral Packet, 25.2GM Oral Packet, 8.4GM Oral Packet)	**B**	Maximum of 1 packet per day
Veltassa (1GM Oral Packet)	**B**	Maximum of 4 packets per day
Vemlidy (Oral Tablet)	**B**	Maximum of 1 tablet per day
Venclexta (100MG Oral Tablet)	**B**	Maximum of 6 tablets per day
Venclexta (10MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Venclexta (50MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Venclexta Starting Pack (Oral Tablet Therapy Pack)	**B**	Maximum of 2 packs per year
Veozah (Oral Tablet)	**B**	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Verkazia (Ophthalmic Emulsion)	**B**	Maximum of 4 vials per day
Verquvo (Oral Tablet)	**B**	Maximum of 1 tablet per day
Verzenio (Oral Tablet)	**B**	Maximum of 2 tablets per day
Vevye (Ophthalmic Solution)	**B**	Maximum of 4 bottles (8 ml) per 30 days
Vfend (Oral Suspension Reconstituted)	**B**	Maximum of 20 ml 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)	**B**	Maximum of 6 packets per day
Vigadrone (Oral Tablet)	**B**	Maximum of 6 tablets per day
Viibryd (Oral Tablet)	**B**	Maximum of 1 tablet per day
Vijoice (Oral Packet)	**B**	Maximum of 1 packet 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
Vilazodone HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Vimkunya (Intramuscular Suspension Prefilled Syringe)	**B**	1 vaccination dose (0.8 ml) 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
Vivelle-Dot (Transdermal Patch Twice Weekly)	**B**	Maximum of 8 patches per 28 days
Vivotif (Oral Capsule Delayed Release)	**B**	Maximum of 4 capsules per 5 years
Vonjo (Oral Capsule)	**B**	Maximum of 4 capsules per day
Voquezna (10MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Voquezna (20MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Voranigo (10MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Voranigo (40MG Oral Tablet)	**B**	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
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
Votrient (Oral Tablet)	**B**	Maximum of 4 tablets per day
Voxzogo (Subcutaneous Solution Reconstituted)	**B**	Maximum of 1 vial per day
Voydeya (Oral Tablet)	**B**	Maximum of 6 tablets per day
Voydeya (Oral Tablet Therapy Pack)	**B**	Maximum of 6 tablets per day
Voyxact (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 1 syringe (2 ml) per 28 days
Vraylar (Oral Capsule)	**B**	Maximum of 1 capsule per day
Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)	**B**	Maximum of 4 capsules per day
Vykat XR (150MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 3 tablets per day
Vykat XR (25MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 13 tablets per day
Vykat XR (75MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 7 tablets per day
Vyndamax (Oral Capsule)	**B**	Maximum of 1 capsule per day
Vyscoxa (Oral Suspension)	**B**	Maximum of 40 ml per day
Vytorin (Oral Tablet)	**B**	Maximum of 1 tablet per day
Vyvgart Hytrulo (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 4 syringes (20 ml) per 28 days
Wainua (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 1 pen (0.8 ml) per 28 days
Wakix (Oral Tablet)	**B**	Maximum of 2 tablets per day
Wayrilz (Oral Tablet)	**B**	Maximum of 2 tablets per day
Wegovy (Oral Tablet)	**B**	Maximum of 1 tablet per day
Wegovy (0.25MG/0.5ML Subcutaneous Solution Auto-Injector, 0.5MG/0.5ML Subcutaneous Solution Auto-Injector, 1MG/0.5ML Subcutaneous Solution Auto-Injector)	**B**	Maximum of 4 pens (2 ml) per 28 days
Wegovy (1.7MG/0.75ML Subcutaneous Solution Auto-Injector, 2.4MG/0.75ML Subcutaneous Solution Auto-Injector)	**B**	Maximum of 4 pens (3 ml) per 28 days
Welireg (Oral Tablet)	**B**	Maximum of 3 tablets per day
Wezlana (Subcutaneous Solution)	**B**	Maximum of 6 vials (3 ml) per 84 days
Wezlana (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 6 syringes (3 ml) per 84 days
Wezlana (90MG/ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 3 syringes (3 ml) per 84 days

Drug name	Brand or Generic	Quantity limit
Winrevair (2 x 45MG Subcutaneous Kit, 2 x 60MG Subcutaneous Kit)	**B**	Maximum of 1 kit (2 vials) per 21 days
Winrevair (1 x 45MG Subcutaneous Kit, 1 x 60MG Subcutaneous Kit)	**B**	Maximum of 1 kit (1 vial) per 21 days
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 (2MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 5 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
Xcopri (100MG Oral Tablet, 25MG 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
Xdemvy (Ophthalmic Solution)	**B**	Maximum of 1 bottle (10 ml) per 42 days
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
Xenazine (12.5MG Oral Tablet)	**B**	Maximum of 3 tablets per day
Xenazine (25MG Oral Tablet)	**B**	Maximum of 4 tablets per day
Xerese (External Cream)	**B**	Maximum of 1 tube (5 grams) per 30 days
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

Drug name	Brand or Generic	Quantity limit
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
Xocova (Oral Tablet)	**B**	Maximum of 1 pack (7 tablets) per 5 days
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
Xolremdi (Oral Capsule)	**B**	Maximum of 4 capsules per day
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) (10MG Oral Tablet Therapy Pack)	**B**	Maximum of 16 tablets per 28 days
Xpovio (40MG Twice Weekly) (40MG 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) (40MG Oral Tablet Therapy Pack)	**B**	Maximum of 8 tablets per 28 days
Xpovio (80MG Once Weekly) (80MG Oral Tablet Therapy Pack)	**B**	Maximum of 4 tablets per 28 days
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	**B**	Maximum of 32 tablets per 28 days
Xtampza ER (13.5MG Oral Capsule ER 12 Hour Abuse-Deterrent, 18MG Oral Capsule ER 12 Hour Abuse-Deterrent, 9MG Oral Capsule ER 12 Hour Abuse-Deterrent)	**B**	Maximum of 3 capsules per day
Xtampza ER (27MG Oral Capsule ER 12 Hour Abuse-Deterrent, 36MG Oral Capsule ER 12 Hour Abuse-Deterrent)	**B**	Maximum of 6 capsules per day
Xtandi (Oral Capsule)	**B**	Maximum of 4 capsules per day
Xtandi (40MG Oral Tablet)	**B**	Maximum of 4 tablets per day
Xtandi (80MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Xultophy (Subcutaneous Solution Pen-Injector)	**B**	Maximum of 5 pens (15 ml) per 30 days
Xyrem (Oral Solution)	**B**	Maximum of 18 ml per day
Xywav (Oral Solution)	**B**	Maximum of 18 ml per day
Yesintek (Subcutaneous Solution)	**B**	Maximum of 6 vials (3 ml) per 84 days
Yesintek (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 6 syringes (3 ml) per 84 days

Drug name	Brand or Generic	Quantity limit
Yesintek (90MG/ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 3 syringes (3 ml) per 84 days
YF-VAX (Subcutaneous Suspension Reconstituted)	**B**	1 vaccination dose (1 injection) per day
Yonsa (Oral Tablet)	**B**	Maximum of 4 tablets per day
Yorvipath (168MCG/0.56ML Subcutaneous Solution Pen-Injector)	**B**	Maximum of 2 pens (1.12 ml) per 28 days
Yorvipath (294MCG/0.98ML Subcutaneous Solution Pen-Injector)	**B**	Maximum of 2 pens (1.96 ml) per 28 days
Yorvipath (420MCG/1.4ML Subcutaneous Solution Pen-Injector)	**B**	Maximum of 2 pens (2.8 ml) per 28 days
Yupelri (Inhalation Nebulization Solution)	**B**	Maximum of 1 vial (3 ml) per day
Yutrepia (106MCG Inhalation Capsule)	**B**	Maximum of 8 capsules per day
Yutrepia (26.5MCG Inhalation Capsule, 53MCG Inhalation Capsule)	**B**	Maximum of 5 capsules per day
Yutrepia (79.5MCG Inhalation Capsule)	**B**	Maximum of 10 capsules per day
Yuvafem (Vaginal Tablet)	G	Maximum of 18 tablets per 28 days
Yuviwel (1.3MG Subcutaneous Solution Reconstituted, 2.8MG Subcutaneous Solution Reconstituted)	**B**	Maximum of 4 vials per 28 days
Yuviwel (5.5MG Subcutaneous Solution Reconstituted)	**B**	Maximum of 8 vials per 28 days
Zafirlukast (Oral Tablet)	G	Maximum of 2 tablets 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
Zejula (Oral Tablet)	**B**	Maximum of 1 tablet per day
Zembrace SymTouch (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 16 pens (8 ml) per 30 days
Zenbexus (Oral Capsule)	**B**	Maximum of 21 capsules per 28 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
Zepbound KwikPen (Subcutaneous Solution Pen-Injector)	**B**	Maximum of 1 pen (2.4 ml) per 28 days
Zepbound (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 4 pens (2 ml) per 28 days
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

Drug name	Brand or Generic	Quantity limit
Zeposia Starter Kit (Oral Capsule Therapy Pack)	**B**	Maximum of 2 kits per year
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
Zetia (Oral Tablet)	**B**	Maximum of 1 tablet per day
Ziagen (Oral Solution)	**B**	Maximum of 32 ml 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
Zituvimet (Oral Tablet Immediate Release)	**B**	Maximum of 2 tablets per day
Zituvimet XR (100-1000MG Oral Tablet Extended Release 24 Hour, 50-500MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 1 tablet per day
Zituvimet XR (50-1000MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 2 tablets per day
Zituvio (Oral Tablet)	**B**	Maximum of 1 tablet 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
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
Zovirax (External Cream)	**B**	Maximum of 1 tube (5 grams) per 30 days
Zovirax (External Ointment)	**B**	Maximum of 1 tube (30 grams) per 30 days

Drug name	Brand or Generic	Quantity limit
ZTlido (External Patch)	**B**	Maximum of 3 patches per day
Zunveyl (Oral Tablet Delayed Release)	**B**	Maximum of 2 tablets per day
Zurzuvae (20MG Oral Capsule, 25MG Oral Capsule)	**B**	Maximum of 28 capsules per 14 days
Zurzuvae (30MG Oral Capsule)	**B**	Maximum of 14 capsules per 14 days
Zybic (Oral Suspension)	**B**	Maximum of 10 ml per day
Zykadia (Oral Tablet)	**B**	Maximum of 3 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 Zydis (10MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	**B**	Maximum of 2 tablets per day
Zyprexa Zydis (15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible)	**B**	Maximum of 1 tablet per day
Zytiga (250MG Oral Tablet)	**B**	Maximum of 4 tablets per day
Zytiga (500MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Zyvox (100MG/5ML Oral Suspension Reconstituted)	**B**	Maximum of 60 ml 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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