



# Complete Drug List (Formulary) 2023

HealthSelect<sup>SM</sup> Medicare Rx (PDP) provided through the Employees Retirement System of Texas (ERS)

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



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

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



**HSMedicareRx.com**

**United  
Healthcare**

**HealthSelect**  
Medicare 

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## What is a Drug List?

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

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

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

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

### Note to existing members:

This **complete** list of prescription drugs covered by your plan is current as of December 1, 2023.

To get updated information about the covered drugs or if you have questions, please call Customer Service toll-free at **(866) 868-0609** (TTY: **711**), 7 a.m.—7 p.m. CT, Monday — Friday, 7 a.m.—3 p.m. CT, Saturday. You can also visit us online at **HSMedicareRx.com**.

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

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

**Important message about what you pay for vaccines** - Our plan covers most 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 two 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 12-33 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 34-110. The drugs in this Drug List are grouped into categories depending on the type of medical condition they are used to treat. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. This is where you will find drugs that treat heart conditions.

## What are generic drugs?

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

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

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

## What is a compounded drug?

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

## Drug payment stage and drug tiers

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

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

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

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

## Getting Extra Help

If you qualify for Extra Help paying for your prescription drugs, your copays and coinsurance may be lower. Members who qualify for Extra Help will receive the **Evidence of Coverage Rider** (also called a Low Income Subsidy (LIS) 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 toll-free at **(866) 868-0609** (TTY: **711**), 7 a.m.—7 p.m. CT, Monday — Friday, 7 a.m.—3 p.m. CT, Saturday.

## **Are there any rules or limits on my drug coverage?**

Yes, some drugs may have coverage rules or have limits on the amount you can get. If your drug has any coverage rules or limits, there will be a code(s) in the “Coverage rules or limits on use” column of the “Covered drugs by category” chart starting on page 34. The codes and what they mean are shown below and on the next page.

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

### **Coverage rules and limits**

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#### **PA - Prior authorization**

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

#### **QL - Quantity limits**

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

#### **ST - Step therapy**

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

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

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

## Other special coverage rules

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### **B/D - Medicare Part B or Part D**

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

### **HRM - High-risk medication**

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

### **LA - Limited access**

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

### **MME - Morphine milligram equivalent**

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

### **7D - Seven-day limit**

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

### **DL - Dispensing limit**

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

### **SP - Specialty drugs**

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

## What if my drug is not on this list?

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

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

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

## How can I get an exception?

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

### Types of exceptions you can ask for

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

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

### Who can ask for an exception?

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

### How long does it take to get an exception?

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



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

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

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

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

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

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

## Can the Drug List change?

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

### Changes that can affect you this year

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

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

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

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

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

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

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

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

## Drugs with dosages other than a one-month supply

### Drugs packaged in an extended day supply

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

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

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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 one-month under applicable law. The daily cost sharing requirements do not apply to either of the following:

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

### For more information

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

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

If you have general questions about Medicare prescription drug coverage, visit [www.medicare.gov](http://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)**

<b>A</b>					
Abacavir Sulfate .....	62	Adbry .....	97	Alunbrig .....	53
Abacavir Sulfate -Lamivudine . .....	62	Adefovir Dipivoxil .....	61	Alyacen 1/35 .....	90
Abelcet .....	49	Adempas .....	108	Alyq .....	108
Abilify Maintena .....	59	Advair HFA .....	109	AmBisome .....	49
Abiraterone Acetate .....	52	Adzenys XR -ODT .....	75	Amabelz .....	90
Abrysvo .....	100	Aemcolo . .....	38	Amantadine HCl . .....	57
Absorica LD .....	78	Afrezza . .....	66	Ambrisentan . .....	108
Acamprosate Calcium .....	37	Aimovig .....	51	Amcinonide .....	79
Acarbose .....	65	Ajovy .....	51	Amethia .....	90
Accutane . .....	78	Ala -Cort .....	79	Amiloride HCl . .....	73
Acebutolol HCl .....	70	Albendazole .....	57	Amiloride -Hydrochlorothiazide .....	71
Acetaminophen -Caffeine -Dihydrocodeine . .....	36	Albuterol Sulfate . .....	107	Amiodarone HCl .....	69
Acetaminophen -Codeine . ...	36	Albuterol Sulfate HFA .....	107	Amitriptyline HCl .....	48
Acetazolamide . .....	71	Alclometasone Dipropionate . .....	79	Amlodipine Besylate .....	70
Acetazolamide ER .....	71	Alcohol Prep Pads.....	103	Amlodipine -Atorvastatin .....	71
Acetic Acid .....	106	Alecensa .....	53	Amlodipine -Benazepril .....	71
Acetylcysteine . .....	109	Alendronate Sodium .....	102	Amlodipine -Olmesartan .....	71
Acitretin .....	78	Alfuzosin HCl ER . .....	88	Amlodipine -Valsartan . .....	72
ActHIB .....	100	Aliskiren Fumarate . .....	71	Amlodipine -Valsartan -HCTZ . .....	72
Actemra . .....	97	Allopurinol .....	50	Ammonium Lactate . .....	79
Actemra ACTPen .....	97	Alomide .....	103	Amnesteem .....	78
Acthar .....	89	Alosetron HCl . .....	85	Amoxapine .....	48
Actimmune .....	98	Alphagan P . .....	105	Amoxicillin .....	40
Acyclovir . .....	61	Alprazolam . .....	64	Amoxicillin -Clarithromycin -Lansoprazole .....	85
Acyclovir Sodium .....	61	Alprazolam ER . .....	64	Amoxicillin -Potassium Clavulanate . .....	41
Adacel .....	100	Alprazolam Intensol . .....	64	Amoxicillin -Potassium Clavulanate ER .....	40
Adapalene .....	78	Altanax .....	81	Amphetamine Sulfate .....	75
Adapalene -Benzoyl Peroxide . .....	78	Altavera . .....	90	Amphetamine -Dextroamphetamine .....	75
		Altreno .....	78		

Amphetamine -Dextroamphetamine ER .....	75	Aripiprazole ODT .....	59	Azelaic Acid .....	78
Amphotericin B .....	49	Armodafinil .....	110	Azelastine HCl .....	106
Amphotericin B Liposome ..	49	Arnuity Ellipta .....	106	Azelastine -Fluticasone .....	106
Ampicillin .....	41	Ascomp -Codeine .....	36	Azelex .....	78
Ampicillin Sodium .....	41	Asenapine Maleate .....	59	Azithromycin .....	42
Ampicillin -Sulbactam Sodium . .....	41	Ashlyna .....	90	Azstarys .....	75
Amzeeq .....	81	Aspirin -Dipyridamole ER .....	68	Aztreonam .....	38
Anagrelide HCl .....	68	Astagraf XL .....	98	<b>B</b>	
Anastrozole .....	53	Atazanavir Sulfate .....	63	BCG Vaccine .....	100
Angeliq .....	90	Atenolol .....	70	BIVIGAM .....	97
Anovera .....	90	Atenolol -Chlorthalidone .....	72	BRIVIACT .....	43
Anoro Ellipta .....	109	Atomoxetine HCl .....	75	Bacitracin .....	104
Antivert .....	48	Atorvastatin Calcium .....	73	Bacitracin -Polymyxin B .....	104
Anzemet .....	49	Atovaquone .....	57	Baclofen .....	60
Aplenzin .....	46	Atovaquone -Proguanil HCl .	57	Bafiertam .....	77
Apomorphine HCl .....	58	Atropine Sulfate .....	103	Balcoltra .....	90
Apraclonidine HCl .....	105	Atrovent HFA .....	107	Balsalazide Disodium .....	101
Aprepitant .....	49	Aubagio .....	77	Balversa .....	53
Apri .....	90	Aubra EQ .....	90	Balziva .....	90
Aptiom .....	45	Auryxia .....	84	Baqsimi One Pack .....	66
Aptivus .....	63	Austedo .....	76	Baraclude .....	61
Aralast NP .....	87	Auvelity .....	46	Baxdela .....	42
Aranelle .....	90	Auvi -Q .....	107	Beconase AQ .....	106
Aranesp .....	68	Aviane .....	90	Belbuca .....	35
Arcalyst .....	97	Avonex Pen .....	77	Belsomra .....	110
Arexvy .....	100	Avonex Prefilled .....	77	Benazepril HCl .....	69
Arformoterol Tartrate .....	107	Ayvakit .....	53	Benazepril -Hydrochlorothiazide .....	72
Arikayce .....	38	Azasite .....	104	Benlysta .....	97
Aripiprazole .....	59	Azathioprine .....	98	Benznidazole .....	57

Benzoyl Peroxide -Erythromycin .....	78	Blisovi 24 Fe .....	90	Butalbital -Acetaminophen -Caffeine .....	36
Benzotropine Mesylate .....	57	Blisovi Fe 1.5/30 .....	90	Butalbital -Acetaminophen -Caffeine -Codeine .....	36
Bepotastine Besilate .....	103	Bonjesta .....	48	Butalbital -Aspirin -Caffeine ..	36
Berinerit .....	96	Boostrix .....	100	Butalbital -Aspirin -Caffeine -Codeine .....	36
Besivance .....	104	Bosentan .....	108	Butorphanol Tartrate .....	36
Besremi .....	98	Bosulif .....	53	Bydureon BCise .....	65
Betaine .....	87	Braftovi .....	53	Byetta 10MCG Pen .....	65
Betamethasone Dipropionate . .....	79	Breo Ellipta .....	109	Byetta 5MCG Pen .....	65
Betamethasone Dipropionate Aug .....	79	Breztri Aerosphere .....	109	Bylvay .....	85
Betamethasone Valerate .....	79	Briellyn .....	90		
Betaseron .....	77	Brilinta .....	68	<b>C</b>	
Betaxolol HCl .....	105	Brimonidine Tartrate .....	105	Cabergoline .....	95
Bethanechol Chloride .....	88	Brimonidine Tartrate -Timolol . .....	103	Cablivi .....	68
Betimol .....	105	Brinzolamide .....	105	Cabometyx .....	53
Betoptic -S .....	105	Bromfenac Sodium .....	104	Calcipotriene .....	81
Bexarotene .....	56	Bromocriptine Mesylate .....	58	Calcipotriene -Betamethasone . .....	81
Bexsero .....	100	Brukinsa .....	53	Calcitonin Salmon .....	102
BiDil .....	72	Budesonide .....	106	Calcitriol .....	102
Bicalutamide .....	52	Budesonide ER .....	102	Calcium Acetate .....	84
Bicillin C -R .....	41	Budesonide -Formoterol Fumarate .....	109	Calquence .....	54
Bicillin C -R 900/300 .....	41	Bumetanide .....	73	Camila .....	94
Bicillin L -A .....	41	Buprenorphine .....	35	Camrese Lo .....	90
Bijuva .....	90	Buprenorphine HCl .....	37	Candesartan Cilexetil .....	69
Biktaryv .....	61	Buprenorphine HCl -Naloxone HCl .....	37	Candesartan Cilexetil -HCTZ . .....	72
Bimatoprost .....	105	Bupropion HCl .....	46	Caplyta .....	59
Bismuth Subcitrate/Metronidazole/Tetracycline. .....	85	Bupropion HCl SR .....	46	Caprelsa .....	54
Bisoprolol Fumarate .....	70	Bupropion HCl XL .....	46	Captopril .....	69
Bisoprolol -Hydrochlorothiazide .....	72	Buspirone HCl .....	64	Carac .....	81
		Butalbital -Acetaminophen ...	36	Carbamazepine .....	45

Carbamazepine ER .....	45	Celecoxib .....	34	Cipro .....	42
Carbidopa .....	58	Celontin .....	44	Ciprofloxacin HCl .....	106
Carbidopa -Levodopa .....	58	Cephalexin .....	40	Ciprofloxacin in D5W .....	42
Carbidopa -Levodopa ER .....	58	Cerdelga .....	87	Ciprofloxacin -Dexamethasone .....	106
Carbidopa -Levodopa ODT .....	58	Cetirizine HCl .....	106	Citalopram Hydrobromide ....	47
Carbidopa -Levodopa -Entacapone .....	57	Cevimeline HCl .....	78	Claravis .....	78
Carbinoxamine Maleate .....	106	Chemet .....	84	Clarithromycin .....	42
Cardizem LA .....	71	Chenodal .....	85	Clarithromycin ER .....	42
Carglumic Acid .....	82	Chlordiazepoxide HCl .....	64	Clemastine Fumarate .....	106
Carisoprodol .....	110	Chlordiazepoxide -Amitriptyline .....	46	Clenpiq .....	85
CaroSpir .....	73	Chlorhexidine Gluconate .....	78	Climara Pro .....	90
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Methsuximide .....	44	Mili .....	93	Myrbetriq .....	88
Methylphenidate .....	76	Mimvey .....	93	Mytesi .....	85
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Metoprolol Tartrate .....	70	Morphine Sulfate .....	37	Naproxen Sodium .....	35
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Microgestin 1/20 .....	92	Mulpleta .....	68	Nebivolol HCl .....	70
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Neomycin Sulfate . . . . .	38	Ninlaro . . . . .	53	Nourianz . . . . .	57
Neomycin -Bacitracin -Polymyxin . . . . .	104	Nisoldipine ER . . . . .	70	Noxafil . . . . .	50
Neomycin -Polymyxin -Bacitracin -Hydrocortisone . . . . . .	103	Nitazoxanide . . . . .	57	Nubeqa . . . . .	52
Neomycin -Polymyxin -Dexamethasone . . . . .	103	Nitisinone . . . . .	87	Nucala . . . . .	109
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Neuac . . . . .	78	Nitrofurantoin Monohydrate .	39	Nutrilipid . . . . .	83
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Potassium Chloride ER . . . . .	83	Prezcobix . . . . .	63	Propylthiouracil . . . . .	96
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Tolterodine Tartrate ER .....	88	Trexall .....	100	Trokendi XR .....	44
Tolvaptan .....	84	Tri -Estarylla .....	94	TrophAmine .....	84
Topiramate .....	44	Tri -Legest Fe .....	94	Trospium Chloride . .....	88
Topiramate ER .....	44	Tri -Lo -Estarylla .....	94	Trospium Chloride ER .....	88
Toremifene Citrate . .....	52	Tri -Lo -Sprintec .....	94	Trulicity .....	66
Torseamide .....	73	Tri -Mili .....	94	Trumenba .....	101
Toujeo Max SoloStar .....	67	Tri -Nymyo .....	94	Tukysa .....	53
Toujeo SoloStar .....	67	Tri -Sprintec .....	94	Turalio . .....	56

Twinrix .....	101	Vanflyta .....	56	Vilazodone HCl .....	48
Twynéo .....	78	Varenicline Tartrate .....	38	Vimpat .....	46
Tyblume .....	94	Varivax .....	101	Viracept .....	63
Tybost .....	63	Varubi .....	49	Viread .....	63
Tymlos .....	102	Vascepa .....	74	Vitrakvi .....	56
Typhim Vi .....	101	Vecamyl .....	72	Vivitrol .....	37
Tyrvaya .....	103	Velivet .....	94	Vizimpro .....	56
Tyvaso DPI Maintenance Kit .....	109	Velphoro .....	84	Vonjo .....	53
Tyvaso DPI Titration Kit .....	109	Veltassa .....	84	Voriconazole .....	50
<b>U</b>					
Ubrelyv .....	50	Venclexta .....	56	Vosevi .....	61
Uceris .....	102	Venclexta Starting Pack .....	56	Votrient .....	56
Unithroid .....	95	Venlafaxine Besylate ER .....	48	Vowst .....	86
Uptravi .....	109	Venlafaxine HCl .....	48	Voxzogo .....	102
Ursodiol .....	86	Venlafaxine HCl ER .....	48	Vraylar .....	60
<b>V</b>					
VAQTA .....	101	Ventavis .....	109	Vtama .....	81
Valacyclovir HCl .....	61	Verapamil HCl .....	71	Vumerity .....	77
Valchlor .....	52	Verapamil HCl ER .....	71	VyLibra .....	94
Valganciclovir HCl .....	60	Verquvo .....	74	Vyfemla .....	94
Valproic Acid .....	44	Versacloz .....	60	Vyndamax .....	87
Valsartan .....	69	Verzenio .....	56	Vyndaqel .....	87
Valsartan -Hydrochlorothiazide .....	72	Vestura .....	94	Vyvanse .....	75
Valtoco 10MG Dose .....	45	Viberzi .....	85	<b>W</b>	
Valtoco 15MG Dose .....	45	Vibramycin .....	43	WYMZYA Fe .....	94
Valtoco 20MG Dose .....	45	Victoza .....	66	Wakix .....	110
Valtoco 5MG Dose .....	45	Vienna .....	94	Warfarin Sodium .....	67
Vancomycin HCl .....	39	Vigabatrin .....	45	Welireg .....	56
Vandazole .....	39	Vigadrone .....	45	Wixela Inhub .....	109
		Viibryd .....	48	<b>X</b>	
		Viibryd Starter Pack .....	48	Xalkori .....	56



Xarelto .....	67	Yuvaferm .....	94	Zolpidem Tartrate ER .....	110
Xarelto Starter Pack .....	67	<b>Z</b>		Zomig .....	50
Xatmep .....	100	Zafemy .....	94	Zonisade .....	46
Xcopri .....	44	Zafirlukast .....	107	Zonisamide .....	46
Xeljanz .....	98	Zaleplon .....	110	Zontivity .....	67
Xeljanz XR .....	98	Zarxio .....	68	Zorbtive .....	90
Xelpros .....	105	Zejula .....	56	Zovia 1/35 .....	94
Xenleta .....	39	Zelboraf .....	56	Ztalmy .....	45
Xermelo .....	85	Zemaira .....	87	Zubsolv .....	38
Xgeva .....	102	Zenatane .....	78	Zydelig .....	56
Xifaxan .....	39	Zenpep .....	87	Zykadia .....	56
Xigduo XR .....	66	Zenzedi .....	75	Zylet .....	103
Xiidra .....	103	Zepatier .....	61	Zyprexa Relprew .....	60
Ximino .....	43	Zeposia .....	77		
Xofluza .....	64	Zeposia 7 -Day Starter Pack . .....	77		
Xolair .....	98	Zeposia Starter Kit .....	77		
Xospata .....	56	Zetonna .....	107		
Xpovio .....	53	Zidovudine .....	63		
Xtampza ER .....	36	Ziextenzo .....	68		
Xtandi .....	52	Zilxi .....	82		
Xulane .....	94	Zimhi .....	38		
Xultophy .....	66	Ziprasidone HCl .....	60		
Xuriden .....	87	Ziprasidone Mesylate . .....	60		
Xyosted .....	90	Zirgan .....	61		
Xyrem .....	110	Zokinvy .....	87		
Xywav .....	110	Zolinza .....	53		
<b>Y</b>		Zolmitriptan .....	50		
YF -Vax .....	101	Zolmitriptan ODT .....	50		
Yupelri .....	107	Zolpidem Tartrate .....	110		

## 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 12-33.

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 111-147.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Analgesics</b>			
<b>Nonsteroidal Anti-inflammatory Drugs</b>			
Celecoxib (Oral Capsule)	G	1	QL
Diclofenac Potassium (50MG Oral Tablet)	G	1	
Diclofenac Potassium (Oral Packet)	G	1	
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	G	1	
Diclofenac Sodium (1% External Gel)	G	1	
Diclofenac Sodium (2% External Solution)	G	1	PA
Diclofenac Sodium (Oral Tablet Delayed Release)	G	1	
Diclofenac-Misoprostol (Oral Tablet Delayed Release)	G	1	
Diflunisal (Oral Tablet)	G	1	
Etodolac ER (Oral Tablet Extended Release 24 Hour)	G	1	
Etodolac (Oral Capsule)	G	1	
Etodolac (Oral Tablet Immediate Release)	G	1	
Flurbiprofen (100MG Oral Tablet)	G	1	
Ibu (600MG Oral Tablet, 800MG Oral Tablet)	G	1	
Ibuprofen (Oral Suspension)	G	1	
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	G	1	
<b>Indocin (Oral Suspension)</b>	B	3	PA; SP; HRM
Indomethacin ER (Oral Capsule Extended Release)	G	1	PA; HRM
Indomethacin (25MG Oral Capsule Immediate Release, 50MG Oral Capsule Immediate Release)	G	1	PA; HRM
Ketoprofen ER (Oral Capsule Extended Release 24 Hour)	G	1	
Ketoprofen (50MG Oral Capsule Immediate Release)	G	1	
Ketorolac Tromethamine (15.75MG/SPRAY Nasal Solution)	G	3	SP
Ketorolac Tromethamine (Oral Tablet)	G	1	PA; HRM
Meclofenamate Sodium (Oral Capsule)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Meloxicam (Oral Tablet)	G	1	
Nabumetone (Oral Tablet)	G	1	
Naproxen (Oral Tablet Immediate Release)	G	1	
Naproxen DR (Oral Tablet Delayed Release) (Generic EC-Naprosyn)	G	1	
Naproxen Sodium (275MG Oral Tablet Immediate Release, 550MG Oral Tablet Immediate Release)	G	1	
Oxaprozin (Oral Tablet)	G	1	
Piroxicam (Oral Capsule)	G	1	
<b>Sprix (Nasal Solution)</b>	B	3	SP
Sulindac (Oral Tablet)	G	1	
<b>Opioid Analgesics, Long-acting</b>			
<b>Belbuca (150MCG Buccal Film, 300MCG Buccal Film, 450MCG Buccal Film, 75MCG Buccal Film)</b>	B	2	PA; 7D; DL; QL
<b>Belbuca (600MCG Buccal Film, 750MCG Buccal Film, 900MCG Buccal Film)</b>	B	2	PA; SP; 7D; DL; QL
Buprenorphine (Transdermal Patch Weekly)	G	1	7D; DL; QL
Fentanyl (Transdermal Patch 72 Hour)	G	1	7D; MME; DL; QL
Hydrocodone Bitartrate ER (Oral Capsule Extended Release 12 Hour)	G	1	7D; MME; DL; QL
Hydrocodone Bitartrate ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	G	1	7D; MME; DL; QL
Hydromorphone HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	7D; MME; DL; QL
Methadone HCl (Oral Solution)	G	1	7D; MME; DL; QL
Methadone HCl (Oral Tablet)	G	1	7D; MME; DL; QL
Morphine Sulfate ER Beads (Oral Capsule Extended Release 24 Hour) (Generic Avinza)	G	1	7D; MME; DL; QL
Morphine Sulfate ER (Oral Capsule Extended Release 24 Hour) (Generic Kadian)	G	1	7D; MME; DL; QL
Morphine Sulfate ER (Oral Tablet Extended Release) (Generic MS Contin)	G	1	7D; MME; DL; QL
<b>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>	B	2	PA; 7D; MME; DL; QL
<b>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>	B	2	PA; SP; 7D; MME; DL; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Oxymorphone HCl ER (Oral Tablet Extended Release 12 Hour)	G	1	7D; MME; DL; QL
Tramadol HCl ER (Biphasic) (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	1	7D; MME; DL; QL
Tramadol HCl ER (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	1	7D; MME; DL; QL
<b>Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)</b>	B	2	7D; MME; DL; QL
<b>Opioid Analgesics, Short-acting</b>			
Acetaminophen-Caffeine-Dihydrocodeine (Oral Capsule)	G	1	7D; MME; DL; QL
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	1	7D; MME; DL; QL
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	1	7D; MME; DL; QL
Ascomp-Codeine (Oral Capsule)	G	1	PA; HRM; 7D; MME; DL; QL
Butalbital-Acetaminophen (50-325MG Oral Tablet)	G	1	PA; HRM; QL
Butalbital-Acetaminophen-Caffeine (Oral Capsule)	G	1	PA; HRM; QL
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	G	1	PA; HRM; QL
Butalbital-Acetaminophen-Caffeine-Codeine (Oral Capsule)	G	1	PA; HRM; 7D; MME; DL; QL
Butalbital-Aspirin-Caffeine (Oral Capsule)	G	1	PA; HRM; QL
Butalbital-Aspirin-Caffeine-Codeine (Oral Capsule)	G	1	PA; HRM; 7D; MME; DL; QL
Butorphanol Tartrate (Nasal Solution)	G	1	7D; MME; DL; QL
<b>Codeine Sulfate (15MG Oral Tablet, 60MG Oral Tablet)</b>	B	1	7D; MME; DL; QL
Codeine Sulfate (30MG Oral Tablet)	G	1	7D; MME; DL; QL
Endocet (Oral Tablet)	G	1	7D; MME; DL; QL
Fentanyl Citrate (Buccal Lozenge On A Handle)	G	1	PA; DL; QL
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	G	1	7D; MME; DL; QL
Hydrocodone-Acetaminophen (10-300MG Oral Tablet, 10-325MG Oral Tablet, 5-300MG Oral Tablet, 5-325MG Oral Tablet, 7.5-300MG Oral Tablet, 7.5-325MG Oral Tablet)	G	1	7D; MME; DL; QL
Hydrocodone-Ibuprofen (Oral Tablet)	G	1	7D; MME; DL; QL
Hydromorphone HCl (Oral Liquid)	G	1	7D; MME; DL; QL
Hydromorphone HCl (Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution)	G	1	7D; DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Meperidine HCl (Oral Solution)	G	1	PA; HRM; 7D; MME; DL; QL
Meperidine HCl (Oral Tablet)	G	1	PA; HRM; 7D; MME; DL; QL
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)	G	1	7D; MME; DL; QL
<b>Morphine Sulfate (Oral Solution)</b>	B	1	7D; MME; DL; QL
Morphine Sulfate (Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Oxycodone HCl (Oral Capsule)	G	1	7D; MME; DL; QL
Oxycodone HCl (100MG/5ML Oral Concentrate)	G	1	7D; MME; DL; QL
Oxycodone HCl (Oral Solution)	G	1	7D; MME; DL; QL
Oxycodone HCl (Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Oxycodone-Acetaminophen (5-325MG/5ML Oral Solution)	G	3	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	PA; HRM; 7D; MME; DL; QL
Tencon (Oral Tablet)	G	3	PA; HRM; QL
Tramadol HCl (Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Tramadol-Acetaminophen (Oral Tablet)	G	1	7D; MME; DL; QL
<b>Anesthetics</b>			
<b>Local Anesthetics</b>			
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	
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>			
<b>Alcohol Deterrents/Anti-craving</b>			
Acamprosate Calcium (Oral Tablet Delayed Release)	G	1	
Disulfiram (Oral Tablet)	G	1	
Naltrexone HCl (Oral Tablet)	G	1	
<b>Vivitrol (Intramuscular Suspension Reconstituted)</b>	B	3	SP
<b>Opioid Dependence</b>			
Buprenorphine HCl (Tablet Sublingual)	G	1	QL
Buprenorphine HCl-Naloxone HCl (Sublingual Film)	G	1	QL
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	G	1	QL

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
<b>Lucemyra (Oral Tablet)</b>	B	3	SP; QL
<b>Zubsolv (Tablet Sublingual)</b>	B	2	QL
<b>Opioid Reversal Agents</b>			
<b>Kloxxado (Nasal Liquid)</b>	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	
Naloxone HCl (Nasal Liquid)	G	1	
<b>Narcan (Nasal Liquid)</b>	B	2	
<b>Zimhi (Injection Solution Prefilled Syringe)</b>	B	3	
<b>Smoking Cessation Agents</b>			
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	G	1	
<b>Nicotrol (Inhalation Inhaler)</b>	B	3	
<b>Nicotrol NS (Nasal Solution)</b>	B	3	
Varenicline Tartrate (Starter) (Oral Tablet Therapy Pack)	G	1	
Varenicline Tartrate (Oral Tablet)	G	1	
<b>Antibacterials</b>			
<b>Aminoglycosides</b>			
<b>Arikayce (Inhalation Suspension)</b>	B	3	PA; SP
Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	G	1	
Gentamicin Sulfate (40MG/ML Injection Solution)	G	1	
Neomycin Sulfate (Oral Tablet)	G	1	
Paromomycin Sulfate (250MG Oral Capsule)	G	1	
Streptomycin Sulfate (Intramuscular Solution Reconstituted)	G	1	
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	G	1	
<b>Antibacterials, Other</b>			
<b>Aemcolo (Oral Tablet Delayed Release)</b>	B	3	PA
Aztreonam (Injection Solution Reconstituted)	G	1	
Clindamycin HCl (Oral Capsule)	G	1	
Clindamycin Palmitate HCl (Oral Solution Reconstituted)	G	1	
Clindamycin Phosphate in D5W (Intravenous Solution)	G	1	
Clindamycin Phosphate (300MG/2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution)	G	1	
Clindamycin Phosphate (Vaginal Cream)	G	1	
<b>Clindesse (Vaginal Cream)</b>	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Colistimethate Sodium (CBA) (Injection Solution Reconstituted)	G	1	
Daptomycin (500MG Intravenous Solution Reconstituted)	G	1	
<b>Firvanq (Oral Solution Reconstituted)</b>	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
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 Macrochantin)	G	1	HRM
Nitrofurantoin Monohydrate (Generic Macrobid)	G	1	HRM
<b>Sivextro (Intravenous Solution Reconstituted)</b>	B	3	SP
<b>Solosec (Oral Packet)</b>	B	3	
Tinidazole (Oral Tablet)	G	1	
Trimethoprim (Oral Tablet)	G	1	
Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)	G	1	
Vancomycin HCl (Oral Capsule)	G	1	QL
Vancomycin HCl (250MG/5ML Oral Solution Reconstituted, 25MG/ML Oral Solution Reconstituted)	G	1	
<b>Vandazole (Vaginal Gel)</b>	B	1	
<b>Xenleta (Oral Tablet)</b>	B	3	SP; QL
<b>Xifaxan (Oral Tablet)</b>	B	3	PA; SP
<b>Beta-lactam, Cephalosporins</b>			
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	

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
Cefadroxil (Oral Tablet)	G	1	
Cefazolin Sodium (1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	1	
Cefdinir (Oral Capsule)	G	1	
Cefdinir (Oral Suspension Reconstituted)	G	1	
Cefepime HCl (Injection Solution Reconstituted)	G	1	
Cefepime HCl (2GM Intravenous Solution Reconstituted)	G	1	
Cefixime (Oral Capsule)	G	1	
Cefixime (Oral Suspension Reconstituted)	G	1	
Cefoxitin Sodium (Intravenous Solution Reconstituted)	G	1	
Cefpodoxime Proxetil (Oral Suspension Reconstituted)	G	1	
Cefpodoxime Proxetil (Oral Tablet)	G	1	
Cefprozil (Oral Suspension Reconstituted)	G	1	
Cefprozil (Oral Tablet)	G	1	
Ceftazidime (Injection Solution Reconstituted)	G	1	
Ceftazidime (Intravenous Solution Reconstituted)	G	1	
Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	1	
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	
<b>Suprax (500MG/5ML Oral Suspension Reconstituted)</b>	B	3	
Suprax (100MG Oral Tablet Chewable, 200MG Oral Tablet Chewable)	G	3	
Tazicef (Injection Solution Reconstituted)	G	1	
Tazicef (2GM Intravenous Solution Reconstituted, 6GM Intravenous Solution Reconstituted)	G	1	
<b>Beta-lactam, Penicillins</b>			
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	



Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted)	G	1	
Amoxicillin-Potassium Clavulanate (Oral Tablet Immediate Release)	G	1	
Amoxicillin-Potassium Clavulanate (Oral Tablet Chewable)	G	1	
Ampicillin (Oral Capsule)	G	1	
Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted)	G	1	
Ampicillin Sodium (10GM Intravenous Solution Reconstituted)	G	1	
Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)	G	1	
Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted)	G	1	
<b>Bicillin C-R 900/300 (Intramuscular Suspension)</b>	B	3	
<b>Bicillin C-R (Intramuscular Suspension)</b>	B	3	
<b>Bicillin L-A (Intramuscular Suspension Prefilled Syringe)</b>	B	3	
Dicloxacillin Sodium (Oral Capsule)	G	1	
Nafcillin Sodium (Injection Solution Reconstituted)	G	1	
Nafcillin Sodium (10GM Intravenous Solution Reconstituted)	G	1	
<b>Oxacillin Sodium in Dextrose (1GM/50ML Intravenous Solution)</b>	B	3	
<b>Oxacillin Sodium in Dextrose (2GM/50ML Intravenous Solution)</b>	B	3	SP
Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)	G	1	
Penicillin V Potassium (Oral Solution Reconstituted)	G	1	
Penicillin V Potassium (Oral Tablet)	G	1	
Piperacillin-Tazobactam (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	
<b>Carbapenems</b>			
Ertapenem Sodium (Injection Solution Reconstituted)	G	1	
Imipenem-Cilastatin (Intravenous Solution Reconstituted)	G	1	
Meropenem (Intravenous Solution Reconstituted)	G	1	
<b>Macrolides</b>			
Azithromycin (Intravenous Solution Reconstituted)	G	1	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Azithromycin (Oral Packet)	G	1	
Azithromycin (Oral Suspension Reconstituted)	G	1	
Azithromycin (Oral Tablet)	G	1	
Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	G	1	
Clarithromycin (Oral Suspension Reconstituted)	G	1	
Clarithromycin (Oral Tablet Immediate Release)	G	1	
<b>Dificid (Oral Suspension Reconstituted)</b>	B	3	SP
<b>Dificid (Oral Tablet)</b>	B	3	SP
E.E.S. 400 (Oral Tablet)	G	3	
Erythrocin Lactobionate (Intravenous Solution Reconstituted)	G	3	
Erythrocin Stearate (Oral Tablet)	G	3	
Erythromycin Base (Oral Capsule Delayed Release Particles)	G	1	
Erythromycin Base (Oral Tablet Immediate Release)	G	1	
Erythromycin Ethylsuccinate (Oral Suspension Reconstituted)	G	1	
Erythromycin Ethylsuccinate (Oral Tablet)	G	1	
Erythromycin (Oral Tablet Delayed Release)	G	1	
<b>Quinolones</b>			
<b>Baxdela (Oral Tablet)</b>	B	3	SP
<b>Cipro (Oral Suspension Reconstituted)</b>	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	
<b>Sulfonamides</b>			
Sulfadiazine (Oral Tablet)	G	1	
Sulfamethoxazole-Trimethoprim (Oral Suspension)	G	1	
Sulfamethoxazole-Trimethoprim (Oral Tablet)	G	1	
<b>Tetracyclines</b>			
Demeclocycline HCl (Oral Tablet)	G	1	
Doxy 100 (Intravenous Solution Reconstituted)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Doxycycline Hyclate (Oral Capsule)	G	1	
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release)	G	1	
Doxycycline Monohydrate (100MG Oral Capsule, 50MG 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 (Oral Capsule)	G	1	
Minocycline HCl (Oral Tablet Immediate Release)	G	1	
<b>Nuzyra (Oral Tablet)</b>	B	3	SP; QL
<b>Seysara (Oral Tablet)</b>	B	3	SP
Tetracycline HCl (Oral Capsule)	G	1	
<b>Vibramycin (50MG/5ML Oral Syrup)</b>	B	3	
<b>Ximino (Oral Capsule Extended Release 24 Hour)</b>	B	3	QL
<b>Anticonvulsants</b>			
<b>Anticonvulsants, Other</b>			
<b>BRIVIACT (Oral Solution)</b>	B	3	PA; SP
<b>BRIVIACT (Oral Tablet)</b>	B	3	PA; SP
<b>Epidiolex (Oral Solution)</b>	B	3	PA; SP
<b>Eprontia (Oral Solution)</b>	B	3	
Felbamate (Oral Suspension)	G	1	
Felbamate (Oral Tablet)	G	1	
<b>Fintepla (Oral Solution)</b>	B	3	PA; SP; QL
<b>Fycompa (Oral Suspension)</b>	B	3	SP; QL
<b>Fycompa (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)</b>	B	3	SP; QL
<b>Fycompa (2MG Oral Tablet)</b>	B	3	QL
<b>Lamictal XR (Oral Kit)</b>	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 (Oral Solution)	G	1	
Levetiracetam (Oral Tablet Immediate Release)	G	1	
Roweepra (Oral Tablet Immediate Release)	G	1	
<b>Spritam ODT (Oral Tablet Disintegrating Soluble)</b>	B	3	
Subvenite (Oral Tablet)	G	1	
Subvenite Starter Kit-Blue (Oral Kit)	G	1	
Subvenite Starter Kit-Green (Oral Kit)	G	1	
Subvenite Starter Kit-Orange (Oral Kit)	G	1	
Topiramate ER (Oral Capsule Extended Release 24 Hour Sprinkle)	G	1	
Topiramate ER (Oral Capsule Extended Release 24 Hour)	G	1	PA
Topiramate (Oral Capsule Sprinkle Immediate Release)	G	1	
Topiramate (Oral Tablet)	G	1	
<b>Trokendi XR (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour)</b>	B	3	PA; SP
<b>Trokendi XR (25MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)</b>	B	3	PA
Valproic Acid (Oral Capsule)	G	1	
Valproic Acid (Oral Solution)	G	1	
<b>Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)</b>	B	3	PA; SP; QL
<b>Xcopri (350MG Daily Dose) (150MG &amp; 200MG Oral Tablet Therapy Pack)</b>	B	3	PA; SP; QL
<b>Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet)</b>	B	3	PA; SP; QL
<b>Xcopri (14 x 12.5MG &amp; 14 x 25MG Oral Tablet Therapy Pack)</b>	B	3	PA; QL
<b>Xcopri (14 x 150MG &amp; 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG &amp; 14 x 100MG Oral Tablet Therapy Pack)</b>	B	3	PA; SP; QL
<b>Calcium Channel Modifying Agents</b>			
<b>Celontin (Oral Capsule)</b>	B	3	
Ethosuximide (Oral Capsule)	G	1	
Ethosuximide (Oral Solution)	G	1	
Methsuximide (Oral Capsule)	G	1	
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>			
Clobazam (Oral Suspension)	G	1	PA; QL
Clobazam (Oral Tablet)	G	1	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Diacomit (Oral Capsule)</b>	B	3	SP; QL
<b>Diacomit (Oral Packet)</b>	B	3	SP; QL
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	G	1	QL
Gabapentin (Oral Capsule)	G	1	
Gabapentin (250MG/5ML Oral Solution)	G	1	
Gabapentin (600MG Oral Tablet, 800MG Oral Tablet)	G	1	
<b>Nayzilam (Nasal Solution)</b>	B	3	PA; QL
Phenobarbital (Oral Elixir)	G	1	PA; HRM
Phenobarbital (Oral Tablet)	G	1	PA; HRM
Primidone (Oral Tablet)	G	1	
<b>Sympazan (10MG Oral Film, 20MG Oral Film)</b>	B	3	PA; SP; QL
<b>Sympazan (5MG Oral Film)</b>	B	3	PA; QL
Tiagabine HCl (Oral Tablet)	G	1	
<b>Valtoco 10MG Dose (Nasal Liquid)</b>	B	3	PA; SP; QL
<b>Valtoco 15MG Dose (Nasal Liquid Therapy Pack)</b>	B	3	PA; SP; QL
<b>Valtoco 20MG Dose (Nasal Liquid Therapy Pack)</b>	B	3	PA; SP; QL
<b>Valtoco 5MG Dose (Nasal Liquid)</b>	B	3	PA; SP; QL
Vigabatrin (Oral Packet)	G	1	PA; QL
Vigabatrin (Oral Tablet)	G	1	PA; QL
Vigadrone (Oral Packet)	G	1	PA; QL
Vigadrone (Oral Tablet)	G	1	PA; QL
<b>Ztalmy (Oral Suspension)</b>	B	3	PA; SP
<b>Sodium Channel Agents</b>			
<b>Aptiom (Oral Tablet)</b>	B	3	SP; QL
Carbamazepine ER (Oral Capsule Extended Release 12 Hour)	G	1	
Carbamazepine ER (Oral Tablet Extended Release 12 Hour)	G	1	
Carbamazepine (Oral Suspension)	G	1	
Carbamazepine (Oral Tablet Immediate Release)	G	1	
Carbamazepine (Oral Tablet Chewable)	G	1	
Dilantin (30MG Oral Capsule)	G	3	
Epitol (Oral Tablet)	G	1	
Lacosamide (Oral Solution)	G	1	QL
Lacosamide (Oral Tablet)	G	1	QL
Oxcarbazepine (Oral Suspension)	G	1	
Oxcarbazepine (Oral Tablet)	G	1	

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
Phenytoin (125MG/5ML Oral Suspension)	G	1	
Phenytoin (Oral Tablet Chewable)	G	1	
Phenytoin Sodium Extended (Oral Capsule)	G	1	
Rufinamide (Oral Suspension)	G	1	
Rufinamide (Oral Tablet)	G	1	
<b>Vimpat (Oral Solution)</b>	B	3	SP; QL
<b>Zonisade (Oral Suspension)</b>	B	3	ST
Zonisamide (Oral Capsule)	G	1	
<b>Antidementia Agents</b>			
<b>Antidementia Agents, Other</b>			
Ergoloid Mesylates (Oral Tablet)	G	1	PA; HRM
<b>Namzaric (Oral Capsule ER 24 Hour Therapy Pack)</b>	B	2	PA; QL
<b>Namzaric (Oral Capsule Extended Release 24 Hour)</b>	B	2	PA; QL
<b>Cholinesterase Inhibitors</b>			
Donepezil HCl (Oral Tablet)	G	1	QL
Donepezil HCl ODT (Oral Tablet Dispersible)	G	1	QL
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	G	1	
Galantamine Hydrobromide (Oral Solution)	G	1	
Galantamine Hydrobromide (Oral Tablet)	G	1	
Rivastigmine Tartrate (Oral Capsule)	G	1	
Rivastigmine (Transdermal Patch 24 Hour)	G	1	QL
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>			
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	PA; QL
Memantine HCl (Oral Solution)	G	1	PA; QL
Memantine HCl (Oral Tablet)	G	1	PA; QL
Memantine HCl Titration Pak (Oral Tablet)	G	1	PA; QL
<b>Antidepressants</b>			
<b>Antidepressants, Other</b>			
<b>Aplenzin (Oral Tablet Extended Release 24 Hour)</b>	B	3	SP
<b>Auvelity (Oral Tablet Extended Release)</b>	B	3	
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	G	1	
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	1	
Bupropion HCl (Oral Tablet Immediate Release)	G	1	
Chlordiazepoxide-Amitriptyline (Oral Tablet)	G	1	PA; HRM
Mirtazapine (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Mirtazapine ODT (Oral Tablet Dispersible)	G	1	
Olanzapine-Fluoxetine HCl (Oral Capsule)	G	1	
Perphenazine-Amitriptyline (Oral Tablet)	G	1	PA; HRM
<b>Monoamine Oxidase Inhibitors</b>			
<b>Emsam (Transdermal Patch 24 Hour)</b>	B	3	SP; QL
<b>Marplan (Oral Tablet)</b>	B	3	
Phenelzine Sulfate (Oral Tablet)	G	1	
Tranylcypromine Sulfate (Oral Tablet)	G	1	
<b>SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)</b>			
Citalopram Hydrobromide (Oral Solution)	G	1	
Citalopram Hydrobromide (Oral Tablet)	G	1	
<b>Desvenlafaxine ER (Oral Tablet Extended Release 24 Hour) (Brand Equivalent Khedezla)</b>	B	3	QL
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	1	
Escitalopram Oxalate (Oral Solution)	G	1	
Escitalopram Oxalate (Oral Tablet)	G	1	
<b>Fetzima (Oral Capsule Extended Release 24 Hour)</b>	B	3	ST; QL
<b>Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)</b>	B	3	ST; QL
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	
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
Sertraline HCl (Oral Concentrate)	G	1	
Sertraline HCl (Oral Tablet)	G	1	
Trazodone HCl (Oral Tablet)	G	1	
<b>Trintellix (Oral Tablet)</b>	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
<b>Venlafaxine Besylate ER (Oral Tablet Extended Release 24 Hour)</b>	B	3	
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	
Venlafaxine HCl ER (225MG Oral Tablet Extended Release 24 Hour)	G	1	
Venlafaxine HCl (Oral Tablet Immediate Release)	G	1	
<b>Viibryd (Oral Tablet)</b>	B	3	QL
<b>Viibryd Starter Pack (Oral Kit)</b>	B	3	QL
Vilazodone HCl (Oral Tablet)	G	1	QL
<b>Tricyclics</b>			
Amitriptyline HCl (Oral Tablet)	G	1	HRM
Amoxapine (Oral Tablet)	G	1	PA; HRM
Clomipramine HCl (Oral Capsule)	G	1	PA; HRM
Desipramine HCl (Oral Tablet)	G	1	PA; HRM
Doxepin HCl (Oral Capsule)	G	1	PA; HRM
Doxepin HCl (Oral Concentrate)	G	1	PA; HRM
Imipramine HCl (Oral Tablet)	G	1	PA; HRM
Imipramine Pamoate (Oral Capsule)	G	1	PA; HRM
Nortriptyline HCl (Oral Capsule)	G	1	PA; HRM
Nortriptyline HCl (Oral Solution)	G	1	PA; HRM
Protriptyline HCl (Oral Tablet)	G	1	PA; HRM
Trimipramine Maleate (Oral Capsule)	G	1	PA; HRM
<b>Antiemetics</b>			
<b>Antiemetics, Other</b>			
<b>Antivert (Oral Tablet)</b>	B	3	HRM
<b>Bonjesta (Oral Tablet Extended Release)</b>	B	3	PA; HRM
Compro (Rectal Suppository)	G	1	
Doxylamine-Pyridoxine (Oral Tablet Delayed Release)	G	1	PA; HRM
Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet)	G	1	HRM
Metoclopramide HCl (5MG/5ML Oral Solution)	G	1	
Metoclopramide HCl (Oral Tablet)	G	1	
Metoclopramide HCl ODT (Oral Tablet Dispersible)	G	1	
Perphenazine (Oral Tablet)	G	1	
Prochlorperazine Maleate (Oral Tablet)	G	1	
Prochlorperazine (Rectal Suppository)	G	1	
Promethazine HCl (Oral Syrup)	G	1	PA; HRM
Promethazine HCl (Oral Tablet)	G	1	PA; HRM
Promethazine HCl (Rectal Suppository)	G	1	PA; HRM; QL



Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Promethegan (25MG Rectal Suppository, 50MG Rectal Suppository)	G	1	PA; HRM; QL
Scopolamine (Transdermal Patch 72 Hour)	G	1	PA; HRM
Trimethobenzamide HCl (Oral Capsule)	G	1	B/D,PA
<b>Emetogenic Therapy Adjuncts</b>			
<b>Anzemet (Oral Tablet)</b>	B	3	B/D,PA
Aprepitant (Oral Therapy Pack, Oral Capsule)	G	1	PA; QL
Dronabinol (Oral Capsule)	G	1	PA
<b>Emend (Oral Suspension Reconstituted)</b>	B	3	PA; QL
Granisetron HCl (Oral Tablet)	G	1	B/D,PA; QL
Ondansetron HCl (Oral Solution)	G	1	B/D,PA
Ondansetron HCl (4MG Oral Tablet, 8MG Oral Tablet)	G	1	B/D,PA
Ondansetron ODT (Oral Tablet Dispersible)	G	1	B/D,PA
<b>Sancuso (Transdermal Patch)</b>	B	3	SP; QL
<b>Syndros (Oral Solution)</b>	B	3	PA; SP
<b>Varubi (180MG Dose) (Oral Tablet Therapy Pack)</b>	B	3	B/D,PA; QL
<b>Antifungals</b>			
<b>Antifungals</b>			
<b>Abelcet (Intravenous Suspension)</b>	B	3	B/D,PA
<b>AmBisome (Intravenous Suspension Reconstituted)</b>	B	3	B/D,PA; SP
Amphotericin B (Intravenous Solution Reconstituted)	G	1	B/D,PA
Amphotericin B Liposome (Intravenous Suspension Reconstituted)	G	1	B/D,PA
Caspofungin Acetate (50MG Intravenous Solution Reconstituted)	G	1	
Clotrimazole (Mouth/Throat Troche)	G	1	
<b>Cresemba (Oral Capsule)</b>	B	3	PA; SP
Fluconazole in Sodium Chloride (200-0.9MG/100ML-% Intravenous Solution, 400-0.9MG/200ML-% Intravenous Solution)	G	1	
Fluconazole (Oral Suspension Reconstituted)	G	1	
Fluconazole (Oral Tablet)	G	1	
Flucytosine (Oral Capsule)	G	1	
Griseofulvin Microsize (Oral Suspension)	G	1	
Griseofulvin Microsize (Oral Tablet)	G	1	
Griseofulvin Ultramicrosize (Oral Tablet)	G	1	
Gynazole-1 (Vaginal Cream)	G	3	
Itraconazole (Oral Capsule)	G	1	PA
Itraconazole (Oral Solution)	G	1	PA

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ketoconazole (Oral Tablet)	G	1	
Miconazole 3 (Vaginal Suppository)	G	1	
<b>Noxafil (Oral Packet)</b>	B	3	PA; SP; QL
<b>Noxafil (Oral Suspension)</b>	B	3	SP; QL
Nystatin (Mouth/Throat Suspension)	G	1	
Nystatin (Oral Tablet)	G	1	
Posaconazole (Oral Suspension)	G	1	QL
Posaconazole (Oral Tablet Delayed Release)	G	1	PA; QL
Terbinafine HCl (Oral Tablet)	G	1	
Terconazole (Vaginal Cream)	G	1	
Terconazole (Vaginal Suppository)	G	1	
Voriconazole (Intravenous Solution Reconstituted)	G	1	PA
Voriconazole (Oral Suspension Reconstituted)	G	1	QL
Voriconazole (Oral Tablet)	G	1	QL
<b>Antigout Agents</b>			
<b>Antigout Agents</b>			
Allopurinol (100MG Oral Tablet, 300MG Oral Tablet)	G	1	
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	G	1	
Febuxostat (Oral Tablet)	G	1	ST
Probenecid (Oral Tablet)	G	1	
Probenecid-Colchicine (Oral Tablet)	G	1	
<b>Antimigraine Agents</b>			
<b>Acute</b>			
Eletriptan Hydrobromide (Oral Tablet)	G	1	QL
Naratriptan HCl (Oral Tablet)	G	1	QL
<b>Nurtec ODT (Oral Tablet Dispersible)</b>	B	2	PA; SP; QL
<b>Onzetra Xsail (Nasal Exhale Powder)</b>	B	3	SP; QL
Rizatriptan Benzoate (Oral Tablet)	G	1	QL
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	1	QL
Sumatriptan (Nasal Solution)	G	1	QL
Sumatriptan Succinate (Oral Tablet)	G	1	QL
Sumatriptan Succinate (Subcutaneous Solution)	G	1	QL
Sumatriptan Succinate (Subcutaneous Solution Auto-Injector)	G	1	QL
<b>Ubrelvy (Oral Tablet)</b>	B	2	PA; SP; QL
Zolmitriptan (5MG Nasal Solution)	G	1	QL
Zolmitriptan (Oral Tablet)	G	1	QL
Zolmitriptan ODT (Oral Tablet Dispersible)	G	1	QL
<b>Zomig (2.5MG Nasal Solution)</b>	B	3	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Ergot Alkaloids</b>			
Dihydroergotamine Mesylate (Nasal Solution)	G	1	PA; QL
Ergotamine-Caffeine (Oral Tablet)	G	1	
Migergot (Rectal Suppository)	G	3	SP
<b>Prophylactic</b>			
<b>Aimovig (Subcutaneous Solution Auto-Injector)</b>	B	2	PA; QL
<b>Ajovy (Subcutaneous Solution Auto-Injector)</b>	B	2	PA; QL
<b>Ajovy (Subcutaneous Solution Prefilled Syringe)</b>	B	2	PA; QL
<b>Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)</b>	B	2	PA; QL
<b>Emgality (Subcutaneous Solution Auto-Injector)</b>	B	2	PA; QL
<b>Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)</b>	B	2	PA; QL
<b>Qulipta (Oral Tablet)</b>	B	2	PA; SP; QL
Timolol Maleate (Oral Tablet)	G	1	
<b>Antimyasthenic Agents</b>			
<b>Parasympathomimetics</b>			
Pyridostigmine Bromide ER (Oral Tablet Extended Release)	G	1	
Pyridostigmine Bromide (Oral Solution)	G	1	
Pyridostigmine Bromide (Oral Tablet Immediate Release)	G	1	
<b>Antimycobacterials</b>			
<b>Antimycobacterials, Other</b>			
Dapsone (Oral Tablet)	G	1	
Rifabutin (Oral Capsule)	G	1	
<b>Antituberculars</b>			
Ethambutol HCl (Oral Tablet)	G	1	
Isoniazid (Oral Syrup)	G	1	
Isoniazid (Oral Tablet)	G	1	
<b>Pretomanid (Oral Tablet)</b>	B	3	
<b>Priftin (Oral Tablet)</b>	B	3	
Pyrazinamide (Oral Tablet)	G	1	
Rifampin (Intravenous Solution Reconstituted)	G	1	
Rifampin (Oral Capsule)	G	1	
<b>Sirturo (Oral Tablet)</b>	B	3	SP
<b>Trecator (Oral Tablet)</b>	B	3	
<b>Antineoplastics</b>			
<b>Alkylating Agents</b>			

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
Cyclophosphamide (Oral Capsule)	G	1	B/D,PA
Cyclophosphamide (25MG Oral Tablet)	G	2	B/D,PA
<b>Cyclophosphamide (50MG Oral Tablet)</b>	B	2	B/D,PA
<b>Gleostine (100MG Oral Capsule)</b>	B	3	SP
<b>Gleostine (10MG Oral Capsule, 40MG Oral Capsule)</b>	B	3	
<b>Leukeran (Oral Tablet)</b>	B	2	SP
<b>Matulane (Oral Capsule)</b>	B	2	SP
<b>Valchlor (External Gel)</b>	B	3	PA; SP; QL
<b>Antiandrogens</b>			
Abiraterone Acetate (Oral Tablet)	G	1	PA
Bicalutamide (Oral Tablet)	G	1	
<b>Erleada (Oral Tablet)</b>	B	3	PA; SP
Nilutamide (Oral Tablet)	G	1	
<b>Nubeqa (Oral Tablet)</b>	B	3	PA; SP
<b>Xtandi (Oral Capsule)</b>	B	3	PA; SP
<b>Xtandi (Oral Tablet)</b>	B	3	PA; SP
<b>Antiangiogenic Agents</b>			
<b>Fotivda (Oral Capsule)</b>	B	3	PA; SP; QL
Lenalidomide (Oral Capsule)	G	1	PA
<b>Pomalyst (Oral Capsule)</b>	B	3	PA; SP
<b>Qinlock (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Revlimid (Oral Capsule)</b>	B	2	PA; SP
<b>Tabrecta (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Thalomid (Oral Capsule)</b>	B	2	PA; SP; QL
<b>Antiestrogens/Modifiers</b>			
<b>Emcyt (Oral Capsule)</b>	B	2	
<b>Orserdu (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Soltamox (Oral Solution)</b>	B	3	SP
Tamoxifen Citrate (Oral Tablet)	G	1	
Toremifene Citrate (Oral Tablet)	G	1	
<b>Antimetabolites</b>			
<b>Droxia (Oral Capsule)</b>	B	3	
Hydroxyurea (Oral Capsule)	G	1	
Mercaptopurine (Oral Tablet)	G	1	
<b>Onureg (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Purixan (Oral Suspension)</b>	B	3	SP
<b>Tabloid (Oral Tablet)</b>	B	2	
<b>Antineoplastics, Other</b>			
<b>IDHIFA (Oral Tablet)</b>	B	3	PA; SP; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Krazati (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Lonsurf (Oral Tablet)</b>	B	3	PA; SP
<b>Lumakras (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Ninlaro (Oral Capsule)</b>	B	3	PA; SP
<b>Pemazyre (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Retevmo (Oral Capsule)</b>	B	3	PA; SP; QL
<b>Synribo (Subcutaneous Solution Reconstituted)</b>	B	3	PA; SP
<b>Tazverik (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Tukysa (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Vonjo (Oral Capsule)</b>	B	3	PA; SP; QL
<b>Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)</b>	B	3	PA; SP; QL
<b>Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack)</b>	B	3	PA; SP; QL
<b>Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)</b>	B	3	PA; SP; QL
<b>Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)</b>	B	3	PA; SP; QL
<b>Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)</b>	B	3	PA; SP; QL
<b>Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)</b>	B	3	PA; SP; QL
<b>Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)</b>	B	3	PA; SP; QL
<b>Zolanza (Oral Capsule)</b>	B	2	PA; SP
<b>Aromatase Inhibitors, 3rd Generation</b>			
Anastrozole (Oral Tablet)	G	1	
Exemestane (Oral Tablet)	G	1	
Letrozole (Oral Tablet)	G	1	
<b>Molecular Target Inhibitors</b>			
<b>Alecensa (Oral Capsule)</b>	B	2	PA; SP
<b>Alunbrig (Oral Tablet)</b>	B	2	PA; SP; QL
<b>Alunbrig (Oral Tablet Therapy Pack)</b>	B	2	PA; SP; QL
<b>Ayvakit (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Balversa (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Bosulif (Oral Tablet)</b>	B	3	PA; SP
<b>Braftovi (Oral Capsule)</b>	B	3	PA; SP
<b>Brukinsa (Oral Capsule)</b>	B	3	PA; SP; QL
<b>Cabometyx (Oral Tablet)</b>	B	2	PA; SP

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Calquence (100MG Oral Capsule)</b>	B	3	PA; SP; QL
<b>Calquence (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Caprelsa (Oral Tablet)</b>	B	2	PA; SP
<b>Cometriq (100MG Daily Dose) (Oral Kit)</b>	B	3	PA; SP
<b>Cometriq (140MG Daily Dose) (Oral Kit)</b>	B	3	PA; SP
<b>Cometriq (60MG Daily Dose) (Oral Kit)</b>	B	3	PA; SP
<b>Copiktra (Oral Capsule)</b>	B	3	PA; SP; QL
<b>Cotellic (Oral Tablet)</b>	B	3	PA; SP
<b>Daurismo (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Erivedge (Oral Capsule)</b>	B	3	PA; SP
Erlotinib HCl (Oral Tablet)	G	1	PA
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
<b>Exkivity (Oral Capsule)</b>	B	3	PA; SP; QL
<b>Gavreto (Oral Capsule)</b>	B	3	PA; SP; QL
Gefitinib (Oral Tablet)	G	1	PA
<b>Gilotrif (Oral Tablet)</b>	B	3	PA; SP
<b>Ibrance (Oral Capsule)</b>	B	3	PA; SP
<b>Ibrance (Oral Tablet)</b>	B	3	PA; SP
<b>Iclusig (Oral Tablet)</b>	B	3	PA; SP; QL
Imatinib Mesylate (Oral Tablet)	G	1	PA
<b>Imbruvica (Oral Capsule)</b>	B	3	PA; SP; QL
<b>Imbruvica (Oral Suspension)</b>	B	3	PA; SP; QL
<b>Imbruvica (140MG Oral Tablet, 280MG Oral Tablet, 420MG Oral Tablet)</b>	B	3	PA; SP; QL
<b>Inlyta (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Inqovi (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Inrebic (Oral Capsule)</b>	B	3	PA; SP; QL
<b>Iressa (Oral Tablet)</b>	B	3	PA; SP
<b>Jakafi (Oral Tablet)</b>	B	2	PA; SP
<b>Jaypirca (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Kisqali (200MG Dose) (Oral Tablet)</b>	B	3	PA; SP
<b>Kisqali (400MG Dose) (Oral Tablet)</b>	B	3	PA; SP
<b>Kisqali (600MG Dose) (Oral Tablet)</b>	B	3	PA; SP
<b>Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)</b>	B	3	PA; SP
<b>Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)</b>	B	3	PA; SP

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)</b>	B	3	PA; SP
<b>Koselugo (Oral Capsule)</b>	B	3	PA; SP; QL
Lapatinib Ditosylate (Oral Tablet)	G	1	PA
<b>Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)</b>	B	3	PA; SP
<b>Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)</b>	B	3	PA; SP
<b>Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)</b>	B	3	PA; SP
<b>Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)</b>	B	3	PA; SP
<b>Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)</b>	B	3	PA; SP
<b>Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)</b>	B	3	PA; SP
<b>Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)</b>	B	3	PA; SP
<b>Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)</b>	B	3	PA; SP
<b>Lorbrena (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Lynparza (Oral Tablet)</b>	B	2	PA; SP
<b>Lytgobi (12MG Daily Dose) (Oral Tablet Therapy Pack)</b>	B	3	PA; SP; QL
<b>Lytgobi (16MG Daily Dose) (Oral Tablet Therapy Pack)</b>	B	3	PA; SP; QL
<b>Lytgobi (20MG Daily Dose) (Oral Tablet Therapy Pack)</b>	B	3	PA; SP; QL
<b>Mekinist (Oral Solution Reconstituted)</b>	B	2	PA; SP
<b>Mekinist (Oral Tablet)</b>	B	2	PA; SP
<b>Mektovi (Oral Tablet)</b>	B	3	PA; SP
<b>Nerlynx (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Nexavar (Oral Tablet)</b>	B	2	PA; SP
<b>Odomzo (Oral Capsule)</b>	B	3	PA; SP
<b>Ojjaara (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)</b>	B	3	PA; SP; QL
<b>Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)</b>	B	3	PA; SP; QL
<b>Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)</b>	B	3	PA; SP; QL
<b>Rezlidhia (Oral Capsule)</b>	B	3	PA; SP; QL
<b>Rozlytrek (Oral Capsule)</b>	B	3	PA; SP; QL
<b>Rubraca (Oral Tablet)</b>	B	2	PA; SP
<b>Rydapt (Oral Capsule)</b>	B	3	PA; SP; QL
<b>Scemblix (Oral Tablet)</b>	B	3	PA; SP; QL
Sorafenib Tosylate (Oral Tablet)	G	1	PA

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Sprycel (Oral Tablet)</b>	B	2	PA; SP
<b>Stivarga (Oral Tablet)</b>	B	3	PA; SP
Sunitinib Malate (Oral Capsule)	G	1	PA
<b>Tafinlar (Oral Capsule)</b>	B	2	PA; SP
<b>Tafinlar (Oral Tablet Soluble)</b>	B	2	PA; SP
<b>Tagrisso (Oral Tablet)</b>	B	3	PA; SP
<b>Talzenna (Oral Capsule)</b>	B	3	PA; SP; QL
<b>Tasigna (Oral Capsule)</b>	B	3	PA; SP
<b>Tepmetko (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Tibsovo (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Turalio (125MG Oral Capsule)</b>	B	3	PA; SP; QL
<b>Vanflyta (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Venclexta (100MG Oral Tablet, 50MG Oral Tablet)</b>	B	3	PA; SP
<b>Venclexta (10MG Oral Tablet)</b>	B	2	PA
<b>Venclexta Starting Pack (Oral Tablet Therapy Pack)</b>	B	3	PA; SP
<b>Verzenio (Oral Tablet)</b>	B	3	PA; SP
<b>Vittrakvi (Oral Capsule)</b>	B	3	PA; SP; QL
<b>Vittrakvi (Oral Solution)</b>	B	3	PA; SP; QL
<b>Vizimpro (Oral Tablet)</b>	B	3	PA; SP
<b>Votrient (Oral Tablet)</b>	B	3	PA; SP
<b>Welireg (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Xalkori (Oral Capsule)</b>	B	3	PA; SP
<b>Xospata (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Zejula (100MG Oral Capsule)</b>	B	2	PA; SP
<b>Zejula (Oral Tablet)</b>	B	2	PA; SP
<b>Zelboraf (Oral Tablet)</b>	B	3	PA; SP
<b>Zydelig (Oral Tablet)</b>	B	3	PA; SP
<b>Zykadia (Oral Tablet)</b>	B	3	PA; SP
<b>Retinoids</b>			
Bexarotene (External Gel)	G	1	PA; QL
Bexarotene (Oral Capsule)	G	1	PA
<b>Panretin (External Gel)</b>	B	3	PA; SP
<b>Targretin (External Gel)</b>	B	3	PA; SP; QL
Tretinoin (Oral Capsule)	G	1	
<b>Treatment Adjuncts</b>			
Leucovorin Calcium (Oral Tablet)	G	1	
<b>Mesnex (Oral Tablet)</b>	B	3	
<b>Antiparasitics</b>			
<b>Anthelmintics</b>			



Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Albendazole (Oral Tablet)	G	1	QL
Emverm (Oral Tablet Chewable)	G	2	SP
Ivermectin (Oral Tablet)	G	1	PA
Praziquantel (Oral Tablet)	G	1	
<b>Antiprotozoals</b>			
Atovaquone (Oral Suspension)	G	1	QL
Atovaquone-Proguanil HCl (Oral Tablet)	G	1	
<b>Benznidazole (Oral Tablet)</b>	B	3	
Chloroquine Phosphate (Oral Tablet)	G	1	
<b>Coartem (Oral Tablet)</b>	B	3	
Hydroxychloroquine Sulfate (Oral Tablet)	G	1	QL
<b>Impavido (Oral Capsule)</b>	B	3	SP
<b>Krintafel (Oral Tablet)</b>	B	3	
<b>Lampit (Oral Tablet)</b>	B	3	PA
Mefloquine HCl (Oral Tablet)	G	1	
Nitazoxanide (Oral Tablet)	G	1	
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	1	B/D,PA; QL
Pentamidine Isethionate (Injection Solution Reconstituted)	G	1	
Primaquine Phosphate (Oral Tablet)	G	1	
Pyrimethamine (Oral Tablet)	G	1	
Quinine Sulfate (Oral Capsule)	G	1	PA
<b>Antiparkinson Agents</b>			
<b>Anticholinergics</b>			
Benztropine Mesylate (Oral Tablet)	G	1	PA; HRM
Trihexyphenidyl HCl (Oral Solution)	G	1	PA; HRM
Trihexyphenidyl HCl (Oral Tablet)	G	1	PA; HRM
<b>Antiparkinson Agents, Other</b>			
Amantadine HCl (Oral Capsule)	G	1	
Amantadine HCl (Oral Solution)	G	1	
Amantadine HCl (Oral Tablet)	G	1	
Carbidopa-Levodopa-Entacapone (Oral Tablet)	G	1	
Entacapone (Oral Tablet)	G	1	
<b>Nourianz (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Ongentys (Oral Capsule)</b>	B	3	ST; QL
Tolcapone (Oral Tablet)	G	1	QL
<b>Dopamine Agonists</b>			

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
Apomorphine HCl (Subcutaneous Solution Cartridge)	G	1	PA; QL
Bromocriptine Mesylate (Oral Capsule)	G	1	
Bromocriptine Mesylate (Oral Tablet)	G	1	
<b>Neupro (Transdermal Patch 24 Hour)</b>	B	3	
Pramipexole Dihydrochloride ER (Oral Tablet Extended Release 24 Hour)	G	1	
Pramipexole Dihydrochloride (Oral Tablet Immediate Release)	G	1	
Ropinirole HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	
Ropinirole HCl (Oral Tablet Immediate Release)	G	1	
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>			
Carbidopa (Oral Tablet)	G	1	
Carbidopa-Levodopa ER (Oral Tablet Extended Release)	G	1	
Carbidopa-Levodopa (Oral Tablet Immediate Release)	G	1	
Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	G	1	
<b>Duopa (Enteral Suspension)</b>	B	3	PA; SP
<b>Inbrija (Inhalation Capsule)</b>	B	3	PA; SP
<b>Rytary (Oral Capsule Extended Release)</b>	B	3	ST
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>			
Rasagiline Mesylate (Oral Tablet)	G	1	
Selegiline HCl (Oral Capsule)	G	1	
Selegiline HCl (Oral Tablet)	G	1	
<b>Antipsychotics</b>			
<b>1st Generation/Typical</b>			
Chlorpromazine HCl (Oral Concentrate)	G	1	
Chlorpromazine HCl (Oral Tablet)	G	1	
Fluphenazine Decanoate (Injection Solution)	G	1	
Fluphenazine HCl (Injection Solution)	G	1	
Fluphenazine HCl (Oral Concentrate)	G	1	
Fluphenazine HCl (Oral Elixir)	G	1	
Fluphenazine HCl (Oral Tablet)	G	1	
Haloperidol Decanoate (Intramuscular Solution)	G	1	
Haloperidol Lactate (Injection Solution)	G	1	
Haloperidol Lactate (Oral Concentrate)	G	1	
Haloperidol (Oral Tablet)	G	1	
Loxapine Succinate (Oral Capsule)	G	1	
Molindone HCl (Oral Tablet)	G	1	
Pimozide (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Thioridazine HCl (Oral Tablet)	G	1	
Thiothixene (Oral Capsule)	G	1	
Trifluoperazine HCl (Oral Tablet)	G	1	
<b>2nd Generation/Atypical</b>			
<b>Abilify Maintena (Intramuscular Prefilled Syringe)</b>	B	3	SP
<b>Abilify Maintena (Intramuscular Suspension Reconstituted ER)</b>	B	3	SP
Aripiprazole (Oral Solution)	G	1	QL
Aripiprazole (Oral Tablet)	G	1	QL
Aripiprazole ODT (Oral Tablet Dispersible)	G	1	QL
Asenapine Maleate (Tablet Sublingual)	G	1	QL
<b>Caplyta (Oral Capsule)</b>	B	3	PA; SP; QL
<b>Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)</b>	B	3	ST; SP; QL
<b>Fanapt Titration Pack (Oral Tablet)</b>	B	3	ST; QL
<b>Invega Hafyera (Intramuscular Suspension Prefilled Syringe)</b>	B	3	SP
<b>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>	B	3	SP
<b>Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)</b>	B	3	
<b>Invega Trinza (Intramuscular Suspension Prefilled Syringe)</b>	B	3	SP
<b>Latuda (Oral Tablet)</b>	B	3	SP; QL
Lurasidone HCl (Oral Tablet)	G	1	QL
<b>Lybalvi (Oral Tablet)</b>	B	3	ST; SP; QL
<b>Nuplazid (Oral Capsule)</b>	B	3	PA; SP; QL
<b>Nuplazid (Oral Tablet)</b>	B	3	PA; SP; QL
Olanzapine (10MG Intramuscular Solution Reconstituted)	G	1	
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	1	QL
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	1	QL
Paliperidone ER (Oral Tablet Extended Release 24 Hour)	G	1	QL

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
Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Quetiapine Fumarate (Oral Tablet Immediate Release)	G	1	QL
<b>Rexulti (Oral Tablet)</b>	B	3	SP; QL
<b>Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER)</b>	B	3	
<b>Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER)</b>	B	3	SP
Risperidone (Oral Solution)	G	1	
Risperidone (Oral Tablet)	G	1	
Risperidone ODT (Oral Tablet Dispersible)	G	1	
<b>Secuado (Transdermal Patch 24 Hour)</b>	B	3	ST; SP; QL
<b>Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)</b>	B	3	SP; QL
<b>Vraylar (Oral Capsule Therapy Pack)</b>	B	3	QL
Ziprasidone HCl (Oral Capsule)	G	1	QL
Ziprasidone Mesylate (Intramuscular Solution Reconstituted)	G	1	
<b>Zyprexa Relprevv (210MG Intramuscular Suspension Reconstituted)</b>	B	3	SP
<b>Treatment-Resistant</b>			
Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	1	
Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)	G	1	QL
<b>Versacloz (Oral Suspension)</b>	B	3	SP
<b>Antispasticity Agents</b>			
<b>Antispasticity Agents</b>			
Baclofen (Oral Tablet)	G	1	
Dantrolene Sodium (Oral Capsule)	G	1	
Tizanidine HCl (Oral Capsule)	G	1	
Tizanidine HCl (Oral Tablet)	G	1	
<b>Antivirals</b>			
<b>Anti-cytomegalovirus (CMV) Agents</b>			
<b>Livtency (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Prevymis (Oral Tablet)</b>	B	3	SP; QL
Valganciclovir HCl (Oral Solution Reconstituted)	G	1	QL
Valganciclovir HCl (Oral Tablet)	G	1	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Zirgan (Ophthalmic Gel)</b>	B	3	
<b>Anti-hepatitis B (HBV) Agents</b>			
Adefovir Dipivoxil (Oral Tablet)	G	1	
<b>Baraclude (Oral Solution)</b>	B	3	SP
Entecavir (Oral Tablet)	G	1	
Lamivudine (100MG Oral Tablet)	G	1	
<b>Anti-hepatitis C (HCV) Agents</b>			
<b>Epclusa (Oral Packet)</b>	B	2	PA; SP; QL
<b>Epclusa (Oral Tablet)</b>	B	2	PA; SP; QL
<b>Harvoni (Oral Packet)</b>	B	2	PA; SP; QL
<b>Harvoni (90-400MG Oral Tablet)</b>	B	2	PA; SP; QL
<b>Mavyret (Oral Packet)</b>	B	2	PA; SP; QL
<b>Mavyret (Oral Tablet)</b>	B	2	PA; SP; QL
Ribavirin (Oral Capsule)	G	1	
Ribavirin (Oral Tablet)	G	1	
Sofosbuvir-Velpatasvir (Oral Tablet)	G	2	PA; SP; QL
<b>Sovaldi (Oral Packet)</b>	B	3	PA; SP; QL
<b>Sovaldi (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Vosevi (Oral Tablet)</b>	B	2	PA; SP; QL
<b>Zepatier (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Antiherpetic Agents</b>			
Acyclovir (External Ointment)	G	1	
Acyclovir (Oral Capsule)	G	1	
Acyclovir (Oral Suspension)	G	1	
Acyclovir (Oral Tablet)	G	1	
Acyclovir Sodium (Intravenous Solution)	G	1	B/D,PA
Famciclovir (Oral Tablet)	G	1	
Penciclovir (External Cream)	G	1	
Valacyclovir HCl (Oral Tablet)	G	1	QL
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>			
<b>Biktarvy (Oral Tablet)</b>	B	3	SP; QL
<b>Dovato (Oral Tablet)</b>	B	2	SP; QL
<b>Genvoya (Oral Tablet)</b>	B	3	SP; QL
<b>Isentress HD (Oral Tablet)</b>	B	2	SP; QL
<b>Isentress (Oral Packet)</b>	B	2	QL
<b>Isentress (Oral Tablet)</b>	B	2	SP; QL
<b>Isentress (Oral Tablet Chewable)</b>	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
<b>Juluca (Oral Tablet)</b>	B	2	SP; QL
<b>Stribild (Oral Tablet)</b>	B	3	SP; QL
<b>Tivicay (10MG Oral Tablet, 25MG Oral Tablet)</b>	B	2	QL
<b>Tivicay (50MG Oral Tablet)</b>	B	2	SP; QL
<b>Tivicay PD (Oral Tablet Soluble)</b>	B	2	SP; QL
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>			
<b>Complera (Oral Tablet)</b>	B	2	SP; QL
<b>Delstrigo (Oral Tablet)</b>	B	3	SP; QL
<b>Edurant (Oral Tablet)</b>	B	2	SP; QL
Efavirenz (Oral Capsule)	G	1	QL
Efavirenz (Oral Tablet)	G	1	QL
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)	G	1	QL
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)	G	1	QL
Etravirine (Oral Tablet)	G	1	QL
<b>Intelence (25MG Oral Tablet)</b>	B	2	QL
Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour)	G	1	QL
Nevirapine (Oral Suspension)	G	1	QL
Nevirapine (Oral Tablet Immediate Release)	G	1	QL
<b>Pifeltro (Oral Tablet)</b>	B	3	SP; QL
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>			
Abacavir Sulfate (Oral Solution)	G	1	QL
Abacavir Sulfate (Oral Tablet)	G	1	QL
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	1	QL
<b>Cimduo (Oral Tablet)</b>	B	2	SP; QL
<b>Descovy (Oral Tablet)</b>	B	3	SP; QL
Emtricitabine (Oral Capsule)	G	1	QL
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet)	G	1	QL
<b>Emtriva (Oral Solution)</b>	B	2	QL
Lamivudine (10MG/ML Oral Solution)	G	1	QL
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet)	G	1	QL
Lamivudine-Zidovudine (Oral Tablet)	G	1	QL
<b>Odefsey (Oral Tablet)</b>	B	3	SP; QL
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	1	QL
<b>Triumeq (Oral Tablet)</b>	B	2	SP; QL
<b>Triumeq PD (Oral Tablet Soluble)</b>	B	3	SP; QL
<b>Trizivir (Oral Tablet)</b>	B	3	SP; QL
<b>Viread (Oral Powder)</b>	B	2	SP; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)</b>	B	2	SP; QL
Zidovudine (Oral Capsule)	G	1	QL
Zidovudine (Oral Syrup)	G	1	QL
Zidovudine (Oral Tablet)	G	1	QL
<b>Anti-HIV Agents, Other</b>			
<b>Fuzeon (Subcutaneous Solution Reconstituted)</b>	B	2	SP; QL
Maraviroc (Oral Tablet)	G	1	QL
<b>Rukobia (Oral Tablet Extended Release 12 Hour)</b>	B	2	SP; QL
<b>Selzentry (Oral Solution)</b>	B	2	SP; QL
<b>Selzentry (25MG Oral Tablet)</b>	B	2	QL
<b>Selzentry (75MG Oral Tablet)</b>	B	2	SP; QL
<b>Sunlenca (Oral Tablet Therapy Pack)</b>	B	3	SP; QL
<b>Tybost (Oral Tablet)</b>	B	2	QL
<b>Anti-HIV Agents, Protease Inhibitors</b>			
<b>Aptivus (Oral Capsule)</b>	B	2	SP; QL
Atazanavir Sulfate (Oral Capsule)	G	1	QL
Darunavir (Oral Tablet)	G	1	QL
<b>Evotaz (Oral Tablet)</b>	B	2	SP; QL
Fosamprenavir Calcium (Oral Tablet)	G	1	QL
<b>Lexiva (Oral Suspension)</b>	B	2	QL
Lopinavir-Ritonavir (Oral Solution)	G	1	QL
Lopinavir-Ritonavir (Oral Tablet)	G	1	QL
<b>Norvir (Oral Packet)</b>	B	2	QL
<b>Prezcobix (Oral Tablet)</b>	B	2	SP; QL
<b>Prezista (Oral Suspension)</b>	B	2	SP; QL
<b>Prezista (150MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)</b>	B	2	SP; QL
<b>Prezista (75MG Oral Tablet)</b>	B	2	QL
<b>Reyataz (Oral Packet)</b>	B	2	SP; QL
Ritonavir (Oral Tablet)	G	1	QL
<b>Symtuza (Oral Tablet)</b>	B	3	SP; QL
<b>Viracept (Oral Tablet)</b>	B	2	SP; QL
<b>Anti-influenza Agents</b>			
Oseltamivir Phosphate (Oral Capsule)	G	1	
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	1	
<b>Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)</b>	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
Rimantadine HCl (Oral Tablet)	G	1	
<b>Tamiflu (Oral Capsule)</b>	B	3	
<b>Xofluza (40MG Dose) (Oral Tablet Therapy Pack)</b>	B	3	QL
<b>Xofluza (80MG Dose) (Oral Tablet Therapy Pack)</b>	B	3	QL
<b>Anxiolytics</b>			
<b>Anxiolytics, Other</b>			
Buspirone HCl (Oral Tablet)	G	1	
Hydroxyzine HCl (Oral Syrup)	G	1	PA; HRM
Hydroxyzine HCl (Oral Tablet)	G	1	PA; HRM
Hydroxyzine Pamoate (Oral Capsule)	G	1	PA; HRM
Meprobamate (Oral Tablet)	G	1	PA; HRM
<b>Benzodiazepines</b>			
Alprazolam ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Alprazolam Intensol (Oral Concentrate)	G	1	QL
Alprazolam (Oral Tablet Immediate Release)	G	1	QL
Chlordiazepoxide HCl (Oral Capsule)	G	1	
Clonazepam (Oral Tablet)	G	1	QL
Clonazepam ODT (Oral Tablet Dispersible)	G	1	QL
Clorazepate Dipotassium (Oral Tablet)	G	1	QL
Diazepam Intensol (Oral Concentrate)	G	1	QL
Diazepam (5MG/5ML Oral Solution)	G	1	
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	1	QL
Lorazepam Intensol (Oral Concentrate)	G	1	QL
Lorazepam (Oral Tablet)	G	1	QL
Oxazepam (Oral Capsule)	G	1	
<b>Bipolar Agents</b>			
<b>Mood Stabilizers</b>			
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	
<b>Equetro (Oral Capsule Extended Release 12 Hour)</b>	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	
<b>Blood Glucose Regulators</b>			



Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Antidiabetic Agents</b>			
Acarbose (Oral Tablet)	G	1	
<b>Bydureon BCise (Subcutaneous Auto-Injector)</b>	B	2	QL
<b>Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)</b>	B	2	ST; QL
<b>Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)</b>	B	2	ST; QL
<b>Cycloset (Oral Tablet)</b>	B	3	
<b>Farxiga (Oral Tablet)</b>	B	2	QL
Glimepiride (Oral Tablet)	G	1	PA; HRM; QL
Glipizide ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Glipizide (10MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	1	QL
Glipizide-Metformin HCl (Oral Tablet)	G	1	QL
Glyburide Micronized (Oral Tablet)	G	1	PA; HRM; QL
Glyburide (Oral Tablet)	G	1	PA; HRM; QL
Glyburide-Metformin (Oral Tablet)	G	1	PA; HRM; QL
<b>Glyxambi (Oral Tablet)</b>	B	2	QL
<b>Janumet (Oral Tablet Immediate Release)</b>	B	2	QL
<b>Janumet XR (Oral Tablet Extended Release 24 Hour)</b>	B	2	QL
<b>Januvia (Oral Tablet)</b>	B	2	QL
<b>Jardiance (Oral Tablet)</b>	B	2	QL
<b>Jentaduetto (2.5-1000MG Oral Tablet, 2.5-500MG Oral Tablet)</b>	B	2	QL
<b>Jentaduetto XR (Oral Tablet Extended Release 24 Hour)</b>	B	2	QL
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	1	QL
Metformin HCl (Oral Solution)	G	1	QL
Metformin HCl (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 850MG Oral Tablet Immediate Release)	G	1	QL
Miglitol (Oral Tablet)	G	1	
<b>Mounjaro (Subcutaneous Solution Pen-Injector)</b>	B	2	QL
Nateglinide (Oral Tablet)	G	1	QL
<b>Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector)</b>	B	2	QL
<b>Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector)</b>	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
<b>Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector)</b>	B	2	QL
Pioglitazone HCl (Oral Tablet)	G	1	QL
Pioglitazone HCl-Glimepiride (Oral Tablet)	G	1	PA; HRM; QL
Pioglitazone HCl-Metformin HCl (Oral Tablet)	G	1	QL
Repaglinide (Oral Tablet)	G	1	QL
<b>Rybelsus (Oral Tablet)</b>	B	2	QL
<b>Soliqua (Subcutaneous Solution Pen-Injector)</b>	B	2	QL
<b>SymlinPen 120 (Subcutaneous Solution Pen-Injector)</b>	B	3	PA; SP
<b>SymlinPen 60 (Subcutaneous Solution Pen-Injector)</b>	B	3	PA; SP
<b>Synjardy (Oral Tablet Immediate Release)</b>	B	2	QL
<b>Tradjenta (Oral Tablet)</b>	B	2	QL
<b>Trijardy XR (Oral Tablet Extended Release 24 Hour)</b>	B	2	QL
<b>Trulicity (Subcutaneous Solution Pen-Injector)</b>	B	2	QL
<b>Victoza (Subcutaneous Solution Pen-Injector)</b>	B	2	QL
<b>Xigduo XR (Oral Tablet Extended Release 24 Hour)</b>	B	2	QL
<b>Xultophy (Subcutaneous Solution Pen-Injector)</b>	B	3	ST; QL
<b>Glycemic Agents</b>			
<b>Baqsimi One Pack (Nasal Powder)</b>	B	2	
Diazoxide (Oral Suspension)	G	1	
Glucagon (Injection Kit) (Lilly)	G	1	
<b>Insulins</b>			
<b>Afrezza (12UNIT Inhalation Powder, 60x4UNIT &amp; 60x8UNIT &amp; 60x12UNIT Inhalation Powder, 90x4UNIT &amp; 90x8UNIT Inhalation Powder, 90x8UNIT &amp; 90x12UNIT Inhalation Powder)</b>	B	3	PA; SP
<b>Afrezza (4UNIT Inhalation Powder, 8UNIT Inhalation Powder)</b>	B	3	PA
<b>Humalog (Injection Solution)</b>	B	2	
<b>Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)</b>	B	2	
<b>Humalog KwikPen (Subcutaneous Solution Pen-Injector)</b>	B	2	
<b>Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)</b>	B	2	
<b>Humalog Mix 50/50 (Subcutaneous Suspension)</b>	B	2	
<b>Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)</b>	B	2	
<b>Humalog Mix 75/25 (Subcutaneous Suspension)</b>	B	2	
<b>Humalog (Subcutaneous Solution Cartridge)</b>	B	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)</b>	B	2	
<b>Humulin 70/30 (Subcutaneous Suspension)</b>	B	2	
<b>Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)</b>	B	2	
<b>Humulin N (Subcutaneous Suspension)</b>	B	2	
<b>Humulin R (Injection Solution)</b>	B	2	
<b>Humulin R U-500 (Concentrated) (Subcutaneous Solution)</b>	B	2	
<b>Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)</b>	B	2	
<b>Lantus SoloStar (Subcutaneous Solution Pen-Injector)</b>	B	2	
<b>Lantus (Subcutaneous Solution)</b>	B	2	
<b>Lyumjev (Injection Solution)</b>	B	2	
<b>Lyumjev KwikPen (Subcutaneous Solution Pen-Injector)</b>	B	2	
<b>Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)</b>	B	2	
<b>Toujeo SoloStar (Subcutaneous Solution Pen-Injector)</b>	B	2	
<b>Blood Products and Modifiers</b>			
<b>Anticoagulants</b>			
Dabigatran Etexilate Mesylate (Oral Capsule)	G	1	QL
<b>Eliquis (Oral Tablet)</b>	B	2	QL
<b>Eliquis Starter Pack (Oral Tablet)</b>	B	2	QL
Enoxaparin Sodium (Injection Solution Prefilled Syringe)	G	1	QL
Fondaparinux Sodium (Subcutaneous Solution)	G	1	
<b>Fragmin (95000UNIT/3.8ML Subcutaneous Solution)</b>	B	3	SP
<b>Fragmin (Subcutaneous Solution Prefilled Syringe)</b>	B	3	SP
Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution)	G	1	
Heparin Sodium (1000UNIT/ML Injection Solution)	G	1	B/D,PA
Jantoven (Oral Tablet)	G	1	
<b>Savaysa (Oral Tablet)</b>	B	3	QL
Warfarin Sodium (Oral Tablet)	G	1	
<b>Xarelto (Oral Suspension Reconstituted)</b>	B	2	QL
<b>Xarelto (Oral Tablet)</b>	B	2	QL
<b>Xarelto Starter Pack (Oral Tablet Therapy Pack)</b>	B	2	QL
<b>Zontivity (Oral Tablet)</b>	B	3	
<b>Blood Products and Modifiers, Other</b>			

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
Anagrelide HCl (Oral Capsule)	G	1	
<b>Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution)</b>	B	2	PA; SP
<b>Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution)</b>	B	2	PA
<b>Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe)</b>	B	2	PA; SP
<b>Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe)</b>	B	2	PA
<b>Leukine (Injection Solution Reconstituted)</b>	B	3	PA; SP
<b>Mulpleta (Oral Tablet)</b>	B	2	PA; SP
<b>Neulasta (Subcutaneous Solution Prefilled Syringe)</b>	B	3	PA; SP
<b>Promacta (Oral Packet)</b>	B	3	PA; SP; QL
<b>Promacta (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Pyrukynd (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Pyrukynd Taper Pack (Oral Tablet Therapy Pack)</b>	B	3	PA; SP; QL
<b>Retacrit (Injection Solution)</b>	B	2	PA
<b>Siklos (1000MG Oral Tablet)</b>	B	3	PA; SP
<b>Siklos (100MG Oral Tablet)</b>	B	3	PA
<b>Zarxio (Injection Solution Prefilled Syringe)</b>	B	2	SP
<b>Ziextenzo (Subcutaneous Solution Prefilled Syringe)</b>	B	3	PA; SP
<b>Hemostasis Agents</b>			
Tranexamic Acid (Oral Tablet)	G	1	
<b>Platelet Modifying Agents</b>			
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	1	QL
<b>Brilinta (Oral Tablet)</b>	B	2	QL
<b>Cablivi (Injection Kit)</b>	B	3	PA; SP; QL
Cilostazol (Oral Tablet)	G	1	
Clopidogrel Bisulfate (75MG Oral Tablet)	G	1	
Dipyridamole (Oral Tablet)	G	1	PA; HRM
<b>Doptelet (Oral Tablet)</b>	B	3	PA; SP
Prasugrel HCl (Oral Tablet)	G	1	
<b>Tavalisse (Oral Tablet)</b>	B	3	PA; SP; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Cardiovascular Agents</b>			
<b>Alpha-adrenergic Agonists</b>			
Clonidine HCl (Oral Tablet Immediate Release)	G	1	
Clonidine (Transdermal Patch Weekly)	G	1	
Droxidopa (Oral Capsule)	G	1	PA; QL
Guanfacine HCl (Oral Tablet Immediate Release)	G	1	PA; HRM; QL
Midodrine HCl (Oral Tablet)	G	1	
<b>Alpha-adrenergic Blocking Agents</b>			
Doxazosin Mesylate (Oral Tablet)	G	1	
Phenoxybenzamine HCl (Oral Capsule)	G	1	
Prazosin HCl (Oral Capsule)	G	1	
<b>Angiotensin II Receptor Antagonists</b>			
Candesartan Cilexetil (Oral Tablet)	G	1	QL
<b>Edarbi (Oral Tablet)</b>	B	3	QL
Irbesartan (Oral Tablet)	G	1	QL
Losartan Potassium (Oral Tablet)	G	1	QL
Olmesartan Medoxomil (Oral Tablet)	G	1	QL
Telmisartan (Oral Tablet)	G	1	QL
Valsartan (Oral Tablet)	G	1	QL
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>			
Benazepril HCl (Oral Tablet)	G	1	QL
Captopril (Oral Tablet)	G	1	QL
Enalapril Maleate (Oral Tablet)	G	1	QL
Fosinopril Sodium (Oral Tablet)	G	1	QL
Lisinopril (Oral Tablet)	G	1	QL
Moexipril HCl (Oral Tablet)	G	1	QL
Perindopril Erbumine (Oral Tablet)	G	1	QL
Quinapril HCl (Oral Tablet)	G	1	QL
Ramipril (Oral Capsule)	G	1	QL
Trandolapril (Oral Tablet)	G	1	QL
<b>Antiarrhythmics</b>			
Amiodarone HCl (Oral Tablet)	G	1	
Disopyramide Phosphate (Oral Capsule)	G	1	PA; HRM
Dofetilide (Oral Capsule)	G	1	QL
Flecainide Acetate (Oral Tablet)	G	1	
Mexiletine HCl (Oral Capsule)	G	1	
<b>Multaq (Oral Tablet)</b>	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
<b>Norpace CR (Oral Capsule Extended Release 12 Hour)</b>	B	2	PA; HRM
Propafenone HCl ER (Oral Capsule Extended Release 12 Hour)	G	1	
Propafenone HCl (Oral Tablet)	G	1	
Quinidine Gluconate ER (Oral Tablet Extended Release)	G	1	
Quinidine Sulfate (Oral Tablet)	G	1	
Sorine (120MG Oral Tablet, 160MG Oral Tablet, 240MG Oral Tablet, 80MG Oral Tablet)	G	1	
Sotalol HCl AF (Oral Tablet)	G	1	
Sotalol HCl (Oral Tablet)	G	1	
<b>Sotylize (Oral Solution)</b>	B	3	
<b>Beta-adrenergic Blocking Agents</b>			
Acebutolol HCl (Oral Capsule)	G	1	
Atenolol (Oral Tablet)	G	1	
Betaxolol HCl (Oral Tablet)	G	1	
Bisoprolol Fumarate (Oral Tablet)	G	1	
Carvedilol (Oral Tablet)	G	1	
Labetalol HCl (Oral Tablet)	G	1	
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	G	1	
Metoprolol Tartrate (Oral Tablet)	G	1	
Nadolol (Oral Tablet)	G	1	
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	
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>			
Amlodipine Besylate (Oral Tablet)	G	1	
Felodipine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Isradipine (Oral Capsule)	G	1	
Nicardipine HCl (Oral Capsule)	G	1	
Nifedipine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	G	1	
Nifedipine (Oral Capsule)	G	1	PA; HRM
Nimodipine (Oral Capsule)	G	1	
Nisoldipine ER (Oral Tablet Extended Release 24 Hour)	G	1	
<b>Norliqva (Oral Solution)</b>	B	3	ST

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Nymalize (Oral Solution)</b>	B	3	SP
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>			
<b>Cardizem LA (120MG Oral Tablet Extended Release 24 Hour)</b>	B	3	
Cartia XT (Oral Capsule Extended Release 24 Hour)	G	1	
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour)	G	1	
Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	G	1	
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour)	G	1	
Diltiazem HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	
Diltiazem HCl (Oral Tablet Immediate Release)	G	1	
Dilt-XR (Oral Capsule Extended Release 24 Hour)	G	1	
Matzim LA (Oral Tablet Extended Release 24 Hour)	G	1	
Taztia XT (Oral Capsule Extended Release 24 Hour)	G	1	
Tiadyt ER (Oral Capsule Extended Release 24 Hour)	G	1	
<b>Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour, 360MG Oral Capsule Extended Release 24 Hour)</b>	B	1	
Verapamil HCl ER (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour)	G	1	
Verapamil HCl ER (Oral Tablet Extended Release)	G	1	
Verapamil HCl (Oral Tablet Immediate Release)	G	1	
<b>Cardiovascular Agents, Other</b>			
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

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
Amlodipine-Valsartan (Oral Tablet)	G	1	QL
Amlodipine-Valsartan-HCTZ (Oral Tablet)	G	1	
Atenolol-Chlorthalidone (Oral Tablet)	G	1	
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
<b>BiDil (Oral Tablet)</b>	B	3	
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Candesartan Cilexetil-HCTZ (Oral Tablet)	G	1	QL
<b>Corlanor (Oral Solution)</b>	B	3	PA; QL
<b>Corlanor (Oral Tablet)</b>	B	3	PA; QL
<b>Demser (Oral Capsule)</b>	B	3	SP
Digoxin (Oral Solution)	G	1	PA; HRM; QL
Digoxin (125MCG Oral Tablet, 62.5MCG Oral Tablet)	G	1	HRM; QL
Digoxin (250MCG Oral Tablet)	G	1	PA; HRM
<b>Edarbyclor (Oral Tablet)</b>	B	3	QL
Enalapril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
<b>Entresto (Oral Tablet)</b>	B	2	QL
Fosinopril Sodium-HCTZ (Oral Tablet)	G	1	QL
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Isosorbide Dinitrate-Hydralazine (Oral Tablet)	G	1	
<b>Kerendia (Oral Tablet)</b>	B	3	PA; QL
Lisinopril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Losartan Potassium-HCTZ (Oral Tablet)	G	1	QL
Metoprolol-Hydrochlorothiazide (Oral Tablet)	G	1	
Metyrosine (Oral Capsule)	G	1	
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	1	QL
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	G	1	QL
Pentoxifylline ER (Oral Tablet Extended Release)	G	1	
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	1	
Spirolactone-HCTZ (Oral Tablet)	G	1	
Telmisartan-Amlodipine (Oral Tablet)	G	1	QL
Telmisartan-HCTZ (Oral Tablet)	G	1	QL
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	G	1	QL
Triamterene-HCTZ (Oral Capsule)	G	1	
Triamterene-HCTZ (Oral Tablet)	G	1	
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Vecamyl (Oral Tablet)	G	3	SP
<b>Diuretics, Loop</b>			
Bumetanide (Injection Solution)	G	1	



Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Bumetanide (Oral Tablet)	G	1	
Ethacrynic Acid (Oral Tablet)	G	1	
Furosemide (Injection Solution)	G	1	B/D,PA
Furosemide (Oral Solution)	G	1	
Furosemide (Oral Tablet)	G	1	
Torsemide (Oral Tablet)	G	1	
<b>Diuretics, Potassium-sparing</b>			
Amiloride HCl (Oral Tablet)	G	1	
<b>CaroSpir (Oral Suspension)</b>	B	3	
Eplerenone (Oral Tablet)	G	1	
Spirolactone (Oral Tablet)	G	1	
Triamterene (Oral Capsule)	G	1	
<b>Diuretics, Thiazide</b>			
Chlorthalidone (Oral Tablet)	G	1	
<b>Diuril (Oral Suspension)</b>	B	3	
Hydrochlorothiazide (Oral Capsule)	G	1	
Hydrochlorothiazide (Oral Tablet)	G	1	
Indapamide (Oral Tablet)	G	1	
Metolazone (Oral Tablet)	G	1	
<b>Thalitone (Oral Tablet)</b>	B	3	
<b>Dyslipidemics, Fibric Acid Derivatives</b>			
Fenofibrate Micronized (134MG Oral Capsule, 200MG Oral Capsule, 43MG Oral Capsule, 67MG Oral Capsule)	G	1	
Fenofibrate (150MG Oral Capsule, 50MG Oral Capsule)	G	1	
Fenofibrate (145MG Oral Tablet, 160MG Oral Tablet, 48MG Oral Tablet, 54MG Oral Tablet)	G	1	
Fenofibric Acid (Oral Capsule Delayed Release)	G	1	
Gemfibrozil (Oral Tablet)	G	1	
<b>Lipofen (Oral Capsule)</b>	B	3	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>			
Atorvastatin Calcium (Oral Tablet)	G	1	QL
Lovastatin (Oral Tablet)	G	1	QL
Pravastatin Sodium (Oral Tablet)	G	1	QL
Rosuvastatin Calcium (Oral Tablet)	G	1	QL
Simvastatin (Oral Tablet)	G	1	QL
<b>Dyslipidemics, Other</b>			
Cholestyramine Light (Oral Packet)	G	1	
Cholestyramine (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
Colesevelam HCl (Oral Tablet)	G	1	
Colestipol HCl (Oral Packet)	G	1	
Colestipol HCl (Oral Tablet)	G	1	
Ezetimibe (Oral Tablet)	G	1	
Ezetimibe-Simvastatin (Oral Tablet)	G	1	QL
Icosapent Ethyl (Oral Capsule)	G	1	
<b>Juxtapid (Oral Capsule)</b>	B	3	PA; SP
<b>Nexletol (Oral Tablet)</b>	B	2	PA; QL
<b>Nexlizet (Oral Tablet)</b>	B	2	PA; QL
Niacin (Antihyperlipidemic) (Oral Tablet Immediate Release)	G	1	
Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release)	G	1	
Niacor (Oral Tablet)	G	1	
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	G	1	
Prevalite (Oral Packet)	G	1	
<b>Repatha Pushtonex System (Subcutaneous Solution Cartridge)</b>	B	2	PA; QL
<b>Repatha (Subcutaneous Solution Prefilled Syringe)</b>	B	2	PA; QL
<b>Repatha SureClick (Subcutaneous Solution Auto-Injector)</b>	B	2	PA; QL
<b>Vascepa (0.5GM Oral Capsule)</b>	B	2	
<b>Vasodilators, Direct-acting Arterial</b>			
Hydralazine HCl (Oral Tablet)	G	1	
Minoxidil (Oral Tablet)	G	1	
<b>Vasodilators, Direct-acting Arterial/Venous</b>			
Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG 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)	G	3	
<b>Nitro-Dur (Transdermal Patch 24 Hour)</b>	B	3	
Nitroglycerin (Tablet Sublingual)	G	1	
Nitroglycerin (Transdermal Patch 24 Hour)	G	1	
Nitroglycerin (Translingual Solution)	G	1	
<b>Rectiv (Rectal Ointment)</b>	B	3	
<b>Verquvo (Oral Tablet)</b>	B	3	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Central Nervous System Agents</b>			
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>			
<b>Adzenys XR-ODT (Oral Tablet Extended Release Dispersible)</b>	B	3	QL
Amphetamine Sulfate (Oral Tablet)	G	1	
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour) (Generic Adderall XR)	G	1	QL
Amphetamine-Dextroamphetamine (Oral Tablet)	G	1	QL
Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)	G	1	QL
Dextroamphetamine Sulfate (Oral Solution)	G	1	
Dextroamphetamine Sulfate (Oral Tablet)	G	1	QL
<b>Dyanavel XR (Oral Suspension Extended Release)</b>	B	3	QL
<b>Evekeo ODT (Oral Tablet Dispersible)</b>	B	3	
Lisdexamfetamine Dimesylate (Oral Capsule)	G	1	
<b>Mydayis (Oral Capsule Extended Release 24 Hour)</b>	B	3	QL
<b>Vyvanse (Oral Capsule)</b>	B	2	
<b>Vyvanse (Oral Tablet Chewable)</b>	B	2	
Zenzedi (2.5MG Oral Tablet, 7.5MG Oral Tablet)	G	3	QL
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>			
Atomoxetine HCl (Oral Capsule)	G	1	QL
<b>Azstarys (Oral Capsule)</b>	B	3	QL
Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)	G	1	PA
<b>Cotempla XR-ODT (17.3MG Oral Tablet Extended Release Dispersible, 8.6MG Oral Tablet Extended Release Dispersible)</b>	B	3	QL
<b>Cotempla XR-ODT (25.9MG Oral Tablet Extended Release Dispersible)</b>	B	3	SP; QL
<b>Daytrana (Transdermal Patch)</b>	B	3	QL
Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	
Dexmethylphenidate HCl (Oral Tablet)	G	1	QL
Guanfacine HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	PA; HRM
<b>Jornay PM (Oral Capsule Extended Release 24 Hour)</b>	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

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Methylphenidate HCl ER Osmotic Release (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 (XR) (Oral Capsule Extended Release 24 Hour) (Brand Equivalent Aptensio XR)	G	1	QL
Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release)	G	1	QL
Methylphenidate HCl ER (18MG Oral Tablet Extended Release 24 Hour, 27MG Oral Tablet Extended Release 24 Hour, 36MG Oral Tablet Extended Release 24 Hour, 54MG Oral Tablet Extended Release 24 Hour)	G	1	QL
Methylphenidate HCl (Oral Solution)	G	1	QL
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	G	1	QL
Methylphenidate HCl (Oral Tablet Chewable)	G	1	QL
Methylphenidate (Transdermal Patch)	G	1	QL
<b>QuilliChew ER (Oral Tablet Chewable Extended Release)</b>	B	3	QL
<b>Quillivant XR (Oral Suspension Reconstituted)</b>	B	3	QL
Relexxii (72MG Oral Tablet Extended Release)	G	1	QL
<b>Central Nervous System, Other</b>			
<b>Austedo (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Gralise (Oral Tablet)</b>	B	3	PA
<b>Horizant (Oral Tablet Extended Release)</b>	B	3	PA
<b>Ingrezza (Oral Capsule)</b>	B	3	PA; SP; QL
<b>Ingrezza (Oral Capsule Therapy Pack)</b>	B	3	PA; SP; QL
<b>Nuedexta (Oral Capsule)</b>	B	3	PA; SP; QL
<b>Radicava ORS Starter Kit (Oral Suspension)</b>	B	2	PA; SP; QL
<b>Relyvrio (Oral Packet)</b>	B	3	PA; SP; QL
Riluzole (Oral Tablet)	G	1	
<b>Skyclarys (Oral Capsule)</b>	B	3	PA; SP; QL
Tetrabenazine (Oral Tablet)	G	1	PA
<b>Tiglutik (Oral Suspension)</b>	B	2	PA; SP
<b>Fibromyalgia Agents</b>			
Duloxetine HCl (Oral Capsule Delayed Release Particles)	G	1	QL
Pregabalin ER (Oral Tablet Extended Release 24 Hour)	G	1	PA; QL
Pregabalin (Oral Capsule)	G	1	QL
Pregabalin (Oral Solution)	G	1	QL
<b>Savella (Oral Tablet)</b>	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Savella Titration Pack (Oral Tablet)</b>	B	3	
<b>Multiple Sclerosis Agents</b>			
<b>Aubagio (Oral Tablet)</b>	B	3	SP; QL
<b>Avonex Pen (Intramuscular Auto-Injector Kit)</b>	B	2	SP
<b>Avonex Prefilled (Intramuscular Prefilled Syringe Kit)</b>	B	2	SP
<b>Bafiertam (Oral Capsule Delayed Release)</b>	B	2	ST; SP; QL
<b>Betaseron (Subcutaneous Kit)</b>	B	2	SP
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
<b>Gilenya (Oral Capsule)</b>	B	3	SP; QL
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	G	1	QL
Glatopa (Subcutaneous Solution Prefilled Syringe)	G	1	QL
<b>Kesimpta (Subcutaneous Solution Auto-Injector)</b>	B	2	SP
<b>Mavenclad (10 Tabs) (Oral Tablet Therapy Pack)</b>	B	3	PA; SP
<b>Mavenclad (4 Tabs) (Oral Tablet Therapy Pack)</b>	B	3	PA; SP
<b>Mavenclad (5 Tabs) (Oral Tablet Therapy Pack)</b>	B	3	PA; SP
<b>Mavenclad (6 Tabs) (Oral Tablet Therapy Pack)</b>	B	3	PA; SP
<b>Mavenclad (7 Tabs) (Oral Tablet Therapy Pack)</b>	B	3	PA; SP
<b>Mavenclad (8 Tabs) (Oral Tablet Therapy Pack)</b>	B	3	PA; SP
<b>Mavenclad (9 Tabs) (Oral Tablet Therapy Pack)</b>	B	3	PA; SP
<b>Mayzent (Oral Tablet)</b>	B	3	SP; QL
<b>Mayzent Starter Pack (12 x 0.25MG Oral Tablet Therapy Pack)</b>	B	3	SP; QL
<b>Mayzent Starter Pack (7 x 0.25MG Oral Tablet Therapy Pack)</b>	B	3	QL
Teriflunomide (Oral Tablet)	G	1	QL
<b>Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)</b>	B	2	ST; SP; QL
<b>Zeposia 7-Day Starter Pack (Oral Capsule Therapy Pack)</b>	B	3	PA; SP; QL
<b>Zeposia (Oral Capsule)</b>	B	3	PA; SP; QL
<b>Zeposia Starter Kit (Oral Capsule Therapy Pack)</b>	B	3	PA; SP; QL
<b>Dental and Oral Agents</b>			
<b>Dental and Oral Agents</b>			

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
Cevimeline HCl (Oral Capsule)	G	1	
Chlorhexidine Gluconate (Mouth Solution)	G	1	
Pilocarpine HCl (Oral Tablet)	G	1	
Triamcinolone Acetonide (Dental Paste)	G	1	
<b>Dermatological Agents</b>			
<b>Acne and Rosacea Agents</b>			
<b>Absorica LD (Oral Capsule)</b>	B	3	PA; SP
Accutane (Oral Capsule)	G	1	PA
Acitretin (Oral Capsule)	G	1	
Adapalene (External Cream)	G	1	
Adapalene (0.3% External Gel)	G	1	
Adapalene-Benzoyl Peroxide (External Gel)	G	1	
<b>Altreno (External Lotion)</b>	B	3	PA
Amnesteem (Oral Capsule)	G	1	PA
Azelaic Acid (External Gel)	G	1	QL
<b>Azelex (External Cream)</b>	B	3	QL
Benzoyl Peroxide-Erythromycin (External Gel)	G	1	
Brimonidine Tartrate (External Gel)	G	1	
Claravis (Oral Capsule)	G	1	PA
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
<b>Finacea (External Foam)</b>	B	3	QL
Isotretinoin (10MG Oral Capsule, 20MG Oral Capsule, 30MG Oral Capsule, 40MG Oral Capsule)	G	1	PA
<b>Mirvaso (External Gel)</b>	B	3	
Neuac (External Gel)	G	1	
<b>Onexton (External Gel)</b>	B	3	
<b>Retin-A Micro Pump (0.06% External Gel, 0.08% External Gel)</b>	B	2	PA; SP
<b>Rhofade (External Cream)</b>	B	3	
Tazarotene (External Cream)	G	1	PA
Tazarotene (External Gel)	G	1	PA
Tretinoin (External Cream)	G	1	PA
Tretinoin (External Gel)	G	1	PA
Tretinoin Microsphere (0.01% External Gel, 0.04% External Gel)	G	1	PA
Tretinoin Microsphere Pump (0.08% External Gel)	G	1	PA
<b>Twyneo (External Cream)</b>	B	3	
Zenatane (Oral Capsule)	G	1	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Dermatitis and Pruritus Agents</b>			
Ala-Cort (External Cream)	G	1	
Alclometasone Dipropionate (External Cream)	G	1	
Alclometasone Dipropionate (External Ointment)	G	1	
Amcinonide (External Lotion)	G	1	
Amcinonide (External Ointment)	G	1	
Ammonium Lactate (External Cream)	G	1	
Ammonium Lactate (External Lotion)	G	1	
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	
<b>Cibinqo (Oral Tablet)</b>	B	2	PA; SP; QL
Clobetasol Propionate Emollient Base (External Cream)	G	1	
Clobetasol Propionate Emulsion (External Foam)	G	1	QL
Clobetasol Propionate (External Cream)	G	1	
Clobetasol Propionate (External Foam)	G	1	QL
Clobetasol Propionate (External Gel)	G	1	
Clobetasol Propionate (External Liquid Spray)	G	1	QL
Clobetasol Propionate (External Lotion)	G	1	QL
Clobetasol Propionate (External Ointment)	G	1	
Clobetasol Propionate (External Shampoo)	G	1	
Clobetasol Propionate (External Solution)	G	1	
Clodan (External Shampoo)	G	1	
Desonide (External Cream)	G	1	QL
Desonide (External Lotion)	G	1	QL
Desonide (External Ointment)	G	1	QL
Desoximetasone (0.25% External Cream)	G	1	QL
Desoximetasone (External Gel)	G	1	
Desoximetasone (0.25% External Ointment)	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
Doxepin HCl (External Cream)	G	1	PA; QL
<b>Eucrisa (External Ointment)</b>	B	2	PA; QL
Fluocinolone Acetonide (External Cream)	G	1	
Fluocinolone Acetonide (External Ointment)	G	1	
Fluocinolone Acetonide (External Solution)	G	1	
Fluocinolone Acetonide Scalp (External Oil)	G	1	
Fluocinonide Emulsified Base (External Cream)	G	1	QL
Fluocinonide (0.05% External Cream)	G	1	QL
Fluocinonide (External Gel)	G	1	QL
Fluocinonide (External Ointment)	G	1	QL
Fluocinonide (External Solution)	G	1	QL
Fluticasone Propionate (External Cream)	G	1	
Fluticasone Propionate (External Lotion)	G	1	
Fluticasone Propionate (External Ointment)	G	1	
Halobetasol Propionate (External Cream)	G	1	
Halobetasol Propionate (External Ointment)	G	1	
Hydrocortisone Butyrate (External Cream)	G	1	
Hydrocortisone Butyrate (External Ointment)	G	1	
Hydrocortisone Butyrate (External Solution)	G	1	
Hydrocortisone (1% External Cream)	G	1	
Hydrocortisone (2.5% External Lotion)	G	1	
Hydrocortisone (1% External Ointment, 2.5% External Ointment)	G	1	
Hydrocortisone Valerate (External Cream)	G	1	
Hydrocortisone Valerate (External Ointment)	G	1	
Mometasone Furoate (External Cream)	G	1	
Mometasone Furoate (External Ointment)	G	1	
Mometasone Furoate (External Solution)	G	1	
Pimecrolimus (External Cream)	G	1	ST; QL
Selenium Sulfide (External Lotion)	G	1	
Tacrolimus (External Ointment)	G	1	
Tovet (External Foam)	G	1	QL
Triamcinolone Acetonide (External Cream)	G	1	
Triamcinolone Acetonide (External Lotion)	G	1	
Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment)	G	1	
Triderm (External Cream)	G	1	
<b>Dermatological Agents, Other</b>			
Calcipotriene (External Cream)	G	1	QL



Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Calcipotriene (External Ointment)	G	1	QL
Calcipotriene (External Solution)	G	1	
Calcipotriene-Betamethasone (External Suspension)	G	1	
Calcitriol (External Ointment)	G	1	
<b>Carac (External Cream)</b>	B	3	SP
Clotrimazole-Betamethasone (External Cream)	G	1	QL
Clotrimazole-Betamethasone (External Lotion)	G	1	
<b>Condylox (External Gel)</b>	B	3	
Diclofenac Sodium (3% External Gel)	G	1	PA; QL
<b>Duobrii (External Lotion)</b>	B	3	PA; SP
Fluorouracil (0.5% External Cream)	G	2	SP
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
<b>Klisyri (External Ointment)</b>	B	3	PA; SP; QL
Methoxsalen Rapid (Oral Capsule)	G	1	
Neo-Synalar (External Cream)	G	3	SP
Nystatin-Triamcinolone (External Cream)	G	1	
Nystatin-Triamcinolone (External Ointment)	G	1	
Podofilox (External Solution)	G	1	
<b>Qbrexza (External Pad)</b>	B	3	
<b>Regranex (External Gel)</b>	B	3	PA; SP
<b>Santyl (External Ointment)</b>	B	3	
Silver Sulfadiazine (External Cream)	G	1	
<b>SSD (External Cream)</b>	B	1	
<b>Vtama (External Cream)</b>	B	3	PA; SP
<b>Pediculicides/Scabicides</b>			
Crotan (External Lotion)	G	1	
Ivermectin (External Cream)	G	1	QL
Malathion (External Lotion)	G	1	
Permethrin (External Cream)	G	1	
Spinosad (External Suspension)	G	1	
<b>Topical Anti-infectives</b>			
<b>Altabax (External Ointment)</b>	B	3	
<b>Amzeeq (External Foam)</b>	B	3	
Ciclopirox (External Gel)	G	1	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ciclopirox (External Shampoo)	G	1	
Ciclopirox (External Solution)	G	1	
Ciclopirox Olamine (External Cream)	G	1	
Ciclopirox Olamine (External Suspension)	G	1	
Clindacin ETZ (External Swab)	G	1	QL
Clindacin (External Foam)	G	1	
Clindamycin Phosphate (External Foam)	G	1	
Clindamycin Phosphate (External Gel)	G	1	QL
Clindamycin Phosphate (External Lotion)	G	1	QL
Clindamycin Phosphate (External Solution)	G	1	QL
Clindamycin Phosphate (External Swab)	G	1	QL
Clotrimazole (External Cream)	G	1	
Clotrimazole (External Solution)	G	1	
Econazole Nitrate (External Cream)	G	1	QL
Ery (External Pad)	G	1	
Erythromycin (External Gel)	G	1	
Erythromycin (External Solution)	G	1	
Gentamicin Sulfate (External Cream)	G	1	
Gentamicin Sulfate (External Ointment)	G	1	
Ketoconazole (External Cream)	G	1	QL
Ketoconazole (External Shampoo)	G	1	
Mafenide Acetate (External Packet)	G	1	
Mupirocin (External Ointment)	G	1	QL
Naftifine HCl (External Cream)	G	1	
Naftifine HCl (2% External Gel)	G	1	
<b>Naftin (2% External Gel)</b>	B	3	
Nyamyc (External Powder)	G	1	QL
Nystatin (External Cream)	G	1	
Nystatin (External Ointment)	G	1	
Nystatin (External Powder)	G	1	QL
Nystop (External Powder)	G	1	QL
Sulfacetamide Sodium (Acne) (External Lotion)	G	1	PA
Tavaborole (External Solution)	G	1	
<b>Zilxi (External Foam)</b>	B	3	
<b>Electrolytes/Minerals/Metals/Vitamins</b>			
<b>Electrolyte/Mineral Replacement</b>			
Carglumic Acid (Oral Tablet Soluble)	G	1	
Dextrose (10% Intravenous Solution)	G	1	
Dextrose (5% Intravenous Solution)	G	1	B/D,PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Dextrose-NaCl (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 5-0.2% Intravenous Solution)</b>	B	1	
Dextrose-NaCl (2.5-0.45% Intravenous Solution, 5-0.45% Intravenous Solution)	G	1	
Dextrose-NaCl (5-0.9% Intravenous Solution)	G	1	B/D,PA
<b>Endari (Oral Packet)</b>	B	3	PA; SP
<b>Intralipid (Intravenous Emulsion)</b>	B	3	B/D,PA
<b>Isolyte-P in D5W (Intravenous Solution)</b>	B	3	
KCl in Dextrose-NaCl (Intravenous Solution)	G	1	
<b>KCl-Lactated Ringers-D5W (Intravenous Solution)</b>	B	1	
<b>Klor-Con 10 (Oral Tablet Extended Release)</b>	B	1	
Klor-Con M10 (Oral Tablet Extended Release)	G	1	
Klor-Con M15 (Oral Tablet Extended Release)	G	1	
Klor-Con M20 (Oral Tablet Extended Release)	G	1	
Klor-Con (Oral Packet)	G	1	
<b>Klor-Con 8 (Oral Tablet Extended Release)</b>	B	1	
<b>Magnesium Sulfate (50% Injection Solution)</b>	B	1	
Magnesium Sulfate (50% (10ML Syringe) Injection Solution)	G	1	
<b>Nutrilipid (Intravenous Emulsion)</b>	B	3	B/D,PA
Plenammine (Intravenous Solution)	G	3	B/D,PA
Potassium Chloride CR (Oral Tablet Extended Release)	G	1	
Potassium Chloride ER (Oral Capsule Extended Release)	G	1	
Potassium Chloride ER (10MEQ Oral Tablet Extended Release, 20MEQ Oral Tablet Extended Release, 8MEQ Oral Tablet Extended Release)	G	1	
Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution, 20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)	G	1	B/D,PA
Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 2MEQ/ML (30ML) Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution, 40MEQ/100ML Intravenous Solution)	G	1	B/D,PA
Potassium Chloride (Oral Packet)	G	1	
Potassium Chloride (20MEQ/15ML(10%) Oral Solution, 40MEQ/15ML(20%) Oral Solution)	G	1	
Potassium Citrate ER (Oral Tablet Extended Release)	G	1	
Potassium Chloride in Dextrose 5% (20MEQ/L Intravenous Solution)	G	1	B/D,PA

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
Premasol (Intravenous Solution)	G	3	B/D,PA
<b>Prosol (Intravenous Solution)</b>	B	3	B/D,PA
Sodium Chloride (0.45% Intravenous Solution)	G	1	
Sodium Chloride (0.9% Intravenous Solution, 3% Intravenous Solution)	G	1	B/D,PA
<b>Sodium Chloride (5% Intravenous Solution)</b>	B	1	B/D,PA
<b>Sodium Chloride (Irrigation Solution)</b>	B	1	
Sodium Fluoride (Oral Tablet)	G	1	
<b>TPN Electrolytes (Intravenous Concentrate)</b>	B	3	
<b>Travasol (Intravenous Solution)</b>	B	3	B/D,PA
<b>TrophAmine (Intravenous Solution)</b>	B	3	B/D,PA
<b>Electrolyte/Mineral/Metal Modifiers</b>			
<b>Chemet (Oral Capsule)</b>	B	3	SP
Deferasirox Granules (Oral Packet)	G	1	PA
Deferasirox (Oral Tablet) (Generic Jadenu)	G	1	PA
Deferasirox (Oral Tablet Soluble) (Generic Exjade)	G	1	PA
<b>Ferriprox (Oral Solution)</b>	B	3	PA; SP
Tolvaptan (Oral Tablet)	G	1	PA; QL
Trientine HCl (250MG Oral Capsule)	G	1	PA; QL
<b>Phosphate Binders</b>			
<b>Auryxia (Oral Tablet)</b>	B	3	PA; SP
Calcium Acetate (Phosphate Binder) (Oral Capsule)	G	1	
Calcium Acetate (667MG Oral Tablet)	G	1	
<b>Fosrenol (Oral Packet)</b>	B	3	SP
Lanthanum Carbonate (Oral Tablet Chewable)	G	1	
Sevelamer Carbonate (Oral Packet)	G	1	
Sevelamer Carbonate (Oral Tablet) (Generic Renvela)	G	1	
Sevelamer HCl (Oral Tablet)	G	1	
<b>Velphoro (Oral Tablet Chewable)</b>	B	3	SP
<b>Potassium Binders</b>			
<b>Lokelma (Oral Packet)</b>	B	3	QL
Sodium Polystyrene Sulfonate (Oral Powder)	G	1	
SPS (Oral Suspension)	G	1	
<b>Veltassa (16.8GM Oral Packet, 25.2GM Oral Packet)</b>	B	3	SP; QL
<b>Veltassa (8.4GM Oral Packet)</b>	B	3	QL
<b>Vitamins</b>			
Prenatal (27-1MG Oral Tablet)	G	1	
<b>Gastrointestinal Agents</b>			
<b>Anti-Constipation Agents</b>			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Constulose (Oral Solution)	G	1	
Enulose (Oral Solution)	G	1	
Generlac (Oral Solution)	G	1	
Lactulose (Oral Packet)	G	1	
Lactulose (Oral Solution)	G	1	
<b>Linzess (Oral Capsule)</b>	B	2	QL
<b>Motegrity (Oral Tablet)</b>	B	3	QL
<b>Movantik (Oral Tablet)</b>	B	2	QL
<b>Relistor (Oral Tablet)</b>	B	3	PA; SP
<b>Relistor (Subcutaneous Solution)</b>	B	3	PA; SP
<b>Symproic (Oral Tablet)</b>	B	2	PA; QL
<b>Anti-Diarrheal Agents</b>			
Alosetron HCl (Oral Tablet)	G	1	PA
Diphenoxylate-Atropine (Oral Liquid)	G	1	PA; HRM
Diphenoxylate-Atropine (Oral Tablet)	G	1	PA; HRM
Loperamide HCl (Oral Capsule)	G	1	
<b>Mytesi (Oral Tablet Delayed Release)</b>	B	3	SP
<b>Viberzi (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Xermelo (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Antispasmodics, Gastrointestinal</b>			
Dicyclomine HCl (Oral Capsule)	G	1	HRM
Dicyclomine HCl (Oral Solution)	G	1	HRM
Dicyclomine HCl (Oral Tablet)	G	1	HRM
Glycopyrrolate (Oral Solution) (Generic Cuvposa)	G	1	PA
Glycopyrrolate (1MG Oral Tablet, 2MG Oral Tablet)	G	1	PA
Methscopolamine Bromide (Oral Tablet)	G	1	PA; HRM
<b>Gastrointestinal Agents, Other</b>			
Amoxicillin-Clarithromycin-Lansoprazole (Oral Therapy Pack)	G	1	
Bismuth Subcitrate/Metronidazole/Tetracycline	G	1	
<b>Bylvay (Pellets) (Oral Capsule Sprinkle)</b>	B	3	PA; SP
<b>Bylvay (Oral Capsule)</b>	B	3	PA; SP
Chenodal (Oral Tablet)	G	3	PA; SP
<b>Clenpiq (Oral Solution)</b>	B	3	
<b>Gattex (Subcutaneous Kit)</b>	B	3	PA; SP
GaviLyte-C (Oral Solution Reconstituted)	G	1	
GaviLyte-G (Oral Solution Reconstituted)	G	1	
Helidac Therapy (Oral)	G	3	SP

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Myalept (Subcutaneous Solution Reconstituted)</b>	B	3	PA; SP
Sodium Sulfate-Potassium Sulfate-Magnesium Sulfate (Oral Solution)	G	1	
<b>Ocaliva (Oral Tablet)</b>	B	3	PA; SP; QL
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	G	1	
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	G	1	
PEG-3350/Electrolytes/Ascorbat (Oral Solution Reconstituted) (Generic MoviPrep)	G	1	
<b>Pylera (Oral Capsule)</b>	B	2	SP
<b>Sutab (Oral Tablet)</b>	B	3	
<b>Talicia (Oral Capsule Delayed Release)</b>	B	3	
Ursodiol (300MG Oral Capsule)	G	1	
Ursodiol (Oral Tablet)	G	1	
<b>Vowst (Oral Capsule)</b>	B	3	PA; SP
<b>Histamine2 (H2) Receptor Antagonists</b>			
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	
<b>Protectants</b>			
<b>Cytotec (Oral Tablet)</b>	B	2	
Misoprostol (Oral Tablet)	G	1	
Sucralfate (Oral Tablet)	G	1	
<b>Proton Pump Inhibitors</b>			
<b>Dexilant (Oral Capsule Delayed Release)</b>	B	2	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	
Lansoprazole (Oral Capsule Delayed Release)	G	1	QL
<b>Nexium (2.5MG Oral Packet, 5MG Oral Packet)</b>	B	3	
Omeprazole (10MG Oral Capsule Delayed Release)	G	1	QL
Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	G	1	
Pantoprazole Sodium (Oral Tablet Delayed Release)	G	1	QL
<b>Prilosec (Oral Packet)</b>	B	3	
Rabeprazole Sodium (Oral Tablet Delayed Release)	G	1	
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>			
<b>Aralast NP (1000MG Intravenous Solution Reconstituted)</b>	B	3	PA; SP
Betaine (Oral Powder)	G	1	
<b>Cerdelga (Oral Capsule)</b>	B	3	PA; SP
<b>Cholbam (Oral Capsule)</b>	B	3	PA; SP
<b>Creon (Oral Capsule Delayed Release Particles)</b>	B	2	
Cromolyn Sodium (Oral Concentrate)	G	1	
<b>Cystadane (Oral Powder)</b>	B	3	SP
<b>Cystagon (Oral Capsule)</b>	B	3	
<b>Evryssi (Oral Solution Reconstituted)</b>	B	3	PA; SP; QL
<b>Galafold (Oral Capsule)</b>	B	3	SP
<b>Glassia (Intravenous Solution)</b>	B	3	PA; SP
<b>Keveyis (Oral Tablet)</b>	B	3	PA; SP; QL
Levocarnitine (Oral Solution)	G	1	
Levocarnitine (Oral Tablet)	G	1	
Miglustat (Oral Capsule)	G	1	PA
Nitisinone (Oral Capsule)	G	1	
<b>Nityr (Oral Tablet)</b>	B	3	SP
<b>Orfadin (20MG Oral Capsule)</b>	B	3	SP
<b>Orfadin (Oral Suspension)</b>	B	3	SP
<b>Palynziq (Subcutaneous Solution Prefilled Syringe)</b>	B	3	PA; SP; QL
<b>Prolastin-C (Intravenous Solution Reconstituted)</b>	B	3	PA; SP
<b>RAVICTI (Oral Liquid)</b>	B	3	SP
<b>Revcovi (Intramuscular Solution)</b>	B	3	PA; SP
Sapropterin Dihydrochloride (Oral Packet)	G	1	
Sapropterin Dihydrochloride (Oral Tablet)	G	1	
Sodium Phenylbutyrate (Oral Powder)	G	1	
Sodium Phenylbutyrate (Oral Tablet)	G	1	
<b>Sucraid (Oral Solution)</b>	B	3	SP
<b>Tegsedi (Subcutaneous Solution Prefilled Syringe)</b>	B	3	PA; SP
<b>Vyndamax (Oral Capsule)</b>	B	3	PA; SP; QL
<b>Vyndaqel (Oral Capsule)</b>	B	3	PA; SP; QL
<b>Xuriden (Oral Packet)</b>	B	3	PA; SP
<b>Zemaira (Intravenous Solution Reconstituted)</b>	B	3	PA; SP
<b>Zenpep (Oral Capsule Delayed Release Particles)</b>	B	2	
<b>Zokinvy (Oral Capsule)</b>	B	3	PA; SP; QL
<b>Genitourinary Agents</b>			

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
<b>Antispasmodics, Urinary</b>			
Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Fesoterodine Fumarate ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Flavoxate HCl (Oral Tablet)	G	1	
<b>Gelnique (Transdermal Gel)</b>	B	3	
<b>Myrbetriq (Oral Tablet Extended Release 24 Hour)</b>	B	2	
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	G	1	
Oxybutynin Chloride (Oral Solution)	G	1	
Oxybutynin Chloride (5MG Oral Tablet Immediate Release)	G	1	
<b>Oxytrol (Transdermal Patch Twice Weekly)</b>	B	3	
Solifenacin Succinate (Oral Tablet)	G	1	QL
Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour)	G	1	
Tolterodine Tartrate (Oral Tablet)	G	1	
<b>Toviaz (Oral Tablet Extended Release 24 Hour)</b>	B	3	QL
Tropium Chloride ER (Oral Capsule Extended Release 24 Hour)	G	1	
Tropium Chloride (Oral Tablet)	G	1	
<b>Benign Prostatic Hypertrophy Agents</b>			
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	
Dutasteride (Oral Capsule)	G	1	
Dutasteride-Tamsulosin HCl (Oral Capsule)	G	1	
Finasteride (5MG Oral Tablet) (Generic Proscar)	G	1	
Silodosin (Oral Capsule)	G	1	QL
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	G	1	PA; QL
Tamsulosin HCl (Oral Capsule)	G	1	
Terazosin HCl (Oral Capsule)	G	1	
<b>Genitourinary Agents, Other</b>			
Bethanechol Chloride (Oral Tablet)	G	1	
<b>Lithostat (Oral Tablet)</b>	B	3	SP
Penicillamine (Oral Tablet)	G	1	
<b>Thiola EC (Oral Tablet Delayed Release)</b>	B	3	SP
Tiopronin (Oral Tablet)	G	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>			
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>			



Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Acthar (Injection Gel)</b>	B	2	PA; SP
<b>Cortrophin (Injection Gel)</b>	B	2	PA; SP
Dexamethasone (Oral Solution)	G	1	
Dexamethasone (Oral Tablet)	G	1	
Dexamethasone (Oral Tablet Therapy Pack)	G	1	
Fludrocortisone Acetate (Oral Tablet)	G	1	
Hydrocortisone (Oral Tablet)	G	1	
<b>Medrol (2MG Oral Tablet)</b>	B	2	
Methylprednisolone (Oral Tablet)	G	1	
Methylprednisolone (Oral Tablet Therapy Pack)	G	1	
Prednisolone (Oral Solution)	G	1	
Prednisolone (Oral Tablet)	G	1	
Prednisolone Sodium Phosphate (25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution)	G	1	
Prednisone Intensol (Oral Concentrate)	G	1	
Prednisone (5MG/5ML Oral Solution)	G	1	
Prednisone (Oral Tablet)	G	1	
Prednisone (Oral Tablet Therapy Pack)	G	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>			
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>			
Desmopressin Acetate (Oral Tablet)	G	1	
Desmopressin Acetate Spray (Nasal Solution)	G	1	
<b>Egrifta SV (2MG Subcutaneous Solution Reconstituted)</b>	B	3	PA; SP
<b>Genotropin MiniQuick (Subcutaneous Prefilled Syringe)</b>	B	2	PA; SP
<b>Genotropin (12MG Subcutaneous Cartridge)</b>	B	2	PA; SP
<b>Genotropin (5MG Subcutaneous Cartridge)</b>	B	2	PA
<b>Increlex (Subcutaneous Solution)</b>	B	2	PA; SP
<b>Nocdurna (Tablet Sublingual)</b>	B	3	
<b>Norditropin FlexPro (Subcutaneous Solution Pen-Injector)</b>	B	2	PA; SP
<b>Nutropin AQ NuSpin 10 (Subcutaneous Solution Pen-Injector)</b>	B	2	PA; SP
<b>Nutropin AQ NuSpin 20 (Subcutaneous Solution Pen-Injector)</b>	B	2	PA; SP
<b>Nutropin AQ NuSpin 5 (Subcutaneous Solution Pen-Injector)</b>	B	2	PA; SP
<b>Serostim (Subcutaneous Solution Reconstituted)</b>	B	3	PA; SP

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Zorbtive (Subcutaneous Solution Reconstituted)</b>	B	3	PA; SP
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>			
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>			
<b>Korlym (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>			
<b>Androgens</b>			
Danazol (Oral Capsule)	G	1	
Methitest (Oral Tablet)	G	3	PA; SP
Methyltestosterone (Oral Capsule)	G	1	PA
Testosterone Cypionate (Intramuscular Solution)	G	1	
Testosterone Enanthate (Intramuscular Solution)	G	1	
Testosterone Pump (2% Transdermal Gel, 1% Transdermal Gel, 1.62% Transdermal Gel), Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 25MG/2.5GM 1% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel, 50MG/5GM 1% Transdermal Gel)	G	1	
Testosterone (Transdermal Solution)	G	1	
<b>Xyosted (Subcutaneous Solution Auto-Injector)</b>	B	3	PA
<b>Estrogens</b>			
Altavera (Oral Tablet)	G	1	
Alyacen 1/35 (Oral Tablet)	G	1	
Amabelz (Oral Tablet)	G	1	PA; HRM
Amethia (Oral Tablet)	G	1	
<b>Angeliq (Oral Tablet)</b>	B	3	PA; HRM
<b>Anovera (Vaginal Ring)</b>	B	3	QL
Apri (Oral Tablet)	G	1	
Aranelle (Oral Tablet)	G	1	
Ashlyna (Oral Tablet)	G	1	
Aubra EQ (Oral Tablet)	G	1	
Aviane (Oral Tablet)	G	1	
<b>Balcoltra (Oral Tablet)</b>	B	3	
Balziva (Oral Tablet)	G	1	
<b>Bijuva (Oral Capsule)</b>	B	3	PA; HRM
Blisovi 24 Fe (Oral Tablet)	G	1	
Blisovi Fe 1.5/30 (Oral Tablet)	G	1	
Briellyn (Oral Tablet)	G	1	
Camrese Lo (Oral Tablet)	G	1	
<b>Climara Pro (Transdermal Patch Weekly)</b>	B	2	PA; HRM
<b>CombiPatch (Transdermal Patch Twice Weekly)</b>	B	3	PA; HRM

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cryselle-28 (Oral Tablet)	G	1	
Cyred EQ (Oral Tablet)	G	1	
<b>Delestrogen (10MG/ML Intramuscular Oil)</b>	B	3	
Depo-Estradiol (Intramuscular Oil)	G	3	
Desogestrel-Ethinyl Estradiol (Oral Tablet)	G	1	
<b>Divigel (Transdermal Gel)</b>	B	3	PA; HRM
Dolishale (Oral Tablet)	G	1	
Dotti (Transdermal Patch Twice Weekly)	G	1	PA; HRM; QL
Drospirenone-Ethinyl Estradiol (Oral Tablet)	G	1	
<b>Duavee (Oral Tablet)</b>	B	2	PA; HRM
<b>Elestrin (Transdermal Gel)</b>	B	3	PA; HRM
EluRyng (Vaginal Ring)	G	1	
Enpresse-28 (Oral Tablet)	G	1	
Enskyce (Oral Tablet)	G	1	
Estarylla (Oral Tablet)	G	1	
Estradiol (Oral Tablet)	G	1	PA; HRM
Estradiol (Transdermal Gel)	G	1	PA; HRM
Estradiol (Transdermal Patch Twice Weekly)	G	1	PA; HRM; QL
Estradiol (Transdermal Patch Weekly)	G	1	PA; HRM; QL
Estradiol (Vaginal Cream)	G	1	
Estradiol (Vaginal Tablet)	G	1	
Estradiol Valerate (Intramuscular Oil)	G	1	
Estradiol-Norethindrone Acetate (Oral Tablet)	G	1	PA; HRM
<b>Estring (Vaginal Ring)</b>	B	3	
<b>Estrogel (Transdermal Gel)</b>	B	3	PA; HRM
Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet)	G	1	
Etonogestrel-Ethinyl Estradiol (Vaginal Ring)	G	1	
<b>Evamist (Transdermal Solution)</b>	B	3	PA; HRM
Falmina (Oral Tablet)	G	1	
<b>Femring (Vaginal Ring)</b>	B	3	
Finzala (Oral Tablet Chewable)	G	1	
Fyavolv (Oral Tablet)	G	1	PA; HRM
Hailey 24 Fe (Oral Tablet)	G	1	
Haloette (Vaginal Ring)	G	1	
Iclevia (Oral Tablet)	G	1	
<b>Imvexy Maintenance Pack (Vaginal Insert)</b>	B	2	PA
<b>Imvexy Starter Pack (Vaginal Insert)</b>	B	2	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
Introvale (Oral Tablet)	G	1	
Isibloom (Oral Tablet)	G	1	
Jasmiel (Oral Tablet)	G	1	
Jinteli (Oral Tablet)	G	1	PA; HRM
Juleber (Oral Tablet)	G	1	
Junel 1.5/30 (Oral Tablet)	G	1	
Junel 1/20 (Oral Tablet)	G	1	
Junel Fe 1.5/30 (Oral Tablet)	G	1	
Junel Fe 1/20 (Oral Tablet)	G	1	
Junel Fe 24 (Oral Tablet)	G	1	
Kariva (Oral Tablet)	G	1	
Kelnor 1/35 (Oral Tablet)	G	1	
Kelnor 1/50 (Oral Tablet)	G	1	
Kurvelo (Oral Tablet)	G	1	
LARIN 1.5/30 (Oral Tablet)	G	1	
LARIN 1/20 (Oral Tablet)	G	1	
LARIN Fe 1.5/30 (Oral Tablet)	G	1	
LARIN Fe 1/20 (Oral Tablet)	G	1	
Leena (Oral Tablet)	G	1	
Lessina (Oral Tablet)	G	1	
Levonest (Oral Tablet)	G	1	
Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet)	G	1	
Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet)	G	1	
Levonorgestrel-Ethinyl Estradiol (Oral Tablet)	G	1	
Levora 0.15/30 (28) (Oral Tablet)	G	1	
<b>Lo Loestrin Fe (Oral Tablet)</b>	B	3	
Loryna (Oral Tablet)	G	1	
Low-Ogestrel (Oral Tablet)	G	1	
Lutera (Oral Tablet)	G	1	
Lyllana (Transdermal Patch Twice Weekly)	G	1	PA; HRM; QL
Marlissa (Oral Tablet)	G	1	
Menest (Oral Tablet)	G	2	PA; HRM
<b>Menostar (Transdermal Patch Weekly)</b>	B	3	PA; 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 24 Fe (Oral Tablet)	G	1	
Microgestin Fe 1.5/30 (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Microgestin Fe 1/20 (Oral Tablet)	G	1	
Mili (Oral Tablet)	G	1	
Mimvey (Oral Tablet)	G	1	PA; HRM
<b>Natazia (Oral Tablet)</b>	B	3	
Necon 0.5/35 (28) (Oral Tablet)	G	1	
Nikki (Oral Tablet)	G	1	
Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)	G	1	PA; HRM
Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet)	G	1	
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG Oral Tablet)	G	1	
Norethindrone Acetate-Ethinyl Estradiol-Fe (0.4-35MG-MCG Oral Tablet Chewable, 1-20MG-MCG(24) Oral Tablet Chewable)	G	1	
Norethindrone-Ethinyl Estradiol-Fe (1-20MG-MCG/1-30MG-MCG/1-35MG-MCG Oral Tablet)	G	1	
Norgestimate-Ethinyl Estradiol (Oral Tablet)	G	1	
Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)	G	1	
Nortrel 0.5/35 (28) (Oral Tablet)	G	1	
Nortrel 1/35 (21) (Oral Tablet)	G	1	
Nortrel 1/35 (28) (Oral Tablet)	G	1	
Nortrel 7/7/7 (Oral Tablet)	G	1	
Nylia 1/35 (Oral Tablet)	G	1	
Nylia 7/7/7 (Oral Tablet)	G	1	
Nymyo (Oral Tablet)	G	1	
Ocella (Oral Tablet)	G	1	
Pimtrea (Oral Tablet)	G	1	
Portia-28 (Oral Tablet)	G	1	
Prefest (Oral Tablet)	G	3	PA; HRM
<b>Premarin (Oral Tablet)</b>	B	2	PA; HRM; QL
<b>Premarin (Vaginal Cream)</b>	B	2	
<b>Premphase (Oral Tablet)</b>	B	2	PA; HRM; QL
<b>Prempro (Oral Tablet)</b>	B	2	PA; HRM; QL
Reclipsen (Oral Tablet)	G	1	
Rivelsa (Oral Tablet)	G	1	
Setlakin (Oral Tablet)	G	1	
Sprintec 28 (Oral Tablet)	G	1	
Sronyx (Oral Tablet)	G	1	

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
Syeda (Oral Tablet)	G	1	
Tarina 24 Fe (Oral Tablet)	G	1	
Tarina Fe 1/20 EQ (Oral Tablet)	G	1	
Tilia Fe (Oral Tablet)	G	1	
Tri-Estarylla (Oral Tablet)	G	1	
Tri-Legest Fe (Oral Tablet)	G	1	
Tri-Lo-Estarylla (Oral Tablet)	G	1	
Tri-Lo-Sprintec (Oral Tablet)	G	1	
Tri-Mili (Oral Tablet)	G	1	
Tri-Nymyo (Oral Tablet)	G	1	
Tri-Sprintec (Oral Tablet)	G	1	
Trivora (28) (Oral Tablet)	G	1	
Tri-VyLibra Lo (Oral Tablet)	G	1	
Tri-VyLibra (Oral Tablet)	G	1	
<b>Tyblume (Oral Tablet Chewable)</b>	B	1	
Velivet (Oral Tablet)	G	1	
Vestura (Oral Tablet)	G	1	
Vienva (Oral Tablet)	G	1	
Vyfemla (Oral Tablet)	G	1	
VyLibra (Oral Tablet)	G	1	
WYMZYA Fe (Oral Tablet Chewable)	G	1	
Xulane (Transdermal Patch Weekly)	G	1	
Yuvaferm (Vaginal Tablet)	G	1	
Zafemy (Transdermal Patch Weekly)	G	1	
Zovia 1/35 (28) (Oral Tablet)	G	1	
<b>Progestins</b>			
Camila (Oral Tablet)	G	1	
<b>Crinone (Vaginal Gel)</b>	B	3	PA
Deblitane (Oral Tablet)	G	1	
<b>Depo-SubQ Provera 104 (Subcutaneous Suspension Prefilled Syringe)</b>	B	3	
Errin (Oral Tablet)	G	1	
Incassia (Oral Tablet)	G	1	
<b>Intrarosa (Vaginal Insert)</b>	B	3	PA; QL
Lyleq (Oral Tablet)	G	1	
Lyza (Oral Tablet)	G	1	
Medroxyprogesterone Acetate (Intramuscular Suspension)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Medroxyprogesterone Acetate (Intramuscular Suspension Prefilled Syringe)	G	1	
Medroxyprogesterone Acetate (Oral Tablet)	G	1	
Megestrol Acetate (40MG/ML Oral Suspension, 625MG/5ML Oral Suspension)	G	1	PA; HRM
Megestrol Acetate (Oral Tablet)	G	1	PA; HRM
Nora-BE (Oral Tablet)	G	1	
Norethindrone Acetate (5MG Oral Tablet)	G	1	
Norethindrone (0.35MG Oral Tablet)	G	1	
Progesterone (Oral Capsule)	G	1	
Sharobel (Oral Tablet)	G	1	
<b>Selective Estrogen Receptor Modifying Agents</b>			
<b>Osphena (Oral Tablet)</b>	B	3	PA; QL
Raloxifene HCl (Oral Tablet)	G	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>			
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>			
<b>Ermeza (Oral Solution)</b>	B	3	
<b>Euthyrox (Oral Tablet)</b>	B	1	
Levothyroxine Sodium (Oral Capsule)	G	3	
Levothyroxine Sodium (Oral Tablet)	G	1	
<b>Levoxyl (Oral Tablet)</b>	B	1	
Liothyronine Sodium (Oral Tablet)	G	1	
<b>Thyquidity (Oral Solution)</b>	B	3	
<b>Tirosint (100MCG Oral Capsule, 112MCG Oral Capsule, 125MCG Oral Capsule, 137MCG Oral Capsule, 13MCG Oral Capsule, 150MCG Oral Capsule, 175MCG Oral Capsule, 200MCG Oral Capsule, 25MCG Oral Capsule, 50MCG Oral Capsule, 75MCG Oral Capsule, 88MCG Oral Capsule)</b>	B	3	
<b>Tirosint-SOL (Oral Solution)</b>	B	3	
<b>Unithroid (Oral Tablet)</b>	B	1	
<b>Hormonal Agents, Suppressant (Adrenal)</b>			
<b>Hormonal Agents, Suppressant (Adrenal)</b>			
<b>Lysodren (Oral Tablet)</b>	B	2	SP
<b>Hormonal Agents, Suppressant (Pituitary)</b>			
<b>Hormonal Agents, Suppressant (Pituitary)</b>			
Cabergoline (Oral Tablet)	G	1	
<b>Eligard (Subcutaneous Kit)</b>	B	3	PA
<b>Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)</b>	B	3	PA; SP

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Firmagon (80MG Subcutaneous Solution Reconstituted)</b>	B	3	PA
Leuprolide Acetate (Injection Kit)	G	1	PA
<b>Lupron Depot (1-Month) (3.75MG Intramuscular Kit)</b>	B	3	PA
<b>Lupron Depot (1-Month) (7.5MG Intramuscular Kit)</b>	B	2	PA
<b>Lupron Depot (3-Month) (11.25MG Intramuscular Kit)</b>	B	3	PA
<b>Lupron Depot (3-Month) (22.5MG Intramuscular Kit)</b>	B	2	PA
<b>Lupron Depot (4-Month) (Intramuscular Kit)</b>	B	2	PA
<b>Lupron Depot (6-Month) (Intramuscular Kit)</b>	B	2	PA
<b>Lupron Depot-Ped (1-Month) (7.5MG Intramuscular Kit)</b>	B	2	PA; SP
<b>Lupron Depot-Ped (3-Month) (11.25MG (Ped) Intramuscular Kit)</b>	B	3	PA; SP
<b>Lupron Depot-Ped (6-Month) (Intramuscular Kit)</b>	B	3	PA; SP; QL
<b>Myfembree (Oral Tablet)</b>	B	2	PA; SP; QL
Octreotide Acetate (Injection Solution)	G	1	PA
<b>Orgovyx (Oral Tablet)</b>	B	3	PA; SP
<b>Oriahnn (Oral Capsule Therapy Pack)</b>	B	2	PA; SP; QL
<b>Orilissa (Oral Tablet)</b>	B	2	PA; SP; QL
<b>Signifor (Subcutaneous Solution)</b>	B	3	PA; SP
<b>Somavert (Subcutaneous Solution Reconstituted)</b>	B	3	PA; SP; QL
<b>Synarel (Nasal Solution)</b>	B	2	SP
<b>Trelstar Mixject (Intramuscular Suspension Reconstituted)</b>	B	3	PA; SP
<b>Hormonal Agents, Suppressant (Thyroid)</b>			
<b>Antithyroid Agents</b>			
Methimazole (Oral Tablet)	G	1	
Propylthiouracil (Oral Tablet)	G	1	
<b>Immunological Agents</b>			
<b>Angioedema Agents</b>			
<b>Berinert (Intravenous Kit)</b>	B	3	PA; SP
<b>Cinryze (Intravenous Solution Reconstituted)</b>	B	2	PA; SP
<b>Haegarda (Subcutaneous Solution Reconstituted)</b>	B	3	PA; SP
Icatibant Acetate (Subcutaneous Solution Prefilled Syringe)	G	1	PA; QL
<b>Orladeyo (Oral Capsule)</b>	B	3	PA; SP; QL
<b>Ruconest (Intravenous Solution Reconstituted)</b>	B	3	PA; SP
Sajazir (Subcutaneous Solution Prefilled Syringe)	G	1	PA; QL
<b>Takhzyro (Subcutaneous Solution)</b>	B	3	PA; SP
<b>Takhzyro (Subcutaneous Solution Prefilled Syringe)</b>	B	3	PA; SP



Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Immunoglobulins</b>			
<b>BIVIGAM (5GM/50ML Intravenous Solution)</b>	B	3	PA; SP
<b>Flebogamma DIF (5GM/50ML Intravenous Solution)</b>	B	3	PA; SP
<b>Gammagard (2.5GM/25ML Injection Solution)</b>	B	3	PA; SP
<b>Gammagard S/D Less IgA (Intravenous Solution Reconstituted)</b>	B	3	PA; SP
<b>Gammaked (1GM/10ML Injection Solution)</b>	B	3	PA; SP
<b>Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)</b>	B	3	PA; SP
<b>Gamunex-C (1GM/10ML Injection Solution)</b>	B	3	PA; SP
<b>Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)</b>	B	3	PA; SP
<b>Privigen (20GM/200ML Intravenous Solution)</b>	B	3	PA; SP
<b>Immunological Agents, Other</b>			
<b>Actemra ACTPen (Subcutaneous Solution Auto-Injector)</b>	B	3	PA; SP; QL
<b>Actemra (Subcutaneous Solution Prefilled Syringe)</b>	B	3	PA; SP; QL
<b>Adbry (Subcutaneous Solution Prefilled Syringe)</b>	B	2	PA; SP; QL
<b>Arcalyst (Subcutaneous Solution Reconstituted)</b>	B	3	PA; SP
<b>Benlysta (Subcutaneous Solution Auto-Injector)</b>	B	3	PA; SP
<b>Benlysta (Subcutaneous Solution Prefilled Syringe)</b>	B	3	PA; SP
<b>Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)</b>	B	2	PA; SP; QL
<b>Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)</b>	B	2	PA; SP; QL
<b>Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)</b>	B	2	PA; SP; QL
<b>Cosentyx UnoReady (Subcutaneous Solution Auto-Injector)</b>	B	2	PA; SP; QL
<b>Dupixent (Subcutaneous Solution Pen-Injector)</b>	B	2	PA; SP; QL
<b>Dupixent (Subcutaneous Solution Prefilled Syringe)</b>	B	2	PA; SP; QL
<b>Grastek (Tablet Sublingual)</b>	B	3	PA
<b>Ilumya (Subcutaneous Solution Prefilled Syringe)</b>	B	3	PA; SP; QL
<b>Kevzara (Subcutaneous Solution Auto-Injector)</b>	B	3	PA; SP; QL
<b>Kevzara (Subcutaneous Solution Prefilled Syringe)</b>	B	3	PA; SP; QL
<b>Kineret (Subcutaneous Solution Prefilled Syringe)</b>	B	3	PA; SP
<b>Odactra (Tablet Sublingual)</b>	B	3	PA
<b>Olumiant (Oral Tablet)</b>	B	3	PA; SP; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Oralair 300IR (Tablet Sublingual)</b>	B	3	PA; QL
<b>Orencia ClickJect (Subcutaneous Solution Auto-Injector)</b>	B	3	PA; SP; QL
<b>Orencia (Subcutaneous Solution Prefilled Syringe)</b>	B	3	PA; SP; QL
<b>Otezla (Oral Tablet)</b>	B	2	PA; SP; QL
<b>Otezla (Oral Tablet Therapy Pack)</b>	B	2	PA; SP; QL
<b>Ridaura (Oral Capsule)</b>	B	3	SP
<b>Rinvoq (Oral Tablet Extended Release 24 Hour)</b>	B	2	PA; SP; QL
<b>Siliq (Subcutaneous Solution Prefilled Syringe)</b>	B	3	PA; SP; QL
<b>Skyrizi Pen (Subcutaneous Solution Auto-Injector)</b>	B	2	PA; SP; QL
<b>Skyrizi (Subcutaneous Solution Cartridge)</b>	B	2	PA; SP; QL
<b>Skyrizi (Subcutaneous Solution Prefilled Syringe)</b>	B	2	PA; SP; QL
<b>Stelara (Subcutaneous Solution)</b>	B	2	PA; SP; QL
<b>Stelara (Subcutaneous Solution Prefilled Syringe)</b>	B	2	PA; SP; QL
<b>Taltz (Subcutaneous Solution Auto-Injector)</b>	B	3	PA; SP; QL
<b>Taltz (Subcutaneous Solution Prefilled Syringe)</b>	B	3	PA; SP; QL
<b>Tremfya (Subcutaneous Solution Pen-Injector)</b>	B	2	PA; SP; QL
<b>Tremfya (Subcutaneous Solution Prefilled Syringe)</b>	B	2	PA; SP; QL
<b>Xeljanz (Oral Solution)</b>	B	2	PA; SP; QL
<b>Xeljanz (Oral Tablet Immediate Release)</b>	B	2	PA; SP; QL
<b>Xeljanz XR (Oral Tablet Extended Release 24 Hour)</b>	B	2	PA; SP; QL
<b>Xolair (Subcutaneous Solution Prefilled Syringe)</b>	B	2	PA; SP
<b>Xolair (Subcutaneous Solution Reconstituted)</b>	B	2	PA; SP
<b>Immunostimulants</b>			
<b>Actimmune (Subcutaneous Solution)</b>	B	2	SP
<b>Besremi (Subcutaneous Solution Prefilled Syringe)</b>	B	3	PA; SP
<b>Pegasys (Subcutaneous Solution)</b>	B	2	PA; SP
<b>Pegasys (Subcutaneous Solution Prefilled Syringe)</b>	B	2	PA; SP
<b>Immunosuppressants</b>			
<b>Astagraf XL (0.5MG Oral Capsule Extended Release 24 Hour, 1MG Oral Capsule Extended Release 24 Hour)</b>	B	3	B/D,PA
<b>Astagraf XL (5MG Oral Capsule Extended Release 24 Hour)</b>	B	3	B/D,PA; SP
<b>Azathioprine (Oral Tablet)</b>	G	1	B/D,PA
<b>Cimzia (Subcutaneous Kit)</b>	B	2	PA; SP; QL
<b>Cimzia Prefilled (2 X 200MG/ML Subcutaneous Prefilled Syringe Kit)</b>	B	2	PA; SP; QL
<b>Cyclosporine Modified (Oral Capsule)</b>	G	1	B/D,PA
<b>Cyclosporine Modified (Oral Solution)</b>	G	1	B/D,PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cyclosporine (100MG Oral Capsule, 25MG Oral Capsule)	G	1	B/D,PA
<b>Enbrel Mini (Subcutaneous Solution Cartridge)</b>	B	2	PA; SP; QL
<b>Enbrel (Subcutaneous Solution)</b>	B	2	PA; SP; QL
<b>Enbrel (Subcutaneous Solution Prefilled Syringe)</b>	B	2	PA; SP; QL
<b>Enbrel SureClick (Subcutaneous Solution Auto-Injector)</b>	B	2	PA; SP; QL
<b>Enspryng (Subcutaneous Solution Prefilled Syringe)</b>	B	3	PA; SP
<b>Envarsus XR (Oral Tablet Extended Release 24 Hour)</b>	B	3	B/D,PA
Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet, 1MG Oral Tablet)	G	1	B/D,PA
Gengraf (Oral Capsule)	G	1	B/D,PA
Gengraf (Oral Solution)	G	1	B/D,PA
<b>Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit)</b>	B	2	PA; SP; QL
<b>Humira Pen (Subcutaneous Pen-Injector Kit)</b>	B	2	PA; SP; QL
<b>Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit)</b>	B	2	PA; SP
<b>Humira Pen-Pediatric UC Start (Subcutaneous Pen-Injector Kit)</b>	B	2	PA; SP
<b>Humira Pen Psoriasis Starter (40MG/0.8ML Subcutaneous Pen-Injector Kit)</b>	B	2	PA; SP
<b>Humira Pen Psoriasis Starter (80MG/0.8ML and 40MG/0.4ML Subcutaneous Pen-Injector Kit)</b>	B	2	PA; SP; QL
<b>Humira (Subcutaneous Prefilled Syringe Kit)</b>	B	2	PA; SP; QL
Leflunomide (Oral Tablet)	G	1	
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	G	1	
Methotrexate Sodium (50MG/2ML Injection Solution)	G	1	
Methotrexate Sodium (Oral Tablet)	G	1	
Mycophenolate Mofetil (Oral Capsule)	G	1	B/D,PA
Mycophenolate Mofetil (Oral Suspension Reconstituted)	G	1	B/D,PA
Mycophenolate Mofetil (Oral Tablet)	G	1	B/D,PA
Mycophenolate Sodium (Oral Tablet Delayed Release)	G	1	B/D,PA
<b>Prograf (Oral Packet)</b>	B	3	B/D,PA
<b>Rasuvo (Subcutaneous Solution Auto-Injector)</b>	B	2	PA
<b>Sandimmune (Oral Solution)</b>	B	2	B/D,PA
<b>Simponi (Subcutaneous Solution Auto-Injector)</b>	B	2	PA; SP; QL
<b>Simponi (Subcutaneous Solution Prefilled Syringe)</b>	B	2	PA; SP; QL
Sirolimus (Oral Solution)	G	1	B/D,PA
Sirolimus (Oral Tablet)	G	1	B/D,PA

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

<b>Drug name</b>	<b>Brand or Generic</b>	<b>Drug tier</b>	<b>Coverage rules or limits on use</b>
Tacrolimus (Oral Capsule)	G	1	B/D,PA
Trexall (Oral Tablet)	G	3	
<b>Xatmep (Oral Solution)</b>	B	3	
<b>Vaccines</b>			
<b>Abrysvo (Intramuscular Solution Reconstituted)</b>	B	3	PA; QL
<b>ActHIB (Intramuscular Solution Reconstituted)</b>	B	2	QL
<b>Adacel (Intramuscular Suspension)</b>	B	2	QL
<b>Arexvy (Intramuscular Suspension Reconstituted)</b>	B	3	PA; QL
<b>BCG Vaccine (Injection Solution Reconstituted)</b>	B	2	QL
<b>Bexsero (Intramuscular Suspension Prefilled Syringe)</b>	B	2	QL
<b>Boostrix (Intramuscular Suspension)</b>	B	2	QL
<b>Boostrix (Intramuscular Suspension Prefilled Syringe)</b>	B	2	QL
<b>Daptacel (Intramuscular Suspension)</b>	B	2	QL
<b>Diphtheria-Tetanus Toxoids DT (25-5LFU/0.5ML Intramuscular Suspension)</b>	B	2	QL
<b>Engerix-B (Injection Suspension)</b>	B	2	B/D,PA; QL
<b>Engerix-B (Injection Suspension Prefilled Syringe)</b>	B	2	B/D,PA; QL
<b>Gardasil 9 (Intramuscular Suspension)</b>	B	2	QL
<b>Gardasil 9 (Intramuscular Suspension Prefilled Syringe)</b>	B	2	QL
<b>Havrix (Intramuscular Suspension)</b>	B	2	QL
<b>Hepelisav-B (Intramuscular Solution Prefilled Syringe)</b>	B	2	B/D,PA; QL
<b>Hiberix (Injection Solution Reconstituted)</b>	B	2	QL
<b>Imovax Rabies (Intramuscular Suspension Reconstituted)</b>	B	2	B/D,PA; QL
<b>Infanrix (Intramuscular Suspension)</b>	B	2	QL
<b>IPOL (Injection)</b>	B	2	QL
<b>Ixiaro (Intramuscular Suspension)</b>	B	2	QL
<b>Jynneos (Subcutaneous Suspension)</b>	B	2	QL
<b>Kinrix (Intramuscular Suspension Prefilled Syringe)</b>	B	2	QL
<b>Menactra (Intramuscular Solution)</b>	B	2	QL
<b>MenQuadfi (Intramuscular Solution)</b>	B	2	QL
<b>Menveo (Intramuscular Solution Reconstituted)</b>	B	2	QL
<b>M-M-R II (Injection Solution Reconstituted)</b>	B	2	QL
<b>Pediarix (Intramuscular Suspension Prefilled Syringe)</b>	B	2	QL
<b>Pedvax HIB (Intramuscular Suspension)</b>	B	2	QL
<b>Pentacel (Intramuscular Suspension Reconstituted)</b>	B	2	QL
<b>PreHevbrio (Intramuscular Suspension)</b>	B	2	B/D,PA; QL
<b>Priorix (Subcutaneous Suspension Reconstituted)</b>	B	2	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>ProQuad (Subcutaneous Suspension Reconstituted)</b>	B	2	QL
<b>Quadracel (Intramuscular Suspension)</b>	B	2	QL
<b>Quadracel (Intramuscular Suspension Prefilled Syringe)</b>	B	2	QL
<b>RabAvert (Intramuscular Suspension Reconstituted)</b>	B	2	B/D,PA; QL
<b>Recombivax HB (Injection Suspension)</b>	B	2	B/D,PA; QL
<b>Recombivax HB (Injection Suspension Prefilled Syringe)</b>	B	2	B/D,PA; QL
<b>Rotarix (Oral Suspension)</b>	B	2	QL
<b>Rotarix (Oral Suspension Reconstituted)</b>	B	2	QL
<b>RotaTeq (Oral Solution)</b>	B	2	QL
<b>Shingrix (Intramuscular Suspension Reconstituted)</b>	B	2	PA; QL
<b>TDVAX (Intramuscular Suspension)</b>	B	2	QL
<b>Tenivac (Intramuscular Injectable)</b>	B	2	QL
<b>Ticovac (Intramuscular Suspension Prefilled Syringe)</b>	B	2	QL
<b>Trumenba (Intramuscular Suspension Prefilled Syringe)</b>	B	2	QL
<b>Twinrix (Intramuscular Suspension Prefilled Syringe)</b>	B	2	QL
<b>Typhim Vi (Intramuscular Solution)</b>	B	2	QL
<b>Typhim Vi (Intramuscular Solution Prefilled Syringe)</b>	B	2	QL
<b>VAQTA (Intramuscular Suspension)</b>	B	2	QL
<b>Varivax (Subcutaneous Injectable)</b>	B	2	QL
<b>YF-Vax (Subcutaneous Injectable)</b>	B	2	QL
<b>Inflammatory Bowel Disease Agents</b>			
<b>Aminosalicylates</b>			
Balsalazide Disodium (Oral Capsule)	G	1	
Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	1	QL
Mesalamine ER (500MG Oral Capsule Extended Release) (Generic Pentasa)	G	1	QL
Mesalamine (400MG Oral Capsule Delayed Release) (Generic Delzicol)	G	1	
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	G	1	QL
Mesalamine (Rectal Enema)	G	1	
Mesalamine (Rectal Suppository)	G	1	
<b>Pentasa (Oral Capsule Extended Release)</b>	B	3	QL
Sulfasalazine (Oral Tablet Immediate Release)	G	1	
Sulfasalazine (Oral Tablet Delayed 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
<b>Glucocorticoids</b>			
Budesonide ER (Oral Tablet Extended Release 24 Hour)	G	1	
Budesonide (Oral Capsule Delayed Release Particles)	G	1	
Budesonide (Rectal Foam)	G	1	
Hydrocortisone (Perianal) (2.5% External Cream)	G	1	
Hydrocortisone (Rectal Enema)	G	1	
Procto-Med HC (External Cream)	G	1	
Proctosol HC (External Cream)	G	1	
Proctozone-HC (External Cream)	G	1	
<b>Uceris (Rectal Foam)</b>	B	3	
<b>Metabolic Bone Disease Agents</b>			
<b>Metabolic Bone Disease Agents</b>			
Alendronate Sodium (Oral Solution)	G	1	
Alendronate Sodium (10MG Oral Tablet)	G	1	
Alendronate Sodium (35MG Oral Tablet, 70MG Oral Tablet)	G	1	QL
Calcitonin Salmon (Nasal Solution)	G	1	QL
Calcitriol (Oral Capsule)	G	1	B/D,PA
Calcitriol (Oral Solution)	G	1	B/D,PA
Cinacalcet HCl (Oral Tablet)	G	1	B/D,PA; QL
<b>Evenity (Subcutaneous Solution Prefilled Syringe)</b>	B	3	PA; SP; QL
Ibandronate Sodium (Oral Tablet)	G	1	QL
<b>Natpara (100MCG Subcutaneous Cartridge, 25MCG Subcutaneous Cartridge, 50MCG Subcutaneous Cartridge, 75MCG Subcutaneous Cartridge)</b>	B	3	PA; SP
Paricalcitol (Oral Capsule)	G	1	B/D,PA
<b>Prolia (Subcutaneous Solution Prefilled Syringe)</b>	B	2	QL
<b>Rayaldee (Oral Capsule Extended Release)</b>	B	3	SP; QL
Risedronate Sodium (150MG Oral Tablet Immediate Release, 35MG (12 PACK) Oral Tablet Immediate Release, 35MG (4 PACK) Oral Tablet Immediate Release)	G	1	QL
Risedronate Sodium (30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	1	
Risedronate Sodium (Oral Tablet Delayed Release)	G	1	QL
<b>Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector)</b>	B	2	PA; SP
<b>Tymlos (Subcutaneous Solution Pen-Injector)</b>	B	2	PA; SP
<b>Voxzogo (Subcutaneous Solution Reconstituted)</b>	B	3	PA; SP; QL
<b>Xgeva (Subcutaneous Solution)</b>	B	2	PA; SP
<b>Miscellaneous Therapeutic Agents</b>			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Miscellaneous Therapeutic Agents</b>			
Alcohol Prep Pads	G	1	
Gauze (Non-medicated 2X2 Pad)	G	2	
Insulin Syringes, Needles	G	1	
<b>Ophthalmic Agents</b>			
<b>Ophthalmic Agents, Other</b>			
Atropine Sulfate (1% Ophthalmic Solution)	G	1	
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	G	1	
Brimonidine Tartrate-Timolol (Ophthalmic Solution)	G	1	
Cyclosporine (0.05% Ophthalmic Emulsion)	G	1	QL
<b>Cystadrops (Ophthalmic Solution)</b>	B	3	SP
<b>Cystaran (Ophthalmic Solution)</b>	B	3	SP
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	G	1	
Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution)	G	1	
<b>Lacrisert (Ophthalmic Insert)</b>	B	3	
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	G	1	
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	G	1	
Neomycin-Polymyxin-HC (Ophthalmic Suspension)	G	1	
Neo-Polycin HC (Ophthalmic Ointment)	G	1	
<b>Oxervate (Ophthalmic Solution)</b>	B	3	PA; SP; QL
<b>Restasis MultiDose (Ophthalmic Emulsion)</b>	B	2	
<b>Rocklatan (Ophthalmic Solution)</b>	B	3	
Sulfacetamide-Prednisolone (Ophthalmic Solution)	G	1	
<b>TobraDex (Ophthalmic Ointment)</b>	B	3	
<b>TobraDex ST (Ophthalmic Suspension)</b>	B	3	
Tobramycin-Dexamethasone (Ophthalmic Suspension)	G	1	
<b>Tyrvaya (Nasal Solution)</b>	B	3	QL
<b>Xiidra (Ophthalmic Solution)</b>	B	2	QL
<b>Zylet (Ophthalmic Suspension)</b>	B	3	
<b>Ophthalmic Anti-allergy Agents</b>			
<b>Alomide (Ophthalmic Solution)</b>	B	3	
Azelastine HCl (Ophthalmic Solution)	G	1	
Bepotastine Besilate (Ophthalmic Solution)	G	1	
Cromolyn Sodium (Ophthalmic Solution)	G	1	
Epinastine HCl (Ophthalmic Solution)	G	1	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Olopatadine HCl (0.1% Ophthalmic Solution)	G	1	
<b>Ophthalmic Anti-Infectives</b>			
<b>Azasite (Ophthalmic Solution)</b>	B	3	
Bacitracin (Ophthalmic Ointment)	G	1	
Bacitracin-Polymyxin B (Ophthalmic Ointment)	G	1	
<b>Besivance (Ophthalmic Suspension)</b>	B	3	
<b>Ciloxan (Ophthalmic Ointment)</b>	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	
<b>Natacyn (Ophthalmic Suspension)</b>	B	2	
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)	G	1	
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	G	1	
Neo-Polycin (Ophthalmic Ointment)	G	1	
Ofloxacin (Ophthalmic Solution)	G	1	
Polycin (Ophthalmic Ointment)	G	1	
Polymyxin B-Trimethoprim (Ophthalmic Solution)	G	1	
Sulfacetamide Sodium (Ophthalmic Ointment)	G	1	
Sulfacetamide Sodium (Ophthalmic Solution)	G	1	
Tobramycin (Ophthalmic Solution)	G	1	
<b>Tobrex (Ophthalmic Ointment)</b>	B	3	
Trifluridine (Ophthalmic Solution)	G	1	
<b>Ophthalmic Anti-inflammatory</b>			
Bromfenac Sodium (Once-Daily) (Ophthalmic Solution)	G	1	
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	G	1	
Diclofenac Sodium (Ophthalmic Solution)	G	1	
Difluprednate (Ophthalmic Emulsion)	G	1	
<b>Eysuvis (Ophthalmic Suspension)</b>	B	3	PA
<b>Flarex (Ophthalmic Suspension)</b>	B	3	
Fluorometholone (Ophthalmic Suspension)	G	1	
Flurbiprofen Sodium (Ophthalmic Solution)	G	1	
<b>FML Forte (Ophthalmic Suspension)</b>	B	3	
<b>Inveltys (Ophthalmic Suspension)</b>	B	3	



Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ketorolac Tromethamine (Ophthalmic Solution)	G	1	
<b>Lotemax SM (Ophthalmic Gel)</b>	B	3	
Loteprednol Etabonate (Ophthalmic Suspension)	G	1	
<b>Maxidex (Ophthalmic Suspension)</b>	B	3	
<b>Pred Mild (Ophthalmic Suspension)</b>	B	3	
Prednisolone Acetate (Ophthalmic Suspension)	G	1	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	G	1	
<b>Prolensa (Ophthalmic Solution)</b>	B	2	
<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>			
Betaxolol HCl (Ophthalmic Solution)	G	1	
<b>Betimol (Ophthalmic Solution)</b>	B	3	
<b>Betoptic-S (Ophthalmic Suspension)</b>	B	3	
Carteolol HCl (Ophthalmic Solution)	G	1	
Levobunolol HCl (Ophthalmic Solution)	G	1	
Timolol Maleate (Once-Daily) (Ophthalmic Solution) (Generic Istalol)	G	1	
Timolol Maleate (Ophthalmic Solution)	G	1	
Timolol Maleate PF (Ophthalmic Solution) (Generic Timoptic Ocudose)	G	1	
<b>Timoptic Ocudose (0.25% Ophthalmic Solution)</b>	B	3	
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>			
<b>Alphagan P (0.1% Ophthalmic Solution)</b>	B	2	
Apraclonidine HCl (Ophthalmic Solution)	G	1	
Brimonidine Tartrate (0.15% Ophthalmic Solution, 0.2% Ophthalmic Solution)	G	1	
Brinzolamide (Ophthalmic Suspension)	G	1	
Dorzolamide HCl (Ophthalmic Solution)	G	1	
<b>Iopidine (Ophthalmic Solution)</b>	B	3	
Methazolamide (Oral Tablet)	G	1	
Pilocarpine HCl (Ophthalmic Solution)	G	1	
<b>Rhopressa (Ophthalmic Solution)</b>	B	3	
<b>Simbrinza (Ophthalmic Suspension)</b>	B	2	
<b>Ophthalmic Prostaglandin and Prostanoid Analogs</b>			
Bimatoprost (Ophthalmic Solution)	G	1	
Latanoprost (Ophthalmic Solution)	G	1	
<b>Lumigan (Ophthalmic Solution)</b>	B	2	
Travoprost (BAK Free) (Ophthalmic Solution)	G	1	
<b>Xelpros (Ophthalmic Emulsion)</b>	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
<b>Otic Agents</b>			
<b>Otic Agents</b>			
Acetic Acid (Otic Solution)	G	1	
<b>Ciprofloxacin HCl (Otic Solution)</b>	B	1	
Ciprofloxacin-Dexamethasone (Otic Suspension)	G	1	
Flac (Otic Oil)	G	1	
Fluocinolone Acetonide (Otic Oil)	G	1	
Hydrocortisone-Acetic Acid (Otic Solution)	G	1	
Neomycin-Polymyxin-HC (1% Otic Solution)	G	1	
Neomycin-Polymyxin-HC (Otic Suspension)	G	1	
Ofloxacin (Otic Solution)	G	1	
<b>Respiratory Tract/Pulmonary Agents</b>			
<b>Antihistamines</b>			
Azelastine HCl (0.1% Nasal Solution)	G	1	
Azelastine-Fluticasone (Nasal Suspension)	G	1	
Carbinoxamine Maleate (Oral Solution)	G	1	PA; HRM
Carbinoxamine Maleate (4MG Oral Tablet)	G	1	PA; HRM
Cetirizine HCl (1MG/ML Oral Solution)	G	1	
Clemastine Fumarate (2.68MG Oral Tablet)	G	1	PA; HRM
Cyproheptadine HCl (Oral Syrup)	G	1	PA; HRM
Cyproheptadine HCl (Oral Tablet)	G	1	PA; HRM
Desloratadine (Oral Tablet)	G	1	
Levocetirizine Dihydrochloride (Oral Solution)	G	1	
Levocetirizine Dihydrochloride (Oral Tablet)	G	1	
Olopatadine HCl (Nasal Solution)	G	1	
<b>Ryaltris (Nasal Suspension)</b>	B	3	QL
<b>Anti-inflammatories, Inhaled Corticosteroids</b>			
<b>Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	B	2	QL
<b>Beconase AQ (Nasal Suspension)</b>	B	3	
Budesonide (Inhalation Suspension)	G	1	B/D,PA
<b>Flovent Diskus (Inhalation Aerosol Powder Breath Activated)</b>	B	2	QL
<b>Flovent HFA (Inhalation Aerosol)</b>	B	2	QL
Flunisolide (Nasal Solution)	G	1	
Fluticasone Propionate (Nasal Suspension)	G	1	
Mometasone Furoate (Nasal Suspension)	G	1	
<b>Omnaris (Nasal Suspension)</b>	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated)</b>	B	2	QL
<b>Qnasl Childrens (Nasal Aerosol Solution)</b>	B	3	
<b>Qnasl (Nasal Aerosol Solution)</b>	B	3	
<b>Zetonna (Nasal Aerosol Solution)</b>	B	3	
<b>Antileukotrienes</b>			
Montelukast Sodium (Oral Packet)	G	1	QL
Montelukast Sodium (Oral Tablet)	G	1	QL
Montelukast Sodium (Oral Tablet Chewable)	G	1	QL
Zafirlukast (Oral Tablet)	G	1	
<b>Bronchodilators, Anticholinergic</b>			
<b>Atrovent HFA (Inhalation Aerosol Solution)</b>	B	3	
Ipratropium Bromide (Inhalation Solution)	G	1	B/D,PA
Ipratropium Bromide (Nasal Solution)	G	1	
<b>Spiriva HandiHaler (Inhalation Capsule)</b>	B	2	QL
<b>Spiriva Respimat (Inhalation Aerosol Solution)</b>	B	2	QL
Tiotropium Bromide Monohydrate (Inhalation Capsule)	G	1	QL
<b>Yupelri (Inhalation Solution)</b>	B	3	B/D,PA; SP; QL
<b>Bronchodilators, Sympathomimetic</b>			
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proair), Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil)	G	1	
Albuterol Sulfate (Inhalation Nebulization Solution)	G	1	B/D,PA
Albuterol Sulfate (Oral Syrup)	G	1	
Albuterol Sulfate (Oral Tablet Immediate Release)	G	1	
Arformoterol Tartrate (Inhalation Nebulization Solution)	G	1	B/D,PA; QL
<b>Auvi-Q (0.1MG/0.1ML Injection Solution Auto-Injector)</b>	B	3	QL
Epinephrine (Injection Solution Auto-Injector)	G	1	QL
Formoterol Fumarate (Inhalation Nebulization Solution)	G	1	B/D,PA; QL
Levalbuterol HCl (Inhalation Nebulization Solution)	G	1	B/D,PA
<b>Serevent Diskus (Inhalation Aerosol Powder Breath Activated)</b>	B	2	QL
<b>Striverdi Respimat (Inhalation Aerosol Solution)</b>	B	2	QL
<b>Symjepi (Injection Solution Prefilled Syringe)</b>	B	3	QL
Terbutaline Sulfate (Oral Tablet)	G	1	
<b>Cystic Fibrosis Agents</b>			
<b>Kalydeco (13.4MG Oral Packet, 25MG Oral Packet, 50MG Oral Packet, 75MG Oral Packet)</b>	B	3	PA; SP

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Kalydeco (Oral Tablet)</b>	B	3	PA; SP
<b>Orkambi (Oral Packet)</b>	B	3	PA; SP; QL
<b>Orkambi (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Pulmozyme (Inhalation Solution)</b>	B	2	B/D,PA; SP; QL
<b>Symdeko (Oral Tablet Therapy Pack)</b>	B	3	PA; SP; QL
<b>TOBI Podhaler (Inhalation Capsule)</b>	B	3	SP; QL
Tobramycin (Inhalation Nebulization Solution)	G	1	B/D,PA; QL
<b>Trikafta (Oral Tablet Therapy Pack)</b>	B	3	PA; SP; QL
<b>Trikafta (Oral Granule Therapy Pack)</b>	B	3	PA; SP; QL
<b>Mast Cell Stabilizers</b>			
Cromolyn Sodium (Inhalation Nebulization Solution)	G	1	B/D,PA
<b>Phosphodiesterase Inhibitors, Airways Disease</b>			
<b>Daliresp (Oral Tablet)</b>	B	3	PA
Roflumilast (Oral Tablet)	G	1	PA
Theo-24 (Oral Capsule Extended Release 24 Hour)	G	3	
Theophylline ER (300MG Oral Tablet Extended Release 12 Hour, 450MG Oral Tablet Extended Release 12 Hour)	G	1	
Theophylline ER (Oral Tablet Extended Release 24 Hour)	G	1	
Theophylline (Oral Solution)	G	1	
<b>Pulmonary Antihypertensives</b>			
<b>Adempas (Oral Tablet)</b>	B	2	PA; SP
Alyq (Oral Tablet)	G	1	PA; QL
Ambrisentan (Oral Tablet)	G	1	PA; QL
Bosentan (Oral Tablet)	G	1	PA; QL
<b>Opsumit (Oral Tablet)</b>	B	2	PA; SP
<b>Orenitram Month 1 (Oral Tablet Extended Release Therapy Pack)</b>	B	3	PA; SP; QL
<b>Orenitram Month 2 (Oral Tablet Extended Release Therapy Pack)</b>	B	3	PA; SP; QL
<b>Orenitram Month 3 (Oral Tablet Extended Release Therapy Pack)</b>	B	3	PA; SP; QL
<b>Orenitram (0.125MG Oral Tablet Extended Release)</b>	B	3	PA
<b>Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release)</b>	B	3	PA; SP
Sildenafil Citrate (Oral Suspension Reconstituted)	G	1	PA; QL
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	1	PA; QL
Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca)	G	1	PA; QL
<b>Tracleer (Oral Tablet Soluble)</b>	B	3	PA; SP; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Tyvaso DPI Maintenance Kit (Inhalation Powder)</b>	B	3	PA; SP; QL
<b>Tyvaso DPI Titration Kit (Inhalation Powder)</b>	B	3	PA; SP; QL
<b>Upravi (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Upravi (Oral Tablet Therapy Pack)</b>	B	3	PA; SP; QL
<b>Ventavis (Inhalation Solution)</b>	B	3	PA; SP; QL
<b>Pulmonary Fibrosis Agents</b>			
<b>Esbriet (Oral Capsule)</b>	B	3	PA; SP; QL
<b>Esbriet (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Ofev (Oral Capsule)</b>	B	3	PA; SP; QL
Pirfenidone (Oral Capsule)	G	1	PA; QL
Pirfenidone (Oral Tablet)	G	1	PA; QL
<b>Respiratory Tract Agents, Other</b>			
Acetylcysteine (Inhalation Solution)	G	1	B/D,PA
<b>Advair HFA (Inhalation Aerosol)</b>	B	2	QL
<b>Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	B	2	QL
<b>Breo Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	B	2	QL
<b>Breztri Aerosphere (Inhalation Aerosol)</b>	B	2	QL
Budesonide-Formoterol Fumarate (Inhalation Aerosol)	G	1	QL
<b>Combivent Respimat (Inhalation Aerosol Solution)</b>	B	2	QL
<b>Fasenra Pen (Subcutaneous Solution Auto-Injector)</b>	B	2	PA; SP
<b>Fasenra (Subcutaneous Solution Prefilled Syringe)</b>	B	2	PA; SP
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
Ipratropium-Albuterol (Inhalation Solution)	G	1	B/D,PA
<b>Nucala (Subcutaneous Solution Auto-Injector)</b>	B	2	PA; SP; QL
<b>Nucala (Subcutaneous Solution Prefilled Syringe)</b>	B	2	PA; SP; QL
<b>Nucala (Subcutaneous Solution Reconstituted)</b>	B	2	PA; SP; QL
Promethazine VC (Oral Syrup)	G	1	PA; HRM
<b>Stiolto Respimat (Inhalation Aerosol Solution)</b>	B	2	QL
<b>Symbicort (Inhalation Aerosol)</b>	B	2	QL
<b>Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	B	2	QL
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	1	QL
<b>Skeletal Muscle Relaxants</b>			

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
<b>Skeletal Muscle Relaxants</b>			
Carisoprodol (Oral Tablet)	G	1	PA; HRM; QL
Chlorzoxazone (500MG Oral Tablet)	G	1	PA; HRM
Cyclobenzaprine HCl (Oral Tablet)	G	1	PA; HRM
Methocarbamol (500MG Oral Tablet, 750MG Oral Tablet)	G	1	PA; HRM
Orphenadrine Citrate ER (Oral Tablet Extended Release 12 Hour)	G	1	PA; HRM
<b>Sleep Disorder Agents</b>			
<b>Sleep Promoting Agents</b>			
<b>Belsomra (Oral Tablet)</b>	B	3	QL
<b>DayVigo (Oral Tablet)</b>	B	3	QL
Doxepin HCl (Oral Tablet)	G	1	QL
Estazolam (Oral Tablet)	G	1	PA; HRM; QL
Eszopiclone (Oral Tablet)	G	1	PA; HRM; QL
Ramelteon (Oral Tablet)	G	1	QL
Tasimelteon (Oral Capsule)	G	1	PA; QL
Temazepam (Oral Capsule)	G	1	HRM; QL
Triazolam (Oral Tablet)	G	1	PA; HRM; QL
Zaleplon (Oral Capsule)	G	1	HRM; QL
Zolpidem Tartrate ER (Oral Tablet Extended Release)	G	1	PA; HRM; QL
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	1	PA; HRM; QL
<b>Wakefulness Promoting Agents</b>			
Armodafinil (Oral Tablet)	G	1	PA; QL
Modafinil (Oral Tablet)	G	1	PA; QL
Sodium Oxybate (Oral Solution)	G	3	PA; SP; QL
<b>Sunosi (Oral Tablet)</b>	B	2	PA; QL
<b>Wakix (Oral Tablet)</b>	B	3	PA; SP; QL
<b>Xyrem (Oral Solution)</b>	B	3	PA; SP; QL
<b>Xywav (Oral Solution)</b>	B	3	PA; SP; QL

## Covered drugs with a quantity limit (QL)

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

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

Drugs are listed in alphabetical order in the chart below. **Brand name (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
<b>Abrysvo (Intramuscular Solution Reconstituted)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
Acetaminophen-Caffeine-Dihydrocodeine (Oral Capsule)	G	Maximum of 10 capsules per day
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	Maximum of 150 ml per day
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	Maximum of 13 tablets per day
<b>Actemra ACTPen (Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 4 pens (3.6 ml) per 28 days
<b>Actemra (Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 4 syringes (3.6 ml) per 28 days
<b>ActHIB (Intramuscular Solution Reconstituted)</b>	<b>B</b>	1 vaccination dose (1 injection) per day
<b>Adacel (Intramuscular Suspension)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Adbry (Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 8 syringes (8 ml) per 28 days
<b>Advair HFA (Inhalation Aerosol)</b>	<b>B</b>	Maximum of 1 inhaler (12 grams) per 30 days
<b>Adzenys XR-ODT (Oral Tablet Extended Release Dispersible)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Aimovig (Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 1 pen (1 ml) per 28 days
<b>Ajovy (Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 1 pen (1.5 ml) per 28 days
<b>Ajovy (Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 1 syringe (1.5 ml) per 28 days

Drug name	Brand or Generic	Quantity limit
Albendazole (Oral Tablet)	G	Maximum of 16 tablets 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
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
<b>Alunbrig (180MG Oral Tablet, 90MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Alunbrig (30MG Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Alunbrig (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 2 packs (60 tablets) per year
Alyq (Oral Tablet)	G	Maximum of 2 tablets per day
Ambrisentan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Atorvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Benazepril (Oral Capsule)	G	Maximum of 1 capsule per day
Amlodipine-Olmesartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Valsartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 2 capsules per day
Amphetamine-Dextroamphetamine (10MG Oral Tablet, 12.5MG Oral Tablet, 15MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Amphetamine-Dextroamphetamine (20MG Oral Tablet)	G	Maximum of 3 tablets per day
<b>Anovera (Vaginal Ring)</b>	<b>B</b>	Maximum of 1 ring per 365 days
<b>Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	<b>B</b>	Maximum of 1 inhaler (60 blisters) per 30 days
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



Drug name	Brand or Generic	Quantity limit
Aprepitant (80 & 125MG Oral Capsule)	G	Maximum of 6 capsules (2 packs) per 28 days
<b>Aptiom (200MG Oral Tablet, 400MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Aptiom (600MG Oral Tablet, 800MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Aptivus (Oral Capsule)</b>	<b>B</b>	Maximum of 4 capsules per day
<b>Arexvy (Intramuscular Suspension Reconstituted)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
Arformoterol Tartrate (Inhalation Nebulization Solution)	G	Maximum of 2 vials (4 ml) per day
Aripiprazole (1MG/ML Oral Solution)	G	Maximum of 25 ml per day
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Armodafinil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	G	Maximum of 1 tablet per day
Armodafinil (50MG Oral Tablet)	G	Maximum of 2 tablets per day
<b>Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	<b>B</b>	Maximum of 1 inhaler (30 blisters) per 30 days
Ascomp-Codeine (Oral Capsule)	G	Maximum of 6 capsules per day
Asenapine Maleate (Tablet Sublingual)	G	Maximum of 2 tablets per day
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	Maximum of 2 capsules per day
Atazanavir Sulfate (150MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 1 capsule per day
Atazanavir Sulfate (200MG Oral Capsule)	G	Maximum of 2 capsules per day
Atomoxetine HCl (100MG Oral Capsule, 60MG Oral Capsule, 80MG Oral Capsule)	G	Maximum of 1 capsule per day
Atomoxetine HCl (10MG Oral Capsule, 18MG Oral Capsule, 25MG Oral Capsule, 40MG Oral Capsule)	G	Maximum of 2 capsules per day
Atorvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
Atovaquone (Oral Suspension)	G	Maximum of 14 ml per day
<b>Aubagio (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Austedo (Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Auvi-Q (0.1MG/0.1ML Injection Solution Auto-Injector)</b>	<b>B</b>	Maximum of 4 pens (2 boxes) per 30 days
<b>Ayvakit (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
Azelaic Acid (External Gel)	G	Maximum of 50 grams per 30 days
<b>Azelex (External Cream)</b>	<b>B</b>	Maximum of 50 grams per 30 days
<b>Azstarys (Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Bafiertam (Oral Capsule Delayed Release)</b>	<b>B</b>	Maximum of 4 capsules per day

Drug name	Brand or Generic	Quantity limit
<b>Balversa (3MG Oral Tablet)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>Balversa (4MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Balversa (5MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>BCG Vaccine (Injection Solution Reconstituted)</b>	<b>B</b>	1 vaccination dose (1 vial) per day
<b>Belbuca (Buccal Film)</b>	<b>B</b>	Maximum of 2 films per day
<b>Belsomra (Oral Tablet)</b>	<b>B</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
Bexarotene (External Gel)	G	Maximum of 60 grams per 30 days
<b>Bexsero (Intramuscular Suspension Prefilled Syringe)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Biktarvy (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 2 tablets per day
<b>Boostrix (Intramuscular Suspension)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Boostrix (Intramuscular Suspension Prefilled Syringe)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
Bosentan (Oral Tablet)	G	Maximum of 2 tablets per day
<b>Breo Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	<b>B</b>	Maximum of 1 inhaler (60 blisters) per 30 days
<b>Breztri Aerosphere (120 Inhalation Aerosol)</b>	<b>B</b>	Maximum of 1 inhaler (10.7 grams) per 30 days
<b>Brilinta (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Brukinsa (Oral Capsule)</b>	<b>B</b>	Maximum of 4 capsules per day
Budesonide-Formoterol Fumarate (Inhalation Aerosol)	G	Maximum of 1 inhaler (10.2 grams) per 30 days
Buprenorphine HCl (Tablet Sublingual)	G	Maximum of 3 tablets per day
Buprenorphine HCl-Naloxone HCl (12-3MG Sublingual Film)	G	Maximum of 2 films per day
Buprenorphine HCl-Naloxone HCl (2-0.5MG Sublingual Film, 4-1MG Sublingual Film, 8-2MG Sublingual Film)	G	Maximum of 3 films per day
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	G	Maximum of 3 tablets per day
Buprenorphine (Transdermal Patch Weekly)	G	Maximum of 4 patches per 28 days
Butalbital-Acetaminophen (50-325MG Oral Tablet)	G	Maximum of 6 tablets per day
Butalbital-Acetaminophen-Caffeine (50-300-40MG Oral Capsule, 50-325-40MG Oral Capsule)	G	Maximum of 6 capsules per day
Butalbital-Acetaminophen-Caffeine (50-325-40MG Oral Tablet)	G	Maximum of 6 tablets per day

Drug name	Brand or Generic	Quantity limit
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
<b>Bydureon BCise (Subcutaneous Auto-Injector)</b>	<b>B</b>	Maximum of 4 pens (3.4 ml) per 28 days
<b>Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)</b>	<b>B</b>	Maximum of 1 pen (2.4 ml) per 30 days
<b>Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)</b>	<b>B</b>	Maximum of 1 pen (1.2 ml) per 30 days
<b>Cablivi (Injection Kit)</b>	<b>B</b>	Maximum of 1 kit per day
Calcipotriene (External Cream)	G	Maximum of 120 grams per 30 days
Calcipotriene (External Ointment)	G	Maximum of 120 grams per 30 days
Calcitonin Salmon (Nasal Solution)	G	Maximum of 1 bottle per 28 days
<b>Calquence (100MG Oral Capsule)</b>	<b>B</b>	Maximum of 2 capsules per day
<b>Calquence (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets 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
<b>Caplyta (Oral Capsule)</b>	<b>B</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
Carisoprodol (Oral Tablet)	G	Maximum of 4 tablets per day
Celecoxib (Oral Capsule)	G	Maximum of 2 capsules per day
<b>Cibinqo (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Cimduo (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Cimzia (Subcutaneous Kit)</b>	<b>B</b>	Maximum of 2 kits per 28 days
<b>Cimzia Prefilled (2 X 200MG/ML Subcutaneous Prefilled Syringe Kit)</b>	<b>B</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
Clindacin ETZ (External Swab)	G	Maximum of 69 pads per 30 days
Clindamycin Phosphate (External Gel)	G	Maximum of 75 grams per 30 days
Clindamycin Phosphate (External Lotion)	G	Maximum of 60 ml per 30 days

<b>Drug name</b>	<b>Brand or Generic</b>	<b>Quantity limit</b>
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 Emulsion (External Foam)	G	Maximum of 100 grams per 30 days
Clobetasol Propionate (External Foam)	G	Maximum of 100 grams per 30 days
Clobetasol Propionate (External Liquid Spray)	G	Maximum of 125 ml per 30 days
Clobetasol Propionate (External Lotion)	G	Maximum of 118 ml per 30 days
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Clonazepam (2MG Oral Tablet)	G	Maximum of 10 tablets per day
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Clonazepam ODT (2MG Oral Tablet Dispersible)	G	Maximum of 10 tablets per day
Clorazepate Dipotassium (15MG Oral Tablet)	G	Maximum of 6 tablets per day
Clorazepate Dipotassium (3.75MG Oral Tablet)	G	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5MG Oral Tablet)	G	Maximum of 12 tablets per day
Clotrimazole-Betamethasone (External Cream)	G	Maximum of 90 grams per 30 days
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
<b>Codeine Sulfate (15MG Oral Tablet, 60MG Oral Tablet)</b>	<b>B</b>	Maximum of 6 tablets per day
Codeine Sulfate (30MG Oral Tablet)	G	Maximum of 6 tablets per day
<b>Combivent Respimat (Inhalation Aerosol Solution)</b>	<b>B</b>	Maximum of 1 inhaler (4 grams) per 20 days
<b>Complera (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Copiktra (Oral Capsule)</b>	<b>B</b>	Maximum of 2 capsules per day
<b>Corlanor (Oral Solution)</b>	<b>B</b>	Maximum of 15 ml per day
<b>Corlanor (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 10 syringes (10 ml) per 30 days
<b>Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 10 pens (10 ml) per 30 days
<b>Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 20 syringes (10 ml) per 30 days

Drug name	Brand or Generic	Quantity limit
<b>Cosentyx UnoReady (Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 5 pens (10 ml) per 30 days
<b>Cotempla XR-ODT (Oral Tablet Extended Release Dispersible)</b>	<b>B</b>	Maximum of 2 tablets per day
Cyclosporine (0.05% 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
<b>Daptacel (Intramuscular Suspension)</b>	<b>B</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
<b>Daurismo (100MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Daurismo (25MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Daytrana (Transdermal Patch)</b>	<b>B</b>	Maximum of 1 patch per day
<b>DayVigo (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Delstrigo (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Descovy (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
Desonide (External Cream)	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 (0.25% External Cream)	G	Maximum of 100 grams per 30 days
<b>Desvenlafaxine ER (100MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Desvenlafaxine ER (50MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Dexilant (Oral Capsule Delayed Release)</b>	<b>B</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

Drug name	Brand or Generic	Quantity limit
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
<b>Diacomit (250MG Oral Capsule)</b>	<b>B</b>	Maximum of 12 capsules per day
<b>Diacomit (500MG Oral Capsule)</b>	<b>B</b>	Maximum of 6 capsules per day
<b>Diacomit (250MG Oral Packet)</b>	<b>B</b>	Maximum of 12 packets per day
<b>Diacomit (500MG Oral Packet)</b>	<b>B</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
Diclofenac Sodium (3% External Gel)	G	Maximum of 100 grams per 30 days
Digoxin (Oral Solution)	G	Maximum of 5 ml per day
Digoxin (125MCG Oral Tablet)	G	Maximum of 1 tablet per day
Digoxin (62.5MCG Oral Tablet)	G	Maximum of 2 tablets per day
Dihydroergotamine Mesylate (Nasal Solution)	G	Maximum of 16 vials (16 ml) per 28 days
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
<b>Diphtheria-Tetanus Toxoids DT (25-5LFU/0.5ML Intramuscular Suspension)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
Dofetilide (125MCG Oral Capsule)	G	Maximum of 6 capsules per day
Dofetilide (250MCG Oral Capsule, 500MCG Oral Capsule)	G	Maximum of 2 capsules per day
Donepezil HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Donepezil HCl (23MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Donepezil HCl ODT (10MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Donepezil HCl ODT (5MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day
Dotti (Transdermal Patch Twice Weekly)	G	Maximum of 8 patches per 28 days
<b>Dovato (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
Doxepin HCl (External Cream)	G	Maximum of 90 grams per 30 days
Doxepin HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Droxidopa (100MG Oral Capsule)	G	Maximum of 3 capsules per day
Droxidopa (200MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 6 capsules per day

Drug name	Brand or Generic	Quantity limit
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
<b>Dupixent (200MG/1.14ML Subcutaneous Solution Pen-Injector)</b>	<b>B</b>	Maximum of 4 pens (4.56 ml) per 28 days
<b>Dupixent (300MG/2ML Subcutaneous Solution Pen-Injector)</b>	<b>B</b>	Maximum of 4 pens (8 ml) per 28 days
<b>Dupixent (100MG/0.67ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 2 syringes (1.34 ml) per 28 days
<b>Dupixent (200MG/1.14ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 4 syringes (4.56 ml) per 28 days
<b>Dupixent (300MG/2ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 4 syringes (8 ml) per 28 days
<b>Dyanavel XR (Oral Suspension Extended Release)</b>	<b>B</b>	Maximum of 8 ml per day
Econazole Nitrate (External Cream)	G	Maximum of 90 grams per 30 days
<b>Edarbi (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Edarbyclor (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Edurant (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
Efavirenz (Oral Capsule)	G	Maximum of 3 capsules per day
Efavirenz (Oral Tablet)	G	Maximum of 1 tablet per day
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)	G	Maximum of 1 tablet per day
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)	G	Maximum of 1 tablet per day
Eletriptan Hydrobromide (Oral Tablet)	G	Maximum of 12 tablets per 30 days
<b>Eliquis (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Eliquis Starter Pack (Oral Tablet)</b>	<b>B</b>	Maximum of 2 packs (148 tablets) per year
<b>Emend (Oral Suspension Reconstituted)</b>	<b>B</b>	Maximum of 2 kits per 28 days
<b>Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 3 syringes or pens (3 ml) per 28 days
<b>Emgality (Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 2 syringes or pens (2 ml) per 28 days
<b>Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 2 syringes or pens (2 ml) per 28 days
<b>Emsam (Transdermal Patch 24 Hour)</b>	<b>B</b>	Maximum of 1 patch per day
Emtricitabine (Oral Capsule)	G	Maximum of 1 capsule per day
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
<b>Emtriva (Oral Solution)</b>	<b>B</b>	Maximum of 5 bottles (850 ml) per 30 days
Enalapril Maleate (Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (10-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (5-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
<b>Enbrel Mini (Subcutaneous Solution Cartridge)</b>	<b>B</b>	Maximum of 8 cartridges per 28 days
<b>Enbrel (Subcutaneous Solution)</b>	<b>B</b>	Maximum of 8 vials (4 ml) per 28 days
<b>Enbrel (25MG/0.5ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 8 syringes (4 ml) per 28 days
<b>Enbrel (50MG/ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 8 syringes (8 ml) per 28 days
<b>Enbrel SureClick (Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 8 pens per 28 days
Endocet (Oral Tablet)	G	Maximum of 12 tablets per day
<b>Engerix-B (Injection Suspension)</b>	<b>B</b>	1 vaccination dose (1 ml) per day
<b>Engerix-B (10MCG/0.5ML Injection Suspension Prefilled Syringe)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Engerix-B (20MCG/ML Injection Suspension Prefilled Syringe)</b>	<b>B</b>	1 vaccination dose (1 ml) per day
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
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
<b>Entresto (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Epclusa (Oral Packet)</b>	<b>B</b>	Maximum of 1 carton (28 packets) per 28 days
<b>Epclusa (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
Epinephrine (Injection Solution Auto-Injector)	G	Maximum of 4 pens (2 boxes) per 30 days
<b>Esbriet (Oral Capsule)</b>	<b>B</b>	Maximum of 9 capsules per day
<b>Esbriet (267MG Oral Tablet)</b>	<b>B</b>	Maximum of 6 tablets per day
<b>Esbriet (801MG Oral Tablet)</b>	<b>B</b>	Maximum of 3 tablets per day



Drug name	Brand or Generic	Quantity limit
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
Eszopiclone (Oral Tablet)	G	Maximum of 1 tablet per day
Etravirine (Oral Tablet)	G	Maximum of 2 tablets per day
<b>Eucrisa (External Ointment)</b>	<b>B</b>	Maximum of 100 grams per 30 days
<b>Evenity (Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 2 syringes (2.34 ml) per 28 days
<b>Evotaz (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Evrydi (Oral Solution Reconstituted)</b>	<b>B</b>	Maximum of 8 ml per day
<b>Exkivity (Oral Capsule)</b>	<b>B</b>	Maximum of 4 capsules per day
Ezetimibe-Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
<b>Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Fanapt Titration Pack (Oral Tablet)</b>	<b>B</b>	Maximum of 2 packs per year
<b>Farxiga (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
Fentanyl Citrate (Buccal Lozenge On A Handle)	G	Maximum of 4 lozenges per day
Fentanyl (Transdermal Patch 72 Hour)	G	Maximum of 15 patches per 30 days
Fesoterodine Fumarate ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
<b>Fetzima (Oral Capsule Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)</b>	<b>B</b>	Maximum of 2 packs (56 capsules) per year
<b>Finacea (External Foam)</b>	<b>B</b>	Maximum of 50 grams per 30 days
Fingolimod HCl (Oral Capsule)	G	Maximum of 1 capsule per day
<b>Fintepla (Oral Solution)</b>	<b>B</b>	Maximum of 12 ml per day
<b>Flovent Diskus (Inhalation Aerosol Powder Breath Activated)</b>	<b>B</b>	Maximum of 2 inhalers (120 blisters) per 30 days
<b>Flovent HFA (110MCG/ACT Inhalation Aerosol)</b>	<b>B</b>	Maximum of 1 inhaler (12 grams) per 30 days
<b>Flovent HFA (220MCG/ACT Inhalation Aerosol)</b>	<b>B</b>	Maximum of 2 inhalers (24 grams) per 30 days

Drug name	Brand or Generic	Quantity limit
<b>Flovent HFA (44MCG/ACT Inhalation Aerosol)</b>	<b>B</b>	Maximum of 1 inhaler (10.6 grams) per 30 days
Fluocinonide Emulsified Base (External Cream)	G	Maximum of 60 grams per 30 days
Fluocinonide (0.05% External Cream)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Gel)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Ointment)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Solution)	G	Maximum of 60 ml per 30 days
Fluorouracil (5% External Cream)	G	Maximum of 40 grams per 30 days
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
Formoterol Fumarate (Inhalation Nebulization Solution)	G	Maximum of 2 vials (4 ml) per day
Fosamprenavir Calcium (Oral Tablet)	G	Maximum of 4 tablets per day
Fosinopril Sodium (Oral Tablet)	G	Maximum of 2 tablets per day
Fosinopril Sodium-HCTZ (Oral Tablet)	G	Maximum of 4 tablets per day
<b>Fotivda (Oral Capsule)</b>	<b>B</b>	Maximum of 21 capsules per 28 days
<b>Fuzeon (Subcutaneous Solution Reconstituted)</b>	<b>B</b>	Maximum of 2 vials per day
<b>Fycompa (Oral Suspension)</b>	<b>B</b>	Maximum of 24 ml per day
<b>Fycompa (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Gardasil 9 (Intramuscular Suspension)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Gardasil 9 (Intramuscular Suspension Prefilled Syringe)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Gavreto (Oral Capsule)</b>	<b>B</b>	Maximum of 4 capsules per day
<b>Genvoya (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Gilenya (Oral Capsule)</b>	<b>B</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
Glimepiride (1MG Oral Tablet)	G	Maximum of 8 tablets per day
Glimepiride (2MG Oral Tablet)	G	Maximum of 4 tablets per day
Glimepiride (4MG Oral Tablet)	G	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Glipizide ER (10MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Glipizide ER (2.5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 8 tablets per day
Glipizide ER (5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 4 tablets per day
Glipizide (10MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Glipizide (5MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-250MG Oral Tablet)	G	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)	G	Maximum of 4 tablets per day
Glyburide Micronized (1.5MG Oral Tablet)	G	Maximum of 8 tablets per day
Glyburide Micronized (3MG Oral Tablet)	G	Maximum of 4 tablets per day
Glyburide Micronized (6MG Oral Tablet)	G	Maximum of 2 tablets per day
Glyburide (1.25MG Oral Tablet)	G	Maximum of 16 tablets per day
Glyburide (2.5MG Oral Tablet)	G	Maximum of 8 tablets per day
Glyburide (5MG Oral Tablet)	G	Maximum of 4 tablets per day
Glyburide-Metformin (1.25-250MG Oral Tablet)	G	Maximum of 8 tablets per day
Glyburide-Metformin (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)	G	Maximum of 4 tablets per day
<b>Glyxambi (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
Granisetron HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Guanfacine HCl (Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
<b>Harvoni (Oral Packet)</b>	<b>B</b>	Maximum of 1 carton (28 packets) per 28 days
<b>Harvoni (90-400MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Havrix (1440EL U/ML Intramuscular Suspension)</b>	<b>B</b>	Maximum of 2 vaccines per lifetime
<b>Havrix (720EL U/0.5ML Intramuscular Suspension)</b>	<b>B</b>	Maximum of 2 vaccines per lifetime
<b>Hepelisav-B (Intramuscular Solution Prefilled Syringe)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Hiberix (Injection Solution Reconstituted)</b>	<b>B</b>	1 vaccination dose (1 injection) per day
<b>Humira Pediatric Crohns Start (80MG/0.8ML &amp; 40MG/0.4ML Subcutaneous Prefilled Syringe Kit)</b>	<b>B</b>	Maximum of 2 kits per year
<b>Humira Pediatric Crohns Start (80MG/0.8ML Subcutaneous Prefilled Syringe Kit)</b>	<b>B</b>	Maximum of 2 kits per year
<b>Humira Pen (40MG/0.4ML Subcutaneous Pen-Injector Kit)</b>	<b>B</b>	Maximum of 2 kits (4 pens) per 28 days
<b>Humira Pen (40MG/0.8ML Subcutaneous Pen-Injector Kit, 80MG/0.8ML Subcutaneous Pen-Injector Kit)</b>	<b>B</b>	Maximum of 1 kit (2 pens) per 28 days

Drug name	Brand or Generic	Quantity limit
<b>Humira Pen Psoriasis Starter (80MG/0.8ML and 40MG/0.4ML Subcutaneous Pen-Injector Kit)</b>	<b>B</b>	Maximum of 2 kits per year
<b>Humira (10MG/0.1ML Subcutaneous Prefilled Syringe Kit, 20MG/0.2ML Subcutaneous Prefilled Syringe Kit, 40MG/0.8ML Subcutaneous Prefilled Syringe Kit)</b>	<b>B</b>	Maximum of 1 kit (2 syringes) per 28 days
<b>Humira (40MG/0.4ML Subcutaneous Prefilled Syringe Kit)</b>	<b>B</b>	Maximum of 2 kits (4 syringes) per 28 days
Hydrocodone Bitartrate ER (10MG Oral Capsule Extended Release 12 Hour, 15MG Oral Capsule Extended Release 12 Hour, 20MG Oral Capsule Extended Release 12 Hour, 30MG Oral Capsule Extended Release 12 Hour, 40MG Oral Capsule Extended Release 12 Hour, 50MG Oral Capsule Extended Release 12 Hour)	G	Maximum of 2 capsules per day
Hydrocodone Bitartrate ER (100MG Oral Tablet ER 24 Hour Abuse-Deterrent, 120MG Oral Tablet ER 24 Hour Abuse-Deterrent, 20MG Oral Tablet ER 24 Hour Abuse-Deterrent, 30MG Oral Tablet ER 24 Hour Abuse-Deterrent, 40MG Oral Tablet ER 24 Hour Abuse-Deterrent, 60MG Oral Tablet ER 24 Hour Abuse-Deterrent, 80MG Oral Tablet ER 24 Hour Abuse-Deterrent)	G	Maximum of 1 tablet per day
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	G	Maximum of 180 ml per day
Hydrocodone-Acetaminophen (10-300MG Oral Tablet, 5-300MG Oral Tablet, 7.5-300MG Oral Tablet)	G	Maximum of 13 tablets per day
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
Hydrocodone-Ibuprofen (Oral Tablet)	G	Maximum of 5 tablets per day
Hydromorphone HCl ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Hydromorphone HCl (1MG/ML Oral Liquid)	G	Maximum of 50 ml per day
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Hydromorphone HCl (8MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Hydroxychloroquine Sulfate (100MG Oral Tablet, 300MG Oral Tablet)	G	Maximum of 2 tablets per day
Hydroxychloroquine Sulfate (200MG Oral Tablet)	G	Maximum of 3 tablets per day
Hydroxychloroquine Sulfate (400MG Oral Tablet)	G	Maximum of 1 tablet per day
Ibandronate Sodium (Oral Tablet)	G	Maximum of 1 tablet per 28 days
Icatibant Acetate (Subcutaneous Solution Prefilled Syringe)	G	Maximum of 6 syringes (18 ml) per 30 days

<b>Drug name</b>	<b>Brand or Generic</b>	<b>Quantity limit</b>
<b>Iclusig (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>IDHIFA (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Illumya (Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 1 syringe (1 ml) per 28 days
<b>Imbruvica (140MG Oral Capsule)</b>	<b>B</b>	Maximum of 4 capsules per day
<b>Imbruvica (70MG Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Imbruvica (Oral Suspension)</b>	<b>B</b>	Maximum of 8 ml per day
<b>Imbruvica (140MG Oral Tablet, 280MG Oral Tablet, 420MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
Imiquimod (5% External Cream)	G	Maximum of 24 packets per 30 days
<b>Imovax Rabies (Intramuscular Suspension Reconstituted)</b>	<b>B</b>	1 vaccination dose (1 injection) per day
<b>Infanrix (Intramuscular Suspension)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Ingrezza (Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Ingrezza (Oral Capsule Therapy Pack)</b>	<b>B</b>	Maximum of 1 pack (28 capsules) per 28 days
<b>Inlyta (Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Inqovi (Oral Tablet)</b>	<b>B</b>	Maximum of 1 pack (5 tablets) per 28 days
<b>Inrebic (Oral Capsule)</b>	<b>B</b>	Maximum of 4 capsules per day
<b>Intelence (25MG Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Intrarosa (Vaginal Insert)</b>	<b>B</b>	Maximum of 1 vaginal insert per day
<b>IPOL (Injection)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
Irbesartan (150MG Oral Tablet, 300MG Oral Tablet)	G	Maximum of 1 tablet per day
Irbesartan (75MG Oral Tablet)	G	Maximum of 3 tablets per day
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
<b>Isentress HD (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Isentress (Oral Packet)</b>	<b>B</b>	Maximum of 2 packets per day
<b>Isentress (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Isentress (Oral Tablet Chewable)</b>	<b>B</b>	Maximum of 6 tablets per day
Ivermectin (External Cream)	G	Maximum of 45 grams per 30 days
<b>Ixiaro (Intramuscular Suspension)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Janumet (Oral Tablet Immediate Release)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Janumet XR (100-1000MG Oral Tablet Extended Release 24 Hour, 50-500MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
<b>Janumet XR (50-1000MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Januvia (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Jardiance (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Jaypirca (100MG Oral Tablet)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>Jaypirca (50MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Jentadueto (2.5-1000MG Oral Tablet, 2.5-500MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Jentadueto XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Jentadueto XR (5-1000MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Jornay PM (Oral Capsule Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Juluca (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Jynneos (Subcutaneous Suspension)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Kerendia (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
Ketoconazole (External Cream)	G	Maximum of 90 grams per 30 days
<b>Keveyis (Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Kevzara (Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 2 pens (2.28 ml) per 28 days
<b>Kevzara (Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 2 syringes (2.28 ml) per 28 days
<b>Kinrix (Intramuscular Suspension Prefilled Syringe)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Klisyri (External Ointment)</b>	<b>B</b>	Maximum of 5 packets per 30 days
<b>Korlym (Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Koselugo (10MG Oral Capsule)</b>	<b>B</b>	Maximum of 8 capsules per day
<b>Koselugo (25MG Oral Capsule)</b>	<b>B</b>	Maximum of 4 capsules per day
<b>Krazati (Oral Tablet)</b>	<b>B</b>	Maximum of 6 tablets per day
Lacosamide (Oral Solution)	G	Maximum of 40 ml per day
Lacosamide (Oral Tablet)	G	Maximum of 2 tablets per day
Lamivudine (10MG/ML Oral Solution)	G	Maximum of 32 ml per day
Lamivudine (150MG Oral Tablet)	G	Maximum of 2 tablets per day
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
<b>Latuda (120MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 60MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Latuda (80MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
<b>Lexiva (Oral Suspension)</b>	<b>B</b>	Maximum of 60 ml per day
Lidocaine (5% External Patch)	G	Maximum of 3 patches per day
Linezolid (Oral Suspension Reconstituted)	G	Maximum of 60 ml per day
Linezolid (Oral Tablet)	G	Maximum of 2 tablets per day
<b>Linzess (Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
Lisinopril (Oral Tablet)	G	Maximum of 2 tablets per day
Lisinopril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Lisinopril-Hydrochlorothiazide (20-12.5MG Oral Tablet)	G	Maximum of 4 tablets per day
Lisinopril-Hydrochlorothiazide (20-25MG Oral Tablet)	G	Maximum of 2 tablets per day
<b>Livtency (Oral Tablet)</b>	<b>B</b>	Maximum of 12 tablets per day
<b>Lokelma (Oral Packet)</b>	<b>B</b>	Maximum of 90 packets per 30 days
Lopinavir-Ritonavir (Oral Solution)	G	Maximum of 3 bottles (480 ml) per 30 days
Lopinavir-Ritonavir (100-25MG Oral Tablet)	G	Maximum of 8 tablets per day
Lopinavir-Ritonavir (200-50MG Oral Tablet)	G	Maximum of 4 tablets per day
Lorazepam Intensol (Oral Concentrate)	G	Maximum of 5 ml per day
Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Lorazepam (2MG Oral Tablet)	G	Maximum of 5 tablets per day
<b>Lorbrena (100MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Lorbrena (25MG Oral Tablet)</b>	<b>B</b>	Maximum of 3 tablets per day
Losartan Potassium (100MG Oral Tablet)	G	Maximum of 1 tablet per day
Losartan Potassium (25MG Oral Tablet, 50MG Oral Tablet)	G	Maximum of 2 tablets per day
Losartan Potassium-HCTZ (100-12.5MG Oral Tablet, 100-25MG Oral Tablet)	G	Maximum of 1 tablet per day
Losartan Potassium-HCTZ (50-12.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Lovastatin (10MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 1 tablet per day
Lovastatin (40MG Oral Tablet)	G	Maximum of 2 tablets per day
<b>Lucemyra (Oral Tablet)</b>	<b>B</b>	Maximum of 16 tablets per day
<b>Lumakras (120MG Oral Tablet)</b>	<b>B</b>	Maximum of 8 tablets per day
<b>Lumakras (320MG Oral Tablet)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>Lupron Depot-Ped (6-Month) (Intramuscular Kit)</b>	<b>B</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
<b>Lybalvi (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Lyllana (Transdermal Patch Twice Weekly)	G	Maximum of 8 patches per 28 days
<b>Lytgobi (12MG Daily Dose) (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 4 packs (84 tablets) per 28 days
<b>Lytgobi (16MG Daily Dose) (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 4 packs (112 tablets) per 28 days
<b>Lytgobi (20MG Daily Dose) (Oral Tablet Therapy Pack)</b>	<b>B</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
<b>Mavyret (Oral Packet)</b>	<b>B</b>	Maximum of 5 cartons (140 packets) per 28 days
<b>Mavyret (Oral Tablet)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>Mayzent (0.25MG Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Mayzent (1MG Oral Tablet, 2MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Mayzent Starter Pack (12 x 0.25MG Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 2 packs (24 tablets) per year
<b>Mayzent Starter Pack (7 x 0.25MG Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 2 packs (14 tablets) per year
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Memantine HCl (Oral Solution)	G	Maximum of 10 ml per day
Memantine HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Memantine HCl Titration Pak (Oral Tablet)	G	Maximum of 2 packs per year
Memantine HCl (5MG Oral Tablet)	G	Maximum of 3 tablets per day
<b>Menactra (Intramuscular Solution)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Menostar (Transdermal Patch Weekly)</b>	<b>B</b>	Maximum of 4 patches per 28 days
<b>MenQuadfi (Intramuscular Solution)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Menveo (Intramuscular Solution Reconstituted)</b>	<b>B</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
Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	Maximum of 4 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
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 4 tablets per day



Drug name	Brand or Generic	Quantity limit
Metformin HCl ER (750MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 2 tablets per day
Metformin HCl (500MG/5ML Oral Solution)	G	Maximum of 25.5 ml per day
Metformin HCl (1000MG Oral Tablet Immediate Release)	G	Maximum of 2.5 tablets per day
Metformin HCl (500MG Oral Tablet Immediate Release)	G	Maximum of 5 tablets per day
Metformin HCl (850MG Oral Tablet Immediate Release)	G	Maximum of 3 tablets per day
Methadone HCl (10MG/5ML Oral Solution)	G	Maximum of 60 ml per day
Methadone HCl (5MG/5ML Oral Solution)	G	Maximum of 120 ml per day
Methadone HCl (10MG Oral Tablet)	G	Maximum of 12 tablets per day
Methadone HCl (5MG Oral Tablet)	G	Maximum of 8 tablets per day
Methylphenidate HCl 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 Release (54MG Oral Tablet Extended Release, 72MG Oral Tablet Extended Release) (Generic Concerta)	G	Maximum of 1 tablet per day
Methylphenidate HCl ER (XR) (Oral Capsule Extended Release 24 Hour) (Brand Equivalent Aptensio XR)	G	Maximum of 1 capsule per day
Methylphenidate HCl ER (10MG Oral Tablet Extended Release)	G	Maximum of 4 tablets per day
Methylphenidate HCl ER (20MG Oral Tablet Extended Release)	G	Maximum of 3 tablets per day
Methylphenidate HCl ER (18MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 3 tablets per day
Methylphenidate HCl ER (27MG Oral Tablet Extended Release 24 Hour, 36MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Methylphenidate HCl ER (54MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Methylphenidate HCl (10MG/5ML Oral Solution)	G	Maximum of 30 ml per day
Methylphenidate HCl (5MG/5ML Oral Solution)	G	Maximum of 60 ml per day
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	G	Maximum of 3 tablets per day
Methylphenidate HCl (10MG Oral Tablet Chewable)	G	Maximum of 6 tablets per day

Drug name	Brand or Generic	Quantity limit
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
<b>M-M-R II (Injection Solution Reconstituted)</b>	<b>B</b>	1 vaccination dose (1 injection) per day
Modafinil (100MG Oral Tablet)	G	Maximum of 1 tablet per day
Modafinil (200MG Oral Tablet)	G	Maximum of 2 tablets per day
Moexipril HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Montelukast Sodium (Oral Packet)	G	Maximum of 1 packet per day
Montelukast Sodium (Oral Tablet)	G	Maximum of 1 tablet per day
Montelukast Sodium (Oral Tablet Chewable)	G	Maximum of 1 tablet per day
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)	G	Maximum of 10 ml per day
Morphine Sulfate ER Beads (120MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	G	Maximum of 3 capsules per day
Morphine Sulfate ER Beads (30MG Oral Capsule Extended Release 24 Hour, 45MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	G	Maximum of 2 capsules per day
Morphine Sulfate ER Beads (75MG Oral Capsule Extended Release 24 Hour, 90MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	G	Maximum of 4 capsules per day
Morphine Sulfate ER (100MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour) (Generic Kadian)	G	Maximum of 3 capsules per day
Morphine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 30MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour) (Generic Kadian)	G	Maximum of 2 capsules per day
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 3 tablets per day
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 2 tablets per day
Morphine Sulfate ER (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 4 tablets per day
<b>Morphine Sulfate (10MG/5ML Oral Solution)</b>	<b>B</b>	Maximum of 100 ml per day
<b>Morphine Sulfate (20MG/5ML Oral Solution)</b>	<b>B</b>	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

Drug name	Brand or Generic	Quantity limit
<b>Motegrity (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Mounjaro (Subcutaneous Solution Pen-Injector)</b>	<b>B</b>	Maximum of 4 pens (2 ml) per 28 days
<b>Movantik (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
Mupirocin (External Ointment)	G	Maximum of 110 grams per 30 days
<b>Mydayis (12.5MG Oral Capsule Extended Release 24 Hour, 25MG Oral Capsule Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 2 capsules per day
<b>Mydayis (37.5MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Myfembree (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Namzaric (Oral Capsule ER 24 Hour Therapy Pack)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Namzaric (Oral Capsule Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 capsule per day
Naratriptan HCl (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Nateglinide (120MG Oral Tablet)	G	Maximum of 3 tablets per day
Nateglinide (60MG Oral Tablet)	G	Maximum of 6 tablets per day
<b>Nayzilam (Nasal Solution)</b>	<b>B</b>	Maximum of 10 devices per 30 days
Nebivolol HCl (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Nebivolol HCl (20MG Oral Tablet)	G	Maximum of 2 tablets per day
<b>Nerlynx (Oral Tablet)</b>	<b>B</b>	Maximum of 6 tablets per day
Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Nevirapine (Oral Suspension)	G	Maximum of 40 ml per day
Nevirapine (Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
<b>Nexletol (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Nexlizet (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Norvir (Oral Packet)</b>	<b>B</b>	Maximum of 12 packets per day
<b>Nourianz (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Noxafil (Oral Packet)</b>	<b>B</b>	Maximum of 2 packets per day
<b>Noxafil (Oral Suspension)</b>	<b>B</b>	Maximum of 20 ml per day
<b>Nucala (Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 3 ml per 28 days
<b>Nucala (100MG/ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 3 ml per 28 days
<b>Nucala (40MG/0.4ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 0.4 ml per 28 days

<b>Drug name</b>	<b>Brand or Generic</b>	<b>Quantity limit</b>
<b>Nucala (Subcutaneous Solution Reconstituted)</b>	<b>B</b>	Maximum of 3 vials per 28 days
<b>Nuedexta (Oral Capsule)</b>	<b>B</b>	Maximum of 2 capsules per day
<b>Nuplazid (Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Nuplazid (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Nurtec ODT (Oral Tablet Dispersible)</b>	<b>B</b>	Maximum of 18 tablets per 30 days
<b>Nuzyra (Oral Tablet)</b>	<b>B</b>	Maximum of 34 tablets per 16 days
Nyamyc (External Powder)	G	Maximum of 120 grams per 30 days
Nystatin (External Powder)	G	Maximum of 120 grams per 30 days
Nystop (External Powder)	G	Maximum of 120 grams per 30 days
<b>Ocaliva (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Odefsey (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Ofev (Oral Capsule)</b>	<b>B</b>	Maximum of 2 capsules per day
<b>Ojjaara (Oral Tablet)</b>	<b>B</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
<b>Olumiant (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
Omeprazole (10MG Oral Capsule Delayed Release)	G	Maximum of 3 capsules per day
<b>Ongentys (Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Onureg (Oral Tablet)</b>	<b>B</b>	Maximum of 14 tablets per 28 days
<b>Onzetra Xsail (Nasal Exhaler Powder)</b>	<b>B</b>	Maximum of 1 kit (16 exhalers) per 30 days
<b>Oralair 300IR (Tablet Sublingual)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Orencia ClickJect (Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 4 pens (4 ml) per 28 days
<b>Orencia (125MG/ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 4 syringes (4 ml) per 28 days

<b>Drug name</b>	<b>Brand or Generic</b>	<b>Quantity limit</b>
<b>Orencia (50MG/0.4ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 4 syringes (1.6 ml) per 28 days
<b>Orencia (87.5MG/0.7ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 4 syringes (2.8 ml) per 28 days
<b>Orenitram Month 1 (Oral Tablet Extended Release Therapy Pack)</b>	<b>B</b>	Maximum of 2 packs (336 tablets) per year
<b>Orenitram Month 2 (Oral Tablet Extended Release Therapy Pack)</b>	<b>B</b>	Maximum of 2 packs (672 tablets) per year
<b>Orenitram Month 3 (Oral Tablet Extended Release Therapy Pack)</b>	<b>B</b>	Maximum of 2 packs (504 tablets) per year
<b>Oriahnn (Oral Capsule Therapy Pack)</b>	<b>B</b>	Maximum of 1 pack (56 capsules) per 28 days
<b>Orilissa (150MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Orilissa (200MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Orkambi (Oral Packet)</b>	<b>B</b>	Maximum of 56 packets per 28 days
<b>Orkambi (Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Orladeyo (Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Orserdu (345MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Orserdu (86MG Oral Tablet)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>Osphena (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Otezla (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Otezla (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 2 kits per year
<b>Oxervate (Ophthalmic Solution)</b>	<b>B</b>	Maximum of 2 vials (2 ml) 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
Oxycodone-Acetaminophen (5-325MG/5ML Oral Solution)	G	Maximum of 60 ml 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
<b>OxyContin (Oral Tablet ER 12 Hour Abuse-Deterrent)</b>	<b>B</b>	Maximum of 3 tablets per day

Drug name	Brand or Generic	Quantity limit
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
<b>Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (2MG/3ML Subcutaneous Solution Pen-Injector)</b>	<b>B</b>	Maximum of 1 pen (3 ml) per 28 days
<b>Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector)</b>	<b>B</b>	Maximum of 1 pen (3 ml) per 28 days
<b>Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector)</b>	<b>B</b>	Maximum of 1 pen (3 ml) per 28 days
Paliperidone ER (1.5MG Oral Tablet Extended Release 24 Hour, 3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Paliperidone ER (6MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
<b>Palynziq (10MG/0.5ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 56 syringes (28 ml) per 28 days
<b>Palynziq (2.5MG/0.5ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 16 syringes (8 ml) per 28 days
<b>Palynziq (20MG/ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</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
<b>Pediarix (Intramuscular Suspension Prefilled Syringe)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Pedvax HIB (Intramuscular Suspension)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Pemazyre (Oral Tablet)</b>	<b>B</b>	Maximum of 14 tablets per 21 days
<b>Pentacel (Intramuscular Suspension Reconstituted)</b>	<b>B</b>	1 vaccination dose (1 injection) per day
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	Maximum of 1 vial (300 mg) per 28 days
<b>Pentasa (250MG Oral Capsule Extended Release)</b>	<b>B</b>	Maximum of 16 capsules per day
<b>Pentasa (500MG Oral Capsule Extended Release)</b>	<b>B</b>	Maximum of 8 capsules per day

Drug name	Brand or Generic	Quantity limit
Pentazocine-Naloxone HCl (Oral Tablet)	G	Maximum of 12 tablets per day
Perindopril Erbumine (Oral Tablet)	G	Maximum of 2 tablets per day
<b>Pifeltro (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
Pimecrolimus (External Cream)	G	Maximum of 100 grams per 30 days
Pioglitazone HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Pioglitazone HCl-Glimepiride (Oral Tablet)	G	Maximum of 1 tablet per day
Pioglitazone HCl-Metformin HCl (Oral Tablet)	G	Maximum of 3 tablets per day
<b>Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)</b>	<b>B</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
Posaconazole (Oral Suspension)	G	Maximum of 20 ml per day
Posaconazole (Oral Tablet Delayed Release)	G	Maximum of 6 tablets 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
<b>PreHevbrio (Intramuscular Suspension)</b>	<b>B</b>	1 vaccination dose (1 ml) per day
<b>Premarin (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Premphase (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Prempro (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Prevymis (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Prezcobix (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Prezista (Oral Suspension)</b>	<b>B</b>	Maximum of 2 bottles (400 ml) per 30 days
<b>Prezista (150MG Oral Tablet)</b>	<b>B</b>	Maximum of 6 tablets per day

<b>Drug name</b>	<b>Brand or Generic</b>	<b>Quantity limit</b>
<b>Prezista (600MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Prezista (75MG Oral Tablet)</b>	<b>B</b>	Maximum of 10 tablets per day
<b>Prezista (800MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Priorix (Subcutaneous Suspension Reconstituted)</b>	<b>B</b>	1 vaccination dose (1 injection) per day
<b>Prolia (Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 1 syringe per 180 days
<b>Promacta (Oral Packet)</b>	<b>B</b>	Maximum of 6 packets per day
<b>Promacta (12.5MG Oral Tablet, 25MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Promacta (50MG Oral Tablet, 75MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
Promethazine HCl (12.5MG Rectal Suppository)	G	Maximum of 6 suppositories per day
Promethazine HCl (25MG Rectal Suppository)	G	Maximum of 4 suppositories per day
Promethegan (25MG Rectal Suppository)	G	Maximum of 4 suppositories per day
Promethegan (50MG Rectal Suppository)	G	Maximum of 2 suppositories per day
<b>ProQuad (Subcutaneous Suspension Reconstituted)</b>	<b>B</b>	1 vaccination dose (1 injection) per day
<b>Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated)</b>	<b>B</b>	Maximum of 2 inhalers per 30 days
<b>Pulmozyme (Inhalation Solution)</b>	<b>B</b>	Maximum of 2 ampules (5 ml) per day
<b>Pyrukynd (20MG Oral Tablet, 5MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 pack (56 tablets) per 28 days
<b>Pyrukynd (50MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 packs (112 tablets) per 28 days
<b>Pyrukynd Taper Pack (5MG Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 1 pack (7 tablets) per 7 days
<b>Pyrukynd Taper Pack (7 x 20MG &amp; 7 x 5MG Oral Tablet Therapy Pack, 7 x 50MG &amp; 7 x 20MG Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 1 pack (14 tablets) per 14 days
<b>Qinlock (Oral Tablet)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>Quadracel (Intramuscular Suspension)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Quadracel (Intramuscular Suspension Prefilled Syringe)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
Quetiapine Fumarate ER (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day



Drug name	Brand or Generic	Quantity limit
Quetiapine Fumarate ER (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Quetiapine Fumarate (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	G	Maximum of 3 tablets per day
Quetiapine Fumarate (25MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Quetiapine Fumarate (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
<b>QuilliChew ER (20MG Oral Tablet Chewable Extended Release, 40MG Oral Tablet Chewable Extended Release)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>QuilliChew ER (30MG Oral Tablet Chewable Extended Release)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Quilivant XR (Oral Suspension Reconstituted)</b>	<b>B</b>	Maximum of 12 ml per day
Quinapril HCl (Oral Tablet)	G	Maximum of 2 tablets per day
<b>Qulipta (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>RabAvert (Intramuscular Suspension Reconstituted)</b>	<b>B</b>	1 vaccination dose (1 injection) per day
<b>Radicava ORS Starter Kit (Oral Suspension)</b>	<b>B</b>	Maximum of 4 bottles (140 ml) per year
Ramelteon (Oral Tablet)	G	Maximum of 1 tablet per day
Ramipril (Oral Capsule)	G	Maximum of 2 capsules per day
<b>Rayaldee (Oral Capsule Extended Release)</b>	<b>B</b>	Maximum of 2 capsules per day
<b>Recombivax HB (10MCG/ML Injection Suspension, 40MCG/ML Injection Suspension)</b>	<b>B</b>	1 vaccination dose (1 ml) per day
<b>Recombivax HB (5MCG/0.5ML Injection Suspension)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Recombivax HB (10MCG/ML Injection Suspension Prefilled Syringe)</b>	<b>B</b>	1 vaccination dose (1 ml) per day
<b>Recombivax HB (5MCG/0.5ML Injection Suspension Prefilled Syringe)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)</b>	<b>B</b>	Maximum of 3 inhalers (60 blisters) per 30 days
Relexxii (72MG Oral Tablet Extended Release)	G	Maximum of 1 tablet per day
<b>Relyvrio (Oral Packet)</b>	<b>B</b>	Maximum of 2 packets per day
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
<b>Repatha Pushtronex System (Subcutaneous Solution Cartridge)</b>	<b>B</b>	Maximum of 2 cartridges (7 ml) per 28 days

<b>Drug name</b>	<b>Brand or Generic</b>	<b>Quantity limit</b>
<b>Repatha (Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 3 syringes (3 ml) per 28 days
<b>Repatha SureClick (Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 3 pens (3 ml) per 28 days
<b>Retevmo (40MG Oral Capsule)</b>	<b>B</b>	Maximum of 6 capsules per day
<b>Retevmo (80MG Oral Capsule)</b>	<b>B</b>	Maximum of 4 capsules per day
<b>Rexulti (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Reyataz (Oral Packet)</b>	<b>B</b>	Maximum of 6 packets per day
<b>Rezlidhia (Oral Capsule)</b>	<b>B</b>	Maximum of 2 capsules per day
<b>Rinvoq (Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 tablet per day
Risedronate Sodium (150MG Oral Tablet Immediate Release)	G	Maximum of 1 tablet per 30 days
Risedronate Sodium (35MG Oral Tablet Immediate Release, 35MG (12 PACK) Oral Tablet Immediate Release, 35MG (4 PACK) Oral Tablet Immediate Release)	G	Maximum of 4 tablets per 28 days
Risedronate Sodium (Oral Tablet Delayed Release)	G	Maximum of 4 tablets per 28 days
Ritonavir (Oral Tablet)	G	Maximum of 12 tablets per day
Rivastigmine (Transdermal Patch 24 Hour)	G	Maximum of 1 patch per day
Rizatriptan Benzoate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	Maximum of 12 tablets per 30 days
Rosuvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
<b>Rotarix (Oral Suspension)</b>	<b>B</b>	1 vaccination dose (1.5 ml) per day
<b>Rotarix (Oral Suspension Reconstituted)</b>	<b>B</b>	1 vaccination dose (1 ml) per day
<b>RotaTeq (Oral Solution)</b>	<b>B</b>	1 vaccination dose (2 ml) per day
<b>Rozlytrek (100MG Oral Capsule)</b>	<b>B</b>	Maximum of 5 capsules per day
<b>Rozlytrek (200MG Oral Capsule)</b>	<b>B</b>	Maximum of 3 capsules per day
<b>Rukobia (Oral Tablet Extended Release 12 Hour)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Ryaltris (Nasal Suspension)</b>	<b>B</b>	Maximum of 1 bottle (29 grams) per 30 days
<b>Rybelsus (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Rydapt (Oral Capsule)</b>	<b>B</b>	Maximum of 8 capsules per day
Sajazir (Subcutaneous Solution Prefilled Syringe)	G	Maximum of 6 syringes (18 ml) per 30 days
<b>Sancuso (Transdermal Patch)</b>	<b>B</b>	Maximum of 4 patches per 28 days
<b>Savaysa (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Scemblix (20MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Scemblix (40MG Oral Tablet)</b>	<b>B</b>	Maximum of 10 tablets per day

<b>Drug name</b>	<b>Brand or Generic</b>	<b>Quantity limit</b>
<b>Secuado (Transdermal Patch 24 Hour)</b>	<b>B</b>	Maximum of 1 patch per day
<b>Selzentry (Oral Solution)</b>	<b>B</b>	Maximum of 8 bottles (1840 ml) per 30 days
<b>Selzentry (25MG Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Selzentry (75MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Serevent Diskus (60 Inhalation Aerosol Powder Breath Activated)</b>	<b>B</b>	Maximum of 1 inhaler (60 inhalations) per 30 days
<b>Shingrix (Intramuscular Suspension Reconstituted)</b>	<b>B</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
<b>Siliq (Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 5 syringes (7.5 ml) per 28 days
Silodosin (Oral Capsule)	G	Maximum of 1 capsule per day
<b>Simponi (100MG/ML Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 3 syringes (3 ml) per 28 days
<b>Simponi (50MG/0.5ML Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 1 syringe (0.5 ml) per 30 days
<b>Simponi (100MG/ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 3 syringes (3 ml) per 28 days
<b>Simponi (50MG/0.5ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 1 syringe (0.5 ml) per 30 days
Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
<b>Skyclarys (Oral Capsule)</b>	<b>B</b>	Maximum of 3 capsules per day
<b>Skyrizi Pen (Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 1 pen (1 ml) per 28 days
<b>Skyrizi (180MG/1.2ML Subcutaneous Solution Cartridge)</b>	<b>B</b>	Maximum of 1 cartridge (1.2 ml) per 56 days
<b>Skyrizi (360MG/2.4ML Subcutaneous Solution Cartridge)</b>	<b>B</b>	Maximum of 1 cartridge (2.4 ml) per 56 days
<b>Skyrizi (Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 1 syringe (1 ml) per 28 days
Sodium Oxybate (Oral Solution)	G	Maximum of 18 ml per day
Sofosbuvir-Velpatasvir (Oral Tablet)	G	Maximum of 1 tablet per day
Solifenacin Succinate (Oral Tablet)	G	Maximum of 1 tablet per day
<b>Soliqua (Subcutaneous Solution Pen-Injector)</b>	<b>B</b>	Maximum of 5 pens (15 ml) per 25 days
<b>Somavert (Subcutaneous Solution Reconstituted)</b>	<b>B</b>	Maximum of 1 vial per day
<b>Sovaldi (150MG Oral Packet)</b>	<b>B</b>	Maximum of 1 carton (28 packets) per 28 days
<b>Sovaldi (200MG Oral Packet)</b>	<b>B</b>	Maximum of 2 cartons (56 packets) per 28 days

<b>Drug name</b>	<b>Brand or Generic</b>	<b>Quantity limit</b>
<b>Sovaldi (200MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Sovaldi (400MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Spiriva HandiHaler (Inhalation Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Spiriva Respimat (Inhalation Aerosol Solution)</b>	<b>B</b>	Maximum of 1 inhaler (4 grams) per 30 days
<b>Stelara (Subcutaneous Solution)</b>	<b>B</b>	Maximum of 6 vials (3 ml) per 84 days
<b>Stelara (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 6 syringes (3 ml) per 84 days
<b>Stelara (90MG/ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 3 syringes (3 ml) per 84 days
<b>Stiolto Respimat (Inhalation Aerosol Solution)</b>	<b>B</b>	Maximum of 1 inhaler (4 grams) per 30 days
<b>Stribild (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Striverdi Respimat (Inhalation Aerosol Solution)</b>	<b>B</b>	Maximum of 1 inhaler (4 grams) per 30 days
Sumatriptan (Nasal Solution)	G	Maximum of 12 devices per 30 days
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	Maximum of 12 tablets per 30 days
Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)	G	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	G	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector)	G	Maximum of 12 injections (6 ml) per 30 days
<b>Sunlenca (4 x 300MG Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 2 packs (8 tablets) per year
<b>Sunlenca (5 x 300MG Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 2 packs (10 tablets) per year
<b>Sunosi (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Symbicort (120 Inhalation Aerosol)</b>	<b>B</b>	Maximum of 1 inhaler (10.2 grams) per 30 days
<b>Symdeko (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 1 pack (56 tablets) per 28 days
<b>Symjepi (Injection Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 4 syringes per 30 days
<b>Sympazan (Oral Film)</b>	<b>B</b>	Maximum of 2 films per day
<b>Symproic (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Symtuza (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Synjardy (Oral Tablet Immediate Release)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Tabrecta (Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day

Drug name	Brand or Generic	Quantity limit
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
<b>Taltz (Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 4 syringes (4 ml) per 28 days
<b>Taltz (Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 4 syringes (4 ml) per 28 days
<b>Talzenna (0.1MG Oral Capsule, 0.35MG Oral Capsule, 0.5MG Oral Capsule, 0.75MG Oral Capsule, 1MG Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Talzenna (0.25MG Oral Capsule)</b>	<b>B</b>	Maximum of 3 capsules per day
<b>Targretin (External Gel)</b>	<b>B</b>	Maximum of 60 grams per 30 days
Tasimelteon (Oral Capsule)	G	Maximum of 1 capsule per day
<b>Tavalisse (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Tazverik (Oral Tablet)</b>	<b>B</b>	Maximum of 8 tablets per day
<b>TDVAX (Intramuscular Suspension)</b>	<b>B</b>	1 vaccination dose (0.5 ml) 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)	G	Maximum of 6 tablets per day
<b>Tenivac (Intramuscular Injectable)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
<b>Tepmetko (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
Teriflunomide (Oral Tablet)	G	Maximum of 1 tablet per day
<b>Thalomid (100MG Oral Capsule, 50MG Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Thalomid (150MG Oral Capsule, 200MG Oral Capsule)</b>	<b>B</b>	Maximum of 2 capsules per day
<b>Tibsovo (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Ticovac (1.2MCG/0.25ML Intramuscular Suspension Prefilled Syringe)</b>	<b>B</b>	1 vaccination dose (0.25 ml) per day
<b>Ticovac (2.4MCG/0.5ML Intramuscular Suspension Prefilled Syringe)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
Tiotropium Bromide Monohydrate (Inhalation Capsule)	G	Maximum of 1 capsule per day
<b>Tivicay (10MG Oral Tablet, 25MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Tivicay (50MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
<b>Tivicay PD (Oral Tablet Soluble)</b>	<b>B</b>	Maximum of 6 tablets per day
<b>TOBI Podhaler (Inhalation Capsule)</b>	<b>B</b>	Maximum of 8 capsules per day
Tobramycin (300MG/4ML Inhalation Nebulization Solution)	G	Maximum of 2 ampules (8 ml) per day
Tobramycin (300MG/5ML Inhalation Nebulization Solution)	G	Maximum of 2 ampules (10 ml) per day
Tolcapone (Oral Tablet)	G	Maximum of 6 tablets per day
Tolvaptan (Oral Tablet)	G	Maximum of 2 tablets per day
Tovet (External Foam)	G	Maximum of 100 grams per 30 days
<b>Toviaz (Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Tracleer (Oral Tablet Soluble)</b>	<b>B</b>	Maximum of 8 tablets per day
<b>Tradjenta (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
Tramadol HCl ER (Biphasic) (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Tramadol HCl ER (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Tramadol HCl (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
<b>Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	<b>B</b>	Maximum of 1 inhaler (60 blisters) per 30 days
<b>Tremfya (Subcutaneous Solution Pen-Injector)</b>	<b>B</b>	Maximum of 2 pens (2 ml) per 56 days
<b>Tremfya (Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 2 syringes (2 ml) per 56 days
Triazolam (0.125MG Oral Tablet)	G	Maximum of 1 tablet per day
Triazolam (0.25MG Oral Tablet)	G	Maximum of 2 tablets per day
Trientine HCl (250MG Oral Capsule)	G	Maximum of 8 capsules per day
<b>Trijardy XR (10-5-1000MG Oral Tablet Extended Release 24 Hour, 25-5-1000MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Triardy XR (12.5-2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-2.5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Trikafta (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (84 tablets) per 28 days
Trikafta (Oral Granule Therapy Pack)	B	Maximum of 1 carton (56 packets) per 28 days
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
Trizivir (Oral Tablet)	B	Maximum of 2 tablets per day
Trulicity (Subcutaneous Solution Pen-Injector)	B	Maximum of 4 pens (2 ml) per 28 days
Trumenba (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Tukysa (150MG Oral Tablet)	B	Maximum of 4 tablets per day
Tukysa (50MG Oral Tablet)	B	Maximum of 12 tablets per day
Turalio (Oral Capsule)	B	Maximum of 4 capsules per day
Twinrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day
Tybost (Oral Tablet)	B	Maximum of 1 tablet per day
Typhim Vi (Intramuscular Solution)	B	1 vaccination dose (0.5 ml) per day
Typhim Vi (Intramuscular Solution Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Tyrvaya (Nasal Solution)	B	Maximum of 2 bottles (8.4 ml) per 30 days
Tyvaso DPI Maintenance Kit (112 x 32MCG & 112 x 48MCG 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)	B	Maximum of 1 kit (112 cartridges) per 28 days
Tyvaso DPI Titration Kit (112 x 16MCG & 84 x 32MCG Inhalation Powder)	B	Maximum of 2 kits (392 cartridges) per year
Tyvaso DPI Titration Kit (112 x 16MCG & 112 x 32MCG & 28 x 48MCG Inhalation Powder)	B	Maximum of 2 kits (504 cartridges) per year
Ubrelvy (Oral Tablet)	B	Maximum of 16 tablets per 30 days
Uptravi (1000MCG Oral Tablet, 1200MCG Oral Tablet, 1400MCG Oral Tablet, 1600MCG Oral Tablet, 400MCG Oral Tablet, 600MCG Oral Tablet, 800MCG Oral Tablet)	B	Maximum of 2 tablets per day
Uptravi (200MCG Oral Tablet)	B	Maximum of 5 tablets per day

Drug name	Brand or Generic	Quantity limit
<b>Uptravi (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 2 packs (400 tablets) per year
Valacyclovir HCl (1GM Oral Tablet)	G	Maximum of 4 tablets per day
Valacyclovir HCl (500MG Oral Tablet)	G	Maximum of 2 tablets per day
<b>Valchlor (External Gel)</b>	<b>B</b>	Maximum of 60 grams per 30 days
Valganciclovir HCl (50MG/ML Oral Solution Reconstituted)	G	Maximum of 36 ml per day
Valganciclovir HCl (450MG Oral Tablet)	G	Maximum of 4 tablets per day
Valsartan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	G	Maximum of 2 tablets per day
Valsartan (320MG Oral Tablet)	G	Maximum of 1 tablet per day
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
<b>Valtoco 10MG Dose (Nasal Liquid)</b>	<b>B</b>	Maximum of 10 blister packs (10 spray devices) per 30 days
<b>Valtoco 15MG Dose (Nasal Liquid Therapy Pack)</b>	<b>B</b>	Maximum of 10 blister packs (20 spray devices) per 30 days
<b>Valtoco 20MG Dose (Nasal Liquid Therapy Pack)</b>	<b>B</b>	Maximum of 10 blister packs (20 spray devices) per 30 days
<b>Valtoco 5MG Dose (Nasal Liquid)</b>	<b>B</b>	Maximum of 10 blister packs (10 spray devices) per 30 days
Vancomycin HCl (125MG Oral Capsule)	G	Maximum of 4 capsules per day
Vancomycin HCl (250MG Oral Capsule)	G	Maximum of 8 capsules per day
<b>Vanflyta (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>VAQTA (25UNIT/0.5ML Intramuscular Suspension, 25UNIT/0.5ML 0.5ML Intramuscular Suspension)</b>	<b>B</b>	Maximum of 2 vaccines per lifetime
<b>VAQTA (50UNIT/ML Intramuscular Suspension, 50UNIT/ML 1ML Intramuscular Suspension)</b>	<b>B</b>	Maximum of 2 vaccines per lifetime
<b>Varivax (Subcutaneous Injectable)</b>	<b>B</b>	1 vaccination dose (1 injection) per day
<b>Varubi (180MG Dose) (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 4 tablets per 28 days
<b>Veltassa (Oral Packet)</b>	<b>B</b>	Maximum of 1 packet per day
<b>Ventavis (10MCG/ML Inhalation Solution)</b>	<b>B</b>	Maximum of 7 ml per day
<b>Ventavis (20MCG/ML Inhalation Solution)</b>	<b>B</b>	Maximum of 3 ml per day
<b>Verquvo (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Viberzi (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Victoza (Subcutaneous Solution Pen-Injector)</b>	<b>B</b>	Maximum of 3 pens (9 ml) per 30 days
Vigabatrin (Oral Packet)	G	Maximum of 6 packets per day
Vigabatrin (Oral Tablet)	G	Maximum of 6 tablets per day
Vigadrone (Oral Packet)	G	Maximum of 6 packets per day
Vigadrone (Oral Tablet)	G	Maximum of 6 tablets per day



<b>Drug name</b>	<b>Brand or Generic</b>	<b>Quantity limit</b>
<b>Viibryd (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Viibryd Starter Pack (Oral Kit)</b>	<b>B</b>	Maximum of 2 packs (60 tablets) per year
Vilazodone HCl (Oral Tablet)	G	Maximum of 1 tablet per day
<b>Vimpat (Oral Solution)</b>	<b>B</b>	Maximum of 40 ml per day
<b>Viracept (250MG Oral Tablet)</b>	<b>B</b>	Maximum of 10 tablets per day
<b>Viracept (625MG Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Viread (Oral Powder)</b>	<b>B</b>	Maximum of 4 bottles (240 grams) per 30 days
<b>Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Vitrakvi (100MG Oral Capsule)</b>	<b>B</b>	Maximum of 4 capsules per day
<b>Vitrakvi (25MG Oral Capsule)</b>	<b>B</b>	Maximum of 6 capsules per day
<b>Vitrakvi (Oral Solution)</b>	<b>B</b>	Maximum of 20 ml per day
<b>Vonjo (Oral Capsule)</b>	<b>B</b>	Maximum of 4 capsules per day
Voriconazole (Oral Suspension Reconstituted)	G	Maximum of 20 ml per day
Voriconazole (200MG Oral Tablet)	G	Maximum of 4 tablets per day
Voriconazole (50MG Oral Tablet)	G	Maximum of 16 tablets per day
<b>Vosevi (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Voxzogo (Subcutaneous Solution Reconstituted)</b>	<b>B</b>	Maximum of 1 vial per day
<b>Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Vraylar (Oral Capsule Therapy Pack)</b>	<b>B</b>	Maximum of 2 packs (14 capsules) per year
<b>Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)</b>	<b>B</b>	Maximum of 4 capsules per day
<b>Vyndamax (Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Vyndaqel (Oral Capsule)</b>	<b>B</b>	Maximum of 4 capsules per day
<b>Wakix (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Welireg (Oral Tablet)</b>	<b>B</b>	Maximum of 3 tablets per day
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	Maximum of 1 inhaler (60 blisters) per 30 days
<b>Xarelto (Oral Suspension Reconstituted)</b>	<b>B</b>	Maximum of 20 ml per day
<b>Xarelto (10MG Oral Tablet, 20MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Xarelto (15MG Oral Tablet, 2.5MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Xarelto Starter Pack (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 2 packs per year
<b>Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 1 pack (56 tablets) per 28 days
<b>Xcopri (350MG Daily Dose) (150MG &amp; 200MG Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 1 pack (56 tablets) per 28 days
<b>Xcopri (100MG Oral Tablet, 50MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day

<b>Drug name</b>	<b>Brand or Generic</b>	<b>Quantity limit</b>
<b>Xcopri (150MG Oral Tablet, 200MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Xcopri (14 x 12.5MG &amp; 14 x 25MG Oral Tablet Therapy Pack, 14 x 150MG &amp; 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG &amp; 14 x 100MG Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 2 packs per year
<b>Xeljanz (Oral Solution)</b>	<b>B</b>	Maximum of 10 ml per day
<b>Xeljanz (Oral Tablet Immediate Release)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Xeljanz XR (Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Xenleta (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Xermelo (Oral Tablet)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>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>	<b>B</b>	Maximum of 1 tablet per day
<b>Xigduo XR (2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Xiidra (Ophthalmic Solution)</b>	<b>B</b>	Maximum of 2 vials per day
<b>Ximino (Oral Capsule Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Xofluza (40MG Dose) (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 2 tablets per 30 days
<b>Xofluza (80MG Dose) (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 1 tablet per 30 days
<b>Xospata (Oral Tablet)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 8 tablets per 28 days
<b>Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 4 tablets per 28 days
<b>Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 8 tablets per 28 days
<b>Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 4 tablets per 28 days
<b>Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 24 tablets per 28 days
<b>Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 8 tablets per 28 days
<b>Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 32 tablets per 28 days
<b>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>	<b>B</b>	Maximum of 3 capsules per day
<b>Xtampza ER (27MG Oral Capsule ER 12 Hour Abuse-Deterrent, 36MG Oral Capsule ER 12 Hour Abuse-Deterrent)</b>	<b>B</b>	Maximum of 6 capsules per day

Drug name	Brand or Generic	Quantity limit
<b>Xultophy (Subcutaneous Solution Pen-Injector)</b>	<b>B</b>	Maximum of 5 pens (15 ml) per 30 days
<b>Xyrem (Oral Solution)</b>	<b>B</b>	Maximum of 18 ml per day
<b>Xywav (Oral Solution)</b>	<b>B</b>	Maximum of 18 ml per day
<b>YF-Vax (Subcutaneous Injectable)</b>	<b>B</b>	1 vaccination dose (1 injection) per day
<b>Yupelri (Inhalation Solution)</b>	<b>B</b>	Maximum of 1 vial (3 ml) per day
Zaleplon (10MG Oral Capsule)	G	Maximum of 2 capsules per day
Zaleplon (5MG Oral Capsule)	G	Maximum of 1 capsule per day
Zenzedi (2.5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 6 tablets per day
<b>Zepatier (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Zeposia 7-Day Starter Pack (Oral Capsule Therapy Pack)</b>	<b>B</b>	Maximum of 2 packs per year
<b>Zeposia (Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Zeposia Starter Kit (Oral Capsule Therapy Pack)</b>	<b>B</b>	Maximum of 2 kits per year
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
<b>Zokinvy (Oral Capsule)</b>	<b>B</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 Tablet Immediate Release)	G	Maximum of 1 tablet per day
<b>Zomig (2.5MG Nasal Solution)</b>	<b>B</b>	Maximum of 18 devices per 30 days
<b>Zubsolv (0.7-0.18MG Tablet Sublingual, 1.4-0.36MG Tablet Sublingual, 5.7-1.4MG Tablet Sublingual)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>Zubsolv (11.4-2.9MG Tablet Sublingual)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Zubsolv (2.9-0.71MG Tablet Sublingual)</b>	<b>B</b>	Maximum of 5 tablets per day
<b>Zubsolv (8.6-2.1MG Tablet Sublingual)</b>	<b>B</b>	Maximum of 2 tablets per day

### **Required information**

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

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

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