



Complete Drug List (Formulary) 2023

UnitedHealthcare® Group Medicare Advantage (PPO)
NMRHCA PLAN II

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



Toll-free **1-866-622-8014**, TTY **711**

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



retiree.uhc.com/NMRHCA

United
Healthcare

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What is a Drug List?

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

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

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

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

Note to existing members:

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

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

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

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

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

1. **By name.** Turn to the section “Covered drugs by name (**Drug index**)” on pages 12-43 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 44-155. The drugs in this Drug List are grouped into categories depending on the type of medical condition they are used to treat. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. This is where you will find drugs that treat heart conditions.

What are generic drugs?

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

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

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

What is a compounded drug?

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

Drug payment stage and drug tiers

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

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

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

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

Getting Extra Help

If you qualify for Extra Help paying for your prescription drugs, your copays and coinsurance may be lower. Members who qualify for Extra Help will receive the **Evidence of Coverage Rider** (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. Our contact information is on the cover.

Are there any rules or limits on my drug coverage?

Yes, some drugs may have coverage rules or have limits on the amount you can get. If your drug has any coverage rules or limits, there will be a code(s) in the “Coverage rules or limits on use” column of the “Covered drugs by category” chart starting on page 44. The codes and what they mean are shown below and on the next page.

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

Coverage rules and limits

PA - Prior authorization

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

QL - Quantity limits

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

ST - Step therapy

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

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

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

Other special coverage rules

B/D - Medicare Part B or Part D

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

HRM - High-risk medication

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

LA - Limited access

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

MME - Morphine milligram equivalent

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

7D - 7-day limit

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

DL - Dispensing limit

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

What if my drug is not on this list?

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

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

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

How can I get an exception?

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

Types of exceptions you can ask for

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

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

Who can ask for an exception?

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

How long does it take to get an exception?

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

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

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

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

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

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

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

Can the Drug List change?

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

Changes that can affect you this year

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

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

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

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

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

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

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

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

Drugs with dosages other than a 1-month supply

Drugs packaged in an extended day supply

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

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

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

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

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

For more information

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

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

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

Covered drugs by name (Drug index)

A					
Abacavir Sulfate	85	Actemra ACTPen	138	Afinitor Disperz	73
Abacavir Sulfate -Lamivudine	85	Acthar	127	Afrezza	91
Abelcet	67	Actimmune	139	Agrylin	94
Abilify	80	Actonel	144	Aimovig	70
Abilify Asimtufii	80	Actoplus Met	89	AirDuo Digihaler	153
Abilify Maintena	80	Actos	89	AirDuo RespiClick 113/14	153
Abilify MyCite Maintenance Kit	80	Acular	147	AirDuo RespiClick 232/14	154
Abilify MyCite Starter Kit	80	Acular LS	147	AirDuo RespiClick 55/14 . .	154
Abiraterone Acetate	72	Acuvail	147	Ajovy	70
Abrysvo	141	Acyclovir	84	Aklief	110
Absorica	110	Acyclovir Sodium	84	Ala Scalp	112
Absorica LD	110	Aczone	116	Ala -Cort	112
Acamprosate Calcium	50	Adacel	141	Albendazole	77
Acanya	110	Adapalene	110	Albuterol Sulfate	151
Acarbose	89	Adapalene -Benzoyl Peroxide	110	Albuterol Sulfate HFA	151
Accolate	150	Adbry	138	Alclometasone Dipropionate	112
Accutane	110	Adcirca	152	Alcohol Prep Pads.....	145
Acebutolol HCl	98	Adderall	106	Aldactone	103
Acetaminophen -Caffeine -Dihydrocodeine	48	Adderall XR	106	Alecensa	73
Acetaminophen -Codeine	48	Adefovir Dipivoxil	83	Alendronate Sodium	144
Acetazolamide	100	Adempas	152	Alfuzosin HCl ER	127
Acetazolamide ER	100	Adlarity	63	Aliskiren Fumarate	100
Acetic Acid	149	Admelog	91	Alkindi Sprinkle	127
Acetylcysteine	153	Admelog SoloStar	91	Allopurinol	69
Aciphex	123	Advair Diskus	153	Almotriptan Malate	69
Acitretin	110	Advair HFA	153	Alogliptin Benzoate	89
ActHIB	141	Adzenys XR -ODT	106	Alogliptin -Metformin HCl	89
Actemra	138	Aemcolo	51	Alogliptin -Pioglitazone	89
		Afinitor	73	Alomide	146

Alosetron HCl	121	Amlodipine -Atorvastatin	100	Anoro Ellipta	154
Alphagan P	148	Amlodipine -Benazepril	100	Antara	103
Alprazolam	87	Amlodipine -Olmesartan	101	Anusol -HC	143
Alprazolam ER	87	Amlodipine -Valsartan	101	Anzemet	67
Alprazolam Intensol	87	Amlodipine -Valsartan -HCTZ .	101	ApexiCon E	112
Alprazolam ODT	87	Ammonium Lactate	112	Apidra	91
Alrex	147	Amnesteem	110	Apidra SoloStar	91
Altabax	116	Amoxapine	66	Aplenzin	64
Altace	97	Amoxicillin	54	Apokyn	78
Altavera	130	Amoxicillin -Clarithromycin		Apomorphine HCl	78
Altoprev	104	-Lansoprazole	122	Apraclonidine HCl	148
Altreno	110	Amoxicillin -Potassium		Aprepitant	67
Alunbrig	73	Clavulanate	55	Apri	130
Alvesco	150	Amoxicillin -Potassium		Apriso	143
Alyacen 1/35	130	Clavulanate ER	54	Aptensio XR	106
Alyq	152	Amphetamine Sulfate	106	Aptiom	62
AmBisome	67	Amphetamine		Aptivus	86
Amantadine HCl	78	-Dextroamphetamine	106	Aralast NP	124
Ambien	155	Amphetamine		Aranelle	130
Ambrisentan	152	-Dextroamphetamine ER ..	106	Aranesp	95
Amcinonide	112	Amphotericin B	67	Arava	139
Amethia	130	Amphotericin B Liposome ..	67	Arazlo	110
Amikacin Sulfate	51	Ampicillin	55	Arcalyst	138
Amiloride HCl	103	Ampicillin Sodium	55	Arexvy	141
Amiloride -Hydrochlorothiazide		Ampicillin -Sulbactam Sodium .	55	Arformoterol Tartrate	151
.....	100	55	Aricept	63
Amiodarone HCl	98	Ampyra	109	Arikayce	51
Amitiza	121	Amzeeq	116	Arimidex	73
Amitriptyline HCl	66	Anafranil	66	Aripiprazole	80
Amlodipine Besylate	99	Anagrelide HCl	94		
		Anastrozole	73		
		Ancobon	67		
		AndroGel Pump	129		
		Annovera	130		

Aripiprazole ODT	80	Atropine Sulfate	145	Azopt	148
Aristada	80	Atrovent HFA	151	Azor	101
Aristada Initio	80	Aubagio	109	Azstarys	106
Arixtra	93	Aubra EQ	130	Aztreonam	51
Armodafinil	155	Augmentin	55	Azulfidine	143
ArmonAir Digihaler	150	Augmentin ES -600	55	Azulfidine EN -tabs	143
Arnuity Ellipta	150	Auryxia	120	B	
Aromasin	73	Austedo	108	BCG Vaccine	141
Arthrotec	44	Auvelity	64	BIVIGAM	137
Asenapine Maleate	80	Avalide	101	BRIVIACT	58
Ashlyna	130	Avapro	97	Bacitracin	146
Asmanex	150	Aveed	129	Bacitracin -Polymyxin B	146
Asmanex HFA	150	Aviane	130	Baclofen	83
Aspirin -Dipyridamole ER	96	Avodart	127	Bactrim	57
Aspruzo Sprinkle	101	Avonex Pen	109	Bactrim DS	57
Astagraf XL	139	Avonex Prefilled	109	Bafiertam	109
Atacand	97	Avycaz	53	Balcoltra	130
Atacand HCT	101	Aygestin	134	Balsalazide Disodium	143
Atazanavir Sulfate	86	Ayvakit	73	Balversa	73
Atelvia	144	Azactam	51	Balziva	130
Atenolol	98	Azasan	139	Banzel	62
Atenolol -Chlorthalidone ...	101	Azasite	146	Baqsimi One Pack	91
Ativan	87	Azathioprine	139	Baraclude	83
Atomoxetine HCl	106	Azelaic Acid	110	Basaglar KwikPen	91
Atorvaliq	104	Azelastine HCl	149	Basaglar Tempo Pen	91
Atorvastatin Calcium	104	Azelastine -Fluticasone	149	Baxdela	57
Atovaquone	77	Azelex	110	Beconase AQ	150
Atovaquone -Proguanil HCl .	77	Azilect	79	Belbuca	46
Atralin	110	Azithromycin	56	Belsomra	155

Benazepril HCl	97	Beyaz	130	Bronchitol	154
Benazepril -Hydrochlorothiazide	101	BiDil	101	Brovana	151
Benicar	97	Bicalutamide	72	Brukinsa	74
Benicar HCT	101	Bicillin C -R	55	Bryhali	112
Benlysta	138	Bicillin C -R 900/300	55	Budesonide	150
Benzamycin	111	Bicillin L -A	55	Budesonide ER	143
Benznidazole	77	Biktarvy	84	Budesonide -Formoterol Fumarate	154
Benzoyl Peroxide -Erythromycin	111	Biltricide	77	Bumetanide	102
Benztropine Mesylate	78	Bimatoprost	148	Buphenyl	124
Bepotastine Besilate	146	Bismuth Subcitrate/Metronidazole/Tetracycline	122	Buprenorphine	46
Bepreve	146	Bisoprolol Fumarate	98	Buprenorphine HCl	50
Berinert	137	Bisoprolol -Hydrochlorothiazide	101	Buprenorphine HCl -Naloxone HCl	50
Besivance	146	Blisovi 24 Fe	130	Bupropion HCl	64
Besremi	139	Blisovi Fe 1.5/30	130	Bupropion HCl ER	64
Betaine	124	Boostrix	141	Bupropion HCl SR	64
Betamethasone Dipropionate	112	Bosentan	152	Bupropion HCl XL	64
Betamethasone Dipropionate Aug	112	Bosulif	73	Buspironone HCl	87
Betamethasone Valerate ...	112	Braftovi	73	Butorphanol Tartrate	48
Betapace AF	98	Breo Ellipta	154	Butrans	46
Betaseron	109	Breztri Aerosphere	154	Bydureon BCise	89
Betaxolol HCl	148	Briellyn	130	Byetta 10MCG Pen	89
Bethanechol Chloride	127	Brilinta	96	Byetta 5MCG Pen	89
Bethkis	152	Brimonidine Tartrate	148	Bylvay	122
Betimol	148	Brimonidine Tartrate -Timolol	145	Bystolic	98
Betoptic -S	148	Brinzolamide	148		
Bevespi Aerosphere	154	BromSite	147	C	
Bexarotene	76	Bromfenac Sodium	147	Cabergoline	136
Bexsero	141	Bromocriptine Mesylate	78	Cablivi	96
				Cabometyx	74
				Caduet	101

Calcipotriene	115	Cardizem	100	Ceftazidime	54
Calcipotriene -Betamethasone	115	Cardizem CD	99	Ceftriaxone Sodium	54
Calcitonin Salmon	144	Cardizem LA	99	Cefuroxime Axetil	54
Calcitriol	144	Cardura	96	Cefuroxime Sodium	54
Calcium Acetate	120	Cardura XL	127	Celebrex	44
Calquence	74	Carglumic Acid	118	Celecoxib	44
Cambia	44	Carnitor	124	Celexa	64
Camila	134	CaroSpir	103	Cellcept	139
Camrese Lo	130	Carteolol HCl	148	Celontin	61
Camzyos	101	Cartia XT	100	Cephalexin	54
Canasa	143	Carvedilol	98	Cequa	145
Cancidas	67	Carvedilol Phosphate ER	98	Cerdelga	124
Candesartan Cilexetil	97	Casodex	72	Cetirizine HCl	149
Candesartan Cilexetil -HCTZ	101	Caspofungin Acetate	67	Cetraxal	149
Capex	112	Catapres -TTS -1	96	Cevimeline HCl	110
Caplyta	80	Catapres -TTS -2	96	Chemet	120
Caprelsa	74	Catapres -TTS -3	96	Chenodal	122
Captopril	97	Cayston	152	Chlordiazepoxide HCl	87
Carac	115	Cefaclor	53	Chlorhexidine Gluconate	110
Carafate	123	Cefaclor ER	53	Chloroquine Phosphate	77
Carbaglu	118	Cefadroxil	53	Chlorpromazine HCl	79
Carbamazepine	62	Cefazolin Sodium	53	Chlorthalidone	103
Carbamazepine ER	62	Cefdinir	53	Chlorzoxazone	154
Carbatrol	62	Cefepime HCl	53	Cholbam	124
Carbidopa	79	Cefixime	53	Cholestyramine	104
Carbidopa -Levodopa	79	Cefotetan Disodium	53	Cholestyramine Light	104
Carbidopa -Levodopa ER	79	Cefoxitin Sodium	53	Cialis	127
Carbidopa -Levodopa ODT	79	Cefpodoxime Proxetil	54	Cibinqo	112
Carbidopa -Levodopa -Entacapone	78	Cefprozil	54	Ciclopirox	116

Ciclopirox Olamine	116	Clindamycin HCl	51	Clotrimazole -Betamethasone	115
Cilostazol	96	Clindamycin Palmitate HCl ..	51	Clozapine	82
Ciloxan	146	Clindamycin Phosphate	117	Clozapine ODT	82
Cimduo	85	Clindamycin Phosphate in D5W	52	Clozaril	83
Cimetidine	123	Clindamycin Phosphate -Benzoyl Peroxide	111	Coartem	77
Cimzia	139	Clindamycin -Tretinoin	111	Codeine Sulfate	48
Cimzia Prefilled	139	Clindesse	52	Colazal	143
Cinacalcet HCl	144	Clinimix E/Dextrose	118	Colchicine	69
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Cleocin Phosphate	51	Clonidine HCl	96	Conjupri	99
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Vigabatrin	62	Vumerity	110	Xelpros	149
Vigadrone	62	VyLibra	134	Xelstrym	106
Vigamox	147	Vyfemla	134	Xenazine	108
Viibryd	66	Vyndamax	126	Xenleta	53
Viibryd Starter Pack	66	Vyndaqel	126	Xerese	116
Vijoice	145	Vytorin	105	Xermelo	121
Vilazodone HCl	66	Vyvanse	106	Xgeva	145
Vimovo	46	Vyzulta	149	Xhance	150
Vimpat	63	W		Xifaxan	53
Viokace	126	WYMZYA Fe	134	Xigduo XR	91

Xiidra	146	Zanaflex	83	Ziana	112
Ximino	58	Zarontin	61	Zidovudine	86
Xofluza	87	Zarxio	96	Ziextenzo	96
Xolair	139	Zavesca	126	Zileuton ER	151
Xopenex HFA	152	Zavzpret	70	Zilxi	118
Xospata	76	Zegalogue	91	Zimhi	51
Xpovio	73	Zegerid	124	Zioptan	149
Xtampza ER	48	Zejula	76	Ziprasidone HCl	82
Xtandi	72	Zelapar ODT	79	Ziprasidone Mesylate	82
Xulane	134	Zelboraf	76	Zipsor	46
Xultophy	91	Zemaira	126	Zirgan	83
Xuriden	126	Zembrace SymTouch	70	Zithromax	57
Xyosted	130	Zemdri	51	Zithromax Tri -Pak	57
Xyrem	155	Zemplar	145	Zithromax Z -Pak	57
Xywav	155	Zenatane	112	Zocor	104
Y					
YAZ	134	Zenpep	126	Zokinvy	126
YF -Vax	143	Zenzedi	106	Zolinza	73
Yasmin 28	134	Zepatier	84	Zolmitriptan	70
Yonsa	72	Zeposia	110	Zolmitriptan ODT	70
Yuflyma 1 -Pen Kit	141	Zeposia 7 -Day Starter Pack	110	Zoloft	66
Yuflyma 2 -Syringe Kit	141	Zeposia Starter Kit	110	Zolpidem Tartrate	155
Yupelri	151	Zerbaxa	54	Zomacton	129
Yuvafem	134	Zerviate	146	Zomig	70
Z					
ZTlido	50	Zestoretic	102	Zonalon	115
Zafemy	134	Zestril	97	Zonegran	63
Zafirlukast	151	Zetia	105	Zonisade	63
Zaleplon	155	Zetonna	150	Zonisamide	63
		Ziac	102	Zontivity	94
		Ziagen	86	Zorbtive	129

Zortress	141
Zoryve	116
Zosyn	56
Zovia 1/35	134
Zovirax	84
Ztalmy	62
Zubsolv	50
Zyclara Pump	116
Zydelig	76
Zyflo	151
Zykadia	76
Zylet	146
Zymaxid	147
Zypitamag	104
Zyprexa	82
Zyprexa Relprev	82
Zyprexa Zydis	82
Zytiga	72
Zyvox	53

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 12-43.

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 156-203.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Analgesics			
Nonsteroidal Anti-inflammatory Drugs			
Arthrotec (Oral Tablet Delayed Release)	B	3	
Cambia (Oral Packet)	B	4	
Celebrex (100MG Oral Capsule, 200MG Oral Capsule, 50MG Oral Capsule)	B	3	QL
Celebrex (400MG Oral Capsule)	B	4	QL
Celecoxib (Oral Capsule)	G	2	QL
Daypro (Oral Tablet)	B	3	
Diclofenac Epolamine (External Patch)	G	3	PA; QL
Diclofenac Potassium (Oral Capsule)	G	3	ST
Diclofenac Potassium (25MG Oral Tablet)	G	4	
Diclofenac Potassium (50MG Oral Tablet)	G	2	
Diclofenac Potassium (Oral Packet)	G	3	
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	G	2	
Diclofenac Sodium (1% External Gel)	G	2	
Diclofenac Sodium (1.5% External Solution)	G	2	PA
Diclofenac Sodium (2% External Solution)	G	4	PA
Diclofenac Sodium (Oral Tablet Delayed Release)	G	1	
Diclofenac-Misoprostol (Oral Tablet Delayed Release)	G	3	
Diflunisal (Oral Tablet)	G	2	
Duexis (Oral Tablet)	B	4	PA
Etodolac ER (Oral Tablet Extended Release 24 Hour)	G	3	
Etodolac (Oral Capsule)	G	2	
Etodolac (Oral Tablet Immediate Release)	G	2	
Feldene (Oral Capsule)	B	3	
Fenoprofen Calcium (400MG Oral Capsule)	G	3	
Fenoprofen Calcium (Oral Tablet)	G	3	
Flector (External Patch)	B	3	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Flurbiprofen (100MG Oral Tablet)	G	2	
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	
Ibuprofen-Famotidine (Oral Tablet)	G	3	PA
Indocin (Rectal Suppository)	G	4	
Indomethacin (50MG Rectal Suppository)	G	4	
Ketoprofen ER (Oral Capsule Extended Release 24 Hour)	G	3	
Ketoprofen (25MG Oral Capsule Immediate Release)	G	4	
Ketoprofen (50MG Oral Capsule Immediate Release)	G	2	
Ketorolac Tromethamine (15.75MG/SPRAY Nasal Solution)	G	4	
Licart (External Patch 24 Hour)	B	3	PA; QL
Lodine (Oral Tablet)	G	4	
Lofena (Oral Tablet)	G	4	ST
Meclofenamate Sodium (Oral Capsule)	G	3	
Mefenamic Acid (Oral Capsule)	G	3	
Meloxicam (Oral Capsule)	G	3	QL
Meloxicam (Oral Tablet)	G	1	
Nabumetone (Oral Tablet)	G	2	
Nalfon (Oral Capsule)	B	3	
Nalfon (Oral Tablet)	G	3	
Naprelan (375MG Oral Tablet Extended Release 24 Hour, 500MG Oral Tablet Extended Release 24 Hour)	B	4	
Naprelan (750MG Oral Tablet Extended Release 24 Hour)	B	3	
Naproxen (Oral Suspension)	G	4	
Naproxen (Oral Tablet Immediate Release)	G	1	
Naproxen (375MG Oral Tablet Delayed Release) (Generic EC-Naprosyn)	G	1	
Naproxen (500MG Oral Tablet Delayed Release) (Generic EC-Naprosyn)	G	2	
Naproxen Sodium ER (375MG Oral Tablet Extended Release 24 Hour) (Generic Naprelan)	G	4	
Naproxen Sodium ER (500MG Oral Tablet Extended Release 24 Hour, 750MG Oral Tablet Extended Release 24 Hour)	G	3	
Naproxen Sodium (275MG Oral Tablet Immediate Release, 550MG Oral Tablet Immediate Release)	G	2	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Naproxen-Esomeprazole (Oral Tablet Delayed Release)	G	4	PA
Oxaprozin (Oral Tablet)	G	2	
Pennsaid (External Solution)	B	4	PA
Piroxicam (Oral Capsule)	G	2	
Relafen DS (Oral Tablet)	G	4	ST
Sprix (Nasal Solution)	B	4	
Sulindac (Oral Tablet)	G	1	
Vimovo (Oral Tablet Delayed Release)	B	4	PA
Zipsor (Oral Capsule)	B	4	ST
Opioid Analgesics, Long-acting			
Belbuca (150MCG Buccal Film, 300MCG Buccal Film, 450MCG Buccal Film, 75MCG Buccal Film)	B	3	PA; 7D; DL; QL
Belbuca (600MCG Buccal Film, 750MCG Buccal Film, 900MCG Buccal Film)	B	4	PA; 7D; DL; QL
Buprenorphine (Transdermal Patch Weekly)	G	2	7D; DL; QL
Butrans (10MCG/HR Transdermal Patch Weekly, 15MCG/HR Transdermal Patch Weekly, 5MCG/HR Transdermal Patch Weekly, 7.5MCG/HR Transdermal Patch Weekly)	B	3	7D; DL; QL
Butrans (20MCG/HR Transdermal Patch Weekly)	B	4	7D; DL; QL
ConZip (Oral Capsule Extended Release 24 Hour)	B	3	7D; MME; DL; QL
Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 37.5MCG/HR Transdermal Patch 72 Hour, 62.5MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour)	G	3	7D; MME; DL; QL
Fentanyl (12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour)	G	2	7D; MME; DL; QL
Fentanyl (87.5MCG/HR Transdermal Patch 72 Hour)	G	4	7D; MME; DL; QL
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	3	7D; MME; DL; QL
Hydrocodone Bitartrate ER (100MG Oral Tablet ER 24 Hour Abuse-Deterrent, 120MG Oral Tablet ER 24 Hour Abuse-Deterrent)	G	4	PA; 7D; MME; DL; QL
Hydrocodone Bitartrate ER (20MG Oral Tablet ER 24 Hour Abuse-Deterrent, 30MG Oral Tablet ER 24 Hour Abuse-Deterrent, 40MG Oral Tablet ER 24 Hour Abuse-Deterrent, 60MG Oral Tablet ER 24 Hour Abuse-Deterrent, 80MG Oral Tablet ER 24 Hour Abuse-Deterrent)	G	3	PA; 7D; MME; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Hydromorphone HCl ER (Oral Tablet Extended Release 24 Hour)	G	3	7D; MME; DL; QL
Hysingla ER (100MG Oral Tablet ER 24 Hour Abuse-Deterrent, 120MG Oral Tablet ER 24 Hour Abuse-Deterrent, 60MG Oral Tablet ER 24 Hour Abuse-Deterrent, 80MG Oral Tablet ER 24 Hour Abuse-Deterrent)	B	4	PA; 7D; MME; DL; QL
Hysingla ER (20MG Oral Tablet ER 24 Hour Abuse-Deterrent, 30MG Oral Tablet ER 24 Hour Abuse-Deterrent, 40MG Oral Tablet ER 24 Hour Abuse-Deterrent)	B	3	PA; 7D; MME; DL; QL
Levorphanol Tartrate (Oral Tablet)	G	4	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	3	7D; MME; DL; QL
Morphine Sulfate ER (Oral Capsule Extended Release 24 Hour) (Generic Kadian)	G	3	7D; MME; DL; QL
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 200MG Oral Tablet Extended Release) (Generic MS Contin)	G	3	7D; MME; DL; QL
Morphine Sulfate ER (15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	G	2	7D; MME; DL; QL
MS Contin (100MG Oral Tablet Extended Release, 200MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release)	B	4	7D; MME; DL; QL
MS Contin (15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release)	B	3	7D; MME; DL; QL
Nucynta ER (100MG Oral Tablet Extended Release 12 Hour, 150MG Oral Tablet Extended Release 12 Hour, 200MG Oral Tablet Extended Release 12 Hour, 250MG Oral Tablet Extended Release 12 Hour)	B	4	PA; 7D; MME; DL; QL
Nucynta ER (50MG Oral Tablet Extended Release 12 Hour)	B	3	PA; 7D; MME; DL; QL
Oxycodone HCl ER (10MG Oral Tablet ER 12 Hour Abuse-Deterrent, 20MG Oral Tablet ER 12 Hour Abuse-Deterrent)	G	3	PA; 7D; MME; DL; QL
OxyContin (10MG Oral Tablet ER 12 Hour Abuse-Deterrent, 15MG Oral Tablet ER 12 Hour Abuse-Deterrent, 20MG Oral Tablet ER 12 Hour Abuse-Deterrent, 30MG Oral Tablet ER 12 Hour Abuse-Deterrent)	B	3	PA; 7D; MME; DL; QL

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
OxyContin (40MG Oral Tablet ER 12 Hour Abuse-Deterrent, 60MG Oral Tablet ER 12 Hour Abuse-Deterrent, 80MG Oral Tablet ER 12 Hour Abuse-Deterrent)	B	4	PA; 7D; MME; DL; QL
Oxymorphone HCl ER (10MG Oral Tablet Extended Release 12 Hour, 15MG Oral Tablet Extended Release 12 Hour, 20MG Oral Tablet Extended Release 12 Hour, 30MG Oral Tablet Extended Release 12 Hour, 5MG Oral Tablet Extended Release 12 Hour, 7.5MG Oral Tablet Extended Release 12 Hour)	G	3	7D; MME; DL; QL
Oxymorphone HCl ER (40MG Oral Tablet Extended Release 12 Hour)	G	4	7D; MME; DL; QL
Tramadol HCl ER (Biphasic) (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	G	3	7D; MME; DL; QL
Tramadol HCl ER (Biphasic) (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	G	2	7D; MME; DL; QL
Tramadol HCl ER (Biphasic) (300MG Oral Tablet Extended Release 24 Hour)	G	3	7D; MME; DL; QL
Tramadol HCl ER (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	G	2	7D; MME; DL; QL
Tramadol HCl ER (300MG Oral Tablet Extended Release 24 Hour)	G	3	7D; MME; DL; QL
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	B	3	7D; MME; DL; QL
Opioid Analgesics, Short-acting			
Acetaminophen-Caffeine-Dihydrocodeine (Oral Capsule)	G	3	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
Butorphanol Tartrate (Nasal Solution)	G	2	7D; MME; DL; QL
Codeine Sulfate (15MG Oral Tablet)	B	2	7D; MME; DL; QL
Codeine Sulfate (30MG Oral Tablet)	G	2	7D; MME; DL; QL
Codeine Sulfate (60MG Oral Tablet)	B	3	7D; MME; DL; QL
Dilaudid (Oral Liquid)	B	3	7D; MME; DL; QL
Dilaudid (2MG Oral Tablet, 4MG Oral Tablet)	B	3	7D; MME; DL; QL
Dilaudid (8MG Oral Tablet)	B	4	7D; MME; DL; QL
Endocet (Oral Tablet)	G	2	7D; MME; DL; QL
Fentanyl Citrate (1200MCG Buccal Lozenge On A Handle, 1600MCG Buccal Lozenge On A Handle, 400MCG Buccal Lozenge On A Handle, 600MCG Buccal Lozenge On A Handle, 800MCG Buccal Lozenge On A Handle)	G	4	PA; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Fentanyl Citrate (200MCG Buccal Lozenge On A Handle)	G	3	PA; DL; QL
Fentanyl Citrate (100MCG Buccal Tablet, 200MCG Buccal Tablet, 400MCG Buccal Tablet, 600MCG Buccal Tablet, 800MCG Buccal Tablet)	G	4	PA; DL; QL
Fentora (Buccal Tablet)	B	4	PA; DL; QL
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	G	2	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	2	7D; MME; DL; QL
Hydrocodone-Ibuprofen (10-200MG Oral Tablet, 5-200MG Oral Tablet)	G	3	7D; MME; DL; QL
Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	G	2	7D; MME; DL; QL
Hydromorphone HCl (1MG/ML Oral Liquid)	G	2	7D; MME; DL; QL
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release, 8MG Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution)	G	3	7D; DL
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)	G	1	7D; MME; DL; QL
Morphine Sulfate (Oral Solution)	B	1	7D; MME; DL; QL
Morphine Sulfate (Oral Tablet Immediate Release)	G	2	7D; MME; DL; QL
Nalocet (Oral Tablet)	G	4	7D; MME; DL; QL
Nucynta (100MG Oral Tablet Immediate Release)	B	4	7D; MME; DL; QL
Nucynta (50MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release)	B	3	7D; MME; DL; QL
Oxycodone HCl (5MG Oral Capsule)	G	2	7D; MME; DL; QL
Oxycodone HCl (100MG/5ML Oral Concentrate)	G	3	7D; MME; DL; QL
Oxycodone HCl (5MG/5ML Oral Solution)	G	2	7D; MME; DL; QL
Oxycodone HCl (10MG Oral Tablet Immediate Release, 15MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Oxycodone-Acetaminophen (5-325MG/5ML Oral Solution)	G	3	7D; MME; DL; QL
Oxycodone-Acetaminophen (10-300MG Oral Tablet, 5-300MG Oral Tablet, 7.5-300MG Oral Tablet)	G	4	7D; MME; DL; QL
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	2	7D; MME; DL; QL
Oxymorphone HCl (Oral Tablet Immediate Release)	G	3	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
Percocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	4	7D; MME; DL; QL
Percocet (2.5-325MG Oral Tablet)	G	3	7D; MME; DL; QL
Prolate (Oral Solution)	G	4	7D; MME; DL; QL
Prolate (Oral Tablet)	G	4	7D; MME; DL; QL
Roxicodone (15MG Oral Tablet)	B	3	7D; MME; DL; QL
Roxicodone (30MG Oral Tablet)	B	4	7D; MME; DL; QL
RoxyBond (Oral Tablet Abuse-Deterrent)	B	4	7D; MME; DL; QL
Seglentis (Oral Tablet)	B	3	ST; 7D; MME; DL; QL
Tramadol HCl (5MG/ML Oral Solution)	G	4	ST; 7D; MME; DL; QL
Tramadol HCl (100MG Oral Tablet Immediate Release)	G	2	7D; MME; DL; QL
Tramadol HCl (50MG Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Tramadol-Acetaminophen (Oral Tablet)	G	1	7D; MME; DL; QL
Trelix (Oral Capsule)	G	3	7D; MME; DL; QL
Anesthetics			
Local Anesthetics			
Lidocaine (5% External Ointment)	G	2	QL
Lidocaine (5% External Patch)	G	3	PA; QL
Lidocaine HCl (4% External Solution)	G	3	
Lidocaine Viscous (2% Mouth/Throat Solution)	G	1	
Lidocaine-Prilocaine (External Cream)	G	1	
Lidoderm (External Patch)	B	3	PA; QL
Pliaglis (External Cream)	B	3	
ZTlido (External Patch)	B	3	PA; QL
Anti-Addiction/Substance Abuse Treatment Agents			
Alcohol Deterrents/Anti-craving			
Acamprosate Calcium (Oral Tablet Delayed Release)	G	3	
Disulfiram (Oral Tablet)	G	2	
Naltrexone HCl (Oral Tablet)	G	2	
Vivitrol (Intramuscular Suspension Reconstituted)	B	4	
Opioid Dependence			
Buprenorphine HCl (Tablet Sublingual)	G	1	QL
Buprenorphine HCl-Naloxone HCl (Sublingual Film)	G	3	QL
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	G	1	QL
Lucemyra (Oral Tablet)	B	4	QL
Suboxone (Sublingual Film)	B	3	QL
Zubsolv (Tablet Sublingual)	B	3	QL
Opioid Reversal Agents			
Kloxxado (Nasal Liquid)	B	3	ST

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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	2	
Narcan (Nasal Liquid)	B	2	
Zimhi (Injection Solution Prefilled Syringe)	B	3	ST
Smoking Cessation Agents			
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	G	1	
Nicotrol (Inhalation Inhaler)	B	3	
Nicotrol NS (Nasal Solution)	B	3	
Varenicline Tartrate (Starter) (Oral Tablet Therapy Pack)	G	2	
Varenicline Tartrate (Oral Tablet)	G	3	
Antibacterials			
Aminoglycosides			
Amikacin Sulfate (500MG/2ML Injection Solution)	G	3	
Arikayce (Inhalation Suspension)	B	4	PA
Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	G	1	
Gentamicin Sulfate (40MG/ML Injection Solution)	G	1	
Humatin (Oral Capsule)	G	4	
Neomycin Sulfate (Oral Tablet)	G	1	
Paromomycin Sulfate (250MG Oral Capsule)	G	3	
Streptomycin Sulfate (Intramuscular Solution Reconstituted)	G	4	
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	G	3	
Zemdri (Intravenous Solution)	B	4	
Antibacterials, Other			
Aemcolo (Oral Tablet Delayed Release)	B	3	PA
Azactam (Injection Solution Reconstituted)	B	3	
Aztreonam (Injection Solution Reconstituted)	G	3	
Cleocin (Oral Capsule)	B	3	
Cleocin (Oral Solution Reconstituted)	G	3	
Cleocin Phosphate (900MG/6ML Injection Solution)	B	3	
Cleocin (Vaginal Cream)	B	3	
Cleocin (Vaginal Suppository)	B	3	
Clindamycin HCl (Oral Capsule)	G	1	
Clindamycin Palmitate HCl (Oral Solution Reconstituted)	G	2	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Clindamycin Phosphate in D5W (Intravenous Solution)	G	2	
Clindamycin Phosphate (300MG/2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution)	G	2	
Clindamycin Phosphate (Vaginal Cream)	G	2	
Clindesse (Vaginal Cream)	B	3	
Colistimethate Sodium (CBA) (Injection Solution Reconstituted)	G	4	
Cubicin RF (Intravenous Solution Reconstituted)	B	4	
Dalvance (Intravenous Solution Reconstituted)	B	4	PA
Daptomycin (Intravenous Solution Reconstituted)	G	4	
Firvanq (Oral Solution Reconstituted)	B	3	
Flagyl (Oral Capsule)	B	3	
Fosfomycin Tromethamine (Oral Packet)	G	3	
Hiprex (Oral Tablet)	B	3	
Linezolid (Intravenous Solution)	G	3	
Linezolid (Oral Suspension Reconstituted)	G	4	QL
Linezolid (Oral Tablet)	G	3	QL
Macrobid (Oral Capsule)	B	3	HRM
Macrodantin (Oral Capsule)	B	3	HRM
Methenamine Hippurate (Oral Tablet)	G	2	
MetroCream (External Cream)	B	3	
Metrogel (External Gel)	B	3	
MetroLotion (External Lotion)	B	3	
Metronidazole (0.75% External Cream)	G	2	
Metronidazole (0.75% External Gel, 1% External Gel)	G	3	
Metronidazole (0.75% External Lotion)	G	3	
Metronidazole (500MG/100ML Intravenous Solution)	G	1	
Metronidazole (375MG Oral Capsule)	G	3	
Metronidazole (250MG Oral Tablet, 500MG Oral Tablet)	G	1	
Metronidazole (0.75% Vaginal Gel)	G	2	
Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrodantin)	G	2	HRM
Nitrofurantoin Macrocrystal (25MG Oral Capsule) (Generic Macrodantin)	G	3	HRM
Nitrofurantoin Monohydrate (Generic Macrobid)	G	2	HRM
Nitrofurantoin (25MG/5ML Oral Suspension)	G	4	HRM
Noritrate (External Cream)	B	4	
Polymyxin B Sulfate (Injection Solution Reconstituted)	G	2	
Sivextro (Intravenous Solution Reconstituted)	B	4	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Sivextro (Oral Tablet)	B	4	PA
Solosec (Oral Packet)	B	3	
Tigecycline (Intravenous Solution Reconstituted)	G	4	
Tinidazole (Oral Tablet)	G	2	
Trimethoprim (Oral Tablet)	G	1	
Tygacil (Intravenous Solution Reconstituted)	B	4	
Vancocin (Oral Capsule)	B	4	QL
Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)	G	3	
Vancomycin HCl (Oral Capsule)	G	3	QL
Vancomycin HCl (250MG/5ML Oral Solution Reconstituted, 25MG/ML Oral Solution Reconstituted)	G	3	
Vandazole (Vaginal Gel)	B	2	
Xenleta (Oral Tablet)	B	4	PA; QL
Xifaxan (Oral Tablet)	B	4	PA
Zyvox (600MG/300ML Intravenous Solution)	B	3	
Zyvox (Oral Suspension Reconstituted)	B	4	QL
Zyvox (Oral Tablet)	B	4	QL
Beta-lactam, Cephalosporins			
Avycaz (Intravenous Solution Reconstituted)	B	4	PA
Cefaclor ER (Oral Tablet Extended Release 12 Hour)	G	3	
Cefaclor (Oral Capsule)	G	2	
Cefaclor (Oral Suspension Reconstituted)	G	3	
Cefadroxil (Oral Capsule)	G	1	
Cefadroxil (Oral Suspension Reconstituted)	G	2	
Cefadroxil (Oral Tablet)	G	3	
Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	2	
Cefdinir (Oral Capsule)	G	1	
Cefdinir (Oral Suspension Reconstituted)	G	2	
Cefepime HCl (Injection Solution Reconstituted)	G	3	
Cefepime HCl (2GM Intravenous Solution Reconstituted)	G	3	
Cefixime (Oral Capsule)	G	3	
Cefixime (Oral Suspension Reconstituted)	G	3	
Cefotetan Disodium (Injection Solution Reconstituted)	G	3	
Cefoxitin Sodium (Intravenous Solution Reconstituted)	G	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
Cefpodoxime Proxetil (Oral Suspension Reconstituted)	G	3	
Cefpodoxime Proxetil (Oral Tablet)	G	2	
Cefprozil (Oral Suspension Reconstituted)	G	2	
Cefprozil (Oral Tablet)	G	2	
Ceftazidime (Injection Solution Reconstituted)	G	2	
Ceftazidime (Intravenous Solution Reconstituted)	G	2	
Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	1	
Ceftriaxone Sodium (2GM Injection Solution Reconstituted)	G	2	
Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	G	2	
Cefuroxime Axetil (Oral Tablet)	G	1	
Cefuroxime Sodium (Injection Solution Reconstituted)	G	1	
Cefuroxime Sodium (Intravenous Solution Reconstituted)	G	1	
Cephalexin (250MG Oral Capsule, 500MG Oral Capsule)	G	1	
Cephalexin (750MG Oral Capsule)	G	3	
Cephalexin (Oral Suspension Reconstituted)	G	1	
Cephalexin (Oral Tablet)	G	2	
Suprax (400MG Oral Capsule)	B	3	
Suprax (200MG/5ML Oral Suspension Reconstituted)	G	3	
Suprax (500MG/5ML Oral Suspension Reconstituted)	B	3	
Suprax (100MG Oral Tablet Chewable, 200MG Oral Tablet Chewable)	G	2	
Tazicef (Injection Solution Reconstituted)	G	2	
Tazicef (2GM Intravenous Solution Reconstituted, 6GM Intravenous Solution Reconstituted)	G	2	
Teflaro (Intravenous Solution Reconstituted)	B	4	
Zerbaxa (Intravenous Solution Reconstituted)	B	4	PA
Beta-lactam, Penicillins			
Amoxicillin (Oral Capsule)	G	1	
Amoxicillin (Oral Suspension Reconstituted)	G	1	
Amoxicillin (Oral Tablet Immediate Release)	G	1	
Amoxicillin (Oral Tablet Chewable)	G	1	
Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour)	G	3	
Amoxicillin-Potassium Clavulanate (200-28.5MG/5ML Oral Suspension Reconstituted, 400-57MG/5ML Oral Suspension Reconstituted, 600-42.9MG/5ML Oral Suspension Reconstituted)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Amoxicillin-Potassium Clavulanate (250-62.5MG/5ML Oral Suspension Reconstituted)	G	2	
Amoxicillin-Potassium Clavulanate (250-125MG Oral Tablet Immediate Release)	G	2	
Amoxicillin-Potassium Clavulanate (500-125MG Oral Tablet Immediate Release, 875-125MG Oral Tablet Immediate Release)	G	1	
Amoxicillin-Potassium Clavulanate (200-28.5MG Oral Tablet Chewable, 400-57MG Oral Tablet Chewable)	G	2	
Ampicillin (Oral Capsule)	G	1	
Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted)	G	2	
Ampicillin Sodium (10GM Intravenous Solution Reconstituted)	G	3	
Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)	G	2	
Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted)	G	2	
Augmentin ES-600 (Oral Suspension Reconstituted)	B	3	
Augmentin (125MG/5ML Oral Suspension Reconstituted)	B	3	
Bicillin C-R 900/300 (Intramuscular Suspension)	B	3	
Bicillin C-R (Intramuscular Suspension)	B	3	
Bicillin L-A (Intramuscular Suspension Prefilled Syringe)	B	3	
Dicloxacillin Sodium (250MG Oral Capsule)	G	1	
Dicloxacillin Sodium (500MG Oral Capsule)	G	2	
Nafcillin Sodium (Injection Solution Reconstituted)	G	3	
Nafcillin Sodium (10GM Intravenous Solution Reconstituted)	G	3	
Oxacillin Sodium in Dextrose (1GM/50ML Intravenous Solution)	B	3	
Oxacillin Sodium in Dextrose (2GM/50ML Intravenous Solution)	B	4	
Oxacillin Sodium (Injection Solution Reconstituted)	G	3	
Oxacillin Sodium (Intravenous Solution Reconstituted)	G	3	
Penicillin G Potassium in Dextrose (40000UNIT/ML Intravenous Solution, 60000UNIT/ML Intravenous Solution)	B	3	
Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)	G	3	
Penicillin G Sodium (Injection Solution Reconstituted)	G	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
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)	G	2	
Piperacillin-Tazobactam (4.5 (4-0.5)GM Intravenous Solution Reconstituted, 40.5 (36-4.5)GM Intravenous Solution Reconstituted)	G	3	
Unasyn (3 (2-1)GM Injection Solution Reconstituted)	B	3	
Unasyn (Intravenous Solution Reconstituted)	B	3	
Zosyn (2-0.25GM/50ML Intravenous Solution)	B	3	
Carbapenems			
Ertapenem Sodium (Injection Solution Reconstituted)	G	3	
Imipenem-Cilastatin (Intravenous Solution Reconstituted)	G	3	
Invanz (1GM Injection Solution Reconstituted)	B	4	
Meropenem (1GM Intravenous Solution Reconstituted)	G	3	
Meropenem (500MG Intravenous Solution Reconstituted)	G	2	
Primaxin IV (Intravenous Solution Reconstituted)	B	4	
Vabomere (Intravenous Solution Reconstituted)	B	4	
Macrolides			
Azithromycin (Intravenous Solution Reconstituted)	G	1	
Azithromycin (Oral Packet)	G	1	
Azithromycin (Oral Suspension Reconstituted)	G	1	
Azithromycin (Oral Tablet)	G	1	
Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	G	3	
Clarithromycin (Oral Suspension Reconstituted)	G	3	
Clarithromycin (Oral Tablet Immediate Release)	G	2	
Difcid (Oral Suspension Reconstituted)	B	4	
Difcid (Oral Tablet)	B	4	
E.E.S. 400 (Oral Tablet)	G	3	
E.E.S. Granules (Oral Suspension Reconstituted)	B	3	
EryPed 200 (Oral Suspension Reconstituted)	B	3	
EryPed 400 (Oral Suspension Reconstituted)	B	4	
Ery-Tab (Oral Tablet Delayed Release)	G	3	
Erythrocin Lactobionate (Intravenous Solution Reconstituted)	G	3	
Erythrocin Stearate (Oral Tablet)	G	3	
Erythromycin Base (Oral Capsule Delayed Release Particles)	G	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Erythromycin Base (Oral Tablet Immediate Release)	G	3	
Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted)	G	3	
Erythromycin Ethylsuccinate (400MG/5ML Oral Suspension Reconstituted)	G	4	
Erythromycin Ethylsuccinate (Oral Tablet)	G	3	
Erythromycin (Oral Tablet Delayed Release)	G	3	
Zithromax (Intravenous Solution Reconstituted)	B	3	
Zithromax (Oral Packet)	B	3	
Zithromax (Oral Suspension Reconstituted)	B	3	
Zithromax (Oral Tablet)	B	3	
Zithromax Tri-Pak (Oral Tablet)	B	3	
Zithromax Z-Pak (Oral Tablet)	B	3	
Quinolones			
Baxdela (Intravenous Solution Reconstituted)	B	4	
Baxdela (Oral Tablet)	B	4	
Cipro (Oral Suspension Reconstituted)	B	3	
Cipro (Oral Tablet Immediate Release)	B	3	
Ciprofloxacin HCl (100MG Oral Tablet Immediate Release)	G	3	
Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG 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	2	
Levofloxacin (25MG/ML Oral Solution)	G	3	
Levofloxacin (250MG Oral Tablet, 500MG Oral Tablet, 750MG Oral Tablet)	G	1	
Moxifloxacin HCl in NaCl (Intravenous Solution)	G	3	
Moxifloxacin HCl (Oral Tablet)	G	2	
Ofloxacin (Oral Tablet)	G	3	
Sulfonamides			
Bactrim DS (Oral Tablet)	B	3	
Bactrim (Oral Tablet)	B	3	
Sulfadiazine (Oral Tablet)	G	3	
Sulfamethoxazole-Trimethoprim (Oral Suspension)	G	2	
Sulfamethoxazole-Trimethoprim (Oral Tablet)	G	1	
Tetracyclines			

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
Demeclocycline HCl (Oral Tablet)	G	3	
Doryx MPC (Oral Tablet Delayed Release)	B	3	
Doryx (50MG Oral Tablet Delayed Release)	B	3	
Doxy 100 (Intravenous Solution Reconstituted)	G	3	
Doxycycline Hyclate (Oral Capsule)	G	2	
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release)	G	2	
Doxycycline Hyclate (150MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release)	G	3	
Doxycycline Hyclate (Oral Tablet Delayed Release)	G	3	
Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule)	G	1	
Doxycycline Monohydrate (150MG Oral Capsule, 75MG Oral Capsule)	G	3	
Doxycycline Monohydrate (Oral Suspension Reconstituted)	G	3	
Doxycycline Monohydrate (Oral Tablet)	G	2	
Doxycycline (Oral Capsule Delayed Release)	G	3	
Minocycline HCl ER (Oral Tablet Extended Release 24 Hour)	G	3	QL
Minocycline HCl (Oral Capsule)	G	1	
Minocycline HCl (Oral Tablet Immediate Release)	G	3	
Minolira (Oral Tablet Extended Release 24 Hour)	B	3	QL
Nuzyra (Intravenous Solution Reconstituted)	B	4	PA
Nuzyra (Oral Tablet)	B	4	PA; QL
Oracea (Oral Capsule Delayed Release)	B	4	
Seysara (Oral Tablet)	B	4	
Solodyn (Oral Tablet Extended Release 24 Hour)	B	3	QL
TARGADOX (Oral Tablet)	G	3	
Tetracycline HCl (Oral Capsule)	G	2	
Vibramycin (Oral Capsule)	B	3	
Vibramycin (Oral Suspension Reconstituted)	B	3	
Vibramycin (50MG/5ML Oral Syrup)	B	3	
Ximino (Oral Capsule Extended Release 24 Hour)	B	3	QL
Anticonvulsants			
Anticonvulsants, Other			
BRIVIACT (Oral Solution)	B	4	PA
BRIVIACT (Oral Tablet)	B	4	PA
Epidiolex (Oral Solution)	B	4	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Eprontia (Oral Solution)	B	3	
Felbamate (Oral Suspension)	G	3	
Felbamate (Oral Tablet)	G	3	
Felbatol (Oral Suspension)	B	4	
Felbatol (Oral Tablet)	B	4	
Fintepla (Oral Solution)	B	4	PA; QL
Fycompa (Oral Suspension)	B	4	QL
Fycompa (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	4	QL
Fycompa (2MG Oral Tablet)	B	3	QL
Keppra (Oral Solution)	B	4	
Keppra (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	B	4	
Keppra (250MG Oral Tablet Immediate Release)	B	3	
Keppra XR (Oral Tablet Extended Release 24 Hour)	B	4	
Lamictal ODT (Oral Tablet Dispersible)	B	4	
Lamictal (Oral Tablet Immediate Release)	B	4	
Lamictal (Oral Tablet Chewable)	B	4	
Lamictal Starter (35 Tablets Oral Kit, 49 Tablets Oral Kit)	B	3	
Lamictal Starter (98 Tablets Oral Kit)	B	4	
Lamictal XR (Oral Kit)	B	3	
Lamictal XR (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 250MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	B	4	
Lamictal XR (25MG Oral Tablet Extended Release 24 Hour)	B	3	
Lamotrigine ER (Oral Tablet Extended Release 24 Hour)	G	3	
Lamotrigine (21 x 25 MG & 7 x 50 MG Oral Kit, 25 & 50 & 100MG Oral Kit, 42 x 50 MG & 14x100 MG Oral Kit)	G	3	
Lamotrigine (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release)	G	1	
Lamotrigine (25MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	G	2	
Lamotrigine ODT (Oral Tablet Dispersible)	G	3	
Lamotrigine Starter Kit-Blue (Oral Kit)	G	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
Lamotrigine Starter Kit-Green (Oral Kit)	G	4	
Lamotrigine Starter Kit-Orange (Oral Kit)	G	3	
Levetiracetam ER (Oral Tablet Extended Release 24 Hour)	G	3	
Levetiracetam (Oral Solution)	G	1	
Levetiracetam (Oral Tablet Immediate Release)	G	1	
Qudexy XR (100MG Oral Capsule ER 24 Hour Sprinkle, 25MG Oral Capsule ER 24 Hour Sprinkle, 50MG Oral Capsule ER 24 Hour Sprinkle)	B	3	PA
Qudexy XR (150MG Oral Capsule ER 24 Hour Sprinkle, 200MG Oral Capsule ER 24 Hour Sprinkle)	B	4	PA
Roweepra (Oral Tablet Immediate Release)	G	1	
Spritam ODT (Oral Tablet Disintegrating Soluble)	B	3	
Subvenite (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet)	G	1	
Subvenite Starter Kit-Blue (Oral Kit)	G	3	
Subvenite Starter Kit-Green (Oral Kit)	G	4	
Subvenite Starter Kit-Orange (Oral Kit)	G	3	
Topamax (100MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet)	B	4	
Topamax (25MG Oral Tablet)	B	3	
Topamax Sprinkle (15MG Oral Capsule Sprinkle)	B	3	
Topamax Sprinkle (25MG Oral Capsule Sprinkle)	B	4	
Topiramate ER (Oral Capsule Extended Release 24 Hour Sprinkle)	G	3	PA
Topiramate ER (100MG Oral Capsule Extended Release 24 Hour, 25MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	G	3	PA
Topiramate ER (200MG Oral Capsule Extended Release 24 Hour)	G	4	PA
Topiramate (Oral Capsule Sprinkle Immediate Release)	G	3	
Topiramate (Oral Tablet)	G	1	
Trokendi XR (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour)	B	4	PA
Trokendi XR (25MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	B	3	PA
Valproic Acid (Oral Capsule)	G	2	
Valproic Acid (Oral Solution)	G	1	
Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	4	PA; QL
Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack)	B	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet)	B	4	PA; QL
Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack)	B	3	PA; QL
Xcopri (14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack)	B	4	PA; QL
Calcium Channel Modifying Agents			
Celontin (Oral Capsule)	B	3	
Ethosuximide (Oral Capsule)	G	2	
Ethosuximide (Oral Solution)	G	2	
Methsuximide (Oral Capsule)	G	3	
Zarontin (Oral Capsule)	B	3	
Zarontin (Oral Solution)	G	3	
Gamma-aminobutyric Acid (GABA) Augmenting Agents			
Clobazam (2.5MG/ML Oral Suspension)	G	3	PA; QL
Clobazam (10MG Oral Tablet, 20MG Oral Tablet)	G	2	PA; QL
Diacomit (Oral Capsule)	B	4	QL
Diacomit (Oral Packet)	B	4	QL
Diastat AcuDial (Rectal Gel)	B	3	QL
Diastat Pediatric (Rectal Gel)	B	3	QL
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	G	3	QL
Gabapentin (Oral Capsule)	G	1	
Gabapentin (250MG/5ML Oral Solution)	G	2	
Gabapentin (600MG Oral Tablet, 800MG Oral Tablet)	G	1	
Mysoline (Oral Tablet)	B	4	
Nayzilam (Nasal Solution)	B	3	PA; QL
Neurontin (100MG Oral Capsule, 300MG Oral Capsule)	B	3	
Neurontin (400MG Oral Capsule)	B	4	
Neurontin (Oral Solution)	B	3	
Neurontin (Oral Tablet)	B	4	
Onfi (Oral Suspension)	B	4	PA; QL
Onfi (Oral Tablet)	B	4	PA; QL
Phenobarbital (Oral Elixir)	G	3	PA; HRM
Phenobarbital (Oral Tablet)	G	3	PA; HRM
Primidone (Oral Tablet)	G	1	
Sabril (Oral Packet)	B	4	PA; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Sabril (Oral Tablet)	B	4	PA; QL
Sympazan (10MG Oral Film, 20MG Oral Film)	B	4	PA; QL
Sympazan (5MG Oral Film)	B	3	PA; QL
Tiagabine HCl (Oral Tablet)	G	3	
Valtoco 10MG Dose (Nasal Liquid)	B	4	PA; QL
Valtoco 15MG Dose (Nasal Liquid Therapy Pack)	B	4	PA; QL
Valtoco 20MG Dose (Nasal Liquid Therapy Pack)	B	4	PA; QL
Valtoco 5MG Dose (Nasal Liquid)	B	4	PA; QL
Vigabatrin (Oral Packet)	G	4	PA; QL
Vigabatrin (Oral Tablet)	G	4	PA; QL
Vigadrone (Oral Packet)	G	4	PA; QL
Vigadrone (Oral Tablet)	G	4	PA; QL
Ztalmy (Oral Suspension)	B	4	PA
Sodium Channel Agents			
Aptiom (Oral Tablet)	B	4	QL
Banzel (Oral Suspension)	B	4	
Banzel (Oral Tablet)	B	4	
Carbamazepine ER (100MG Oral Capsule Extended Release 12 Hour, 200MG Oral Capsule Extended Release 12 Hour, 300MG Oral Capsule Extended Release 12 Hour)	G	2	
Carbamazepine ER (100MG Oral Tablet Extended Release 12 Hour, 200MG Oral Tablet Extended Release 12 Hour, 400MG Oral Tablet Extended Release 12 Hour)	G	3	
Carbamazepine (100MG/5ML Oral Suspension)	G	2	
Carbamazepine (200MG Oral Tablet Immediate Release)	G	1	
Carbamazepine (100MG Oral Tablet Chewable)	G	2	
Carbatrol (Oral Capsule Extended Release 12 Hour)	B	3	
Dilantin INFATABS (Oral Tablet Chewable)	G	2	
Dilantin (Oral Capsule)	G	2	
Dilantin (Oral Suspension)	B	3	
Epitol (Oral Tablet)	G	1	
Lacosamide (Oral Solution)	G	3	QL
Lacosamide (Oral Tablet)	G	3	QL
Oxcarbazepine (300MG/5ML Oral Suspension)	G	3	
Oxcarbazepine (150MG Oral Tablet, 300MG Oral Tablet, 600MG Oral Tablet)	G	2	
Oxtellar XR (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	B	3	
Oxtellar XR (600MG Oral Tablet Extended Release 24 Hour)	B	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Phenytek (Oral Capsule)	G	1	
Phenytoin (125MG/5ML Oral Suspension)	G	1	
Phenytoin (Oral Tablet Chewable)	G	1	
Phenytoin Sodium Extended (Oral Capsule)	G	1	
Rufinamide (Oral Suspension)	G	4	
Rufinamide (200MG Oral Tablet)	G	3	
Rufinamide (400MG Oral Tablet)	G	4	
Tegretol (Oral Suspension)	B	3	
Tegretol (Oral Tablet Immediate Release)	B	3	
Tegretol XR (Oral Tablet Extended Release 12 Hour)	B	3	
Trileptal (Oral Suspension)	B	4	
Trileptal (150MG Oral Tablet)	B	3	
Trileptal (300MG Oral Tablet, 600MG Oral Tablet)	B	4	
Vimpat (Oral Solution)	B	4	QL
Vimpat (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet)	B	4	QL
Vimpat (50MG Oral Tablet)	B	3	QL
Zonegran (Oral Capsule)	B	4	
Zonisade (Oral Suspension)	B	3	ST
Zonisamide (Oral Capsule)	G	1	
Antidementia Agents			
Antidementia Agents, Other			
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	B	2	PA; QL
Namzaric (Oral Capsule Extended Release 24 Hour)	B	2	PA; QL
Cholinesterase Inhibitors			
Adlarity (Transdermal Patch Weekly)	B	3	QL
Aricept (Oral Tablet)	B	3	QL
Donepezil HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	1	QL
Donepezil HCl (23MG Oral Tablet)	G	2	QL
Donepezil HCl ODT (Oral Tablet Dispersible)	G	1	QL
Exelon (Transdermal Patch 24 Hour)	B	3	ST; QL
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	G	3	
Galantamine Hydrobromide (Oral Solution)	G	3	
Galantamine Hydrobromide (Oral Tablet)	G	2	
Rivastigmine Tartrate (Oral Capsule)	G	2	
Rivastigmine (Transdermal Patch 24 Hour)	G	3	ST; QL
N-methyl-D-aspartate (NMDA) Receptor Antagonist			

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
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	3	PA; QL
Memantine HCl (Oral Solution)	G	3	PA; QL
Memantine HCl (Oral Tablet)	G	1	PA; QL
Memantine HCl Titration Pak (Oral Tablet)	G	1	PA; QL
Namenda (Oral Tablet)	B	3	PA; QL
Namenda Titration Pak (Oral Tablet)	B	3	PA; QL
Namenda XR (14MG Oral Capsule Extended Release 24 Hour, 21MG Oral Capsule Extended Release 24 Hour, 28MG Oral Capsule Extended Release 24 Hour)	B	3	PA; QL
Antidepressants			
Antidepressants, Other			
Aplenzin (Oral Tablet Extended Release 24 Hour)	B	4	
Auvelity (Oral Tablet Extended Release)	B	3	
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	G	1	
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	1	
Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour)	G	3	
Bupropion HCl (Oral Tablet Immediate Release)	G	1	
Forfivo XL (Oral Tablet Extended Release 24 Hour)	B	3	
Mirtazapine (Oral Tablet)	G	1	
Mirtazapine ODT (Oral Tablet Dispersible)	G	2	
Olanzapine-Fluoxetine HCl (Oral Capsule)	G	3	
Remeron (Oral Tablet)	B	3	
Remeron SolTab (Oral Tablet Dispersible)	B	3	
Symbyax (Oral Capsule)	B	3	
Wellbutrin SR (Oral Tablet Extended Release 12 Hour)	B	3	
Wellbutrin XL (Oral Tablet Extended Release 24 Hour)	B	4	
Monoamine Oxidase Inhibitors			
Emsam (Transdermal Patch 24 Hour)	B	4	
Marplan (Oral Tablet)	B	3	
Nardil (Oral Tablet)	B	3	
Parnate (Oral Tablet)	B	4	
Phenelzine Sulfate (Oral Tablet)	G	2	
Tranylcypromine Sulfate (Oral Tablet)	G	3	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)			
Celexa (Oral Tablet)	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Citalopram Hydrobromide (Oral Capsule)	B	3	
Citalopram Hydrobromide (Oral Solution)	G	2	
Citalopram Hydrobromide (Oral Tablet)	G	1	
Desvenlafaxine ER (Oral Tablet Extended Release 24 Hour) (Brand Equivalent Khedezla)	B	3	
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	2	
Effexor XR (Oral Capsule Extended Release 24 Hour)	B	3	
Escitalopram Oxalate (Oral Solution)	G	3	
Escitalopram Oxalate (Oral Tablet)	G	1	
Fetzima (Oral Capsule Extended Release 24 Hour)	B	3	ST
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	B	3	ST
Fluoxetine HCl (PMDD) (Oral Tablet)	G	3	
Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)	G	1	
Fluoxetine HCl (90MG Oral Capsule Delayed Release)	G	3	
Fluoxetine HCl (20MG/5ML Oral Solution)	G	2	
Fluoxetine HCl (10MG Oral Tablet, 20MG Oral Tablet)	G	1	
Fluoxetine HCl (60MG Oral Tablet)	G	2	
Fluvoxamine Maleate ER (Oral Capsule Extended Release 24 Hour)	G	3	
Fluvoxamine Maleate (Oral Tablet)	G	2	
Lexapro (Oral Tablet)	B	3	
Nefazodone HCl (Oral Tablet)	G	3	
Paroxetine HCl (10MG/5ML Oral Suspension)	G	3	PA; HRM
Paroxetine HCl (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 40MG Oral Tablet Immediate Release)	G	1	PA; HRM
Paxil (Oral Suspension)	B	3	PA; HRM
Paxil (Oral Tablet Immediate Release)	B	3	PA; HRM
Pristiq (Oral Tablet Extended Release 24 Hour)	B	3	
Prozac (10MG Oral Capsule)	B	3	
Prozac (20MG Oral Capsule, 40MG Oral Capsule)	B	4	
Sertraline HCl (Oral Capsule)	B	3	
Sertraline HCl (Oral Concentrate)	G	2	
Sertraline HCl (Oral Tablet)	G	1	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	G	1	
Trazodone HCl (300MG Oral Tablet)	G	2	
Trintellix (Oral Tablet)	B	3	
Venlafaxine Besylate ER (Oral Tablet Extended Release 24 Hour)	B	3	
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	
Venlafaxine HCl ER (Oral Tablet Extended Release 24 Hour)	G	3	
Venlafaxine HCl (Oral Tablet Immediate Release)	G	1	
Viibryd (Oral Tablet)	B	3	
Viibryd Starter Pack (Oral Kit)	B	3	
Vilazodone HCl (Oral Tablet)	G	3	
Zoloft (Oral Concentrate)	B	3	
Zoloft (Oral Tablet)	B	3	
Tricyclics			
Amitriptyline HCl (Oral Tablet)	G	3	HRM
Amoxapine (Oral Tablet)	G	2	PA; HRM
Anafranil (Oral Capsule)	B	4	PA; HRM
Clomipramine HCl (Oral Capsule)	G	3	PA; HRM
Desipramine HCl (Oral Tablet)	G	3	PA; HRM
Doxepin HCl (Oral Capsule)	G	3	PA; HRM
Doxepin HCl (Oral Concentrate)	G	3	PA; HRM
Imipramine HCl (Oral Tablet)	G	3	PA; HRM
Imipramine Pamoate (Oral Capsule)	G	3	PA; HRM
Norpramin (Oral Tablet)	B	3	PA; HRM
Nortriptyline HCl (Oral Capsule)	G	1	PA; HRM
Nortriptyline HCl (Oral Solution)	G	2	PA; HRM
Pamelor (Oral Capsule)	B	4	PA; HRM
Protriptyline HCl (Oral Tablet)	G	3	PA; HRM
Trimipramine Maleate (Oral Capsule)	G	3	PA; HRM
Antiemetics			
Antiemetics, Other			
Compro (Rectal Suppository)	G	3	
Gimoti (Nasal Solution)	B	4	PA
Meclizine HCl (12.5MG 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	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Perphenazine (Oral Tablet)	G	2	
Prochlorperazine Maleate (Oral Tablet)	G	1	
Prochlorperazine (Rectal Suppository)	G	3	
Promethazine HCl (Oral Tablet)	G	3	PA; HRM
Promethazine HCl (12.5MG Rectal Suppository)	G	3	PA; HRM; QL
Reglan (Oral Tablet)	B	3	
Scopolamine (Transdermal Patch 72 Hour)	G	2	PA; HRM
Trimethobenzamide HCl (Oral Capsule)	G	2	B/D,PA
Emetogenic Therapy Adjuncts			
Anzemet (Oral Tablet)	B	3	B/D,PA
Aprepitant (Oral Therapy Pack, Oral Capsule)	G	3	PA; QL
Dronabinol (Oral Capsule)	G	3	PA
Emend (Oral Capsule)	B	3	PA; QL
Emend (Oral Suspension Reconstituted)	B	3	PA; QL
Emend Tri-Pack (Oral Capsule)	B	3	PA; QL
Granisetron HCl (Oral Tablet)	G	2	B/D,PA
Marinol (10MG Oral Capsule, 5MG Oral Capsule)	B	4	PA
Marinol (2.5MG Oral Capsule)	B	3	PA
Ondansetron HCl (Oral Solution)	G	2	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
Sancuso (Transdermal Patch)	B	4	QL
Syndros (Oral Solution)	B	4	PA
Varubi (180MG Dose) (Oral Tablet Therapy Pack)	B	3	B/D,PA; QL
Antifungals			
Antifungals			
Abelcet (Intravenous Suspension)	B	3	B/D,PA
AmBisome (Intravenous Suspension Reconstituted)	B	4	B/D,PA
Amphotericin B (Intravenous Solution Reconstituted)	G	3	B/D,PA
Amphotericin B Liposome (Intravenous Suspension Reconstituted)	G	4	B/D,PA
Ancobon (Oral Capsule)	B	4	
Cancidas (Intravenous Solution Reconstituted)	B	4	
Caspofungin Acetate (50MG Intravenous Solution Reconstituted)	G	4	
Caspofungin Acetate (70MG Intravenous Solution Reconstituted)	G	3	
Clotrimazole (Mouth/Throat Troche)	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
Cresemba (Oral Capsule)	B	4	PA
Diflucan (Oral Suspension Reconstituted)	B	3	
Diflucan (100MG Oral Tablet, 150MG Oral Tablet)	B	3	
Diflucan (200MG Oral Tablet)	B	4	
Eraxis (Intravenous Solution Reconstituted)	B	3	
Exelderm (External Cream)	B	3	
Exelderm (External Solution)	B	3	
Fluconazole in Sodium Chloride (200-0.9MG/100ML-% Intravenous Solution, 400-0.9MG/200ML-% Intravenous Solution)	G	2	
Fluconazole (Oral Suspension Reconstituted)	G	2	
Fluconazole (Oral Tablet)	G	1	
Flucytosine (Oral Capsule)	G	4	
Griseofulvin Microsize (Oral Suspension)	G	3	
Griseofulvin Microsize (Oral Tablet)	G	3	
Griseofulvin Ultramicrosize (Oral Tablet)	G	3	
Gynazole-1 (Vaginal Cream)	G	3	
Itraconazole (Oral Capsule)	G	3	PA
Itraconazole (Oral Solution)	G	3	PA
Ketoconazole (Oral Tablet)	G	1	
Micafungin Sodium (Intravenous Solution Reconstituted)	G	3	
Miconazole 3 (Vaginal Suppository)	G	2	
Mycamine (50MG Intravenous Solution Reconstituted)	B	4	
Noxafil (Oral Packet)	B	4	PA; QL
Noxafil (Oral Suspension)	B	4	QL
Noxafil (Oral Tablet Delayed Release)	B	4	PA; QL
Nystatin (Mouth/Throat Suspension)	G	1	
Nystatin (Oral Tablet)	G	2	
Posaconazole (Oral Suspension)	G	4	QL
Posaconazole (Oral Tablet Delayed Release)	G	4	PA; QL
Sporanox (Oral Capsule)	B	4	PA
Sporanox (Oral Solution)	B	3	PA
Terbinafine HCl (Oral Tablet)	G	1	
Terconazole (Vaginal Cream)	G	2	
Terconazole (Vaginal Suppository)	G	2	
Tolsura (Oral Capsule)	B	4	PA
Vfend IV (Intravenous Solution Reconstituted)	B	3	PA
Vfend (Oral Suspension Reconstituted)	B	4	QL
Vfend (Oral Tablet)	B	3	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Vivjoa (Oral Capsule Therapy Pack)	B	3	PA
Voriconazole (Intravenous Solution Reconstituted)	G	3	PA
Voriconazole (Oral Suspension Reconstituted)	G	4	QL
Voriconazole (Oral Tablet)	G	3	QL
Antigout Agents			
Antigout Agents			
Allopurinol (100MG Oral Tablet, 300MG Oral Tablet)	G	1	
Allopurinol (200MG Oral Tablet)	G	3	ST
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	B	2	
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	G	2	
Colcrys (Oral Tablet)	B	3	PA
Febuxostat (Oral Tablet)	G	2	ST
Mitigare (Oral Capsule)	B	2	
Probenecid (Oral Tablet)	G	2	
Probenecid-Colchicine (Oral Tablet)	G	2	
Uloric (Oral Tablet)	B	3	ST
Antimigraine Agents			
Acute			
Almotriptan Malate (Oral Tablet)	G	3	ST; QL
Eletriptan Hydrobromide (Oral Tablet)	G	3	ST; QL
Frova (Oral Tablet)	B	4	ST; QL
Frovatriptan Succinate (Oral Tablet)	G	3	ST; QL
Imitrex (Nasal Solution)	B	3	QL
Imitrex (Oral Tablet)	B	3	QL
Imitrex STATdose Refill (6MG/0.5ML Subcutaneous Solution Cartridge)	B	4	QL
Imitrex STATdose System (4MG/0.5ML Subcutaneous Solution Auto-Injector)	B	4	QL
Maxalt (Oral Tablet)	B	3	QL
Maxalt-MLT (Oral Tablet Dispersible)	B	3	QL
Naratriptan HCl (Oral Tablet)	G	2	QL
Nurtec ODT (Oral Tablet Dispersible)	B	4	PA; QL
Onzetra Xsail (Nasal Exhaler Powder)	B	4	QL
Relpax (Oral Tablet)	B	3	ST; QL
Reyvow (Oral Tablet)	B	3	PA; QL
Rizatriptan Benzoate (Oral Tablet)	G	2	QL
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	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
Sumatriptan (Nasal Solution)	G	3	QL
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	1	QL
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector)	G	3	QL
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	G	2	QL
Sumatriptan-Naproxen Sodium (Oral Tablet)	G	3	QL
Tosymra (Nasal Solution)	B	3	QL
Treximet (Oral Tablet)	B	4	QL
Ubrelvy (Oral Tablet)	B	4	PA; QL
Zavzpret (Nasal Solution)	B	4	PA; QL
Zembrace SymTouch (Subcutaneous Solution Auto-Injector)	B	4	QL
Zolmitriptan (5MG Nasal Solution)	G	3	QL
Zolmitriptan (2.5MG Oral Tablet, 5MG Oral Tablet)	G	2	QL
Zolmitriptan ODT (2.5MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	3	QL
Zomig (Nasal Solution)	B	3	QL
Zomig (Oral Tablet)	G	4	QL
Ergot Alkaloids			
Dihydroergotamine Mesylate (Nasal Solution)	G	4	PA; QL
Ergotamine-Caffeine (Oral Tablet)	G	2	
Migergot (Rectal Suppository)	G	4	
Migranal (Nasal Solution)	B	4	PA; QL
Trudhesa (Nasal Aerosol Solution)	B	4	PA; QL
Prophylactic			
Aimovig (Subcutaneous Solution Auto-Injector)	B	3	PA; QL
Ajovy (Subcutaneous Solution Auto-Injector)	B	3	PA; QL
Ajovy (Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Emgality (Subcutaneous Solution Auto-Injector)	B	3	PA; QL
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Qulipta (Oral Tablet)	B	4	PA; QL
Timolol Maleate (Oral Tablet)	G	2	
Antimyasthenic Agents			
Parasympathomimetics			
Mestinon (Oral Solution)	B	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Mestinon (Oral Tablet Immediate Release)	B	4	
Mestinon (Oral Tablet Extended Release)	B	4	
Pyridostigmine Bromide ER (Oral Tablet Extended Release)	G	3	
Pyridostigmine Bromide (Oral Solution)	G	4	
Pyridostigmine Bromide (30MG Oral Tablet Immediate Release)	G	3	
Pyridostigmine Bromide (60MG Oral Tablet Immediate Release)	G	2	
Antimycobacterials			
Antimycobacterials, Other			
Dapsone (Oral Tablet)	G	2	
Mycobutin (Oral Capsule)	B	4	
Rifabutin (Oral Capsule)	G	3	
Antituberculars			
Ethambutol HCl (Oral Tablet)	G	2	
Isoniazid (Oral Syrup)	G	3	
Isoniazid (Oral Tablet)	G	1	
Myambutol (Oral Tablet)	B	3	
Pretomanid (Oral Tablet)	B	3	
Priftin (Oral Tablet)	B	3	
Pyrazinamide (Oral Tablet)	G	3	
Rifampin (600MG Intravenous Solution Reconstituted)	G	3	
Rifampin (150MG Oral Capsule, 300MG Oral Capsule)	G	2	
Sirturo (Oral Tablet)	B	4	PA
Trecator (Oral Tablet)	B	3	
Antineoplastics			
Alkylating Agents			
Cyclophosphamide (Oral Capsule)	G	2	B/D,PA
Cyclophosphamide (25MG Oral Tablet)	G	2	B/D,PA
Cyclophosphamide (50MG Oral Tablet)	B	2	B/D,PA
Gleostine (100MG Oral Capsule)	B	4	
Gleostine (10MG Oral Capsule, 40MG Oral Capsule)	B	3	
Leukeran (Oral Tablet)	B	4	
Matulane (Oral Capsule)	B	4	
Valchlor (External Gel)	B	4	PA; QL
Antiandrogens			
Abiraterone Acetate (250MG Oral Tablet)	G	3	PA

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Abiraterone Acetate (500MG Oral Tablet)	G	4	PA
Bicalutamide (Oral Tablet)	G	1	
Casodex (Oral Tablet)	B	4	
Erleada (Oral Tablet)	B	4	PA
Nilandron (Oral Tablet)	B	4	
Nilutamide (Oral Tablet)	G	4	
Nubeqa (Oral Tablet)	B	4	PA
Xtandi (Oral Capsule)	B	4	PA
Xtandi (Oral Tablet)	B	4	PA
Yonsa (Oral Tablet)	B	4	PA
Zytiga (Oral Tablet)	B	4	PA
Antiangiogenic Agents			
Fotivda (Oral Capsule)	B	4	PA; QL
Lenalidomide (Oral Capsule)	G	4	PA
Pomalyst (Oral Capsule)	B	4	PA
Qinlock (Oral Tablet)	B	4	PA; QL
Revlimid (Oral Capsule)	B	4	PA
Tabrecta (Oral Tablet)	B	4	PA; QL
Thalomid (Oral Capsule)	B	4	PA; QL
Antiestrogens/Modifiers			
Emcyt (Oral Capsule)	B	3	
Fareston (Oral Tablet)	B	4	
Orserdu (Oral Tablet)	B	4	PA; QL
Soltamox (Oral Solution)	B	4	
Tamoxifen Citrate (Oral Tablet)	G	1	
Toremifene Citrate (Oral Tablet)	G	4	
Antimetabolites			
Droxia (Oral Capsule)	B	3	
Hydrea (Oral Capsule)	B	3	
Hydroxyurea (Oral Capsule)	G	1	
Mercaptopurine (Oral Tablet)	G	2	
Onureg (Oral Tablet)	B	4	PA; QL
Purixan (Oral Suspension)	B	4	PA
Tabloid (Oral Tablet)	B	3	PA
Antineoplastics, Other			
IDHIFA (Oral Tablet)	B	4	PA
Krazati (Oral Tablet)	B	4	PA; QL
Lonsurf (Oral Tablet)	B	4	PA
Lumakras (Oral Tablet)	B	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ninlaro (Oral Capsule)	B	4	PA
Pemazyre (Oral Tablet)	B	4	PA; QL
Retevmo (Oral Capsule)	B	4	PA; QL
Synribo (Subcutaneous Solution Reconstituted)	B	4	PA
Tazverik (Oral Tablet)	B	4	PA; QL
Tukysa (Oral Tablet)	B	4	PA; QL
Vonjo (Oral Capsule)	B	4	PA; QL
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	B	4	PA; QL
Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack)	B	4	PA; QL
Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)	B	4	PA; QL
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	B	4	PA; QL
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)	B	4	PA; QL
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	B	4	PA; QL
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	B	4	PA; QL
Zolinza (Oral Capsule)	B	4	PA
Aromatase Inhibitors, 3rd Generation			
Anastrozole (Oral Tablet)	G	1	
Arimidex (Oral Tablet)	B	4	
Aromasin (Oral Tablet)	B	4	
Exemestane (Oral Tablet)	G	3	
Femara (Oral Tablet)	B	3	
Letrozole (Oral Tablet)	G	1	
Molecular Target Inhibitors			
Afinitor Disperz (Oral Tablet Soluble)	B	4	PA
Afinitor (Oral Tablet)	B	4	PA
Alecensa (Oral Capsule)	B	4	PA
Alunbrig (Oral Tablet)	B	4	PA; QL
Alunbrig (Oral Tablet Therapy Pack)	B	4	PA; QL
Ayvakit (Oral Tablet)	B	4	PA; QL
Balversa (Oral Tablet)	B	4	PA; QL
Bosulif (Oral Tablet)	B	4	PA
Braftovi (Oral Capsule)	B	4	PA

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
Brukinsa (Oral Capsule)	B	4	PA; QL
Cabometyx (Oral Tablet)	B	4	PA
Calquence (100MG Oral Capsule)	B	4	PA; QL
Calquence (Oral Tablet)	B	4	PA; QL
Caprelsa (Oral Tablet)	B	4	PA
Cometriq (100MG Daily Dose) (Oral Kit)	B	4	PA
Cometriq (140MG Daily Dose) (Oral Kit)	B	4	PA
Cometriq (60MG Daily Dose) (Oral Kit)	B	4	PA
Copiktra (Oral Capsule)	B	4	PA; QL
Cotellic (Oral Tablet)	B	4	PA
Daurismo (Oral Tablet)	B	4	PA; QL
Erivedge (Oral Capsule)	B	4	PA
Erlotinib HCl (Oral Tablet)	G	4	PA
Everolimus (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	4	PA
Everolimus (Oral Tablet Soluble)	G	4	PA
Exkivity (Oral Capsule)	B	4	PA; QL
Gavreto (Oral Capsule)	B	4	PA; QL
Gefitinib (Oral Tablet)	G	4	PA
Gilotrif (Oral Tablet)	B	4	PA
Gleevec (Oral Tablet)	B	4	PA
Ibrance (Oral Capsule)	B	4	PA
Ibrance (Oral Tablet)	B	4	PA
Iclusig (Oral Tablet)	B	4	PA; QL
Imatinib Mesylate (Oral Tablet)	G	2	PA
Imbruvica (Oral Capsule)	B	4	PA; QL
Imbruvica (Oral Suspension)	B	4	PA; QL
Imbruvica (140MG Oral Tablet, 280MG Oral Tablet, 420MG Oral Tablet)	B	4	PA; QL
Inlyta (Oral Tablet)	B	4	PA; QL
Inqovi (Oral Tablet)	B	4	PA; QL
Inrebic (Oral Capsule)	B	4	PA; QL
Iressa (Oral Tablet)	B	4	PA
Jakafi (Oral Tablet)	B	4	PA
Jaypirca (Oral Tablet)	B	4	PA; QL
Kisqali (200MG Dose) (Oral Tablet)	B	4	PA
Kisqali (400MG Dose) (Oral Tablet)	B	4	PA
Kisqali (600MG Dose) (Oral Tablet)	B	4	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)	B	4	PA
Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)	B	4	PA
Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)	B	4	PA
Koselugo (Oral Capsule)	B	4	PA; QL
Lapatinib Ditosylate (Oral Tablet)	G	4	PA
Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA
Lorbrena (Oral Tablet)	B	4	PA; QL
Lynparza (Oral Tablet)	B	4	PA
Lytgobi (12MG Daily Dose) (Oral Tablet Therapy Pack)	B	4	PA; QL
Lytgobi (16MG Daily Dose) (Oral Tablet Therapy Pack)	B	4	PA; QL
Lytgobi (20MG Daily Dose) (Oral Tablet Therapy Pack)	B	4	PA; QL
Mekinist (Oral Solution Reconstituted)	B	4	PA
Mekinist (Oral Tablet)	B	4	PA
Mektovi (Oral Tablet)	B	4	PA
Nerlynx (Oral Tablet)	B	4	PA; QL
Nexavar (Oral Tablet)	B	4	PA
Odomzo (Oral Capsule)	B	4	PA
Ojjaara (Oral Tablet)	B	4	PA; QL
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	B	4	PA; QL
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	4	PA; QL
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	B	4	PA; QL
Rezlidhia (Oral Capsule)	B	4	PA; QL
Rozlytrek (Oral Capsule)	B	4	PA; QL
Rubraca (Oral Tablet)	B	4	PA

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Rydapt (Oral Capsule)	B	4	PA; QL
Scemblix (Oral Tablet)	B	4	PA; QL
Sorafenib Tosylate (Oral Tablet)	G	4	PA
Sprycel (Oral Tablet)	B	4	PA
Stivarga (Oral Tablet)	B	4	PA
Sunitinib Malate (Oral Capsule)	G	4	PA
Sutent (Oral Capsule)	B	4	PA
Tafinlar (Oral Capsule)	B	4	PA
Tafinlar (Oral Tablet Soluble)	B	4	PA
Tagrisso (Oral Tablet)	B	4	PA
Talzenna (Oral Capsule)	B	4	PA; QL
Tasigna (Oral Capsule)	B	4	PA
Tepmetko (Oral Tablet)	B	4	PA; QL
Tibsovo (Oral Tablet)	B	4	PA; QL
Turalio (125MG Oral Capsule)	B	4	PA; QL
Tykerb (Oral Tablet)	B	4	PA
Vanflyta (Oral Tablet)	B	4	PA; QL
Venclexta (100MG Oral Tablet, 50MG Oral Tablet)	B	4	PA
Venclexta (10MG Oral Tablet)	B	2	PA
Venclexta Starting Pack (Oral Tablet Therapy Pack)	B	4	PA
Verzenio (Oral Tablet)	B	4	PA
Vittrakvi (Oral Capsule)	B	4	PA; QL
Vittrakvi (Oral Solution)	B	4	PA; QL
Vizimpro (Oral Tablet)	B	4	PA
Votrient (Oral Tablet)	B	4	PA
Welireg (Oral Tablet)	B	4	PA; QL
Xalkori (Oral Capsule)	B	4	PA
Xospata (Oral Tablet)	B	4	PA; QL
Zejula (100MG Oral Capsule)	B	4	PA
Zejula (Oral Tablet)	B	4	PA
Zelboraf (Oral Tablet)	B	4	PA
Zydelig (Oral Tablet)	B	4	PA
Zykadia (Oral Tablet)	B	4	PA
Retinoids			
Bexarotene (External Gel)	G	4	PA; QL
Bexarotene (Oral Capsule)	G	4	PA
Panretin (External Gel)	B	4	PA
Targretin (External Gel)	B	4	PA; QL
Targretin (Oral Capsule)	B	4	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tretinoin (Oral Capsule)	G	4	
Treatment Adjuncts			
Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet)	G	2	
Leucovorin Calcium (25MG Oral Tablet)	G	3	
Leucovorin Calcium (5MG Oral Tablet)	G	1	
Mesnex (Oral Tablet)	B	3	
Antiparasitics			
Anthelmintics			
Albendazole (Oral Tablet)	G	3	QL
Biltricide (Oral Tablet)	B	3	
Emverm (Oral Tablet Chewable)	G	4	
Ivermectin (Oral Tablet)	G	1	PA
Praziquantel (Oral Tablet)	G	3	
Stromectol (Oral Tablet)	B	3	PA
Antiprotozoals			
Atovaquone (Oral Suspension)	G	4	QL
Atovaquone-Proguanil HCl (Oral Tablet)	G	3	
Benznidazole (Oral Tablet)	B	3	
Chloroquine Phosphate (Oral Tablet)	G	3	QL
Coartem (Oral Tablet)	B	3	
Hydroxychloroquine Sulfate (100MG Oral Tablet, 300MG Oral Tablet, 400MG Oral Tablet)	G	3	QL
Hydroxychloroquine Sulfate (200MG Oral Tablet)	G	1	QL
Impavido (Oral Capsule)	B	4	
Krintafel (Oral Tablet)	B	3	
Lampit (Oral Tablet)	B	3	PA
Malarone (Oral Tablet)	B	3	
Mefloquine HCl (Oral Tablet)	G	1	
Mepron (Oral Suspension)	B	4	QL
Nebupent (Inhalation Solution Reconstituted)	B	3	B/D,PA; QL
Nitazoxanide (Oral Tablet)	G	4	
PENTAM 300 (Injection Solution Reconstituted)	B	3	
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	3	B/D,PA; QL
Pentamidine Isethionate (Injection Solution Reconstituted)	G	3	
Plaquenil (Oral Tablet)	B	3	QL
Primaquine Phosphate (Oral Tablet)	G	2	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Pyrimethamine (Oral Tablet)	G	4	
Qualaquin (Oral Capsule)	B	3	PA
Quinine Sulfate (Oral Capsule)	G	3	PA
Antiparkinson Agents			
Anticholinergics			
Benztropine Mesylate (Oral Tablet)	G	2	PA; HRM
Trihexyphenidyl HCl (Oral Solution)	G	3	PA; HRM
Trihexyphenidyl HCl (Oral Tablet)	G	3	PA; HRM
Antiparkinson Agents, Other			
Amantadine HCl (Oral Capsule)	G	2	
Amantadine HCl (Oral Solution)	G	1	
Amantadine HCl (Oral Tablet)	G	2	
Carbidopa-Levodopa-Entacapone (Oral Tablet)	G	3	
Comtan (Oral Tablet)	B	4	
Entacapone (Oral Tablet)	G	3	
Gocovri (Oral Capsule Extended Release 24 Hour)	B	4	PA
Nourianz (Oral Tablet)	B	4	PA; QL
Ongentys (Oral Capsule)	B	3	ST; QL
Osmolex ER (Oral Tablet Extended Release 24 Hour)	B	3	PA
Stalevo 100 (Oral Tablet)	B	4	
Stalevo 125 (Oral Tablet)	B	4	
Stalevo 150 (Oral Tablet)	B	4	
Stalevo 200 (Oral Tablet)	B	4	
Stalevo 50 (Oral Tablet)	B	3	
Stalevo 75 (Oral Tablet)	B	3	
Tasmar (Oral Tablet)	B	4	QL
Tolcapone (Oral Tablet)	G	4	QL
Dopamine Agonists			
Apokyn (Subcutaneous Solution Cartridge)	B	4	PA; QL
Apomorphine HCl (Subcutaneous Solution Cartridge)	G	4	PA; QL
Bromocriptine Mesylate (Oral Capsule)	G	3	
Bromocriptine Mesylate (Oral Tablet)	G	3	
Mirapex ER (Oral Tablet Extended Release 24 Hour)	B	3	
Neupro (Transdermal Patch 24 Hour)	B	3	
Parlodel (Oral Capsule)	B	3	
Parlodel (Oral Tablet)	B	3	
Pramipexole Dihydrochloride ER (Oral Tablet Extended Release 24 Hour)	G	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Pramipexole Dihydrochloride (Oral Tablet Immediate Release)	G	1	
Ropinirole HCl ER (Oral Tablet Extended Release 24 Hour)	G	3	
Ropinirole HCl (Oral Tablet Immediate Release)	G	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors			
Carbidopa (Oral Tablet)	G	3	
Carbidopa-Levodopa ER (Oral Tablet Extended Release)	G	2	
Carbidopa-Levodopa (Oral Tablet Immediate Release)	G	1	
Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	G	3	
Dhivy (Oral Tablet)	B	3	ST
Duopa (Enteral Suspension)	B	4	PA
Inbrija (Inhalation Capsule)	B	4	PA
Lodosyn (Oral Tablet)	B	4	
Rytary (Oral Capsule Extended Release)	B	3	ST
Sinemet (Oral Tablet Immediate Release)	B	3	
Monoamine Oxidase B (MAO-B) Inhibitors			
Azilect (Oral Tablet)	B	4	
Rasagiline Mesylate (Oral Tablet)	G	3	
Selegiline HCl (Oral Capsule)	G	2	
Selegiline HCl (Oral Tablet)	G	2	
Zelapar ODT (Oral Tablet Dispersible)	B	4	
Antipsychotics			
1st Generation/Typical			
Chlorpromazine HCl (Oral Concentrate)	G	3	
Chlorpromazine HCl (Oral Tablet)	G	3	
Fluphenazine Decanoate (Injection Solution)	G	2	
Fluphenazine HCl (2.5MG/ML Injection Solution)	G	2	
Fluphenazine HCl (5MG/ML Oral Concentrate)	G	3	
Fluphenazine HCl (2.5MG/5ML Oral Elixir)	G	2	
Fluphenazine HCl (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	G	3	
Haldol Decanoate (Intramuscular Solution)	B	3	
Haloperidol Decanoate (Intramuscular Solution)	G	2	
Haloperidol Lactate (Injection Solution)	G	1	
Haloperidol Lactate (Oral Concentrate)	G	1	
Haloperidol (Oral Tablet)	G	1	
Loxapine Succinate (Oral Capsule)	G	2	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Molindone HCl (Oral Tablet)	G	3	
Pimozide (Oral Tablet)	G	2	
Thioridazine HCl (Oral Tablet)	G	2	
Thiothixene (10MG Oral Capsule, 5MG Oral Capsule)	G	3	
Thiothixene (1MG Oral Capsule, 2MG Oral Capsule)	G	2	
Trifluoperazine HCl (Oral Tablet)	G	2	
2nd Generation/Atypical			
Abilify Asimtufii (Intramuscular Prefilled Syringe)	B	4	
Abilify Maintena (Intramuscular Prefilled Syringe)	B	4	
Abilify Maintena (Intramuscular Suspension Reconstituted ER)	B	4	
Abilify MyCite Maintenance Kit (15MG Oral Tablet Therapy Pack, 20MG Oral Tablet Therapy Pack, 2MG Oral Tablet Therapy Pack, 30MG Oral Tablet Therapy Pack, 5MG Oral Tablet Therapy Pack)	B	4	ST; QL
Abilify MyCite Starter Kit (10MG Oral Tablet Therapy Pack)	B	4	ST
Abilify (Oral Tablet)	B	4	QL
Aripiprazole (1MG/ML Oral Solution)	G	3	QL
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	1	QL
Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	G	4	QL
Aristada Initio (Intramuscular Prefilled Syringe)	B	4	
Aristada (Intramuscular Prefilled Syringe)	B	4	
Asenapine Maleate (Tablet Sublingual)	G	3	
Caplyta (Oral Capsule)	B	4	PA; QL
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	4	ST; QL
Fanapt Titration Pack (Oral Tablet)	B	3	ST; QL
Geodon (Intramuscular Solution Reconstituted)	B	3	
Geodon (Oral Capsule)	B	4	QL
Invega Hafyera (Intramuscular Suspension Prefilled Syringe)	B	4	
Invega (3MG Oral Tablet Extended Release 24 Hour, 6MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	B	3	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe)	B	4	
Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)	B	3	
Invega Trinza (Intramuscular Suspension Prefilled Syringe)	B	4	
Latuda (Oral Tablet)	B	4	QL
Lurasidone HCl (Oral Tablet)	G	2	QL
Lybalvi (Oral Tablet)	B	4	ST; QL
Nuplazid (Oral Capsule)	B	4	PA; QL
Nuplazid (Oral Tablet)	B	4	PA; QL
Olanzapine (10MG Intramuscular Solution Reconstituted)	G	3	
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	2	QL
Paliperidone ER (Oral Tablet Extended Release 24 Hour)	G	3	QL
Perseris (Subcutaneous Prefilled Syringe)	B	4	
Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)	G	2	QL
Quetiapine Fumarate (Oral Tablet Immediate Release)	G	1	QL
Rexulti (Oral Tablet)	B	4	QL
Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER)	B	3	
Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER)	B	4	
Risperdal (Oral Solution)	B	3	
Risperdal (Oral Tablet)	B	3	
Risperidone (1MG/ML Oral Solution)	G	2	
Risperidone (0.25MG Oral Tablet, 0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG 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
Risperidone ODT (0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible, 3MG Oral Tablet Dispersible, 4MG Oral Tablet Dispersible)	G	3	
Saphris (10MG Tablet Sublingual)	B	4	
Saphris (2.5MG Tablet Sublingual, 5MG Tablet Sublingual)	B	3	
Secuado (Transdermal Patch 24 Hour)	B	4	ST; QL
Seroquel (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release, 300MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	B	3	QL
Seroquel (400MG Oral Tablet Immediate Release)	B	4	QL
Seroquel XR (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	B	3	QL
Seroquel XR (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour)	B	4	QL
Uzedy (Subcutaneous Suspension Prefilled Syringe)	B	4	ST
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	B	4	ST; QL
Vraylar (Oral Capsule Therapy Pack)	B	3	ST; QL
Ziprasidone HCl (Oral Capsule)	G	2	QL
Ziprasidone Mesylate (Intramuscular Solution Reconstituted)	G	3	
Zyprexa (10MG Intramuscular Solution Reconstituted)	B	4	
Zyprexa (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	B	3	QL
Zyprexa (15MG Oral Tablet, 20MG Oral Tablet)	B	4	QL
Zyprexa Relprevv (210MG Intramuscular Suspension Reconstituted)	B	4	
Zyprexa Zydys (10MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	B	3	QL
Zyprexa Zydys (15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible)	B	4	QL
Treatment-Resistant			
Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	2	
Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)	G	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Clozaril (100MG Oral Tablet, 200MG Oral Tablet)	B	4	
Clozaril (25MG Oral Tablet, 50MG Oral Tablet)	B	3	
Versacloz (Oral Suspension)	B	4	
Antispasticity Agents			
Antispasticity Agents			
Baclofen (Oral Suspension)	G	4	ST
Baclofen (Oral Tablet)	G	1	
Dantrium (Oral Capsule)	B	3	
Dantrolene Sodium (100MG Oral Capsule, 50MG Oral Capsule)	G	3	
Dantrolene Sodium (25MG Oral Capsule)	G	2	
Fleqsuvy (Oral Suspension)	B	4	ST
Lyvispah (10MG Oral Packet, 5MG Oral Packet)	B	3	ST; QL
Lyvispah (20MG Oral Packet)	B	4	ST; QL
Tizanidine HCl (2MG Oral Capsule, 4MG Oral Capsule, 6MG Oral Capsule)	G	2	
Tizanidine HCl (2MG Oral Tablet, 4MG Oral Tablet)	G	1	
Zanaflex (Oral Capsule)	B	3	
Zanaflex (Oral Tablet)	B	3	
Antivirals			
Anti-cytomegalovirus (CMV) Agents			
Livtensity (Oral Tablet)	B	4	PA; QL
Prevymis (Oral Tablet)	B	4	PA; QL
Valcyte (Oral Solution Reconstituted)	B	4	QL
Valcyte (Oral Tablet)	B	4	QL
Valganciclovir HCl (50MG/ML Oral Solution Reconstituted)	G	4	QL
Valganciclovir HCl (450MG Oral Tablet)	G	2	QL
Zirgan (Ophthalmic Gel)	B	3	
Anti-hepatitis B (HBV) Agents			
Adefovir Dipivoxil (Oral Tablet)	G	3	
Baraclude (Oral Solution)	B	4	
Baraclude (Oral Tablet)	B	4	
Entecavir (Oral Tablet)	G	3	
Lamivudine (100MG Oral Tablet)	G	2	
Vemlidy (Oral Tablet)	B	4	
Anti-hepatitis C (HCV) Agents			
Epclusa (Oral Packet)	B	4	PA; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Epclusa (Oral Tablet)	B	4	PA; QL
Harvoni (Oral Packet)	B	4	PA; QL
Harvoni (90-400MG Oral Tablet)	B	4	PA; QL
Ledipasvir-Sofosbuvir (Oral Tablet)	G	4	PA; QL
Mavyret (Oral Packet)	B	4	PA; QL
Mavyret (Oral Tablet)	B	4	PA; QL
Ribavirin (Oral Capsule)	G	3	
Ribavirin (Oral Tablet)	G	2	
Sofosbuvir-Velpatasvir (Oral Tablet)	G	4	PA; QL
Sovaldi (Oral Packet)	B	4	PA; QL
Sovaldi (Oral Tablet)	B	4	PA; QL
Vosevi (Oral Tablet)	B	4	PA; QL
Zepatier (Oral Tablet)	B	4	PA; QL
Antiherpetic Agents			
Acyclovir (External Cream)	G	3	
Acyclovir (External Ointment)	G	2	
Acyclovir (Oral Capsule)	G	1	
Acyclovir (Oral Suspension)	G	3	
Acyclovir (Oral Tablet)	G	1	
Acyclovir Sodium (Intravenous Solution)	G	3	B/D,PA
Denavir (External Cream)	B	4	
Famciclovir (Oral Tablet)	G	2	
Penciclovir (External Cream)	G	3	
Sitavig (Buccal Tablet)	B	4	ST
Valacyclovir HCl (Oral Tablet)	G	2	QL
Valtrex (Oral Tablet)	B	3	QL
Zovirax (External Cream)	B	3	
Zovirax (External Ointment)	B	3	
Anti-HIV Agents, Integrase Inhibitors (INSTI)			
Biktarvy (Oral Tablet)	B	4	QL
Dovato (Oral Tablet)	B	4	QL
Genvoya (Oral Tablet)	B	4	QL
Isentress HD (Oral Tablet)	B	4	QL
Isentress (Oral Packet)	B	3	QL
Isentress (Oral Tablet)	B	4	QL
Isentress (100MG Oral Tablet Chewable)	B	3	QL
Isentress (25MG Oral Tablet Chewable)	B	2	QL
Juluca (Oral Tablet)	B	4	QL
Stribild (Oral Tablet)	B	4	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tivicay (10MG Oral Tablet, 25MG Oral Tablet)	B	3	QL
Tivicay (50MG Oral Tablet)	B	4	QL
Tivicay PD (Oral Tablet Soluble)	B	4	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)			
Complera (Oral Tablet)	B	4	QL
Delstrigo (Oral Tablet)	B	4	QL
Edurant (Oral Tablet)	B	4	QL
Efavirenz (Oral Capsule)	G	3	QL
Efavirenz (Oral Tablet)	G	3	QL
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)	G	4	QL
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)	G	4	QL
Etravirine (Oral Tablet)	G	4	QL
Intence (100MG Oral Tablet, 200MG Oral Tablet)	B	4	QL
Intence (25MG Oral Tablet)	B	3	QL
Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour)	G	3	QL
Nevirapine (Oral Suspension)	G	3	QL
Nevirapine (Oral Tablet Immediate Release)	G	1	QL
Pifeltro (Oral Tablet)	B	4	QL
Symfi Lo (Oral Tablet)	B	4	QL
Symfi (Oral Tablet)	B	4	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)			
Abacavir Sulfate (Oral Solution)	G	3	QL
Abacavir Sulfate (Oral Tablet)	G	3	QL
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	3	QL
Cimduo (Oral Tablet)	B	4	QL
Combivir (Oral Tablet)	B	4	QL
Descovy (Oral Tablet)	B	4	QL
Emtricitabine (Oral Capsule)	G	3	QL
Emtricitabine-Tenofovir Disoproxil Fumarate (100MG-150MG Oral Tablet, 133MG-200MG Oral Tablet, 167MG-250MG Oral Tablet)	G	4	QL
Emtricitabine-Tenofovir Disoproxil Fumarate (200MG-300MG Oral Tablet)	G	3	QL
Emtriva (Oral Capsule)	B	3	QL
Emtriva (Oral Solution)	B	3	QL
Epivir (Oral Solution)	B	3	QL
Epivir (Oral Tablet)	B	3	QL
Epzicom (Oral Tablet)	B	4	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Lamivudine (10MG/ML Oral Solution)	G	2	QL
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet)	G	2	QL
Lamivudine-Zidovudine (Oral Tablet)	G	3	QL
Odefsey (Oral Tablet)	B	4	QL
Retrovir (Oral Capsule)	B	3	QL
Retrovir (Oral Syrup)	B	3	QL
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	2	QL
Triumeq (Oral Tablet)	B	4	QL
Triumeq PD (Oral Tablet Soluble)	B	4	QL
Trizivir (Oral Tablet)	B	4	QL
Truvada (Oral Tablet)	B	4	QL
Viread (Oral Powder)	B	4	QL
Viread (Oral Tablet)	B	4	QL
Ziagen (Oral Solution)	B	3	QL
Ziagen (Oral Tablet)	B	3	QL
Zidovudine (Oral Capsule)	G	3	QL
Zidovudine (Oral Syrup)	G	2	QL
Zidovudine (Oral Tablet)	G	2	QL
Anti-HIV Agents, Other			
Fuzeon (Subcutaneous Solution Reconstituted)	B	4	QL
Maraviroc (Oral Tablet)	G	4	QL
Rukobia (Oral Tablet Extended Release 12 Hour)	B	4	QL
Selzentry (Oral Solution)	B	4	QL
Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet)	B	4	QL
Selzentry (25MG Oral Tablet)	B	2	QL
Sunlenca (Oral Tablet Therapy Pack)	B	4	QL
Tybost (Oral Tablet)	B	3	QL
Anti-HIV Agents, Protease Inhibitors			
Aptivus (Oral Capsule)	B	4	QL
Atazanavir Sulfate (Oral Capsule)	G	3	QL
Darunavir (Oral Tablet)	G	4	QL
Evotaz (Oral Tablet)	B	4	QL
Fosamprenavir Calcium (Oral Tablet)	G	4	QL
Kaletra (Oral Solution)	B	3	QL
Kaletra (100-25MG Oral Tablet)	B	3	QL
Kaletra (200-50MG Oral Tablet)	B	4	QL
Lexiva (Oral Suspension)	B	3	QL
Lexiva (Oral Tablet)	B	4	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Lopinavir-Ritonavir (Oral Solution)	G	3	QL
Lopinavir-Ritonavir (Oral Tablet)	G	3	QL
Norvir (Oral Packet)	B	3	QL
Norvir (Oral Tablet)	B	3	QL
Prezcobix (Oral Tablet)	B	4	QL
Prezista (Oral Suspension)	B	4	QL
Prezista (150MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	B	4	QL
Prezista (75MG Oral Tablet)	B	3	QL
Reyataz (Oral Capsule)	B	4	QL
Reyataz (Oral Packet)	B	4	QL
Ritonavir (Oral Tablet)	G	2	QL
Symtuza (Oral Tablet)	B	4	QL
Viracept (Oral Tablet)	B	4	QL
Anti-influenza Agents			
Oseltamivir Phosphate (Oral Capsule)	G	2	
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	2	
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	B	2	
Rimantadine HCl (Oral Tablet)	G	3	
Tamiflu (Oral Capsule)	B	3	
Tamiflu (Oral Suspension Reconstituted)	B	3	
Xofluza (40MG Dose) (Oral Tablet Therapy Pack)	B	2	QL
Xofluza (80MG Dose) (Oral Tablet Therapy Pack)	B	2	QL
Anxiolytics			
Anxiolytics, Other			
Bupirone HCl (Oral Tablet)	G	1	
Hydroxyzine HCl (Oral Syrup)	G	3	PA; HRM
Hydroxyzine Pamoate (Oral Capsule)	G	3	PA; HRM
Vistaril (Oral Capsule)	B	3	PA; HRM
Benzodiazepines			
Alprazolam ER (Oral Tablet Extended Release 24 Hour)	G	2	PA; QL
Alprazolam Intensol (Oral Concentrate)	G	3	QL
Alprazolam (Oral Tablet Immediate Release)	G	1	QL
Alprazolam ODT (Oral Tablet Dispersible)	G	3	QL
Ativan (Oral Tablet)	B	4	QL
Chlordiazepoxide HCl (Oral Capsule)	G	1	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet)	G	1	QL
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible)	G	2	QL
Clorazepate Dipotassium (Oral Tablet)	G	3	QL
Diazepam Intensol (Oral Concentrate)	G	2	QL
Diazepam (5MG/5ML Oral Solution)	G	1	
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	1	QL
Klonopin (Oral Tablet)	B	3	QL
Lorazepam Intensol (Oral Concentrate)	G	1	QL
Lorazepam (Oral Tablet)	G	1	QL
Loreev XR (Oral Capsule ER 24 Hour Sprinkle)	B	3	QL
Oxazepam (Oral Capsule)	G	2	
Valium (Oral Tablet)	B	3	QL
Xanax (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	B	3	QL
Xanax (2MG Oral Tablet Immediate Release)	B	4	QL
Xanax XR (0.5MG Oral Tablet Extended Release 24 Hour, 1MG Oral Tablet Extended Release 24 Hour, 2MG Oral Tablet Extended Release 24 Hour)	B	3	PA; QL
Xanax XR (3MG Oral Tablet Extended Release 24 Hour)	B	4	PA; QL
Bipolar Agents			
Mood Stabilizers			
Depakote ER (Oral Tablet Extended Release 24 Hour)	B	3	
Depakote (Oral Tablet Delayed Release)	B	3	
Depakote Sprinkles (Oral Capsule Delayed Release Sprinkle)	B	3	
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	G	1	
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	G	2	
Divalproex Sodium (Oral Tablet Delayed Release)	G	1	
Equetro (Oral Capsule Extended Release 12 Hour)	B	3	
Lithium Carbonate ER (Oral Tablet Extended Release)	G	1	
Lithium Carbonate (Oral Capsule)	G	1	
Lithium Carbonate (Oral Tablet Immediate Release)	G	1	
Lithium (Oral Solution)	G	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Lithobid (Oral Tablet Extended Release)	B	4	
Blood Glucose Regulators			
Antidiabetic Agents			
Acarbose (Oral Tablet)	G	1	
Actoplus Met (15MG-850MG Oral Tablet Immediate Release)	B	3	QL
Actos (Oral Tablet)	B	3	QL
Alogliptin Benzoate (Oral Tablet)	G	3	ST; QL
Alogliptin-Metformin HCl (Oral Tablet)	G	3	ST; QL
Alogliptin-Pioglitazone (Oral Tablet)	G	3	ST; QL
Bydureon BCise (Subcutaneous Auto-Injector)	B	3	QL
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	B	3	ST; QL
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	B	3	ST; QL
Cycloset (Oral Tablet)	B	3	PA
Farxiga (Oral Tablet)	B	2	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	2	QL
Glucotrol XL (Oral Tablet Extended Release 24 Hour)	B	3	QL
Glumetza (Oral Tablet Extended Release 24 Hour)	B	4	PA; QL
Glyxambi (Oral Tablet)	B	2	QL
Invokamet (Oral Tablet Immediate Release)	B	3	ST; QL
Invokamet XR (Oral Tablet Extended Release 24 Hour)	B	3	ST; QL
Invokana (Oral Tablet)	B	3	ST; QL
Janumet (Oral Tablet Immediate Release)	B	2	QL
Janumet XR (Oral Tablet Extended Release 24 Hour)	B	2	QL
Januvia (Oral Tablet)	B	2	QL
Jardiance (Oral Tablet)	B	2	QL
Jentadueto (2.5-1000MG Oral Tablet, 2.5-500MG Oral Tablet)	B	2	QL
Jentadueto XR (Oral Tablet Extended Release 24 Hour)	B	2	QL
Kazano (Oral Tablet)	B	3	ST; QL
Kombiglyze XR (Oral Tablet Extended Release 24 Hour)	B	3	ST; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour, 500MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	G	3	PA; QL
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour, 500MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	G	3	PA; QL
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	1	QL
Metformin HCl (500MG/5ML Oral Solution)	G	3	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	3	
Mounjaro (Subcutaneous Solution Pen-Injector)	B	2	QL
Nateglinide (Oral Tablet)	G	2	QL
Nesina (Oral Tablet)	B	3	ST; QL
Onglyza (Oral Tablet)	B	3	ST; QL
Oseni (Oral Tablet)	B	3	ST; QL
Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector)	B	2	QL
Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector)	B	2	QL
Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector)	B	2	QL
Pioglitazone HCl (Oral Tablet)	G	1	QL
Pioglitazone HCl-Metformin HCl (Oral Tablet)	G	2	QL
Qtern (Oral Tablet)	B	3	ST; QL
Repaglinide (Oral Tablet)	G	1	QL
Rybelsus (Oral Tablet)	B	2	QL
Saxagliptin HCl (Oral Tablet)	G	3	ST; QL
Saxagliptin-Metformin ER (Oral Tablet Extended Release 24 Hour)	G	3	ST; QL
Segluromet (Oral Tablet)	B	3	ST; QL
Soliqua (Subcutaneous Solution Pen-Injector)	B	2	QL
Steglatro (Oral Tablet)	B	3	ST; QL
Steglujan (Oral Tablet)	B	3	ST; QL
SymlinPen 120 (Subcutaneous Solution Pen-Injector)	B	4	PA
SymlinPen 60 (Subcutaneous Solution Pen-Injector)	B	4	PA
Synjardy (Oral Tablet Immediate Release)	B	2	QL
Tradjenta (Oral Tablet)	B	2	QL
Trijardy XR (Oral Tablet Extended Release 24 Hour)	B	2	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Trulicity (Subcutaneous Solution Pen-Injector)	B	2	QL
Victoza (Subcutaneous Solution Pen-Injector)	B	2	QL
Xigduo XR (Oral Tablet Extended Release 24 Hour)	B	2	QL
Xultophy (Subcutaneous Solution Pen-Injector)	B	3	ST; QL
Glycemic Agents			
Baqsimi One Pack (Nasal Powder)	B	2	
Diazoxide (Oral Suspension)	G	3	
GlucaGen HypoKit (Injection Solution Reconstituted)	B	3	
Glucagon (Injection Kit) (Lilly)	G	2	
Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector)	B	2	
Gvoke Kit (Subcutaneous Solution)	B	2	
Gvoke PFS (Subcutaneous Solution Prefilled Syringe)	B	2	
Proglycem (Oral Suspension)	B	3	
Zegalogue (Subcutaneous Solution Auto-Injector)	B	3	ST
Zegalogue (Subcutaneous Solution Prefilled Syringe)	B	3	ST
Insulins			
Admelog (Injection Solution)	B	3	PA
Admelog SoloStar (Subcutaneous Solution Pen-Injector)	B	3	PA
Afrezza (12UNIT Inhalation Powder, 60x4UNIT & 60x8UNIT & 60x12UNIT Inhalation Powder, 90x4UNIT & 90x8UNIT Inhalation Powder, 90x8UNIT & 90x12UNIT Inhalation Powder)	B	4	PA
Afrezza (4UNIT Inhalation Powder, 8UNIT Inhalation Powder)	B	3	PA
Apidra (Injection Solution)	B	3	PA
Apidra SoloStar (Subcutaneous Solution Pen-Injector)	B	3	PA
Basaglar KwikPen (Subcutaneous Solution Pen-Injector)	B	3	ST
Basaglar Tempo Pen (Subcutaneous Solution Pen-Injector)	B	3	ST
Fiasp FlexTouch (Subcutaneous Solution Pen-Injector)	B	3	PA
Fiasp (Injection Solution)	B	3	PA
Fiasp PenFill (Subcutaneous Solution Cartridge)	B	3	PA
Humalog (Injection Solution)	B	2	
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)	B	2	
Humalog KwikPen (Subcutaneous Solution Pen-Injector)	B	2	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)	B	2	
Humalog Mix 50/50 (Subcutaneous Suspension)	B	2	
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)	B	2	
Humalog Mix 75/25 (Subcutaneous Suspension)	B	2	
Humalog (Subcutaneous Solution Cartridge)	B	2	
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)	B	2	
Humulin 70/30 (Subcutaneous Suspension)	B	2	
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)	B	2	
Humulin N (Subcutaneous Suspension)	B	2	
Humulin R (Injection Solution)	B	2	
Humulin R U-500 (Concentrated) (Subcutaneous Solution)	B	2	
Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)	B	2	
Insulin Aspart Prot & Aspart FlexPen (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Novolog)	B	3	PA
Insulin Aspart FlexPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Novolog)	B	3	PA
Insulin Aspart (Injection Solution) (Brand Equivalent Novolog)	B	3	PA
Insulin Aspart PenFill (Subcutaneous Solution Cartridge) (Brand Equivalent Novolog)	B	3	PA
Insulin Aspart Prot & Aspart (Subcutaneous Suspension) (Brand Equivalent Novolog)	B	3	PA
Insulin Degludec FlexTouch (Subcutaneous Solution Pen-Injector)	B	3	ST
Insulin Degludec (Subcutaneous Solution)	B	3	ST
Insulin Glargine Solostar (Subcutaneous Solution Pen-Injector)	B	3	ST
Insulin Glargine (Subcutaneous Solution)	B	3	ST
Insulin Glargine-yfgn (Subcutaneous Solution)	B	3	ST
Insulin Glargine-yfgn (Subcutaneous Solution Pen-Injector)	B	3	ST
Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)	B	2	
Insulin Lispro (Injection Solution) (Brand Equivalent Humalog)	B	2	
Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)	B	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog)	B	2	
Lantus SoloStar (Subcutaneous Solution Pen-Injector)	B	2	
Lantus (Subcutaneous Solution)	B	2	
Levemir FlexPen (Subcutaneous Solution Pen-Injector)	B	2	
Levemir (Subcutaneous Solution)	B	2	
Lyumjev (Injection Solution)	B	2	
Lyumjev KwikPen (Subcutaneous Solution Pen-Injector)	B	2	
Novolin 70/30 FlexPen (Subcutaneous Suspension Pen-Injector)	B	3	PA
Novolin 70/30 (Subcutaneous Suspension)	B	3	PA
Novolin N FlexPen (Subcutaneous Suspension Pen-Injector)	B	3	PA
Novolin N (Subcutaneous Suspension)	B	3	PA
Novolin R FlexPen (Injection Solution Pen-Injector)	B	3	PA
Novolin R (Injection Solution)	B	3	PA
NovoLog FlexPen (Subcutaneous Solution Pen-Injector)	B	3	PA
NovoLog (Injection Solution)	B	3	PA
NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector)	B	3	PA
NovoLog Mix 70/30 (Subcutaneous Suspension)	B	3	PA
NovoLog PenFill (Subcutaneous Solution Cartridge)	B	3	PA
Semglee (yfgn) (Subcutaneous Solution)	B	3	ST
Semglee (yfgn) (Subcutaneous Solution Pen-Injector)	B	3	ST
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)	B	2	
Toujeo SoloStar (Subcutaneous Solution Pen-Injector)	B	2	
Tresiba FlexTouch (Subcutaneous Solution Pen-Injector)	B	2	
Tresiba (Subcutaneous Solution)	B	2	
Blood Products and Modifiers			
Anticoagulants			
Arixtra (Subcutaneous Solution)	B	4	
Dabigatran Etextilate Mesylate (Oral Capsule)	G	3	ST; QL
Eliquis (Oral Tablet)	B	2	QL
Eliquis Starter Pack (Oral Tablet)	B	2	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Enoxaparin Sodium (100MG/ML Injection Solution Prefilled Syringe, 120MG/0.8ML Injection Solution Prefilled Syringe, 150MG/ML Injection Solution Prefilled Syringe, 60MG/0.6ML Injection Solution Prefilled Syringe, 80MG/0.8ML Injection Solution Prefilled Syringe)	G	3	
Enoxaparin Sodium (30MG/0.3ML Injection Solution Prefilled Syringe, 40MG/0.4ML Injection Solution Prefilled Syringe)	G	2	
Fondaparinux Sodium (10MG/0.8ML Subcutaneous Solution, 5MG/0.4ML Subcutaneous Solution, 7.5MG/0.6ML Subcutaneous Solution)	G	4	
Fondaparinux Sodium (2.5MG/0.5ML Subcutaneous Solution)	G	3	
Fragmin (95000UNIT/3.8ML Subcutaneous Solution)	B	4	
Fragmin (Subcutaneous Solution Prefilled Syringe)	B	4	
Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution)	G	2	
Heparin Sodium (1000UNIT/ML Injection Solution)	G	2	B/D,PA
Jantoven (Oral Tablet)	G	1	
Lovenox (100MG/ML Injection Solution Prefilled Syringe, 120MG/0.8ML Injection Solution Prefilled Syringe, 60MG/0.6ML Injection Solution Prefilled Syringe, 80MG/0.8ML Injection Solution Prefilled Syringe)	B	4	
Lovenox (150MG/ML Injection Solution Prefilled Syringe, 30MG/0.3ML Injection Solution Prefilled Syringe, 40MG/0.4ML Injection Solution Prefilled Syringe)	B	3	
Pradaxa (Oral Capsule)	B	3	ST; QL
Pradaxa (Oral Packet)	B	4	PA; QL
Savaysa (Oral Tablet)	B	3	ST; QL
Warfarin Sodium (Oral Tablet)	G	1	
Xarelto (Oral Suspension Reconstituted)	B	2	QL
Xarelto (Oral Tablet)	B	2	QL
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	2	QL
Zontivity (Oral Tablet)	B	3	PA
Blood Products and Modifiers, Other			
Agrylin (Oral Capsule)	B	3	
Anagrelide HCl (Oral Capsule)	G	2	
Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution)	B	4	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution)	B	3	PA
Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe)	B	4	PA
Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe)	B	3	PA
Epogen (Injection Solution)	B	3	PA
Fulphila (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Fylnetra (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Granix (Subcutaneous Solution)	B	4	ST
Granix (Subcutaneous Solution Prefilled Syringe)	B	4	ST
Leukine (Injection Solution Reconstituted)	B	4	PA
Mulpleta (Oral Tablet)	B	4	PA
Neulasta (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Neupogen (Injection Solution)	B	4	ST
Neupogen (Injection Solution Prefilled Syringe)	B	4	ST
Nivestym (Injection Solution)	B	4	ST
Nivestym (Injection Solution Prefilled Syringe)	B	4	ST
Nyvepria (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Oxbryta (Oral Tablet)	B	4	PA; QL
Oxbryta (Oral Tablet Soluble)	B	4	PA; QL
Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	B	3	PA
Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution)	B	4	PA
Promacta (Oral Packet)	B	4	PA; QL
Promacta (Oral Tablet)	B	4	PA; QL
Pyrukynd (Oral Tablet)	B	4	PA; QL
Pyrukynd Taper Pack (Oral Tablet Therapy Pack)	B	4	PA; QL
Releuko (Subcutaneous Solution Prefilled Syringe)	B	4	ST
Retacrit (Injection Solution)	B	3	PA
Siklos (1000MG Oral Tablet)	B	4	PA

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
Siklos (100MG Oral Tablet)	B	3	PA
Udenyca (Subcutaneous Solution Auto-Injector)	B	4	PA
Udenyca (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Zarxio (Injection Solution Prefilled Syringe)	B	4	
Ziextenzo (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Hemostasis Agents			
Tranexamic Acid (Oral Tablet)	G	2	
Platelet Modifying Agents			
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	3	QL
Brilinta (Oral Tablet)	B	2	QL
Cablivi (Injection Kit)	B	4	PA; QL
Cilostazol (Oral Tablet)	G	1	
Clopidogrel Bisulfate (75MG Oral Tablet)	G	1	
Doptelet (Oral Tablet)	B	4	PA
Effient (Oral Tablet)	B	3	
Plavix (Oral Tablet)	B	3	
Prasugrel HCl (Oral Tablet)	G	2	
Tavalisse (Oral Tablet)	B	4	PA; QL
Cardiovascular Agents			
Alpha-adrenergic Agonists			
Catapres-TTS-1 (Transdermal Patch Weekly)	B	3	
Catapres-TTS-2 (Transdermal Patch Weekly)	B	3	
Catapres-TTS-3 (Transdermal Patch Weekly)	B	3	
Clonidine HCl (Oral Tablet Immediate Release)	G	1	
Clonidine (0.1MG/24HR Transdermal Patch Weekly)	G	2	
Clonidine (0.2MG/24HR Transdermal Patch Weekly, 0.3MG/24HR Transdermal Patch Weekly)	G	3	
Droxidopa (100MG Oral Capsule, 200MG Oral Capsule)	G	3	PA; QL
Droxidopa (300MG Oral Capsule)	G	4	PA; QL
Midodrine HCl (Oral Tablet)	G	2	
Northera (Oral Capsule)	B	4	PA; QL
Alpha-adrenergic Blocking Agents			
Cardura (Oral Tablet Immediate Release)	B	3	
Dibenzylidine (Oral Capsule)	B	4	
Doxazosin Mesylate (Oral Tablet)	G	1	
Minipress (Oral Capsule)	B	3	
Phenoxybenzamine HCl (Oral Capsule)	G	4	
Prazosin HCl (Oral Capsule)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Angiotensin II Receptor Antagonists			
Atacand (Oral Tablet)	B	3	QL
Avapro (Oral Tablet)	B	3	QL
Benicar (Oral Tablet)	B	3	QL
Candesartan Cilexetil (Oral Tablet)	G	2	QL
Cozaar (Oral Tablet)	B	3	QL
Diovan (Oral Tablet)	B	3	QL
Edarbi (Oral Tablet)	B	3	QL
Irbesartan (Oral Tablet)	G	1	QL
Losartan Potassium (Oral Tablet)	G	1	QL
Micardis (Oral Tablet)	B	3	QL
Olmesartan Medoxomil (Oral Tablet)	G	1	QL
Telmisartan (Oral Tablet)	G	1	QL
Valsartan (Oral Solution)	G	4	ST; QL
Valsartan (Oral Tablet)	G	1	QL
Angiotensin-converting Enzyme (ACE) Inhibitors			
Altace (Oral Capsule)	B	3	QL
Benazepril HCl (Oral Tablet)	G	1	QL
Captopril (100MG Oral Tablet)	G	3	QL
Captopril (12.5MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	2	QL
Enalapril Maleate (Oral Solution)	G	3	
Enalapril Maleate (Oral Tablet)	G	1	QL
Fosinopril Sodium (Oral Tablet)	G	1	QL
Lisinopril (Oral Tablet)	G	1	QL
Lotensin (Oral Tablet)	B	3	QL
Moexipril HCl (Oral Tablet)	G	1	QL
Perindopril Erbumine (Oral Tablet)	G	2	QL
Qbrelis (Oral Solution)	B	4	QL
Quinapril HCl (Oral Tablet)	G	1	QL
Ramipril (Oral Capsule)	G	1	QL
Trandolapril (Oral Tablet)	G	1	QL
Vasotec (10MG Oral Tablet, 20MG Oral Tablet)	B	4	QL
Vasotec (2.5MG Oral Tablet, 5MG Oral Tablet)	B	3	QL
Zestril (Oral Tablet)	B	3	QL
Antiarrhythmics			
Amiodarone HCl (100MG Oral Tablet, 400MG Oral Tablet)	G	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
Amiodarone HCl (200MG Oral Tablet)	G	1	
Betapace AF (120MG Oral Tablet, 160MG Oral Tablet)	B	4	
Betapace AF (80MG Oral Tablet)	B	3	
Dofetilide (Oral Capsule)	G	2	QL
Flecainide Acetate (Oral Tablet)	G	1	
Mexiletine HCl (Oral Capsule)	G	2	
Multaq (Oral Tablet)	B	2	
Pacerone (Oral Tablet)	G	3	
Propafenone HCl ER (Oral Capsule Extended Release 12 Hour)	G	3	
Propafenone HCl (Oral Tablet)	G	2	
Quinidine Gluconate ER (Oral Tablet Extended Release)	G	3	
Quinidine Sulfate (Oral Tablet)	G	1	
Rythmol SR (225MG Oral Capsule Extended Release 12 Hour)	B	3	
Rythmol SR (325MG Oral Capsule Extended Release 12 Hour, 425MG Oral Capsule Extended Release 12 Hour)	B	4	
Sorine (120MG Oral Tablet, 160MG Oral Tablet, 240MG Oral Tablet, 80MG Oral Tablet)	G	1	
Sotalol HCl AF (Oral Tablet)	G	2	
Sotalol HCl (Oral Tablet)	G	1	
Sotylize (Oral Solution)	B	3	PA
Tikosyn (Oral Capsule)	B	3	QL
Beta-adrenergic Blocking Agents			
Acebutolol HCl (Oral Capsule)	G	2	
Atenolol (Oral Tablet)	G	1	
Betaxolol HCl (Oral Tablet)	G	2	
Bisoprolol Fumarate (Oral Tablet)	G	1	
Bystolic (Oral Tablet)	B	3	QL
Carvedilol (Oral Tablet)	G	1	
Carvedilol Phosphate ER (Oral Capsule Extended Release 24 Hour)	G	3	
Coreg CR (Oral Capsule Extended Release 24 Hour)	B	3	
Coreg (25MG Oral Tablet)	B	3	
Corgard (20MG Oral Tablet, 40MG Oral Tablet)	B	3	
Inderal LA (Oral Capsule Extended Release 24 Hour)	B	4	
InnoPran XL (Oral Capsule Extended Release 24 Hour)	B	4	
Labetalol HCl (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Lopressor (Oral Tablet)	B	3	
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	G	1	
Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	1	
Metoprolol Tartrate (37.5MG Oral Tablet, 75MG Oral Tablet)	G	2	
Nadolol (Oral Tablet)	G	2	
Nebivolol HCl (Oral Tablet)	G	2	QL
Pindolol (Oral Tablet)	G	2	
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour)	G	2	
Propranolol HCl (Oral Solution)	G	1	
Propranolol HCl (Oral Tablet)	G	1	
Tenormin (Oral Tablet)	B	3	
Toprol XL (Oral Tablet Extended Release 24 Hour)	B	3	
Calcium Channel Blocking Agents, Dihydropyridines			
Amlodipine Besylate (Oral Tablet)	G	1	
Conjupri (Oral Tablet)	B	3	ST
Felodipine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Isradipine (Oral Capsule)	G	3	
Katerzia (Oral Suspension)	B	3	ST
Levamlodipine Maleate (Oral Tablet)	G	3	ST
Nicardipine HCl (Oral Capsule)	G	3	
Nifedipine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	G	1	
Nimodipine (Oral Capsule)	G	3	
Nisoldipine ER (Oral Tablet Extended Release 24 Hour)	G	3	
Norliqva (Oral Solution)	B	3	ST
Norvasc (Oral Tablet)	B	3	
Nymalize (Oral Solution)	B	4	
Procardia XL (Oral Tablet Extended Release 24 Hour)	B	3	
Sular (Oral Tablet Extended Release 24 Hour)	B	4	
Calcium Channel Blocking Agents, Nondihydropyridines			
Cardizem CD (Oral Capsule Extended Release 24 Hour)	B	4	
Cardizem LA (Oral Tablet Extended Release 24 Hour)	B	3	

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
Cardizem (120MG Oral Tablet Immediate Release, 60MG Oral Tablet Immediate Release)	B	4	
Cardizem (30MG Oral Tablet Immediate Release)	B	3	
Cartia XT (Oral Capsule Extended Release 24 Hour)	G	1	
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour)	G	1	
Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	G	1	
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour)	G	2	
Diltiazem HCl ER (Oral Tablet Extended Release 24 Hour)	G	2	
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	2	
Taztia XT (Oral Capsule Extended Release 24 Hour)	G	1	
Tiadyt ER (Oral Capsule Extended Release 24 Hour)	G	1	
Tiazac (Oral Capsule Extended Release 24 Hour)	B	3	
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	3	
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	2	
Verapamil HCl ER (Oral Tablet Extended Release)	G	1	
Verapamil HCl (Oral Tablet Immediate Release)	G	1	
Verelan (Oral Capsule Extended Release 24 Hour)	B	3	
Verelan PM (Oral Capsule Extended Release 24 Hour)	B	3	
Cardiovascular Agents, Other			
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	G	2	
Acetazolamide (Oral Tablet)	G	2	
Aliskiren Fumarate (Oral Tablet)	G	3	QL
Amiloride-Hydrochlorothiazide (Oral Tablet)	G	1	
Amlodipine-Atorvastatin (Oral Tablet)	G	3	QL
Amlodipine-Benazepril (Oral Capsule)	G	1	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Amlodipine-Olmesartan (Oral Tablet)	G	1	QL
Amlodipine-Valsartan (Oral Tablet)	G	2	QL
Amlodipine-Valsartan-HCTZ (Oral Tablet)	G	3	
Aspruzyo Sprinkle (Oral Packet)	B	3	ST; QL
Atacand HCT (Oral Tablet)	B	3	QL
Atenolol-Chlorthalidone (Oral Tablet)	G	1	
Avalide (Oral Tablet)	B	3	QL
Azor (Oral Tablet)	B	3	QL
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	2	QL
Benicar HCT (Oral Tablet)	B	3	QL
BiDil (Oral Tablet)	B	3	
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Caduet (Oral Tablet)	B	3	QL
Camzyos (Oral Capsule)	B	4	PA; QL
Candesartan Cilexetil-HCTZ (Oral Tablet)	G	2	QL
Corlanor (Oral Solution)	B	3	PA; QL
Corlanor (Oral Tablet)	B	3	PA; QL
Demser (Oral Capsule)	B	4	
Digoxin (Oral Solution)	G	3	PA; HRM; QL
Digoxin (125MCG Oral Tablet, 62.5MCG Oral Tablet)	G	3	HRM; QL
Digoxin (250MCG Oral Tablet)	G	3	PA; HRM
Diovan HCT (Oral Tablet)	B	3	QL
Edarbyclor (Oral Tablet)	B	3	QL
Enalapril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Entresto (Oral Tablet)	B	2	QL
Exforge HCT (Oral Tablet)	B	3	
Exforge (Oral Tablet)	B	3	QL
Fosinopril Sodium-HCTZ (Oral Tablet)	G	2	QL
Hyzaar (Oral Tablet)	B	3	QL
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Isosorbide Dinitrate-Hydralazine (Oral Tablet)	G	2	
Kerendia (Oral Tablet)	B	3	PA; QL
Lanoxin (125MCG Oral Tablet, 62.5MCG Oral Tablet)	B	3	HRM; QL
Lanoxin (250MCG Oral Tablet)	B	3	PA; HRM
Lisinopril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Lodoco (Oral Tablet)	B	3	PA
Losartan Potassium-HCTZ (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
Lotrel (Oral Capsule)	B	3	QL
Maxzide (Oral Tablet)	B	3	
Maxzide-25 (Oral Tablet)	B	3	
Metoprolol-Hydrochlorothiazide (Oral Tablet)	G	2	
Metyrosine (Oral Capsule)	G	4	
Micardis HCT (Oral Tablet)	B	3	QL
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	1	QL
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	G	2	QL
Pentoxifylline ER (Oral Tablet Extended Release)	G	1	
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	2	
Spirolactone-HCTZ (Oral Tablet)	G	1	
Tekturna (Oral Tablet)	B	3	QL
Telmisartan-Amlodipine (Oral Tablet)	G	3	QL
Telmisartan-HCTZ (Oral Tablet)	G	2	QL
Tenoretic 100 (Oral Tablet)	B	3	
Tenoretic 50 (Oral Tablet)	B	3	
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	G	3	QL
Triamterene-HCTZ (Oral Capsule)	G	1	
Triamterene-HCTZ (Oral Tablet)	G	1	
Tribenzor (Oral Tablet)	B	3	QL
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Vaseretic (Oral Tablet)	B	3	QL
Vecamyl (Oral Tablet)	G	4	PA
Zestoretic (Oral Tablet)	B	3	QL
Ziac (10-6.25MG Oral Tablet, 2.5-6.25MG Oral Tablet, 5-6.25MG Oral Tablet)	B	3	QL
Diuretics, Loop			
Bumetanide (Injection Solution)	G	1	
Bumetanide (Oral Tablet)	G	2	
Edecrin (Oral Tablet)	B	4	
Ethacrynic Acid (Oral Tablet)	G	3	
Furoscix (Subcutaneous Cartridge Kit)	B	4	PA
Furosemide (Injection Solution)	G	1	B/D,PA
Furosemide (Oral Solution)	G	1	
Furosemide (Oral Tablet)	G	1	
Lasix (Oral Tablet)	B	3	
Soanz (Oral Tablet)	B	3	ST
Torsemide (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Diuretics, Potassium-sparing			
Aldactone (Oral Tablet)	B	3	
Amiloride HCl (Oral Tablet)	G	1	
CaroSpir (Oral Suspension)	B	3	
Dyrenium (Oral Capsule)	B	3	
Eplerenone (Oral Tablet)	G	2	
Inspra (Oral Tablet)	B	3	
Spironolactone (Oral Tablet)	G	1	
Triamterene (Oral Capsule)	G	3	
Diuretics, Thiazide			
Chlorthalidone (Oral Tablet)	G	1	
Diuril (Oral Suspension)	B	3	
Hydrochlorothiazide (Oral Capsule)	G	1	
Hydrochlorothiazide (Oral Tablet)	G	1	
Indapamide (Oral Tablet)	G	1	
Metolazone (Oral Tablet)	G	2	
Thalitone (Oral Tablet)	B	3	
Dyslipidemics, Fibric Acid Derivatives			
Antara (90MG Oral Capsule)	B	3	
Fenofibrate Micronized (130MG Oral Capsule, 90MG Oral Capsule)	G	3	
Fenofibrate Micronized (134MG Oral Capsule, 200MG Oral Capsule, 43MG Oral Capsule, 67MG Oral Capsule)	G	2	
Fenofibrate (150MG Oral Capsule)	G	3	
Fenofibrate (50MG Oral Capsule)	G	2	
Fenofibrate (120MG Oral Tablet, 40MG Oral Tablet)	G	3	
Fenofibrate (145MG Oral Tablet)	G	2	
Fenofibrate (160MG Oral Tablet, 48MG Oral Tablet, 54MG Oral Tablet)	G	1	
Fenofibric Acid (Oral Capsule Delayed Release)	G	2	
Fenoglide (120MG Oral Tablet)	B	4	
Fenoglide (40MG Oral Tablet)	B	3	
Gemfibrozil (Oral Tablet)	G	1	
Lipofen (Oral Capsule)	B	3	
Lopid (Oral Tablet)	B	3	
Tricor (Oral Tablet)	B	3	
Trilipix (Oral Capsule Delayed Release)	B	3	
Dyslipidemics, HMG CoA Reductase Inhibitors			

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
Altoprev (Oral Tablet Extended Release 24 Hour)	B	4	QL
Atorvaliq (Oral Suspension)	B	3	ST; QL
Atorvastatin Calcium (Oral Tablet)	G	1	QL
Crestor (Oral Tablet)	B	3	QL
Ezallor Sprinkle (Oral Capsule Sprinkle)	B	3	QL
FloLipid (Oral Suspension)	B	3	QL
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	G	3	QL
Fluvastatin Sodium (Oral Capsule)	G	3	QL
Lescol XL (Oral Tablet Extended Release 24 Hour)	B	3	QL
Lipitor (Oral Tablet)	B	3	QL
Livalo (Oral Tablet)	B	2	QL
Lovastatin (Oral Tablet)	G	1	QL
Pravastatin Sodium (Oral Tablet)	G	1	QL
Rosuvastatin Calcium (Oral Tablet)	G	1	QL
Simvastatin (Oral Tablet)	G	1	QL
Zocor (Oral Tablet)	B	3	QL
Zypitamag (Oral Tablet)	B	3	ST; QL
Dyslipidemics, Other			
Cholestyramine Light (Oral Packet)	G	3	
Cholestyramine (Oral Packet)	G	3	
Colesevelam HCl (Oral Packet)	G	3	
Colesevelam HCl (Oral Tablet)	G	3	
Colestid (Oral Tablet)	B	3	
Colestipol HCl (Oral Packet)	G	3	
Colestipol HCl (Oral Tablet)	G	2	
Ezetimibe (Oral Tablet)	G	1	
Ezetimibe-Simvastatin (Oral Tablet)	G	2	QL
Icosapent Ethyl (Oral Capsule)	G	3	
Juxtapid (Oral Capsule)	B	4	PA
Lovaza (Oral Capsule)	G	3	
Nexletol (Oral Tablet)	B	3	PA; QL
Nexlizet (Oral Tablet)	B	3	PA; QL
Niacin (Antihyperlipidemic) (Oral Tablet Immediate Release)	G	3	
Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release)	G	2	
Niacor (Oral Tablet)	G	3	
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	G	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Praluent (Subcutaneous Solution Auto-Injector)	B	2	PA; QL
Prevalite (Oral Packet)	G	3	
Questran Light (Oral Powder)	G	3	
Questran (Oral Powder)	G	3	
Repatha Pushtonex System (Subcutaneous Solution Cartridge)	B	2	PA; QL
Repatha (Subcutaneous Solution Prefilled Syringe)	B	2	PA; QL
Repatha SureClick (Subcutaneous Solution Auto-Injector)	B	2	PA; QL
Vascepa (Oral Capsule)	B	2	
Vytorin (Oral Tablet)	B	3	QL
Welchol (Oral Packet)	B	3	
Welchol (Oral Tablet)	B	3	
Zetia (Oral Tablet)	B	3	
Vasodilators, Direct-acting Arterial			
Hydralazine HCl (Oral Tablet)	G	1	
Minoxidil (Oral Tablet)	G	1	
Vasodilators, Direct-acting Arterial/Venous			
Isordil Titradoso (Oral Tablet)	B	4	
Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	1	
Isosorbide Dinitrate (40MG Oral Tablet Immediate Release)	G	4	
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	
Nitro-Dur (Transdermal Patch 24 Hour)	B	3	
Nitroglycerin (Tablet Sublingual)	G	1	
Nitroglycerin (Transdermal Patch 24 Hour)	G	1	
Nitroglycerin (Translingual Solution)	G	3	
Nitrolingual (Translingual Solution)	B	3	
Nitrostat (Tablet Sublingual)	B	3	
Rectiv (Rectal Ointment)	B	3	QL
Verquvo (Oral Tablet)	B	2	PA; QL
Central Nervous System Agents			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			

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
Adderall (20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	3	QL
Adderall XR (Oral Capsule Extended Release 24 Hour)	B	3	QL
Adzenys XR-ODT (Oral Tablet Extended Release Dispersible)	B	3	QL
Amphetamine Sulfate (Oral Tablet)	G	3	
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour) (Generic Adderall XR)	G	2	QL
Amphetamine-Dextroamphetamine (Oral Tablet)	G	2	QL
Dexedrine (10MG Oral Capsule Extended Release 24 Hour, 15MG Oral Capsule Extended Release 24 Hour)	B	4	QL
Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)	G	3	QL
Dextroamphetamine Sulfate (Oral Solution)	G	3	
Dextroamphetamine Sulfate (Oral Tablet)	G	2	QL
Dyanavel XR (Oral Suspension Extended Release)	B	3	QL
Dyanavel XR (Oral Tablet Chewable Extended Release)	B	3	QL
Evekeo ODT (Oral Tablet Dispersible)	B	3	
Evekeo (Oral Tablet)	G	3	
Lisdexamfetamine Dimesylate (Oral Capsule)	G	3	
Methamphetamine HCl (Oral Tablet)	G	4	PA; QL
Mydayis (Oral Capsule Extended Release 24 Hour)	B	3	QL
ProCentra (Oral Solution)	G	3	
Vyvanse (Oral Capsule)	B	3	
Vyvanse (Oral Tablet Chewable)	B	3	
Xelstrym (Transdermal Patch)	B	3	QL
Zenzedi (Oral Tablet)	G	3	QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			
Aptensio XR (Oral Capsule Extended Release 24 Hour)	B	3	QL
Atomoxetine HCl (Oral Capsule)	G	3	
Azstarys (Oral Capsule)	B	3	QL
Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)	G	2	PA
Concerta (Oral Tablet Extended Release)	B	3	QL
Cotempla XR-ODT (17.3MG Oral Tablet Extended Release Dispersible, 8.6MG Oral Tablet Extended Release Dispersible)	B	3	QL
Cotempla XR-ODT (25.9MG Oral Tablet Extended Release Dispersible)	B	4	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Daytrana (Transdermal Patch)	B	3	QL
Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour)	G	3	
Dexmethylphenidate HCl (Oral Tablet)	G	2	QL
Focalin (Oral Tablet)	B	3	QL
Focalin XR (Oral Capsule Extended Release 24 Hour)	B	3	
Jornay PM (Oral Capsule Extended Release 24 Hour)	B	3	QL
Kapvay (Oral Tablet Extended Release 12 Hour)	B	3	PA
Methylin (Oral Solution)	B	3	QL
Methylphenidate HCl CD (Oral Capsule Extended Release) (Generic Metadate CD)	G	3	QL
Methylphenidate HCl LA (Oral Capsule Extended Release 24 Hour) (Generic Ritalin LA)	G	3	QL
Methylphenidate HCl ER Osmotic Release (18MG Oral Tablet Extended Release, 27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release, 54MG Oral Tablet Extended Release, 72MG Oral Tablet Extended Release)	G	3	QL
Methylphenidate HCl ER Osmotic (45MG Oral Tablet Extended Release, 63MG Oral Tablet Extended Release) (Generic Concerta)	B	3	QL
Methylphenidate HCl ER (XR) (Oral Capsule Extended Release 24 Hour) (Brand Equivalent Aptensio XR)	G	3	QL
Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release)	G	2	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	3	QL
Methylphenidate HCl (Oral Solution)	G	3	QL
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	G	2	QL
Methylphenidate HCl (Oral Tablet Chewable)	G	3	QL
Methylphenidate (Transdermal Patch)	G	3	QL
Qelbree (Oral Capsule Extended Release 24 Hour)	B	3	QL
QuilliChew ER (Oral Tablet Chewable Extended Release)	B	3	QL
Quillivant XR (Oral Suspension Reconstituted)	B	3	QL
Relexxii (45MG Oral Tablet Extended Release, 63MG Oral Tablet Extended Release)	B	3	QL
Relexxii (72MG Oral Tablet Extended Release)	G	3	QL
Ritalin LA (Oral Capsule Extended Release 24 Hour)	B	3	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ritalin (Oral Tablet)	B	3	QL
Strattera (Oral Capsule)	B	3	
Central Nervous System, Other			
Austedo (Oral Tablet)	B	4	PA; QL
Daybue (Oral Solution)	B	4	PA; QL
Exservan (Oral Film)	B	4	PA
Firdapse (Oral Tablet)	B	4	PA; QL
Gralise (Oral Tablet)	B	3	PA
Horizant (Oral Tablet Extended Release)	B	3	PA
Ingrezza (Oral Capsule)	B	4	PA; QL
Ingrezza (Oral Capsule Therapy Pack)	B	4	PA; QL
Nuedexta (Oral Capsule)	B	4	PA; QL
Quviviq (Oral Tablet)	B	3	QL
Radicava ORS Starter Kit (Oral Suspension)	B	4	PA; QL
Relyvrio (Oral Packet)	B	4	PA; QL
Rilutek (Oral Tablet)	B	4	
Riluzole (Oral Tablet)	G	2	
Skyclarys (Oral Capsule)	B	4	PA; QL
Tetrabenazine (12.5MG Oral Tablet)	G	3	PA
Tetrabenazine (25MG Oral Tablet)	G	4	PA
Tiglutik (Oral Suspension)	B	4	PA
Veozah (Oral Tablet)	B	3	PA; QL
Xenazine (Oral Tablet)	B	4	PA
Fibromyalgia Agents			
Cymbalta (Oral Capsule Delayed Release Particles)	B	3	QL
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	G	1	QL
Duloxetine HCl (40MG Oral Capsule Delayed Release Particles)	G	3	QL
Lyrica CR (Oral Tablet Extended Release 24 Hour)	B	3	PA; QL
Lyrica (Oral Capsule)	B	3	ST; QL
Lyrica (Oral Solution)	B	3	ST; QL
Pregabalin ER (Oral Tablet Extended Release 24 Hour)	G	3	PA; QL
Pregabalin (Oral Capsule)	G	2	QL
Pregabalin (Oral Solution)	G	2	QL
Savella (Oral Tablet)	B	2	
Savella Titration Pack (Oral Tablet)	B	2	
Multiple Sclerosis Agents			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ampyra (Oral Tablet Extended Release 12 Hour)	B	4	ST; QL
Aubagio (Oral Tablet)	B	4	QL
Avonex Pen (Intramuscular Auto-Injector Kit)	B	4	
Avonex Prefilled (Intramuscular Prefilled Syringe Kit)	B	4	
Bafiertam (Oral Capsule Delayed Release)	B	4	ST; QL
Betaseron (Subcutaneous Kit)	B	4	
Copaxone (Subcutaneous Solution Prefilled Syringe)	B	4	
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	2	QL
Dimethyl Fumarate (Oral Capsule Delayed Release)	G	4	QL
Dimethyl Fumarate Starter Pack (Oral Capsule Delayed Release Therapy Pack)	G	4	QL
Extavia (Subcutaneous Kit)	B	4	
Fingolimod HCl (Oral Capsule)	G	4	QL
Gilenya (Oral Capsule)	B	4	QL
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	G	4	
Glatopa (Subcutaneous Solution Prefilled Syringe)	G	4	
Kesimpta (Subcutaneous Solution Auto-Injector)	B	4	
Mavenclad (10 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mavenclad (4 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mavenclad (5 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mavenclad (6 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mavenclad (7 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mavenclad (8 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mavenclad (9 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mayzent (Oral Tablet)	B	4	QL
Mayzent Starter Pack (12 x 0.25MG Oral Tablet Therapy Pack)	B	4	QL
Mayzent Starter Pack (7 x 0.25MG Oral Tablet Therapy Pack)	B	3	QL
Plegridy (Subcutaneous Solution Pen-Injector)	B	4	QL
Plegridy (Subcutaneous Solution Prefilled Syringe)	B	4	QL
Ponvory (Oral Tablet)	B	4	QL
Ponvory Starter Pack (Oral Tablet Therapy Pack)	B	4	QL
Rebif Rebidose (Subcutaneous Solution Auto-Injector)	B	4	ST
Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)	B	4	ST
Rebif (Subcutaneous Solution Prefilled Syringe)	B	4	ST

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
Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)	B	4	ST
Tascenso ODT (Oral Tablet Dispersible)	B	4	QL
Tecfidera (Oral Capsule Delayed Release)	B	4	QL
Tecfidera (Oral Capsule Delayed Release Therapy Pack)	B	4	QL
Teriflunomide (Oral Tablet)	G	4	QL
Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)	B	4	ST; QL
Zeposia 7-Day Starter Pack (Oral Capsule Therapy Pack)	B	4	PA; QL
Zeposia (Oral Capsule)	B	4	PA; QL
Zeposia Starter Kit (Oral Capsule Therapy Pack)	B	4	PA; QL
Dental and Oral Agents			
Dental and Oral Agents			
Cevimeline HCl (Oral Capsule)	G	3	ST
Chlorhexidine Gluconate (Mouth Solution)	G	1	
Evoxac (Oral Capsule)	B	3	ST
Periogard (Mouth Solution)	G	1	
Pilocarpine HCl (Oral Tablet)	G	2	
Salagen (Oral Tablet)	B	3	
Triamcinolone Acetonide (Dental Paste)	G	2	
Dermatological Agents			
Acne and Rosacea Agents			
Absorica LD (Oral Capsule)	B	4	PA
Absorica (Oral Capsule)	B	4	PA
Acanya (External Gel)	B	3	ST
Accutane (Oral Capsule)	G	3	PA
Acitretin (Oral Capsule)	G	3	
Adapalene (External Cream)	G	3	
Adapalene (0.3% External Gel)	G	2	
Adapalene (External Pad)	G	4	
Adapalene-Benzoyl Peroxide (External Gel)	G	3	ST
Aklief (External Cream)	B	3	PA
Altreno (External Lotion)	B	3	PA
Amnesteem (Oral Capsule)	G	3	PA
Arazlo (External Lotion)	B	3	PA
Atralin (External Gel)	B	3	PA
Azelaic Acid (External Gel)	G	3	QL
Azelex (External Cream)	B	3	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Benzamycin (External Gel)	B	3	
Benzoyl Peroxide-Erythromycin (External Gel)	G	2	
Brimonidine Tartrate (External Gel)	G	3	
Claravis (Oral Capsule)	G	3	PA
Clindamycin Phosphate-Benzoyl Peroxide (1.2-2.5% External Gel)	G	3	ST
Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel, 1.2-5% External Gel)	G	2	
Clindamycin-Tretinoin (External Gel)	G	3	PA
Differin (External Cream)	B	3	
Differin (0.3% External Gel)	B	3	
Differin (External Lotion)	B	3	
Epiduo (External Gel)	B	3	ST
Epiduo Forte (External Gel)	B	3	ST
Fabior (External Foam)	B	3	PA
Finacea (External Foam)	B	3	QL
Finacea (External Gel)	B	3	QL
Isotretinoin (Oral Capsule)	G	3	PA
Mirvaso (External Gel)	B	3	
Neuac (External Gel)	G	2	
Onexton (External Gel)	B	3	ST
Retin-A (External Cream)	B	3	PA
Retin-A (External Gel)	B	3	PA
Retin-A Micro (External Gel)	B	3	PA
Retin-A Micro Pump (0.06% External Gel, 0.08% External Gel)	B	4	PA
Rhofade (External Cream)	B	3	PA
Tazarotene (External Cream)	G	3	PA
Tazarotene (External Foam)	G	3	PA
Tazarotene (External Gel)	G	3	PA
Tazorac (External Cream)	B	3	PA
Tazorac (External Gel)	B	3	PA
Tretinoin (External Cream)	G	3	PA
Tretinoin (External Gel)	G	3	PA
Tretinoin Microsphere (0.01% External Gel, 0.04% External Gel)	G	3	PA
Tretinoin Microsphere Pump (0.08% External Gel)	G	3	PA
Twyneo (External Cream)	B	3	ST
Veltin (External Gel)	B	3	PA

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Winlevi (External Cream)	B	3	PA
Zenatane (Oral Capsule)	G	3	PA
Ziana (External Gel)	B	3	PA
Dermatitis and Pruritus Agents			
Ala Scalp (External Lotion)	G	3	
Ala-Cort (External Cream)	G	1	
Alclometasone Dipropionate (External Cream)	G	2	
Alclometasone Dipropionate (External Ointment)	G	2	
Amcinonide (External Lotion)	G	3	
Amcinonide (External Ointment)	G	3	
Ammonium Lactate (External Cream)	G	1	
Ammonium Lactate (External Lotion)	G	1	
ApexiCon E (External Cream)	G	4	QL
Betamethasone Dipropionate Aug (External Cream)	G	1	
Betamethasone Dipropionate Aug (External Gel)	G	2	
Betamethasone Dipropionate Aug (External Lotion)	G	2	
Betamethasone Dipropionate Aug (External Ointment)	G	2	
Betamethasone Dipropionate (External Cream)	G	2	
Betamethasone Dipropionate (External Lotion)	G	2	
Betamethasone Dipropionate (External Ointment)	G	2	
Betamethasone Valerate (External Cream)	G	2	
Betamethasone Valerate (External Foam)	G	3	
Betamethasone Valerate (External Lotion)	G	2	
Betamethasone Valerate (External Ointment)	G	2	
Bryhali (External Lotion)	B	3	
Capex (External Shampoo)	B	3	
Cibinqo (Oral Tablet)	B	4	PA; QL
Clobetasol Propionate Emollient Base (External Cream)	G	2	
Clobetasol Propionate Emulsion (External Foam)	G	3	QL
Clobetasol Propionate (External Cream)	G	2	
Clobetasol Propionate (External Foam)	G	3	QL
Clobetasol Propionate (External Gel)	G	2	
Clobetasol Propionate (External Liquid Spray)	G	3	QL
Clobetasol Propionate (External Lotion)	G	3	QL
Clobetasol Propionate (External Ointment)	G	2	
Clobetasol Propionate (External Shampoo)	G	3	
Clobetasol Propionate (External Solution)	G	2	
Clobex (External Lotion)	B	4	QL
Clobex (External Shampoo)	B	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Clobex Spray (External Liquid)	B	3	QL
Clocortolone Pivalate (External Cream)	G	3	
Clodan (External Shampoo)	G	3	
Cloderm (External Cream)	B	3	
Cordran (0.05% External Cream)	B	4	
Cordran (External Lotion)	B	4	QL
Cordran (External Tape)	B	3	
Derma-Smoothe/FS Scalp (External Oil)	B	3	
Desonide (External Cream)	G	2	QL
Desonide (External Gel)	G	3	ST; QL
Desonide (External Lotion)	G	3	QL
Desonide (External Ointment)	G	2	QL
DesOwen (External Cream)	B	3	QL
Desoximetasone (External Cream)	G	3	QL
Desoximetasone (External Gel)	G	3	
Desoximetasone (External Liquid)	G	3	
Desoximetasone (External Ointment)	G	3	
Diflorasone Diacetate (External Cream)	G	3	QL
Diflorasone Diacetate (External Ointment)	G	3	ST; QL
Diprolene (External Ointment)	B	3	
Doxepin HCl (External Cream)	G	3	PA; QL
Elidel (External Cream)	B	3	ST; QL
Eucrisa (External Ointment)	B	3	PA; QL
Fluocinolone Acetonide (External Cream)	G	2	
Fluocinolone Acetonide (External Ointment)	G	2	
Fluocinolone Acetonide (External Solution)	G	2	
Fluocinolone Acetonide Scalp (External Oil)	G	2	
Fluocinonide Emulsified Base (External Cream)	G	2	QL
Fluocinonide (External Cream)	G	2	QL
Fluocinonide (External Gel)	G	2	QL
Fluocinonide (External Ointment)	G	2	QL
Fluocinonide (External Solution)	G	2	QL
Flurandrenolide (External Cream)	B	3	
Flurandrenolide (External Lotion)	G	3	QL
Fluticasone Propionate (External Cream)	G	2	
Fluticasone Propionate (External Lotion)	G	3	
Fluticasone Propionate (External Ointment)	G	2	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Halcinonide (External Cream)	G	3	
Halobetasol Propionate (External Cream)	G	3	
Halobetasol Propionate (External Foam)	B	4	
Halobetasol Propionate (External Ointment)	G	3	
Halog (External Cream)	B	3	
Halog (External Ointment)	B	3	
Halog (External Solution)	B	3	
Hydrocortisone Butyrate (External Cream)	G	3	
Hydrocortisone Butyrate (External Lotion)	G	3	QL
Hydrocortisone Butyrate (External Ointment)	G	3	
Hydrocortisone Butyrate (External Solution)	G	3	
Hydrocortisone (1% External Cream)	G	1	
Hydrocortisone (2.5% External Lotion)	G	2	
Hydrocortisone (1% External Ointment, 2.5% External Ointment)	G	1	
Hydrocortisone Valerate (External Cream)	G	3	
Hydrocortisone Valerate (External Ointment)	G	3	
Hyftor (External Gel)	B	4	PA
Kenalog (External Aerosol Solution)	B	4	
Lexette (External Foam)	B	4	
Locoid (External Lotion)	B	4	QL
Locoid Lipocream (External Cream)	B	3	
Mometasone Furoate (External Cream)	G	1	
Mometasone Furoate (External Ointment)	G	1	
Mometasone Furoate (External Solution)	G	1	
Opzelura (External Cream)	B	4	PA; QL
Pandel (External Cream)	B	4	
Pimecrolimus (External Cream)	G	3	ST; QL
PRUDOXIN (External Cream)	B	3	PA; QL
Selenium Sulfide (External Lotion)	G	1	
Synalar (External Cream)	B	3	
Synalar (External Solution)	B	3	
Tacrolimus (External Ointment)	G	3	ST
Texacort (External Solution)	G	3	
Topicort (External Cream)	G	3	QL
Topicort (External Gel)	G	3	
Topicort (0.05% External Ointment)	B	3	
Topicort Spray (External Liquid)	B	3	
Tovet (External Foam)	G	3	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Triamcinolone Acetonide (External Aerosol Solution) (Generic Kenalog)	G	3	
Triamcinolone Acetonide (External Cream)	G	1	
Triamcinolone Acetonide (External Lotion)	G	2	
Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment)	G	1	
Triamcinolone Acetonide (0.05% External Ointment)	G	3	
Trianex (0.05% External Ointment)	G	3	
Triderm (External Cream)	G	1	
Ultravate (External Lotion)	B	4	
Vanos (External Cream)	B	4	QL
Verdeso (External Foam)	B	4	ST; QL
Zonalon (External Cream)	B	3	PA; QL
Dermatological Agents, Other			
Calcipotriene (External Cream)	G	3	QL
Calcipotriene (External Foam)	B	4	
Calcipotriene (External Ointment)	G	3	QL
Calcipotriene (External Solution)	G	2	
Calcipotriene-Betamethasone (External Ointment)	G	3	
Calcipotriene-Betamethasone (External Suspension)	G	3	
Calcitriol (External Ointment)	G	3	
Carac (External Cream)	B	4	
Clotrimazole-Betamethasone (External Cream)	G	1	QL
Clotrimazole-Betamethasone (External Lotion)	G	3	
Condylox (External Gel)	B	3	
Diclofenac Sodium (3% External Gel)	G	2	PA; QL
Duobrii (External Lotion)	B	4	PA
Efudex (External Cream)	B	3	QL
Enstilar (External Foam)	B	4	PA
Fluorouracil (0.5% External Cream)	G	4	
Fluorouracil (5% External Cream)	G	2	QL
Fluorouracil (External Solution)	G	2	
Hydrocortisone Acetate-Pramoxine (1-1% External Cream)	G	3	
Imiquimod (5% External Cream)	G	1	QL
Imiquimod Pump (3.75% External Cream)	G	4	PA
Klisyri (External Ointment)	B	4	PA; QL
Methoxsalen Rapid (Oral Capsule)	G	4	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Neo-Synalar (External Cream)	G	4	
Nystatin-Triamcinolone (External Cream)	G	1	
Nystatin-Triamcinolone (External Ointment)	G	1	
Podofilox (External Solution)	G	2	
Qbrexza (External Pad)	B	3	
Regranex (External Gel)	B	4	PA
Santyl (External Ointment)	B	3	
Silvadene (External Cream)	B	3	
Silver Sulfadiazine (External Cream)	G	1	
Sorilux (External Foam)	B	4	
SSD (External Cream)	B	1	
Taclonex (External Ointment)	B	4	
Taclonex (External Suspension)	B	4	
Vectical (External Ointment)	B	4	
Veregen (External Ointment)	B	4	
Vtama (External Cream)	B	4	PA
Xerese (External Cream)	B	4	PA
Zoryve (External Cream)	B	3	PA
Zyclara Pump (External Cream)	B	4	PA
Pediculicides/Scabicides			
Crotan (External Lotion)	G	3	
Ivermectin (External Cream)	G	3	QL
Malathion (External Lotion)	G	3	
Natroba (External Suspension)	B	3	
Ovide (External Lotion)	G	3	
Permethrin (External Cream)	G	2	
Soolantra (External Cream)	B	3	QL
Spinosad (External Suspension)	G	3	
Topical Anti-infectives			
Aczone (External Gel)	B	3	
Altabax (External Ointment)	B	3	
Amzeeq (External Foam)	B	3	
Ciclopirox (External Gel)	G	2	
Ciclopirox (External Shampoo)	G	2	
Ciclopirox (External Solution)	G	2	
Ciclopirox Olamine (External Cream)	G	1	
Ciclopirox Olamine (External Suspension)	G	2	
Cleocin-T (External Lotion)	B	3	QL
Clindacin ETZ (External Swab)	G	2	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Clindacin (External Foam)	G	3	
Clindagel (External Gel)	B	4	QL
Clindamycin Phosphate (External Foam)	G	3	
Clindamycin Phosphate (External Gel)	G	2	QL
Clindamycin Phosphate (External Lotion)	G	2	QL
Clindamycin Phosphate (External Solution)	G	1	QL
Clindamycin Phosphate (External Swab)	G	2	QL
Clotrimazole (External Cream)	G	1	
Clotrimazole (External Solution)	G	2	
Dapsone (External Gel)	G	3	
Econazole Nitrate (External Cream)	G	1	QL
Epsolay (External Cream)	B	3	PA
Ertaczo (External Cream)	B	4	
Ery (External Pad)	G	2	
Erygel (External Gel)	B	3	
Erythromycin (External Gel)	G	2	
Erythromycin (External Solution)	G	2	
Gentamicin Sulfate (External Cream)	G	2	
Gentamicin Sulfate (External Ointment)	G	1	
Jublia (External Solution)	B	3	
Kerydin (External Solution)	B	4	ST
Ketoconazole (External Cream)	G	1	QL
Ketoconazole (External Foam)	G	3	QL
Ketoconazole (External Shampoo)	G	1	
Ketodan (External Foam)	G	3	QL
Klaron (External Lotion)	B	3	PA
Loprox (1% External Shampoo)	B	3	
Luliconazole (External Cream)	B	3	QL
Luzu (External Cream)	B	3	QL
Mafenide Acetate (External Packet)	G	4	
Mupirocin Calcium (External Cream)	G	3	
Mupirocin (External Ointment)	G	1	QL
Naftifine HCl (External Cream)	G	3	
Naftifine HCl (2% External Gel)	G	3	
Naftin (External Gel)	B	3	
Nyamyc (External Powder)	G	1	QL
Nystatin (External Cream)	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
Nystatin (External Ointment)	G	1	
Nystatin (External Powder)	G	1	QL
Nystop (External Powder)	G	1	QL
Oxiconazole Nitrate (External Cream)	G	3	QL
Oxistat (External Cream)	B	3	QL
Oxistat (External Lotion)	B	3	QL
Sulfacetamide Sodium (Acne) (External Lotion)	G	3	PA
Sulfamylon (External Cream)	B	3	
Tavaborole (External Solution)	G	3	ST
Zilxi (External Foam)	B	3	
Electrolytes/Minerals/Metals/Vitamins			
Electrolyte/Mineral Replacement			
Carbaglu (Oral Tablet Soluble)	B	4	
Carglumic Acid (Oral Tablet Soluble)	G	4	
Clinimix E/Dextrose (2.75/5) (Intravenous Solution)	B	3	B/D,PA
Clinimix E/Dextrose (4.25/10) (Intravenous Solution)	B	3	B/D,PA
Clinimix E/Dextrose (4.25/5) (Intravenous Solution)	B	3	B/D,PA
Clinimix E/Dextrose (5/15) (Intravenous Solution)	B	3	B/D,PA
Clinimix E/Dextrose (5/20) (Intravenous Solution)	B	3	B/D,PA
Clinimix/Dextrose (4.25/10) (Intravenous Solution)	B	3	B/D,PA
Clinimix/Dextrose (4.25/5) (Intravenous Solution)	B	3	B/D,PA
Clinimix/Dextrose (5/15) (Intravenous Solution)	B	3	B/D,PA
Clinimix/Dextrose (5/20) (Intravenous Solution)	B	3	B/D,PA
Clinisol SF (Intravenous Solution)	G	3	B/D,PA
Dextrose (10% Intravenous Solution)	G	2	
Dextrose (5% Intravenous Solution)	G	2	B/D,PA
Dextrose-NaCl (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 5-0.2% Intravenous Solution)	B	2	
Dextrose-NaCl (2.5-0.45% Intravenous Solution, 5-0.45% Intravenous Solution)	G	2	
Dextrose-NaCl (5-0.9% Intravenous Solution)	G	2	B/D,PA
Endari (Oral Packet)	B	4	PA
Intralipid (Intravenous Emulsion)	B	3	B/D,PA
Isolyte-P in D5W (Intravenous Solution)	B	3	
Isolyte-S pH 7.4 (Intravenous Solution)	B	3	
KCl in Dextrose-NaCl (Intravenous Solution)	G	2	
KCl-Lactated Ringers-D5W (Intravenous Solution)	B	2	
Klor-Con 10 (Oral Tablet Extended Release)	B	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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	3	
Klor-Con 8 (Oral Tablet Extended Release)	B	1	
Magnesium Sulfate (50% Injection Solution)	B	1	
Magnesium Sulfate (50% (10ML Syringe) Injection Solution)	G	1	
Multiple Electrolytes Type 1 pH 5.5 (Intravenous Solution)	G	3	
Nutrilipid (Intravenous Emulsion)	B	3	B/D,PA
Plasma-Lyte 148 (Intravenous Solution)	B	3	
Plasma-Lyte A (Intravenous Solution)	B	3	
Plenamaine (Intravenous Solution)	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	2	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	3	
Potassium Chloride (20MEQ/15ML(10%) Oral Solution)	G	2	
Potassium Chloride (40MEQ/15ML(20%) Oral Solution)	G	3	
Potassium Citrate ER (Oral Tablet Extended Release)	G	3	
Potassium Chloride in Dextrose 5% (20MEQ/L Intravenous Solution)	G	2	B/D,PA
Premasol (Intravenous Solution)	G	3	B/D,PA
Prosol (Intravenous Solution)	B	3	B/D,PA
Sodium Chloride (0.45% Intravenous Solution)	G	1	
Sodium Chloride (0.9% Intravenous Solution, 3% Intravenous Solution)	G	1	B/D,PA
Sodium Chloride (5% Intravenous Solution)	B	1	B/D,PA
Sodium Chloride (Irrigation Solution)	B	1	
Sodium Fluoride (Oral Tablet)	G	1	

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
TPN Electrolytes (Intravenous Concentrate)	B	3	
Travasol (Intravenous Solution)	B	3	B/D,PA
TrophAmine (Intravenous Solution)	B	3	B/D,PA
Urocit-K 10 (Oral Tablet Extended Release)	B	3	
Urocit-K 15 (Oral Tablet Extended Release)	B	3	
Urocit-K 5 (Oral Tablet Extended Release)	B	3	
Electrolyte/Mineral/Metal Modifiers			
Chemet (Oral Capsule)	B	4	
Cuvrior (Oral Tablet)	B	4	PA; QL
Deferasirox Granules (Oral Packet)	G	4	PA
Deferasirox (Oral Tablet) (Generic Jadenu)	G	2	PA
Deferasirox (Oral Tablet Soluble) (Generic Exjade)	G	4	PA
Deferiprone (Oral Tablet)	G	4	PA
Exjade (Oral Tablet Soluble)	B	4	PA
Ferriprox (Oral Solution)	B	4	PA
Ferriprox (500MG Oral Tablet)	B	4	PA
Ferriprox Twice-A-Day (Oral Tablet)	B	4	PA
Jadenu (Oral Tablet)	B	4	PA
Jadenu Sprinkle (Oral Packet)	B	4	PA
Jynarque (Oral Tablet)	B	4	PA
Jynarque (Oral Tablet Therapy Pack)	B	4	PA; QL
Samsca (Oral Tablet)	B	4	PA
Syprine (Oral Capsule)	B	4	PA; QL
Tolvaptan (Oral Tablet)	G	4	PA
Trientine HCl (250MG Oral Capsule)	G	4	PA; QL
Phosphate Binders			
Auryxia (Oral Tablet)	B	4	PA
Calcium Acetate (Phosphate Binder) (Oral Capsule)	G	2	
Calcium Acetate (667MG Oral Tablet)	G	2	
Fosrenol (Oral Packet)	B	4	
Fosrenol (Oral Tablet Chewable)	B	4	
Lanthanum Carbonate (Oral Tablet Chewable)	G	4	
Renagel (Oral Tablet)	B	4	
Renvela (Oral Packet)	B	4	
Sevelamer Carbonate (Oral Packet)	G	4	
Sevelamer Carbonate (Oral Tablet) (Generic Renvela)	G	2	
Sevelamer HCl (Oral Tablet)	G	3	
Velphoro (Oral Tablet Chewable)	B	4	
Potassium Binders			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Lokelma (Oral Packet)	B	3	QL
Sodium Polystyrene Sulfonate (Oral Powder)	G	2	
SPS (Oral Suspension)	G	2	
Veltassa (16.8GM Oral Packet, 25.2GM Oral Packet)	B	4	QL
Veltassa (8.4GM Oral Packet)	B	3	QL
Vitamins			
Prenatal (27-1MG Oral Tablet)	G	1	
Gastrointestinal Agents			
Anti-Constipation Agents			
Amitiza (Oral Capsule)	B	3	QL
Constulose (Oral Solution)	G	1	
Enulose (Oral Solution)	G	1	
Generlac (Oral Solution)	G	1	
Ibsrela (Oral Tablet)	B	4	PA; QL
Kristalose (Oral Packet)	G	3	
Lactulose (Oral Packet)	G	3	
Lactulose (Oral Solution)	G	1	
Linzess (Oral Capsule)	B	2	QL
Lubiprostone (Oral Capsule)	G	2	QL
Motegrity (Oral Tablet)	B	3	QL
Movantik (Oral Tablet)	B	2	QL
Relistor (Oral Tablet)	B	4	PA
Relistor (Subcutaneous Solution)	B	4	PA
Symproic (Oral Tablet)	B	3	PA; QL
Trulance (Oral Tablet)	B	3	
Anti-Diarrheal Agents			
Alosetron HCl (Oral Tablet)	G	4	PA
Diphenoxylate-Atropine (Oral Liquid)	G	3	PA; HRM
Diphenoxylate-Atropine (Oral Tablet)	G	3	PA; HRM
Lomotil (Oral Tablet)	B	3	PA; HRM
Loperamide HCl (Oral Capsule)	G	1	
Lotronex (Oral Tablet)	B	4	PA
Mytesi (Oral Tablet Delayed Release)	B	4	PA
Viberzi (Oral Tablet)	B	4	PA; QL
Xermelo (Oral Tablet)	B	4	PA; QL
Antispasmodics, Gastrointestinal			
Cuvposa (Oral Solution)	B	3	PA

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Dartisla ODT (Oral Tablet Dispersible)	B	3	PA
Dicyclomine HCl (Oral Capsule)	G	1	HRM
Dicyclomine HCl (Oral Solution)	G	3	HRM
Dicyclomine HCl (Oral Tablet)	G	1	HRM
Glycate (Oral Tablet)	G	3	PA
Glycopyrrolate (Oral Solution) (Generic Cuvposa)	G	3	PA
Glycopyrrolate (1.5MG Oral Tablet)	G	3	PA
Glycopyrrolate (1MG Oral Tablet, 2MG Oral Tablet)	G	1	PA
Robinul (Oral Tablet)	B	3	PA
Robinul-Forte (Oral Tablet)	B	4	PA
Gastrointestinal Agents, Other			
Amoxicillin-Clarithromycin-Lansoprazole (Oral Therapy Pack)	G	3	
Bismuth Subcitrate/Metronidazole/Tetracycline	G	3	
Bylvay (Pellets) (Oral Capsule Sprinkle)	B	4	PA
Bylvay (Oral Capsule)	B	4	PA
Chenodal (Oral Tablet)	G	4	PA
Clenpiq (Oral Solution)	B	2	
Gattex (Subcutaneous Kit)	B	4	PA
GaviLyte-C (Oral Solution Reconstituted)	G	1	
GaviLyte-G (Oral Solution Reconstituted)	G	1	
GoLYTELY (Oral Solution Reconstituted)	B	3	
Helidac Therapy (Oral)	G	4	
Livmarli (Oral Solution)	B	4	PA
MoviPrep (Oral Solution Reconstituted)	B	3	
Myalept (Subcutaneous Solution Reconstituted)	B	4	PA
Sodium Sulfate-Potassium Sulfate-Magnesium Sulfate (Oral Solution)	G	2	
Ocaliva (Oral Tablet)	B	4	PA; QL
OsmoPrep (1.102-0.398GM Oral Tablet)	B	3	
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	G	1	
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	G	1	
PEG-3350/Electrolytes/Ascorbat (Oral Solution Reconstituted) (Generic MoviPrep)	G	3	
Plenvu (Oral Solution Reconstituted)	B	3	
Pylera (Oral Capsule)	B	4	
Reltone (Oral Capsule)	G	4	
Suflave (Oral Solution Reconstituted)	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Suprep Bowel Prep Kit (Oral Solution)	B	2	
Sutab (Oral Tablet)	B	2	
Talicia (Oral Capsule Delayed Release)	B	3	
Urso 250 (Oral Tablet)	B	3	
Urso Forte (Oral Tablet)	B	3	
Ursodiol (200MG Oral Capsule, 400MG Oral Capsule)	G	4	
Ursodiol (300MG Oral Capsule)	G	2	
Ursodiol (Oral Tablet)	G	3	
Vowst (Oral Capsule)	B	4	PA
Histamine2 (H2) Receptor Antagonists			
Cimetidine (Oral Tablet)	G	2	
Famotidine (Oral Suspension Reconstituted)	G	3	
Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	G	1	
Nizatidine (Oral Capsule)	G	2	
Pepcid (20MG Oral Tablet)	G	3	
Pepcid (40MG Oral Tablet)	G	4	
Protectants			
Carafate (Oral Suspension)	B	3	
Carafate (Oral Tablet)	B	3	
Cytotec (Oral Tablet)	B	3	
Misoprostol (Oral Tablet)	G	2	
Sucralfate (Oral Suspension)	G	3	
Sucralfate (Oral Tablet)	G	1	
Proton Pump Inhibitors			
Aciphex (Oral Tablet Delayed Release)	B	3	
Dexilant (Oral Capsule Delayed Release)	B	3	ST; QL
Dexlansoprazole (Oral Capsule Delayed Release)	G	3	ST; QL
Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)	G	2	QL
Esomeprazole Magnesium (Oral Packet)	G	2	
Konvomep (Oral Suspension Reconstituted)	B	3	PA
Lansoprazole (Oral Capsule Delayed Release)	G	1	QL
Lansoprazole ODT (Oral Tablet Delayed Release Dispersible)	G	3	
Nexium (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	B	2	QL
Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet)	B	2	

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
Omeprazole (10MG Oral Capsule Delayed Release)	G	1	QL
Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	G	1	
Omeprazole-Sodium Bicarbonate (Oral Capsule)	G	3	PA
Omeprazole-Sodium Bicarbonate (Oral Packet)	G	4	PA
Pantoprazole Sodium (Oral Packet)	G	3	ST
Pantoprazole Sodium (Oral Tablet Delayed Release)	G	1	QL
Prevacid (30MG Oral Capsule Delayed Release)	B	3	QL
Prevacid SoluTab (Oral Tablet Delayed Release Dispersible)	B	3	
Prilosec (Oral Packet)	B	3	PA
Protonix (Oral Packet)	B	3	ST
Protonix (Oral Tablet Delayed Release)	B	3	QL
Rabeprazole Sodium (Oral Tablet Delayed Release)	G	2	
Zegerid (Oral Capsule)	B	4	PA
Zegerid (Oral Packet)	B	4	PA
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment			
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment			
Aralast NP (1000MG Intravenous Solution Reconstituted)	B	4	PA
Betaine (Oral Powder)	G	4	
Buphenyl (Oral Powder)	B	4	
Buphenyl (Oral Tablet)	B	4	
Carnitor (Oral Solution)	B	3	
Carnitor (Oral Tablet)	B	3	
Cerdelga (Oral Capsule)	B	4	PA
Cholbam (Oral Capsule)	B	4	PA
Creon (Oral Capsule Delayed Release Particles)	B	2	
Cromolyn Sodium (Oral Concentrate)	G	2	
Cystadane (Oral Powder)	B	4	
Cystagon (Oral Capsule)	B	3	
Evrysdi (Oral Solution Reconstituted)	B	4	PA; QL
Galafold (Oral Capsule)	B	4	
Gastrocrom (Oral Concentrate)	B	4	
Glassia (Intravenous Solution)	B	4	PA
Javygtor (Oral Packet)	G	4	
Javygtor (Oral Tablet)	G	4	
Keveyis (Oral Tablet)	B	4	PA; QL
Kuvan (Oral Packet)	B	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Kuvan (Oral Tablet)	B	4	
Levocarnitine (1GM/10ML Oral Solution)	G	3	
Levocarnitine (330MG Oral Tablet)	G	2	
Miglustat (Oral Capsule)	G	4	PA
Nitisinone (Oral Capsule)	G	4	
Nityr (Oral Tablet)	B	4	
Olpruva (2GM Dose) (Oral Therapy Pack)	B	4	QL
Olpruva (3GM Dose) (Oral Therapy Pack)	B	4	QL
Olpruva (4GM Dose) (Oral Therapy Pack)	B	4	QL
Olpruva (5GM Dose) (Oral Therapy Pack)	B	4	QL
Olpruva (6GM Dose) (Oral Therapy Pack)	B	4	QL
Olpruva (6.67GM Dose) (Oral Therapy Pack)	B	4	QL
Orfadin (Oral Capsule)	B	4	
Orfadin (Oral Suspension)	B	4	
Palynziq (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Pancreaze (10500-35500UNIT Oral Capsule Delayed Release Particles, 16800-56800UNIT Oral Capsule Delayed Release Particles, 2600-8800UNIT Oral Capsule Delayed Release Particles, 4200-14200UNIT Oral Capsule Delayed Release Particles)	B	3	ST
Pancreaze (21000-54700UNIT Oral Capsule Delayed Release Particles, 37000-97300UNIT Oral Capsule Delayed Release Particles)	B	4	ST
Pertzye (16000-57500UNIT Oral Capsule Delayed Release Particles, 24000-86250UNIT Oral Capsule Delayed Release Particles)	B	4	ST
Pertzye (4000-14375UNIT Oral Capsule Delayed Release Particles, 8000-28750UNIT Oral Capsule Delayed Release Particles)	B	3	ST
Pheburane (Oral Pellet)	B	4	
Procysbi (Oral Packet)	B	4	
Prolastin-C (Intravenous Solution Reconstituted)	B	4	PA
RAVICTI (Oral Liquid)	B	4	
Revcovi (Intramuscular Solution)	B	4	PA
Sapropterin Dihydrochloride (Oral Packet)	G	4	
Sapropterin Dihydrochloride (Oral Tablet)	G	4	
Sodium Phenylbutyrate (Oral Powder)	G	4	
Sodium Phenylbutyrate (Oral Tablet)	G	4	
Sucraid (Oral Solution)	B	4	
Tegsedi (Subcutaneous Solution Prefilled Syringe)	B	4	PA

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Viokace (10440-39150UNIT Oral Tablet)	B	3	ST
Viokace (20880-78300UNIT Oral Tablet)	B	4	ST
Vyndamax (Oral Capsule)	B	4	PA; QL
Vyndaqel (Oral Capsule)	B	4	PA; QL
Xuriden (Oral Packet)	B	4	PA
Zavesca (Oral Capsule)	B	4	PA
Zemaira (Intravenous Solution Reconstituted)	B	4	PA
Zenpep (Oral Capsule Delayed Release Particles)	B	2	
Zokinvy (Oral Capsule)	B	4	PA; QL
Genitourinary Agents			
Antispasmodics, Urinary			
Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour)	G	3	ST; QL
Detrol LA (Oral Capsule Extended Release 24 Hour)	B	3	
Detrol (Oral Tablet)	B	3	
Fesoterodine Fumarate ER (Oral Tablet Extended Release 24 Hour)	G	2	QL
Flavoxate HCl (Oral Tablet)	G	2	
Gelnique (Transdermal Gel)	B	3	
Gemtesa (Oral Tablet)	B	3	
Myrbetriq (Oral Suspension Reconstituted ER)	B	2	
Myrbetriq (Oral Tablet Extended Release 24 Hour)	B	2	
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	G	1	
Oxybutynin Chloride (Oral Solution)	G	1	
Oxybutynin Chloride (5MG Oral Tablet Immediate Release)	G	1	
Oxytrol (Transdermal Patch Twice Weekly)	B	3	
Solifenacin Succinate (Oral Tablet)	G	2	QL
Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour)	G	3	
Tolterodine Tartrate (Oral Tablet)	G	2	
Toviaz (Oral Tablet Extended Release 24 Hour)	B	3	ST; QL
Tropium Chloride ER (Oral Capsule Extended Release 24 Hour)	G	3	
Tropium Chloride (Oral Tablet)	G	2	
Vesicare LS (Oral Suspension)	B	3	PA; QL
Vesicare (Oral Tablet)	B	3	QL
Benign Prostatic Hypertrophy Agents			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	
Avodart (Oral Capsule)	B	3	
Cardura XL (Oral Tablet Extended Release 24 Hour)	B	3	QL
Cialis (2.5MG Oral Tablet, 5MG Oral Tablet)	B	3	PA; QL
Dutasteride (Oral Capsule)	G	2	
Dutasteride-Tamsulosin HCl (Oral Capsule)	G	3	
Entadfi (Oral Capsule)	B	3	ST; QL
Finasteride (5MG Oral Tablet) (Generic Proscar)	G	1	
Flomax (Oral Capsule)	B	3	
Jalyn (Oral Capsule)	B	3	
Proscar (Oral Tablet)	B	3	
Rapaflo (Oral Capsule)	B	3	QL
Silodosin (Oral Capsule)	G	2	QL
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	G	1	PA; QL
Tamsulosin HCl (Oral Capsule)	G	1	
Terazosin HCl (Oral Capsule)	G	1	
Uroxatral (Oral Tablet Extended Release 24 Hour)	B	3	
Genitourinary Agents, Other			
Bethanechol Chloride (Oral Tablet)	G	2	
Cuprimine (Oral Capsule)	B	4	PA
Depen Titratabs (Oral Tablet)	B	4	
Elmiron (Oral Capsule)	B	4	
Filspari (Oral Tablet)	B	4	PA; QL
Lithostat (Oral Tablet)	B	4	
Penicillamine (250MG Oral Capsule)	G	4	PA
Penicillamine (250MG Oral Tablet)	G	4	
Phexxi (Vaginal Gel)	B	3	
Thiola EC (Oral Tablet Delayed Release)	B	4	
Thiola (Oral Tablet Immediate Release)	B	4	
Tiopronin (Oral Tablet)	G	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Acthar (Injection Gel)	B	4	PA
Alkindi Sprinkle (0.5MG Oral Capsule Sprinkle)	B	3	
Alkindi Sprinkle (1MG Oral Capsule Sprinkle, 2MG Oral Capsule Sprinkle, 5MG Oral Capsule Sprinkle)	B	4	
Cortef (Oral Tablet)	B	3	

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
Cortrophin (Injection Gel)	B	4	PA
Dexabliss (Oral Tablet Therapy Pack)	G	3	
Dexamethasone (Oral Solution)	G	1	
Dexamethasone (Oral Tablet)	G	1	
Dexamethasone (Oral Tablet Therapy Pack)	G	3	
Emflaza (Oral Suspension)	B	4	PA
Emflaza (Oral Tablet)	B	4	PA
Fludrocortisone Acetate (Oral Tablet)	G	1	
Hemady (Oral Tablet)	B	3	
Hydrocortisone (Oral Tablet)	G	1	
Medrol (Oral Tablet)	B	3	
Medrol (Oral Tablet Therapy Pack)	B	3	
Methylprednisolone (Oral Tablet)	G	1	
Methylprednisolone (Oral Tablet Therapy Pack)	G	1	
Millipred (5MG Oral Tablet)	G	3	
Orapred ODT (Oral Tablet Dispersible)	B	3	
Prednisolone (15MG/5ML Oral Solution)	G	1	
Prednisolone (5MG Oral Tablet)	G	3	
Prednisolone Sodium Phosphate (10MG/5ML Oral Solution, 20MG/5ML Oral Solution, 25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution)	G	3	
Prednisolone Sodium Phosphate ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 30MG Oral Tablet Dispersible)	G	3	
Prednisone Intensol (Oral Concentrate)	G	3	
Prednisone (5MG/5ML Oral Solution)	G	3	
Prednisone (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 50MG Oral Tablet, 5MG Oral Tablet)	G	1	
Prednisone (10MG (21) Oral Tablet Therapy Pack, 10MG (48) Oral Tablet Therapy Pack, 5MG (21) Oral Tablet Therapy Pack, 5MG (48) Oral Tablet Therapy Pack)	G	1	
Rayos (Oral Tablet Delayed Release)	B	4	PA
TaperDex 12-Day (Oral Tablet Therapy Pack)	G	3	
TaperDex 6-Day (Oral Tablet Therapy Pack)	G	3	
TaperDex 7-Day (Oral Tablet Therapy Pack)	G	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
DDAVP (Oral Tablet)	B	3	
Desmopressin Acetate (Oral Tablet)	G	2	
Desmopressin Acetate Spray (Nasal Solution)	G	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Egrifta SV (2MG Subcutaneous Solution Reconstituted)	B	4	PA
Genotropin MiniQuick (Subcutaneous Prefilled Syringe)	B	4	PA
Genotropin (12MG Subcutaneous Cartridge)	B	4	PA
Genotropin (5MG Subcutaneous Cartridge)	B	3	PA
Humatrope (Injection Cartridge)	B	4	PA
Increlex (Subcutaneous Solution)	B	4	PA
Ngenla (Subcutaneous Solution Pen-Injector)	B	4	PA
Nocdurna (Tablet Sublingual)	B	3	PA
Norditropin FlexPro (Subcutaneous Solution Pen-Injector)	B	4	PA
Nutropin AQ NuSpin 10 (Subcutaneous Solution Pen-Injector)	B	4	PA
Nutropin AQ NuSpin 20 (Subcutaneous Solution Pen-Injector)	B	4	PA
Nutropin AQ NuSpin 5 (Subcutaneous Solution Pen-Injector)	B	4	PA
Omnitrope (Subcutaneous Solution Cartridge)	B	4	PA
Omnitrope (Subcutaneous Solution Reconstituted)	B	4	PA
Saizen (Injection Solution Reconstituted)	B	4	PA
Serostim (Subcutaneous Solution Reconstituted)	B	4	PA
Skytrofa (Subcutaneous Cartridge)	B	4	PA
Sogroya (Subcutaneous Solution Pen-Injector)	B	4	PA
Zomacton (Subcutaneous Solution Reconstituted)	B	3	PA
Zorbtive (Subcutaneous Solution Reconstituted)	B	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			
Korlym (Oral Tablet)	B	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)			
Androgens			
AndroGel Pump (Transdermal Gel)	B	4	
Aveed (Intramuscular Solution)	B	3	PA
Danazol (Oral Capsule)	G	3	
Depo-Testosterone (Intramuscular Solution)	G	3	
Fortesta (Transdermal Gel)	B	3	
Jatenzo (158MG Oral Capsule, 198MG Oral Capsule)	B	3	PA
Jatenzo (237MG Oral Capsule)	B	4	PA
Methitest (Oral Tablet)	G	4	PA

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Methyltestosterone (Oral Capsule)	G	4	PA
Natesto (Nasal Gel)	B	3	
Testim (Transdermal Gel)	B	4	
Testosterone Cypionate (Intramuscular Solution)	G	1	
Testosterone Enanthate (Intramuscular Solution)	G	2	
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	3	
Testosterone (Transdermal Solution)	G	3	
Tlando (Oral Capsule)	B	3	PA
Vogelxo Pump (Transdermal Gel)	B	3	
Vogelxo (Transdermal Gel)	B	3	
Xyosted (Subcutaneous Solution Auto-Injector)	B	3	PA
Estrogens			
Altavera (Oral Tablet)	G	3	
Alyacen 1/35 (Oral Tablet)	G	3	
Amethia (Oral Tablet)	G	3	
Annovera (Vaginal Ring)	B	3	QL
Apri (Oral Tablet)	G	3	
Aranelle (Oral Tablet)	G	3	
Ashlyna (Oral Tablet)	G	3	
Aubra EQ (Oral Tablet)	G	3	
Aviane (Oral Tablet)	G	3	
Balcoltra (Oral Tablet)	B	3	
Balziva (Oral Tablet)	G	3	
Beyaz (Oral Tablet)	B	3	
Blisovi 24 Fe (Oral Tablet)	G	3	
Blisovi Fe 1.5/30 (Oral Tablet)	G	3	
Briellyn (Oral Tablet)	G	3	
Camrese Lo (Oral Tablet)	G	3	
Climara Pro (Transdermal Patch Weekly)	B	3	PA; HRM
Cryselle-28 (Oral Tablet)	G	3	
Cyred EQ (Oral Tablet)	G	3	
Delestrogen (Intramuscular Oil)	B	3	
Depo-Estradiol (Intramuscular Oil)	G	3	
Desogestrel-Ethinyl Estradiol (Oral Tablet)	G	3	
Dolishale (Oral Tablet)	G	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Dotti (Transdermal Patch Twice Weekly)	G	3	PA; HRM; QL
Drospirenone-Ethinyl Estradiol (Oral Tablet)	G	3	
Drospirenone-Ethinyl Estradiol-Levomefolate (3-0.02-0.451MG Oral Tablet)	G	3	
Elestrin (Transdermal Gel)	B	3	PA; HRM
EluRyng (Vaginal Ring)	G	3	
Enpresse-28 (Oral Tablet)	G	3	
Enskyce (Oral Tablet)	G	3	
Estarylla (Oral Tablet)	G	3	
Estrace (Oral Tablet)	G	3	PA; HRM
Estrace (Vaginal Cream)	G	3	
Estradiol (Oral Tablet)	G	3	PA; HRM
Estradiol (Transdermal Patch Twice Weekly)	G	3	PA; HRM; QL
Estradiol (Vaginal Cream)	G	1	
Estradiol (Vaginal Tablet)	G	3	
Estradiol Valerate (Intramuscular Oil)	G	2	
Estring (Vaginal Ring)	B	3	
Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet)	G	3	
Etonogestrel-Ethinyl Estradiol (Vaginal Ring)	G	3	
Falmina (Oral Tablet)	G	3	
Femring (Vaginal Ring)	B	3	
Finzala (Oral Tablet Chewable)	G	3	
Fyavolv (Oral Tablet)	G	3	PA; HRM
Gemmily (Oral Capsule)	G	3	
Hailey 24 Fe (Oral Tablet)	G	3	
Haloette (Vaginal Ring)	G	3	
Iclevia (Oral Tablet)	G	3	
Imvexxy Maintenance Pack (Vaginal Insert)	B	2	PA
Imvexxy Starter Pack (Vaginal Insert)	B	2	PA
Introvale (Oral Tablet)	G	3	
Isibloom (Oral Tablet)	G	3	
Jasmiel (Oral Tablet)	G	3	
Jinteli (Oral Tablet)	G	3	PA; HRM
Juleber (Oral Tablet)	G	3	
Junel 1.5/30 (Oral Tablet)	G	3	
Junel 1/20 (Oral Tablet)	G	3	
Junel Fe 1.5/30 (Oral Tablet)	G	3	
Junel Fe 1/20 (Oral Tablet)	G	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
Junel Fe 24 (Oral Tablet)	G	3	
Kaitlib Fe (Oral Tablet Chewable)	G	3	
Kariva (Oral Tablet)	G	3	
Kelnor 1/35 (Oral Tablet)	G	3	
Kelnor 1/50 (Oral Tablet)	G	3	
Kurvelo (Oral Tablet)	G	3	
LARIN 1.5/30 (Oral Tablet)	G	3	
LARIN 1/20 (Oral Tablet)	G	3	
LARIN Fe 1.5/30 (Oral Tablet)	G	3	
LARIN Fe 1/20 (Oral Tablet)	G	3	
Layolis Fe (Oral Tablet Chewable)	G	3	
Leena (Oral Tablet)	G	3	
Lessina (Oral Tablet)	G	3	
Levonest (Oral Tablet)	G	3	
Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet)	G	3	
Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet)	G	3	
Levonorgestrel-Ethinyl Estradiol (Oral Tablet)	G	3	
Levora 0.15/30 (28) (Oral Tablet)	G	3	
Lo Loestrin Fe (Oral Tablet)	B	3	
Loestrin 1.5/30 (21) (Oral Tablet)	G	3	
Loestrin 1/20 (21) (Oral Tablet)	G	3	
Loestrin Fe 1.5/30 (Oral Tablet)	G	3	
Loestrin Fe 1/20 (Oral Tablet)	G	3	
Loryna (Oral Tablet)	G	3	
LoSeasonique (0.1-0.02 & 0.01MG Oral Tablet)	B	3	
Low-Ogestrel (Oral Tablet)	G	3	
Lutera (Oral Tablet)	G	3	
Lyllana (Transdermal Patch Twice Weekly)	G	3	PA; HRM; QL
Marlissa (Oral Tablet)	G	3	
Menest (Oral Tablet)	G	3	PA; HRM
Merzee (Oral Capsule)	G	3	
Mibelas 24 Fe (Oral Tablet Chewable)	G	3	
Microgestin 1.5/30 (Oral Tablet)	G	3	
Microgestin 1/20 (Oral Tablet)	G	3	
Microgestin 24 Fe (Oral Tablet)	G	3	
Microgestin Fe 1.5/30 (Oral Tablet)	G	3	
Microgestin Fe 1/20 (Oral Tablet)	G	3	
Mili (Oral Tablet)	G	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Minivelle (Transdermal Patch Twice Weekly)	B	3	PA; HRM; QL
Natazia (Oral Tablet)	B	3	
Necon 0.5/35 (28) (Oral Tablet)	G	3	
Nextstellis (Oral Tablet)	B	3	
Nikki (Oral Tablet)	G	3	
Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)	G	3	PA; HRM
Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet)	G	3	
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG(24) Oral Capsule)	G	3	
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG Oral Tablet)	G	3	
Norethindrone Acetate-Ethinyl Estradiol-Fe (0.4-35MG-MCG Oral Tablet Chewable, 0.8-25MG-MCG Oral Tablet Chewable, 1-20MG-MCG(24) Oral Tablet Chewable)	G	3	
Norethindrone-Ethinyl Estradiol-Fe (1-20MG-MCG/1-30MG-MCG/1-35MG-MCG Oral Tablet)	G	3	
Norgestimate-Ethinyl Estradiol (Oral Tablet)	G	3	
Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)	G	3	
Nortrel 0.5/35 (28) (Oral Tablet)	G	3	
Nortrel 1/35 (21) (Oral Tablet)	G	3	
Nortrel 1/35 (28) (Oral Tablet)	G	3	
Nortrel 7/7/7 (Oral Tablet)	G	3	
NuvaRing (Vaginal Ring)	B	3	
Nylia 1/35 (Oral Tablet)	G	3	
Nylia 7/7/7 (Oral Tablet)	G	3	
Nymyo (Oral Tablet)	G	3	
Ocella (Oral Tablet)	G	3	
Pimtreea (Oral Tablet)	G	3	
Portia-28 (Oral Tablet)	G	3	
Premarin (Vaginal Cream)	B	2	
Quartette (Oral Tablet)	B	3	
Reclipsen (Oral Tablet)	G	3	
Rivelsa (Oral Tablet)	G	3	
Safyral (Oral Tablet)	B	3	
Seasonique (Oral Tablet)	B	3	
Setlakin (Oral Tablet)	G	3	
Sprintec 28 (Oral Tablet)	G	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
Sronyx (Oral Tablet)	G	3	
Syeda (Oral Tablet)	G	3	
Tarina 24 Fe (Oral Tablet)	G	3	
Tarina Fe 1/20 EQ (Oral Tablet)	G	3	
Tilia Fe (Oral Tablet)	G	3	
Tri-Estarylla (Oral Tablet)	G	3	
Tri-Legest Fe (Oral Tablet)	G	3	
Tri-Lo-Estarylla (Oral Tablet)	G	3	
Tri-Lo-Sprintec (Oral Tablet)	G	3	
Tri-Mili (Oral Tablet)	G	3	
Tri-Nymyo (Oral Tablet)	G	3	
Tri-Sprintec (Oral Tablet)	G	3	
Trivora (28) (Oral Tablet)	G	3	
Tri-VyLibra Lo (Oral Tablet)	G	3	
Tri-VyLibra (Oral Tablet)	G	3	
Tyblume (Oral Tablet Chewable)	B	3	
Tydemy (Oral Tablet)	G	3	
Vagifem (Vaginal Tablet)	B	3	
Velivet (Oral Tablet)	G	3	
Vestura (Oral Tablet)	G	3	
Vienva (Oral Tablet)	G	3	
Vivelle-Dot (Transdermal Patch Twice Weekly)	B	3	PA; HRM; QL
Vyfemla (Oral Tablet)	G	3	
VyLibra (Oral Tablet)	G	3	
WYMZYA Fe (Oral Tablet Chewable)	G	3	
Xulane (Transdermal Patch Weekly)	G	3	
Yasmin 28 (Oral Tablet)	B	3	
YAZ (Oral Tablet)	B	3	
Yuvaferm (Vaginal Tablet)	G	3	
Zafemy (Transdermal Patch Weekly)	G	3	
Zovia 1/35 (28) (Oral Tablet)	G	3	
Progestins			
Aygestin (5MG Oral Tablet)	G	3	
Camila (Oral Tablet)	G	2	
Crinone (Vaginal Gel)	B	3	PA
Deblitane (Oral Tablet)	G	2	
Depo-Provera (Intramuscular Suspension)	B	3	
Depo-Provera (Intramuscular Suspension Prefilled Syringe)	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Depo-SubQ Provera 104 (Subcutaneous Suspension Prefilled Syringe)	B	3	
Errin (Oral Tablet)	G	2	
Incassia (Oral Tablet)	G	2	
Intrarosa (Vaginal Insert)	B	3	PA; QL
Kyleena (Intrauterine Device)	B	3	
Liletta (52MG) (Intrauterine Device)	B	3	
Lyleq (Oral Tablet)	G	2	
Lyza (Oral Tablet)	G	2	
Medroxyprogesterone Acetate (Intramuscular Suspension)	G	1	
Medroxyprogesterone Acetate (Intramuscular Suspension Prefilled Syringe)	G	1	
Medroxyprogesterone Acetate (Oral Tablet)	G	1	
Megestrol Acetate (40MG/ML Oral Suspension, 625MG/5ML Oral Suspension)	G	3	PA; HRM
Megestrol Acetate (Oral Tablet)	G	3	PA; HRM
Mirena (52MG) (Intrauterine Device)	B	3	
Nexplanon (Subcutaneous Implant)	B	3	
Nora-BE (Oral Tablet)	G	2	
Norethindrone Acetate (5MG Oral Tablet)	G	1	
Norethindrone (0.35MG Oral Tablet)	G	2	
Progesterone (Oral Capsule)	G	2	
Prometrium (Oral Capsule)	B	3	
Provera (Oral Tablet)	B	3	
Sharobel (Oral Tablet)	G	2	
Skyla (Intrauterine Device)	B	3	
Slynd (Oral Tablet)	B	3	
Selective Estrogen Receptor Modifying Agents			
Evista (Oral Tablet)	B	3	
Osphena (Oral Tablet)	B	2	PA; QL
Raloxifene HCl (Oral Tablet)	G	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
Cytomel (Oral Tablet)	B	3	
Ermeza (Oral Solution)	B	3	
Euthyrox (Oral Tablet)	B	1	
Levothyroxine Sodium (Oral Capsule)	G	3	
Levothyroxine Sodium (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
Levoxyl (Oral Tablet)	B	1	
Liothyronine Sodium (Oral Tablet)	G	1	
Synthroid (Oral Tablet)	B	2	
Thyquidity (Oral Solution)	B	3	
Tirosint (Oral Capsule)	B	3	
Tirosint-SOL (Oral Solution)	B	3	
Unithroid (Oral Tablet)	B	1	
Hormonal Agents, Suppressant (Adrenal)			
Hormonal Agents, Suppressant (Adrenal)			
Isturisa (Oral Tablet)	B	4	PA
Lysodren (Oral Tablet)	B	4	
Recorlev (Oral Tablet)	B	4	PA; QL
Hormonal Agents, Suppressant (Pituitary)			
Hormonal Agents, Suppressant (Pituitary)			
Cabergoline (Oral Tablet)	G	2	
Eligard (Subcutaneous Kit)	B	3	PA
Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)	B	4	PA
Firmagon (80MG Subcutaneous Solution Reconstituted)	B	3	PA
Leuprolide Acetate (3 Month) (Intramuscular Injectable)	B	3	PA
Leuprolide Acetate (Injection Kit)	G	3	PA
Lupron Depot (1-Month) (Intramuscular Kit)	B	3	PA
Lupron Depot (3-Month) (Intramuscular Kit)	B	3	PA
Lupron Depot (4-Month) (Intramuscular Kit)	B	3	PA
Lupron Depot (6-Month) (Intramuscular Kit)	B	3	PA
Lupron Depot-Ped (1-Month) (7.5MG Intramuscular Kit)	B	4	PA
Lupron Depot-Ped (3-Month) (11.25MG (Ped) Intramuscular Kit)	B	4	PA
Lupron Depot-Ped (6-Month) (Intramuscular Kit)	B	4	PA; QL
Mycapssa (Oral Capsule Delayed Release)	B	4	PA; QL
Myfembree (Oral Tablet)	B	4	PA; QL
Octreotide Acetate (Injection Solution)	G	3	PA
Orgovyx (Oral Tablet)	B	4	PA
Oriahnn (Oral Capsule Therapy Pack)	B	4	PA; QL
Orilissa (Oral Tablet)	B	4	PA; QL
Sandostatin (100MCG/ML Injection Solution, 500MCG/ML Injection Solution)	B	4	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Sandostatin (50MCG/ML Injection Solution)	B	3	PA
Signifor (Subcutaneous Solution)	B	4	PA
Somavert (Subcutaneous Solution Reconstituted)	B	4	PA; QL
Synarel (Nasal Solution)	B	4	
Trelstar Mixject (Intramuscular Suspension Reconstituted)	B	4	PA
Hormonal Agents, Suppressant (Thyroid)			
Antithyroid Agents			
Methimazole (Oral Tablet)	G	1	
Propylthiouracil (Oral Tablet)	G	1	
Immunological Agents			
Angioedema Agents			
Berinert (Intravenous Kit)	B	4	PA
Cinryze (Intravenous Solution Reconstituted)	B	4	PA
Firazyr (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Haegarda (Subcutaneous Solution Reconstituted)	B	4	PA
Icatibant Acetate (Subcutaneous Solution Prefilled Syringe)	G	4	PA; QL
Orladeyo (Oral Capsule)	B	4	PA; QL
Ruconest (Intravenous Solution Reconstituted)	B	4	PA
Sajazir (Subcutaneous Solution Prefilled Syringe)	G	4	PA; QL
Takhzyro (Subcutaneous Solution)	B	4	PA
Takhzyro (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Immunoglobulins			
BIVIGAM (5GM/50ML Intravenous Solution)	B	4	PA
Flebogamma DIF (5GM/50ML Intravenous Solution)	B	4	PA
Gammagard (2.5GM/25ML Injection Solution)	B	4	PA
Gammagard S/D Less IgA (Intravenous Solution Reconstituted)	B	4	PA
Gammaked (1GM/10ML Injection Solution)	B	4	PA
Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)	B	4	PA
Gamunex-C (1GM/10ML Injection Solution)	B	4	PA
Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)	B	4	PA
Panzyga (Intravenous Solution)	B	4	PA
Privigen (20GM/200ML Intravenous Solution)	B	4	PA

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
Immunological Agents, Other			
Actemra ACTPen (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Actemra (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Adbry (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Arcalyst (Subcutaneous Solution Reconstituted)	B	4	PA
Benlysta (Subcutaneous Solution Auto-Injector)	B	4	PA
Benlysta (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Cosentyx UnoReady (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Dupixent (Subcutaneous Solution Pen-Injector)	B	4	PA
Dupixent (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Grastek (Tablet Sublingual)	B	2	PA
Ilumya (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Kevzara (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Kevzara (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Kineret (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Odactra (Tablet Sublingual)	B	3	PA
Olumiant (Oral Tablet)	B	4	PA; QL
Oralair 300IR (Tablet Sublingual)	B	3	PA
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Orencia (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Otezla (Oral Tablet)	B	4	PA; QL
Otezla (Oral Tablet Therapy Pack)	B	4	PA; QL
Ridaura (Oral Capsule)	B	4	
Rinvoq (Oral Tablet Extended Release 24 Hour)	B	4	PA; QL
Siliq (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Skyrizi Pen (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Skyrizi (Subcutaneous Solution Cartridge)	B	4	PA; QL
Skyrizi (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Sotyktu (Oral Tablet)	B	4	PA; QL
Stelara (Subcutaneous Solution)	B	4	PA; QL
Stelara (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Taltz (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Taltz (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Tavneos (Oral Capsule)	B	4	PA; QL
Tremfya (Subcutaneous Solution Pen-Injector)	B	4	PA; QL
Tremfya (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Xeljanz (Oral Solution)	B	4	PA; QL
Xeljanz (Oral Tablet Immediate Release)	B	4	PA; QL
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	B	4	PA; QL
Xolair (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Xolair (Subcutaneous Solution Reconstituted)	B	4	PA
Immunostimulants			
Actimmune (Subcutaneous Solution)	B	4	
Besremi (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Pegasys (Subcutaneous Solution)	B	4	PA
Pegasys (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Immunosuppressants			
Arava (Oral Tablet)	B	4	
Astagraf XL (0.5MG Oral Capsule Extended Release 24 Hour, 1MG Oral Capsule Extended Release 24 Hour)	B	3	B/D,PA
Astagraf XL (5MG Oral Capsule Extended Release 24 Hour)	B	4	B/D,PA
Azasan (100MG Oral Tablet)	G	3	B/D,PA
Azasan (75MG Oral Tablet)	G	4	B/D,PA
Azathioprine (100MG Oral Tablet, 75MG Oral Tablet)	G	3	B/D,PA
Azathioprine (50MG Oral Tablet)	G	1	B/D,PA
Cellcept (Oral Capsule)	B	4	B/D,PA
Cellcept (Oral Suspension Reconstituted)	B	4	B/D,PA
Cellcept (Oral Tablet)	B	4	B/D,PA
Cimzia (Subcutaneous Kit)	B	4	PA; QL
Cimzia Prefilled (2 X 200MG/ML Subcutaneous Prefilled Syringe Kit)	B	4	PA; QL
Cyclosporine Modified (Oral Capsule)	G	2	B/D,PA
Cyclosporine Modified (Oral Solution)	G	2	B/D,PA
Cyclosporine (100MG Oral Capsule, 25MG Oral Capsule)	G	3	B/D,PA
Cyltezo (Subcutaneous Auto-Injector Kit)	B	4	PA; QL
Cyltezo (Subcutaneous Prefilled Syringe Kit)	B	4	PA; QL
Cyltezo-CD/UC/HS Starter (Subcutaneous Auto-Injector Kit)	B	4	PA

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
Cyltezo-Psoriasis Starter (Subcutaneous Auto-Injector Kit)	B	4	PA
Enbrel Mini (Subcutaneous Solution Cartridge)	B	4	PA; QL
Enbrel (Subcutaneous Solution)	B	4	PA; QL
Enbrel (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Enspryng (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Envarsus XR (Oral Tablet Extended Release 24 Hour)	B	3	B/D,PA
Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet, 1MG Oral Tablet)	G	4	B/D,PA
Gengraf (Oral Capsule)	G	2	B/D,PA
Gengraf (Oral Solution)	G	2	B/D,PA
Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit)	B	4	PA; QL
Humira Pen (Subcutaneous Pen-Injector Kit)	B	4	PA; QL
Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit)	B	4	PA
Humira Pen-Pediatric UC Start (Subcutaneous Pen-Injector Kit)	B	4	PA
Humira Pen Psoriasis Starter (40MG/0.8ML Subcutaneous Pen-Injector Kit)	B	4	PA
Humira Pen Psoriasis Starter (80MG/0.8ML and 40MG/0.4ML Subcutaneous Pen-Injector Kit)	B	4	PA; QL
Humira (Subcutaneous Prefilled Syringe Kit)	B	4	PA; QL
Imuran (Oral Tablet)	B	3	B/D,PA
Leflunomide (Oral Tablet)	G	2	
Lupkynis (Oral Capsule)	B	4	PA; QL
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	G	1	
Methotrexate Sodium (50MG/2ML Injection Solution)	G	1	
Methotrexate Sodium (Oral Tablet)	G	1	
Mycophenolate Mofetil (Oral Capsule)	G	2	B/D,PA
Mycophenolate Mofetil (Oral Suspension Reconstituted)	G	4	B/D,PA
Mycophenolate Mofetil (Oral Tablet)	G	2	B/D,PA
Mycophenolate Sodium (Oral Tablet Delayed Release)	G	3	B/D,PA
Myfortic (180MG Oral Tablet Delayed Release)	B	3	B/D,PA
Myfortic (360MG Oral Tablet Delayed Release)	B	4	B/D,PA
Neoral (Oral Capsule)	B	3	B/D,PA
Neoral (Oral Solution)	B	3	B/D,PA
Otrexup (Subcutaneous Solution Auto-Injector)	B	3	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Prograf (0.5MG Oral Capsule, 1MG Oral Capsule)	B	3	B/D,PA
Prograf (5MG Oral Capsule)	B	4	B/D,PA
Prograf (Oral Packet)	B	3	B/D,PA
Rapamune (Oral Solution)	B	4	B/D,PA
Rapamune (0.5MG Oral Tablet)	B	3	B/D,PA
Rapamune (1MG Oral Tablet, 2MG Oral Tablet)	B	4	B/D,PA
Rasuvo (Subcutaneous Solution Auto-Injector)	B	3	PA
Rezurock (Oral Tablet)	B	4	PA; QL
Sandimmune (Oral Capsule)	B	3	B/D,PA
Sandimmune (Oral Solution)	B	3	B/D,PA
Simponi (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Simponi (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Sirolimus (Oral Solution)	G	4	B/D,PA
Sirolimus (Oral Tablet)	G	3	B/D,PA
Tacrolimus (0.5MG Oral Capsule, 1MG Oral Capsule)	G	2	B/D,PA
Tacrolimus (5MG Oral Capsule)	G	3	B/D,PA
Trexall (Oral Tablet)	G	3	
Xatmep (Oral Solution)	B	3	PA
Yuflyma 1-Pen Kit (Subcutaneous Auto-Injector Kit)	B	4	PA
Yuflyma 2-Syringe Kit (Subcutaneous Prefilled Syringe Kit)	B	4	PA
Zortress (Oral Tablet)	B	4	B/D,PA
Vaccines			
Abrysvo (Intramuscular Solution Reconstituted)	B	3	PA; QL
ActHIB (Intramuscular Solution Reconstituted)	B	2	QL
Adacel (Intramuscular Suspension)	B	2	QL
Arexvy (Intramuscular Suspension Reconstituted)	B	3	PA; QL
BCG Vaccine (Injection Solution Reconstituted)	B	2	QL
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Boostrix (Intramuscular Suspension)	B	2	QL
Boostrix (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Daptacel (Intramuscular Suspension)	B	2	QL
Diphtheria-Tetanus Toxoids DT (25-5LFU/0.5ML Intramuscular Suspension)	B	2	QL
Engerix-B (Injection Suspension)	B	2	B/D,PA; QL
Engerix-B (Injection Suspension Prefilled Syringe)	B	2	B/D,PA; QL
Gardasil 9 (Intramuscular Suspension)	B	2	QL

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
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Havrix (Intramuscular Suspension)	B	2	QL
Hepelisav-B (Intramuscular Solution Prefilled Syringe)	B	2	B/D,PA; QL
Hiberix (Injection Solution Reconstituted)	B	2	QL
Imovax Rabies (Intramuscular Suspension Reconstituted)	B	2	B/D,PA; QL
Infanrix (Intramuscular Suspension)	B	2	QL
IPOL (Injection)	B	2	QL
Ixiaro (Intramuscular Suspension)	B	2	QL
Jynneos (Subcutaneous Suspension)	B	2	QL
Kinrix (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Menactra (Intramuscular Solution)	B	2	QL
MenQuadfi (Intramuscular Solution)	B	2	QL
Menveo (Intramuscular Solution Reconstituted)	B	2	QL
M-M-R II (Injection Solution Reconstituted)	B	2	QL
Pediarix (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Pedvax HIB (Intramuscular Suspension)	B	2	QL
Pentacel (Intramuscular Suspension Reconstituted)	B	2	QL
PreHevbrio (Intramuscular Suspension)	B	2	B/D,PA; QL
Priorix (Subcutaneous Suspension Reconstituted)	B	2	QL
ProQuad (Subcutaneous Suspension Reconstituted)	B	2	QL
Quadracel (Intramuscular Suspension)	B	2	QL
Quadracel (Intramuscular Suspension Prefilled Syringe)	B	2	QL
RabAvert (Intramuscular Suspension Reconstituted)	B	2	B/D,PA; QL
Recombivax HB (Injection Suspension)	B	2	B/D,PA; QL
Recombivax HB (Injection Suspension Prefilled Syringe)	B	2	B/D,PA; QL
Rotarix (Oral Suspension)	B	2	QL
Rotarix (Oral Suspension Reconstituted)	B	2	QL
RotaTeq (Oral Solution)	B	2	QL
Shingrix (Intramuscular Suspension Reconstituted)	B	2	PA; QL
TDVAX (Intramuscular Suspension)	B	2	QL
Tenivac (Intramuscular Injectable)	B	2	QL
Ticovac (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Trumenba (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Twinrix (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Typhim Vi (Intramuscular Solution)	B	2	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Typhim Vi (Intramuscular Solution Prefilled Syringe)	B	2	QL
VAQTA (Intramuscular Suspension)	B	2	QL
Varivax (Subcutaneous Injectable)	B	2	QL
YF-Vax (Subcutaneous Injectable)	B	2	QL
Inflammatory Bowel Disease Agents			
Aminosalicylates			
Apriso (Oral Capsule Extended Release 24 Hour)	B	2	QL
Azulfidine EN-tabs (Oral Tablet Delayed Release)	B	3	
Azulfidine (Oral Tablet Immediate Release)	B	3	
Balsalazide Disodium (Oral Capsule)	G	3	
Canasa (Rectal Suppository)	B	4	QL
Colazal (Oral Capsule)	B	4	
Delzicol (Oral Capsule Delayed Release)	B	3	ST
Dipentum (Oral Capsule)	B	4	
Lialda (Oral Tablet Delayed Release)	B	3	ST; QL
Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	2	QL
Mesalamine ER (500MG Oral Capsule Extended Release) (Generic Pentasa)	G	3	QL
Mesalamine (400MG Oral Capsule Delayed Release) (Generic Delzicol)	G	3	ST
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	G	3	QL
Mesalamine (800MG Oral Tablet Delayed Release) (Generic Asacol)	G	3	ST; QL
Mesalamine (Rectal Enema)	G	3	
Mesalamine (Rectal Suppository)	G	3	QL
Pentasa (Oral Capsule Extended Release)	B	3	QL
Rowasa (Rectal Kit)	B	4	
Sulfasalazine (Oral Tablet Immediate Release)	G	1	
Sulfasalazine (Oral Tablet Delayed Release)	G	1	
Glucocorticoids			
Anusol-HC (External Cream)	G	3	
Budesonide ER (Oral Tablet Extended Release 24 Hour)	G	4	ST
Budesonide (Oral Capsule Delayed Release Particles)	G	2	
Budesonide (Rectal Foam)	G	3	
Hydrocortisone (Perianal) (2.5% External Cream)	G	1	
Hydrocortisone (Rectal Enema)	G	3	
Procto-Med HC (External Cream)	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
Proctosol HC (External Cream)	G	1	
Proctozone-HC (External Cream)	G	1	
Tarpeyo (Oral Capsule Delayed Release)	B	4	PA; QL
Uceris (Oral Tablet Extended Release 24 Hour)	B	4	ST
Uceris (Rectal Foam)	B	3	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
Actonel (Oral Tablet)	B	3	
Alendronate Sodium (Oral Solution)	G	3	
Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet)	G	1	
Atelvia (Oral Tablet Delayed Release)	B	3	
Calcitonin Salmon (Nasal Solution)	G	2	
Calcitriol (Oral Capsule)	G	1	B/D,PA
Calcitriol (Oral Solution)	G	3	B/D,PA
Cinacalcet HCl (Oral Tablet)	G	3	B/D,PA; QL
Doxercalciferol (Oral Capsule)	G	3	B/D,PA
Evenity (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Forteo (Subcutaneous Solution Pen-Injector)	B	4	PA
Fosamax (Oral Tablet)	B	3	
Fosamax Plus D (Oral Tablet)	B	3	
Ibandronate Sodium (Oral Tablet)	G	2	
Natpara (100MCG Subcutaneous Cartridge, 25MCG Subcutaneous Cartridge, 50MCG Subcutaneous Cartridge, 75MCG Subcutaneous Cartridge)	B	4	PA
Paricalcitol (Oral Capsule)	G	3	B/D,PA
Prolia (Subcutaneous Solution Prefilled Syringe)	B	3	QL
Rayaldee (Oral Capsule Extended Release)	B	4	QL
Risedronate Sodium (150MG Oral Tablet Immediate Release, 35MG (12 PACK) Oral Tablet Immediate Release, 35MG (4 PACK) Oral Tablet Immediate Release)	G	2	
Risedronate Sodium (30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	3	
Risedronate Sodium (Oral Tablet Delayed Release)	G	3	
Rocaltrol (Oral Capsule)	B	3	B/D,PA
Rocaltrol (Oral Solution)	B	3	B/D,PA
Sensipar (Oral Tablet)	B	4	B/D,PA; QL
Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector)	B	4	PA
Tymlos (Subcutaneous Solution Pen-Injector)	B	4	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Voxzogo (Subcutaneous Solution Reconstituted)	B	4	PA; QL
Xgeva (Subcutaneous Solution)	B	4	PA
Zemplar (Oral Capsule)	B	3	B/D,PA
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
Alcohol Prep Pads	G	2	
Dojolvi (Oral Liquid)	B	4	PA
Gauze (Non-medicated 2X2 Pad)	G	2	
Insulin Syringes, Needles	G	2	
Paragard Intrauterine Copper (Intrauterine Device)	B	3	
Vijoice (Oral Tablet Therapy Pack)	B	4	PA; QL
Ophthalmic Agents			
Ophthalmic Agents, Other			
Atropine Sulfate (1% Ophthalmic Solution)	G	2	
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	G	2	
Brimonidine Tartrate-Timolol (Ophthalmic Solution)	G	2	
Cequa (Ophthalmic Solution)	B	3	PA; QL
Combigan (Ophthalmic Solution)	B	2	
Cosopt (Ophthalmic Solution)	B	3	
Cosopt PF (Ophthalmic Solution)	B	3	
Cyclosporine (0.05% Ophthalmic Emulsion)	G	2	QL
Cystadrops (Ophthalmic Solution)	B	4	
Cystaran (Ophthalmic Solution)	B	4	
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	G	1	
Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution)	G	3	
Lacrisert (Ophthalmic Insert)	B	3	
Maxitrol (Ophthalmic Ointment)	B	3	
Maxitrol (0.1% Ophthalmic Suspension)	B	3	
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	G	1	
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	G	1	
Neomycin-Polymyxin-HC (Ophthalmic Suspension)	G	3	
Neo-Polycin HC (Ophthalmic Ointment)	G	2	
Oxervate (Ophthalmic Solution)	B	4	PA; QL
Restasis MultiDose (Ophthalmic Emulsion)	B	2	QL
Restasis Single-Use Vials (Ophthalmic Emulsion)	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
Rocklatan (Ophthalmic Solution)	B	2	ST
Sulfacetamide-Prednisolone (Ophthalmic Solution)	G	1	
TobraDex (Ophthalmic Ointment)	B	2	
TobraDex ST (Ophthalmic Suspension)	B	3	
Tobramycin-Dexamethasone (Ophthalmic Suspension)	G	2	
Tyrvaya (Nasal Solution)	B	3	QL
Verkazia (Ophthalmic Emulsion)	B	4	PA; QL
Xiidra (Ophthalmic Solution)	B	3	QL
Zylet (Ophthalmic Suspension)	B	3	
Ophthalmic Anti-allergy Agents			
Alomide (Ophthalmic Solution)	B	3	
Azelastine HCl (Ophthalmic Solution)	G	1	
Bepotastine Besilate (Ophthalmic Solution)	G	3	
Bepreve (Ophthalmic Solution)	B	3	
Cromolyn Sodium (Ophthalmic Solution)	G	1	
Epinastine HCl (Ophthalmic Solution)	G	2	
Olopatadine HCl (0.1% Ophthalmic Solution)	G	2	
Zerviate (Ophthalmic Solution)	B	3	
Ophthalmic Anti-Infectives			
Azasite (Ophthalmic Solution)	B	3	
Bacitracin (Ophthalmic Ointment)	G	2	
Bacitracin-Polymyxin B (Ophthalmic Ointment)	G	1	
Besivance (Ophthalmic Suspension)	B	3	
Ciloxan (Ophthalmic Ointment)	B	3	
Ciprofloxacin HCl (Ophthalmic Solution)	G	1	
Erythromycin (Ophthalmic Ointment)	G	1	
Gatifloxacin (Ophthalmic Solution)	G	2	
Gentamicin Sulfate (Ophthalmic Solution)	G	1	
Levofloxacin (0.5% Ophthalmic Solution)	G	2	
Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox)	G	2	
Natacyn (Ophthalmic Suspension)	B	3	
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)	G	2	
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	G	2	
Neo-Polycin (Ophthalmic Ointment)	G	2	
Ocuflox (Ophthalmic Solution)	B	3	
Ofloxacin (Ophthalmic Solution)	G	1	
Polycin (Ophthalmic Ointment)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Polymyxin B-Trimethoprim (Ophthalmic Solution)	G	1	
Sulfacetamide Sodium (Ophthalmic Ointment)	G	1	
Sulfacetamide Sodium (Ophthalmic Solution)	G	1	
Tobramycin (Ophthalmic Solution)	G	1	
Tobrex (Ophthalmic Ointment)	B	3	
Trifluridine (Ophthalmic Solution)	G	2	
Vigamox (Ophthalmic Solution)	B	3	
Zymaxid (Ophthalmic Solution)	B	3	
Ophthalmic Anti-inflammatories			
Acular LS (Ophthalmic Solution)	B	3	
Acular (Ophthalmic Solution)	B	3	
Acuvail (Ophthalmic Solution)	B	3	ST
Alrex (Ophthalmic Suspension)	B	3	
Bromfenac Sodium (Once-Daily) (Ophthalmic Solution)	G	3	
BromSite (Ophthalmic Solution)	B	3	ST
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	G	2	
Diclofenac Sodium (Ophthalmic Solution)	G	1	
Difluprednate (Ophthalmic Emulsion)	G	3	
Durezol (Ophthalmic Emulsion)	B	3	
Eysuvis (Ophthalmic Suspension)	B	3	PA
Flarex (Ophthalmic Suspension)	B	3	
Fluorometholone (Ophthalmic Suspension)	G	2	
Flurbiprofen Sodium (Ophthalmic Solution)	G	1	
FML Forte (Ophthalmic Suspension)	B	3	
FML Liquifilm (Ophthalmic Suspension)	B	3	
Ilevro (Ophthalmic Suspension)	B	2	
Inveltys (Ophthalmic Suspension)	B	3	
Ketorolac Tromethamine (Ophthalmic Solution)	G	2	
Lotemax (Ophthalmic Gel)	B	3	
Lotemax (Ophthalmic Ointment)	B	3	
Lotemax (Ophthalmic Suspension)	B	3	
Lotemax SM (Ophthalmic Gel)	B	3	
Loteprednol Etabonate (Ophthalmic Gel)	G	3	
Loteprednol Etabonate (Ophthalmic Suspension)	G	3	
Maxidex (Ophthalmic Suspension)	B	3	
Nevanac (Ophthalmic Suspension)	B	3	
Pred Forte (Ophthalmic Suspension)	B	3	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Pred Mild (Ophthalmic Suspension)	B	3	
Prednisolone Acetate (Ophthalmic Suspension)	G	2	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	G	1	
Prolensa (Ophthalmic Solution)	B	3	
Ophthalmic Beta-Adrenergic Blocking Agents			
Betaxolol HCl (Ophthalmic Solution)	G	2	
Betimol (Ophthalmic Solution)	B	3	
Betoptic-S (Ophthalmic Suspension)	B	3	
Carteolol HCl (Ophthalmic Solution)	G	1	
Istalol (Ophthalmic Solution)	B	3	
Levobunolol HCl (Ophthalmic Solution)	G	1	
Timolol Maleate (Once-Daily) (Ophthalmic Solution) (Generic Istalol)	G	3	
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	G	2	
Timolol Maleate (Ophthalmic Solution) (Generic Timoptic)	G	1	
Timolol Maleate PF (Ophthalmic Solution) (Generic Timoptic Ocudose)	G	3	
Timoptic Ocudose (Ophthalmic Solution)	B	3	
Ophthalmic Intraocular Pressure Lowering Agents, Other			
Alphagan P (0.1% Ophthalmic Solution)	B	2	
Alphagan P (0.15% Ophthalmic Solution)	B	3	
Apraclonidine HCl (Ophthalmic Solution)	G	2	
Azopt (Ophthalmic Suspension)	B	3	
Brimonidine Tartrate (0.15% Ophthalmic Solution)	G	3	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	G	1	
Brinzolamide (Ophthalmic Suspension)	G	3	
Dorzolamide HCl (Ophthalmic Solution)	G	1	
Iopidine (Ophthalmic Solution)	B	3	
Methazolamide (Oral Tablet)	G	3	
Phospholine Iodide (Ophthalmic Solution Reconstituted)	B	4	
Pilocarpine HCl (Ophthalmic Solution)	G	2	
Rhopressa (Ophthalmic Solution)	B	2	ST
Simbrinza (Ophthalmic Suspension)	B	2	
Vuity (Ophthalmic Solution)	B	3	PA; QL
Ophthalmic Prostaglandin and Prostanamide Analogs			
Bimatoprost (Ophthalmic Solution)	G	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Iyuzeh (Ophthalmic Solution)	B	3	ST
Latanoprost (Ophthalmic Solution)	G	1	
Lumigan (Ophthalmic Solution)	B	2	
Tafluprost (PF) (Ophthalmic Solution)	G	3	
Travatan Z (Ophthalmic Solution)	B	3	
Travoprost (BAK Free) (Ophthalmic Solution)	G	3	
Vyzulta (Ophthalmic Solution)	B	3	
Xalatan (Ophthalmic Solution)	B	3	
Xelpros (Ophthalmic Emulsion)	B	3	ST
Zioptan (Ophthalmic Solution)	B	3	
Otic Agents			
Otic Agents			
Acetic Acid (Otic Solution)	G	1	
Cetraxal (Otic Solution)	B	3	
Cipro HC (Otic Suspension)	B	3	
Ciprofloxacin HCl (Otic Solution)	B	3	
Ciprofloxacin-Dexamethasone (Otic Suspension)	G	3	
Ciprofloxacin-Fluocinolone PF (Otic Solution)	G	3	
DermOtic (Otic Oil)	B	3	
Flac (Otic Oil)	G	2	
Fluocinolone Acetonide (Otic Oil)	G	2	
Hydrocortisone-Acetic Acid (Otic Solution)	G	3	
Neomycin-Polymyxin-HC (1% Otic Solution)	G	2	
Neomycin-Polymyxin-HC (Otic Suspension)	G	2	
Ofloxacin (Otic Solution)	G	2	
Otovel (Otic Solution)	B	3	
Respiratory Tract/Pulmonary Agents			
Antihistamines			
Azelastine HCl (0.1% Nasal Solution)	G	2	
Azelastine-Fluticasone (Nasal Suspension)	G	3	
Cetirizine HCl (1MG/ML Oral Solution)	G	1	
Clarinet (Oral Tablet)	B	3	
Cyproheptadine HCl (Oral Tablet)	G	3	PA; HRM
Desloratadine (Oral Tablet)	G	2	
Desloratadine ODT (Oral Tablet Dispersible)	G	3	
Dymista (Nasal Suspension)	B	3	
Levocetirizine Dihydrochloride (Oral Solution)	G	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
Levocetirizine Dihydrochloride (Oral Tablet)	G	1	
Olopatadine HCl (Nasal Solution)	G	2	
Ryaltris (Nasal Suspension)	B	3	ST; QL
Anti-inflammatories, Inhaled Corticosteroids			
Alvesco (Inhalation Aerosol Solution)	B	3	ST; QL
ArmonAir Digihaler (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
Asmanex (30 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
Asmanex HFA (Inhalation Aerosol)	B	3	ST; QL
Beconase AQ (Nasal Suspension)	B	3	ST
Budesonide (Inhalation Suspension)	G	3	B/D,PA
Flovent Diskus (Inhalation Aerosol Powder Breath Activated)	B	2	
Flovent HFA (Inhalation Aerosol)	B	2	QL
Flunisolide (Nasal Solution)	G	2	
Fluticasone Propionate (Nasal Suspension)	G	1	
Mometasone Furoate (Nasal Suspension)	G	3	
Omnaris (Nasal Suspension)	B	3	ST
Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated)	B	3	ST
Pulmicort (0.25MG/2ML Inhalation Suspension, 0.5MG/2ML Inhalation Suspension)	B	3	B/D,PA
Pulmicort (1MG/2ML Inhalation Suspension)	B	4	B/D,PA
Qnasl Childrens (Nasal Aerosol Solution)	B	3	ST
Qnasl (Nasal Aerosol Solution)	B	3	ST
QVAR RediHaler (Inhalation Aerosol Breath Activated)	B	2	QL
Xhance (Nasal Exhaler Suspension)	B	3	
Zetonna (Nasal Aerosol Solution)	B	3	ST
Antileukotrienes			
Accolate (10MG Oral Tablet)	B	3	
Montelukast Sodium (Oral Packet)	G	2	QL
Montelukast Sodium (Oral Tablet)	G	1	QL
Montelukast Sodium (Oral Tablet Chewable)	G	1	QL
Singulair (Oral Packet)	B	3	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Singulair (Oral Tablet)	B	3	QL
Singulair (Oral Tablet Chewable)	B	3	QL
Zafirlukast (Oral Tablet)	G	2	
Zileuton ER (Oral Tablet Extended Release 12 Hour)	G	4	ST
Zyflo (Oral Tablet Immediate Release)	B	4	ST
Bronchodilators, Anticholinergic			
Atrovent HFA (Inhalation Aerosol Solution)	B	3	
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
Ipratropium Bromide (Inhalation Solution)	G	1	B/D,PA
Ipratropium Bromide (Nasal Solution)	G	2	
Spiriva HandiHaler (Inhalation Capsule)	B	2	QL
Spiriva Respimat (Inhalation Aerosol Solution)	B	2	QL
Tudorza Pressair (Inhalation Aerosol Powder Breath Activated)	B	3	ST
Yupelri (Inhalation Solution)	B	4	B/D,PA; QL
Bronchodilators, Sympathomimetic			
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Brand Equivalent Ventolin)	G	3	ST
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proair), Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil)	G	1	
Albuterol Sulfate (Inhalation Nebulization Solution)	G	1	B/D,PA
Albuterol Sulfate (Oral Syrup)	G	3	
Albuterol Sulfate (Oral Tablet Immediate Release)	G	3	
Arformoterol Tartrate (Inhalation Nebulization Solution)	G	3	PA; QL
Brovana (Inhalation Nebulization Solution)	B	4	PA; QL
Epinephrine (Injection Solution Auto-Injector)	G	2	QL
EpiPen 2-Pak (Injection Solution Auto-Injector)	B	3	QL
EpiPen Jr 2-Pak (Injection Solution Auto-Injector)	B	3	QL
Formoterol Fumarate (Inhalation Nebulization Solution)	G	3	B/D,PA; QL
Levalbuterol HCl (Inhalation Nebulization Solution)	G	3	B/D,PA
Levalbuterol Tartrate (Inhalation Aerosol)	G	3	ST
Perforomist (Inhalation Nebulization Solution)	B	3	B/D,PA; QL
ProAir RespiClick (Inhalation Aerosol Powder Breath Activated)	B	2	
Proventil HFA (Inhalation Aerosol Solution)	B	3	ST
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	B	2	QL

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
Striverdi Respimat (Inhalation Aerosol Solution)	B	3	ST
Symjepi (Injection Solution Prefilled Syringe)	B	3	QL
Terbutaline Sulfate (Oral Tablet)	G	3	
Ventolin HFA (Inhalation Aerosol Solution)	B	2	
Xopenex HFA (Inhalation Aerosol)	B	3	ST
Cystic Fibrosis Agents			
Bethkis (Inhalation Nebulization Solution)	B	4	B/D,PA; QL
Cayston (Inhalation Solution Reconstituted)	B	4	PA
Kalydeco (13.4MG Oral Packet, 25MG Oral Packet, 50MG Oral Packet, 75MG Oral Packet)	B	4	PA
Kalydeco (Oral Tablet)	B	4	PA
Kitabis Pak (Inhalation Nebulization Solution)	B	4	B/D,PA; QL
Orkambi (Oral Packet)	B	4	PA; QL
Orkambi (Oral Tablet)	B	4	PA; QL
Pulmozyme (Inhalation Solution)	B	4	B/D,PA; QL
Symdeko (Oral Tablet Therapy Pack)	B	4	PA; QL
TOBI (Inhalation Nebulization Solution)	B	4	B/D,PA; QL
TOBI Podhaler (Inhalation Capsule)	B	4	PA; QL
Tobramycin (Inhalation Nebulization Solution)	G	4	B/D,PA; QL
Trikafta (Oral Tablet Therapy Pack)	B	4	PA; QL
Trikafta (Oral Granule Therapy Pack)	B	4	PA; QL
Mast Cell Stabilizers			
Cromolyn Sodium (Inhalation Nebulization Solution)	G	3	B/D,PA
Phosphodiesterase Inhibitors, Airways Disease			
Daliresp (Oral Tablet)	B	3	PA
Roflumilast (Oral Tablet)	G	3	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	3	
Theophylline ER (Oral Tablet Extended Release 24 Hour)	G	1	
Theophylline (Oral Solution)	G	3	
Pulmonary Antihypertensives			
Adcirca (Oral Tablet)	B	4	PA
Adempas (Oral Tablet)	B	4	PA
Alyq (Oral Tablet)	G	3	PA
Ambrisentan (Oral Tablet)	G	4	PA; QL
Bosentan (Oral Tablet)	G	4	PA; QL
Letairis (Oral Tablet)	B	4	PA; QL
Liqrev (Oral Suspension)	B	4	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Opsumit (Oral Tablet)	B	4	PA
Orenitram Month 1 (Oral Tablet Extended Release Therapy Pack)	B	4	PA; QL
Orenitram Month 2 (Oral Tablet Extended Release Therapy Pack)	B	4	PA; QL
Orenitram Month 3 (Oral Tablet Extended Release Therapy Pack)	B	4	PA; QL
Orenitram (0.125MG Oral Tablet Extended Release)	B	3	PA
Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release)	B	4	PA
Revatio (Oral Suspension Reconstituted)	B	4	PA
Revatio (Oral Tablet)	B	4	PA
Sildenafil Citrate (Oral Suspension Reconstituted)	G	4	PA
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	2	PA
Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca)	G	3	PA
Tadliq (Oral Suspension)	B	4	PA
Tracleer (Oral Tablet)	B	4	PA; QL
Tracleer (Oral Tablet Soluble)	B	4	PA; QL
Tyvaso DPI Maintenance Kit (Inhalation Powder)	B	4	PA
Tyvaso DPI Titration Kit (Inhalation Powder)	B	4	PA
Uptravi (Oral Tablet)	B	4	PA; QL
Uptravi (Oral Tablet Therapy Pack)	B	4	PA; QL
Ventavis (Inhalation Solution)	B	4	PA
Pulmonary Fibrosis Agents			
Esbriet (Oral Capsule)	B	4	PA; QL
Esbriet (Oral Tablet)	B	4	PA; QL
Ofev (Oral Capsule)	B	4	PA; QL
Pirfenidone (Oral Capsule)	G	4	PA; QL
Pirfenidone (Oral Tablet)	G	4	PA; QL
Respiratory Tract Agents, Other			
Acetylcysteine (Inhalation Solution)	G	1	B/D,PA
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Advair HFA (Inhalation Aerosol)	B	2	QL
AirDuo Digihaler (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
AirDuo RespiClick 113/14 (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL

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
AirDuo RespiClick 232/14 (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
AirDuo RespiClick 55/14 (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Bevespi Aerosphere (Inhalation Aerosol)	B	3	ST
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Breztri Aerosphere (Inhalation Aerosol)	B	2	QL
Bronchitol (Inhalation Capsule)	B	4	PA; QL
Budesonide-Formoterol Fumarate (Inhalation Aerosol)	G	3	ST; QL
Clarinet-D 12 Hour (Oral Tablet Extended Release 12 Hour)	B	3	
Combivent Respimat (Inhalation Aerosol Solution)	B	2	QL
Duaklir Pressair (Inhalation Aerosol Powder Breath Activated)	B	4	ST; QL
Dulera (Inhalation Aerosol)	B	3	QL
Fasenra Pen (Subcutaneous Solution Auto-Injector)	B	4	PA
Fasenra (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Fluticasone-Salmeterol (100-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 250-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 500-50MCG/DOSE Inhalation Aerosol Powder Breath Activated) (Generic Advair), Fluticasone-Salmeterol (113-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 232-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 55-14MCG/ACT Inhalation Aerosol Powder Breath Activated) (Brand Equivalent AirDuo RespiClick)	G	2	QL
Ipratropium-Albuterol (Inhalation Solution)	G	1	B/D,PA
Nucala (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Nucala (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Nucala (Subcutaneous Solution Reconstituted)	B	4	PA; QL
Stiolto Respimat (Inhalation Aerosol Solution)	B	2	
Symbicort (Inhalation Aerosol)	B	2	QL
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	2	QL
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			
Chlorzoxazone (500MG Oral Tablet)	G	3	PA; HRM

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cyclobenzaprine HCl (7.5MG Oral Tablet)	G	3	PA; HRM
Fexmid (Oral Tablet)	G	3	PA; HRM
Sleep Disorder Agents			
Sleep Promoting Agents			
Ambien (Oral Tablet Immediate Release)	B	3	PA; HRM; QL
Belsomra (Oral Tablet)	B	2	QL
DayVigo (Oral Tablet)	B	2	QL
Doxepin HCl (Oral Tablet)	G	3	QL
Hetlioz LQ (Oral Suspension)	B	4	PA; QL
Hetlioz (Oral Capsule)	B	4	PA; QL
Ramelteon (Oral Tablet)	G	3	
Restoril (Oral Capsule)	B	4	HRM; QL
Rozerem (Oral Tablet)	B	3	
Silenor (Oral Tablet)	B	3	QL
Tasimelteon (Oral Capsule)	G	4	PA; QL
Temazepam (15MG Oral Capsule, 30MG Oral Capsule)	G	2	HRM; QL
Temazepam (22.5MG Oral Capsule, 7.5MG Oral Capsule)	G	3	HRM; QL
Zaleplon (Oral Capsule)	G	2	HRM; QL
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	3	PA; HRM; QL
Wakefulness Promoting Agents			
Armodafinil (Oral Tablet)	G	2	PA; QL
Lumryz (Oral Packet)	B	4	PA; QL
Modafinil (Oral Tablet)	G	2	PA; QL
Nuvigil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	B	4	PA; QL
Nuvigil (50MG Oral Tablet)	B	3	PA; QL
Provigil (Oral Tablet)	B	4	PA; QL
Sodium Oxybate (Oral Solution)	G	4	PA; QL
Sunosi (Oral Tablet)	B	3	PA; QL
Wakix (Oral Tablet)	B	4	PA; QL
Xyrem (Oral Solution)	B	4	PA; QL
Xywav (Oral Solution)	B	4	PA; QL

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

Covered drugs with a quantity limit (QL)

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

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

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

Drug name	Brand or Generic	Quantity limit
Abacavir Sulfate (Oral Solution)	G	Maximum of 32 ml per day
Abacavir Sulfate (Oral Tablet)	G	Maximum of 2 tablets per day
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	Maximum of 1 tablet per day
Abilify MyCite Maintenance Kit (15MG Oral Tablet Therapy Pack, 20MG Oral Tablet Therapy Pack, 2MG Oral Tablet Therapy Pack, 30MG Oral Tablet Therapy Pack, 5MG Oral Tablet Therapy Pack)	B	Maximum of 1 tablet per day
Abilify (Oral Tablet)	B	Maximum of 1 tablet per day
Abrysvo (Intramuscular Solution Reconstituted)	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
Actemra ACTPen (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (3.6 ml) per 28 days
Actemra (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (3.6 ml) per 28 days
ActHIB (Intramuscular Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Actoplus Met (15MG-850MG Oral Tablet Immediate Release)	B	Maximum of 3 tablets per day
Actos (Oral Tablet)	B	Maximum of 1 tablet per day
Adacel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Adbry (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 8 syringes (8 ml) per 28 days
Adderall (20MG Oral Tablet)	G	Maximum of 3 tablets per day
Adderall (5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Adderall XR (Oral Capsule Extended Release 24 Hour)	B	Maximum of 2 capsules per day
Adlarity (Transdermal Patch Weekly)	B	Maximum of 4 patches per 28 days
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Advair HFA (Inhalation Aerosol)	B	Maximum of 1 inhaler (12 grams) per 30 days
Adzenys XR-ODT (Oral Tablet Extended Release Dispersible)	B	Maximum of 1 tablet per day
Aimovig (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1 ml) per 28 days
AirDuo Digihaler (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
AirDuo RespiClick 113/14 (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
AirDuo RespiClick 232/14 (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
AirDuo RespiClick 55/14 (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
Ajovy (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1.5 ml) per 28 days
Ajovy (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (1.5 ml) per 28 days
Albendazole (Oral Tablet)	G	Maximum of 16 tablets per day
Aliskiren Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Almotriptan Malate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Alogliptin Benzoate (Oral Tablet)	G	Maximum of 1 tablet per day
Alogliptin-Metformin HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Alogliptin-Pioglitazone (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

Drug name	Brand or Generic	Quantity limit
Alprazolam ODT (0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Alprazolam ODT (2MG Oral Tablet Dispersible)	G	Maximum of 5 tablets per day
Altace (Oral Capsule)	B	Maximum of 2 capsules per day
Altoprev (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Alunbrig (180MG Oral Tablet, 90MG Oral Tablet)	B	Maximum of 1 tablet per day
Alunbrig (30MG Oral Tablet)	B	Maximum of 4 tablets per day
Alunbrig (Oral Tablet Therapy Pack)	B	Maximum of 2 packs (60 tablets) per year
Alvesco (160MCG/ACT Inhalation Aerosol Solution)	B	Maximum of 2 inhalers (12.2 grams) per 30 days
Alvesco (80MCG/ACT Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (6.1 grams) per 30 days
Ambien (Oral Tablet Immediate Release)	B	Maximum of 1 tablet per day
Ambrisentan (Oral Tablet)	G	Maximum of 1 tablet per day
Amitiza (Oral Capsule)	B	Maximum of 2 capsules per day
Amlodipine-Atorvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Benazepril (Oral Capsule)	G	Maximum of 1 capsule per day
Amlodipine-Olmesartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Valsartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 2 capsules per day
Amphetamine-Dextroamphetamine (10MG Oral Tablet, 12.5MG Oral Tablet, 15MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Amphetamine-Dextroamphetamine (20MG Oral Tablet)	G	Maximum of 3 tablets per day
Ampyra (Oral Tablet Extended Release 12 Hour)	B	Maximum of 2 tablets per day
Annovera (Vaginal Ring)	B	Maximum of 1 ring per 365 days
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
ApexiCon E (External Cream)	G	Maximum of 240 grams per 30 days
Apokyn (Subcutaneous Solution Cartridge)	B	Maximum of 2 ml per day
Apomorphine HCl (Subcutaneous Solution Cartridge)	G	Maximum of 2 ml per day
Aprepitant (125MG Oral Capsule)	G	Maximum of 2 capsules per 28 days
Aprepitant (40MG Oral Capsule, 80MG Oral Capsule)	G	Maximum of 4 capsules per 28 days

Drug name	Brand or Generic	Quantity limit
Aprepitant (80 & 125MG Oral Capsule)	G	Maximum of 6 capsules (2 packs) per 28 days
Apriso (Oral Capsule Extended Release 24 Hour)	B	Maximum of 4 capsules per day
Aptensio XR (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Aptiom (200MG Oral Tablet, 400MG Oral Tablet)	B	Maximum of 1 tablet per day
Aptiom (600MG Oral Tablet, 800MG Oral Tablet)	B	Maximum of 2 tablets per day
Aptivus (Oral Capsule)	B	Maximum of 4 capsules per day
Arexvy (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (0.5 ml) per day
Arformoterol Tartrate (Inhalation Nebulization Solution)	G	Maximum of 2 vials (4 ml) per day
Aricept (10MG Oral Tablet)	B	Maximum of 2 tablets per day
Aricept (23MG Oral Tablet, 5MG Oral Tablet)	B	Maximum of 1 tablet per day
Aripiprazole (1MG/ML Oral Solution)	G	Maximum of 25 ml per day
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Armodafinil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	G	Maximum of 1 tablet per day
Armodafinil (50MG Oral Tablet)	G	Maximum of 2 tablets per day
ArmonAir Digihaler (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
Arnuty Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (30 blisters) per 30 days
Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
Asmanex (30 Metered Doses) (110MCG/ACT Inhalation Aerosol Powder Breath Activated)	B	Maximum of 2 inhalers per 30 days
Asmanex (30 Metered Doses) (220MCG/ACT Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
Asmanex HFA (Inhalation Aerosol)	B	Maximum of 1 inhaler (13 grams) per 30 days
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	Maximum of 2 capsules per day
Aspruzyo Sprinkle (Oral Packet)	B	Maximum of 2 packets per day
Atacand HCT (Oral Tablet)	B	Maximum of 1 tablet per day
Atacand (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Atacand (8MG Oral Tablet)	B	Maximum of 3 tablets per day
Atazanavir Sulfate (150MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 1 capsule per day
Atazanavir Sulfate (200MG Oral Capsule)	G	Maximum of 2 capsules per day
Ativan (0.5MG Oral Tablet, 1MG Oral Tablet)	B	Maximum of 4 tablets per day
Ativan (2MG Oral Tablet)	B	Maximum of 5 tablets per day
Atorvaliq (Oral Suspension)	B	Maximum of 20 ml per day
Atorvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
Atovaquone (Oral Suspension)	G	Maximum of 14 ml per day
Aubagio (Oral Tablet)	B	Maximum of 1 tablet per day
Austedo (Oral Tablet)	B	Maximum of 4 tablets per day
Avalide (Oral Tablet)	B	Maximum of 1 tablet per day
Avapro (150MG Oral Tablet, 300MG Oral Tablet)	B	Maximum of 1 tablet per day
Avapro (75MG Oral Tablet)	B	Maximum of 3 tablets per day
Ayvakit (Oral Tablet)	B	Maximum of 1 tablet per day
Azelaic Acid (External Gel)	G	Maximum of 50 grams per 30 days
Azelex (External Cream)	B	Maximum of 50 grams per 30 days
Azor (Oral Tablet)	B	Maximum of 1 tablet per day
Azstarys (Oral Capsule)	B	Maximum of 1 capsule per day
Bafiertam (Oral Capsule Delayed Release)	B	Maximum of 4 capsules per day
Balversa (3MG Oral Tablet)	B	Maximum of 3 tablets per day
Balversa (4MG Oral Tablet)	B	Maximum of 2 tablets per day
Balversa (5MG Oral Tablet)	B	Maximum of 1 tablet per day
BCG Vaccine (Injection Solution Reconstituted)	B	1 vaccination dose (1 vial) per day
Belbuca (Buccal Film)	B	Maximum of 2 films per day
Belsomra (Oral Tablet)	B	Maximum of 1 tablet per day
Benazepril HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Benicar HCT (Oral Tablet)	B	Maximum of 1 tablet per day
Benicar (20MG Oral Tablet, 40MG Oral Tablet)	B	Maximum of 1 tablet per day
Benicar (5MG Oral Tablet)	B	Maximum of 2 tablets per day
Bethkis (Inhalation Nebulization Solution)	B	Maximum of 2 ampules (8 ml) per day
Bexarotene (External Gel)	G	Maximum of 60 grams per 30 days
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Biktarvy (Oral Tablet)	B	Maximum of 1 tablet per day
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 2 tablets per day
Boostrix (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day

Drug name	Brand or Generic	Quantity limit
Boostrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Bosentan (Oral Tablet)	G	Maximum of 2 tablets per day
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Breztri Aerosphere (120 Inhalation Aerosol)	B	Maximum of 1 inhaler (10.7 grams) per 30 days
Brilinta (Oral Tablet)	B	Maximum of 2 tablets per day
Bronchitol (Inhalation Capsule)	B	Maximum of 20 capsules per day
Brovana (Inhalation Nebulization Solution)	B	Maximum of 2 vials (4 ml) per day
Brukinsa (Oral Capsule)	B	Maximum of 4 capsules per day
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
Butorphanol Tartrate (Nasal Solution)	G	Maximum of 2 bottles (5 ml) per 30 days
Butrans (Transdermal Patch Weekly)	B	Maximum of 4 patches per 28 days
Bydureon BCise (Subcutaneous Auto-Injector)	B	Maximum of 4 pens (3.4 ml) per 28 days
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (2.4 ml) per 30 days
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (1.2 ml) per 30 days
Bystolic (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	B	Maximum of 1 tablet per day
Bystolic (20MG Oral Tablet)	B	Maximum of 2 tablets per day
Cablivi (Injection Kit)	B	Maximum of 1 kit per day
Caduet (Oral Tablet)	B	Maximum of 1 tablet per day
Calcipotriene (External Cream)	G	Maximum of 120 grams per 30 days
Calcipotriene (External Ointment)	G	Maximum of 120 grams per 30 days
Calquence (100MG Oral Capsule)	B	Maximum of 2 capsules per day

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

Drug name	Brand or Generic	Quantity limit
Clobetasol Propionate (External Lotion)	G	Maximum of 118 ml per 30 days
Clobex (External Lotion)	B	Maximum of 118 ml per 30 days
Clobex Spray (External Liquid)	B	Maximum of 125 ml per 30 days
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Clonazepam (2MG Oral Tablet)	G	Maximum of 10 tablets per day
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Clonazepam ODT (2MG Oral Tablet Dispersible)	G	Maximum of 10 tablets per day
Clorazepate Dipotassium (15MG Oral Tablet)	G	Maximum of 6 tablets per day
Clorazepate Dipotassium (3.75MG Oral Tablet)	G	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5MG Oral Tablet)	G	Maximum of 12 tablets per day
Clotrimazole-Betamethasone (External Cream)	G	Maximum of 90 grams per 30 days
Codeine Sulfate (15MG Oral Tablet, 60MG Oral Tablet)	B	Maximum of 6 tablets per day
Codeine Sulfate (30MG Oral Tablet)	G	Maximum of 6 tablets per day
Combivent Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 20 days
Combivir (Oral Tablet)	B	Maximum of 2 tablets per day
Complera (Oral Tablet)	B	Maximum of 1 tablet per day
Concerta (18MG Oral Tablet Extended Release)	B	Maximum of 3 tablets per day
Concerta (27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release)	B	Maximum of 2 tablets per day
Concerta (54MG Oral Tablet Extended Release)	B	Maximum of 1 tablet per day
ConZip (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Copiktra (Oral Capsule)	B	Maximum of 2 capsules per day
Cordran (External Lotion)	B	Maximum of 240 ml per 30 days
Corlanor (Oral Solution)	B	Maximum of 15 ml per day
Corlanor (Oral Tablet)	B	Maximum of 2 tablets per day
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 10 syringes (10 ml) per 30 days
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)	B	Maximum of 10 pens (10 ml) per 30 days
Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 20 syringes (10 ml) per 30 days
Cosentyx UnoReady (Subcutaneous Solution Auto-Injector)	B	Maximum of 5 pens (10 ml) per 30 days
Cotempla XR-ODT (Oral Tablet Extended Release Dispersible)	B	Maximum of 2 tablets per day
Cozaar (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Cozaar (25MG Oral Tablet, 50MG Oral Tablet)	B	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Crestor (Oral Tablet)	B	Maximum of 1 tablet per day
Cuvrior (Oral Tablet)	B	Maximum of 10 tablets per day
Cyclosporine (0.05% Ophthalmic Emulsion)	G	Maximum of 2 vials per day
Cyltezo (Subcutaneous Auto-Injector Kit)	B	Maximum of 4 pens per 28 days
Cyltezo (10MG/0.2ML Subcutaneous Prefilled Syringe Kit, 20MG/0.4ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 2 syringes per 28 days
Cyltezo (40MG/0.8ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 4 syringes per 28 days
Cymbalta (20MG Oral Capsule Delayed Release Particles)	B	Maximum of 4 capsules per day
Cymbalta (30MG Oral Capsule Delayed Release Particles)	B	Maximum of 3 capsules per day
Cymbalta (60MG Oral Capsule Delayed Release Particles)	B	Maximum of 2 capsules per day
Dabigatran 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
Daptacel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Darunavir (600MG Oral Tablet)	G	Maximum of 2 tablets per day
Darunavir (800MG Oral Tablet)	G	Maximum of 1 tablet per day
Daurismo (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Daurismo (25MG Oral Tablet)	B	Maximum of 2 tablets per day
Daybue (Oral Solution)	B	Maximum of 120 ml per day
Daytrana (Transdermal Patch)	B	Maximum of 1 patch per day
DayVigo (Oral Tablet)	B	Maximum of 1 tablet per day
Delstrigo (Oral Tablet)	B	Maximum of 1 tablet per day
Descovy (Oral Tablet)	B	Maximum of 1 tablet per day
Desonide (External Cream)	G	Maximum of 60 grams per 30 days
Desonide (External Gel)	G	Maximum of 60 grams per 30 days
Desonide (External Lotion)	G	Maximum of 118 ml per 30 days
Desonide (External Ointment)	G	Maximum of 120 grams per 30 days
DesOwen (External Cream)	B	Maximum of 60 grams per 30 days
Desoximetasone (External Cream)	G	Maximum of 100 grams per 30 days
Dexedrine (10MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 6 capsules per day

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

Drug name	Brand or Generic	Quantity limit
Dilaudid (2MG Oral Tablet, 4MG Oral Tablet)	B	Maximum of 8 tablets per day
Dilaudid (8MG Oral Tablet)	B	Maximum of 6 tablets per day
Dimethyl Fumarate (120MG Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Dimethyl Fumarate (240MG Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Dimethyl Fumarate Starter Pack (Oral Capsule Delayed Release Therapy Pack)	G	Maximum of 2 packs (120 capsules) per year
Diovan HCT (Oral Tablet)	B	Maximum of 1 tablet per day
Diovan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	B	Maximum of 2 tablets per day
Diovan (320MG Oral Tablet)	B	Maximum of 1 tablet per day
Diphtheria-Tetanus Toxoids DT (25-5LFU/0.5ML Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Dofetilide (125MCG Oral Capsule)	G	Maximum of 6 capsules per day
Dofetilide (250MCG Oral Capsule, 500MCG Oral Capsule)	G	Maximum of 2 capsules per day
Donepezil HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Donepezil HCl (23MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Donepezil HCl ODT (10MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Donepezil HCl ODT (5MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day
Dotti (Transdermal Patch Twice Weekly)	G	Maximum of 8 patches per 28 days
Dovato (Oral Tablet)	B	Maximum of 1 tablet per day
Doxepin HCl (External Cream)	G	Maximum of 90 grams per 30 days
Doxepin HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Droxidopa (100MG Oral Capsule)	G	Maximum of 3 capsules per day
Droxidopa (200MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 6 capsules per day
Duaklir Pressair (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
Dulera (120 Inhalation Aerosol)	B	Maximum of 1 inhaler (13 grams) per 30 days
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles)	G	Maximum of 4 capsules per day
Duloxetine HCl (30MG Oral Capsule Delayed Release Particles)	G	Maximum of 3 capsules per day
Duloxetine HCl (40MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	G	Maximum of 2 capsules per day
Dyanavel XR (Oral Suspension Extended Release)	B	Maximum of 8 ml per day
Dyanavel XR (Oral Tablet Chewable Extended Release)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Econazole Nitrate (External Cream)	G	Maximum of 90 grams per 30 days
Edarbi (Oral Tablet)	B	Maximum of 1 tablet per day
Edarbyclor (Oral Tablet)	B	Maximum of 1 tablet per day
Edurant (Oral Tablet)	B	Maximum of 1 tablet per day
Efavirenz (Oral Capsule)	G	Maximum of 3 capsules per day
Efavirenz (Oral Tablet)	G	Maximum of 1 tablet per day
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)	G	Maximum of 1 tablet per day
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)	G	Maximum of 1 tablet per day
Efudex (External Cream)	B	Maximum of 40 grams per 30 days
Eletriptan Hydrobromide (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Elidel (External Cream)	B	Maximum of 100 grams per 30 days
Eliquis (Oral Tablet)	B	Maximum of 2 tablets per day
Eliquis Starter Pack (Oral Tablet)	B	Maximum of 2 packs (148 tablets) per year
Emend (Oral Capsule)	B	Maximum of 4 capsules per 28 days
Emend (Oral Suspension Reconstituted)	B	Maximum of 2 kits per 28 days
Emend Tri-Pack (Oral Capsule)	B	Maximum of 6 capsules (2 packs) per 28 days
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes or pens (3 ml) per 28 days
Emgality (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 syringes or pens (2 ml) per 28 days
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes or pens (2 ml) per 28 days
Emtricitabine (Oral Capsule)	G	Maximum of 1 capsule per day
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Emtriva (Oral Capsule)	B	Maximum of 1 capsule per day
Emtriva (Oral Solution)	B	Maximum of 5 bottles (850 ml) per 30 days
Enalapril Maleate (Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (10-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (5-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Enbrel Mini (Subcutaneous Solution Cartridge)	B	Maximum of 8 cartridges per 28 days
Enbrel (Subcutaneous Solution)	B	Maximum of 8 vials (4 ml) per 28 days

Drug name	Brand or Generic	Quantity limit
Enbrel (25MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 8 syringes (4 ml) per 28 days
Enbrel (50MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 8 syringes (8 ml) per 28 days
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	B	Maximum of 8 pens per 28 days
Endocet (Oral Tablet)	G	Maximum of 12 tablets per day
Engerix-B (Injection Suspension)	B	1 vaccination dose (1 ml) per day
Engerix-B (10MCG/0.5ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Engerix-B (20MCG/ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day
Entadfi (Oral Capsule)	B	Maximum of 1 capsule per day
Entresto (Oral Tablet)	B	Maximum of 2 tablets per day
Epclusa (Oral Packet)	B	Maximum of 1 carton (28 packets) per 28 days
Epclusa (Oral Tablet)	B	Maximum of 1 tablet per day
Epinephrine (Injection Solution Auto-Injector)	G	Maximum of 4 pens (2 boxes) per 30 days
EpiPen 2-Pak (Injection Solution Auto-Injector)	B	Maximum of 4 pens (2 boxes) per 30 days
EpiPen Jr 2-Pak (Injection Solution Auto-Injector)	B	Maximum of 4 pens (2 boxes) per 30 days
Epivir (10MG/ML Oral Solution)	B	Maximum of 32 ml per day
Epivir (150MG Oral Tablet)	B	Maximum of 2 tablets per day
Epivir (300MG Oral Tablet)	B	Maximum of 1 tablet per day
Epzicom (Oral Tablet)	B	Maximum of 1 tablet per day
Esbriet (Oral Capsule)	B	Maximum of 9 capsules per day
Esbriet (267MG Oral Tablet)	B	Maximum of 6 tablets per day
Esbriet (801MG Oral Tablet)	B	Maximum of 3 tablets per day
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
Estradiol (Transdermal Patch Twice Weekly)	G	Maximum of 8 patches per 28 days
Etravirine (Oral Tablet)	G	Maximum of 2 tablets per day
Eucria (External Ointment)	B	Maximum of 100 grams per 30 days
Evenity (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes (2.34 ml) per 28 days
Evotaz (Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Evryydi (Oral Solution Reconstituted)	B	Maximum of 8 ml per day
Exelon (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day
Exforge (Oral Tablet)	B	Maximum of 1 tablet per day
Exkivity (Oral Capsule)	B	Maximum of 4 capsules per day
Ezallor Sprinkle (Oral Capsule Sprinkle)	B	Maximum of 1 capsule per day
Ezetimibe-Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	Maximum of 2 tablets per day
Fanapt Titration Pack (Oral Tablet)	B	Maximum of 2 packs per year
Farxiga (Oral Tablet)	B	Maximum of 1 tablet per day
Fentanyl Citrate (1200MCG Buccal Lozenge On A Handle, 1600MCG Buccal Lozenge On A Handle, 200MCG Buccal Lozenge On A Handle, 400MCG Buccal Lozenge On A Handle, 600MCG Buccal Lozenge On A Handle, 800MCG Buccal Lozenge On A Handle)	G	Maximum of 4 lozenges per day
Fentanyl Citrate (100MCG Buccal Tablet, 200MCG Buccal Tablet, 400MCG Buccal Tablet, 600MCG Buccal Tablet, 800MCG Buccal Tablet)	G	Maximum of 4 tablets per day
Fentanyl (Transdermal Patch 72 Hour)	G	Maximum of 15 patches per 30 days
Fentora (Buccal Tablet)	B	Maximum of 4 tablets per day
Fesoterodine Fumarate ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Filspari (Oral Tablet)	B	Maximum of 1 tablet per day
Finacea (External Foam)	B	Maximum of 50 grams per 30 days
Finacea (External Gel)	B	Maximum of 50 grams per 30 days
Fingolimod HCl (Oral Capsule)	G	Maximum of 1 capsule per day
Fintepla (Oral Solution)	B	Maximum of 12 ml per day
Firazyr (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 6 syringes (18 ml) per 30 days
Firdapse (Oral Tablet)	B	Maximum of 8 tablets per day
Flector (External Patch)	B	Maximum of 2 patches per day
FloLipid (20MG/5ML Oral Suspension)	B	Maximum of 5 ml per day
FloLipid (40MG/5ML Oral Suspension)	B	Maximum of 10 ml per day
Flovent HFA (110MCG/ACT Inhalation Aerosol)	B	Maximum of 1 inhaler (12 grams) per 30 days
Flovent HFA (220MCG/ACT Inhalation Aerosol)	B	Maximum of 2 inhalers (24 grams) per 30 days
Flovent HFA (44MCG/ACT Inhalation Aerosol)	B	Maximum of 1 inhaler (10.6 grams) per 30 days
Fluocinonide Emulsified Base (External Cream)	G	Maximum of 60 grams per 30 days

Drug name	Brand or Generic	Quantity limit
Fluocinonide (0.05% External Cream)	G	Maximum of 60 grams per 30 days
Fluocinonide (0.1% External Cream)	G	Maximum of 120 grams per 30 days
Fluocinonide (External Gel)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Ointment)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Solution)	G	Maximum of 60 ml per 30 days
Fluorouracil (5% External Cream)	G	Maximum of 40 grams per 30 days
Flurandrenolide (External Lotion)	G	Maximum of 240 ml per 30 days
Fluticasone-Salmeterol (100-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 250-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 500-50MCG/ACT Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	Maximum of 1 inhaler (60 blisters) per 30 days
Fluticasone-Salmeterol (113-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 232-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 55-14MCG/ACT Inhalation Aerosol Powder Breath Activated) (Brand Equivalent AirDuo RespiClick)	G	Maximum of 1 inhaler per 30 days
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Fluvastatin Sodium (20MG Oral Capsule)	G	Maximum of 1 capsule per day
Fluvastatin Sodium (40MG Oral Capsule)	G	Maximum of 2 capsules per day
Focalin (Oral Tablet)	B	Maximum of 2 tablets per day
Formoterol Fumarate (Inhalation Nebulization Solution)	G	Maximum of 2 vials (4 ml) per day
Fosamprenavir Calcium (Oral Tablet)	G	Maximum of 4 tablets per day
Fosinopril Sodium (Oral Tablet)	G	Maximum of 2 tablets per day
Fosinopril Sodium-HCTZ (Oral Tablet)	G	Maximum of 4 tablets per day
Fotivda (Oral Capsule)	B	Maximum of 21 capsules per 28 days
Frova (Oral Tablet)	B	Maximum of 12 tablets per 30 days
Frovatriptan Succinate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Fuzeon (Subcutaneous Solution Reconstituted)	B	Maximum of 2 vials per day
Fycompa (Oral Suspension)	B	Maximum of 24 ml per day
Fycompa (Oral Tablet)	B	Maximum of 1 tablet per day
Gardasil 9 (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Gavreto (Oral Capsule)	B	Maximum of 4 capsules per day
Genvoya (Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Geodon (Oral Capsule)	B	Maximum of 2 capsules per day
Gilenya (Oral Capsule)	B	Maximum of 1 capsule per day
Glipizide ER (10MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Glipizide ER (2.5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 8 tablets per day
Glipizide ER (5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 4 tablets per day
Glipizide (10MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Glipizide (5MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-250MG Oral Tablet)	G	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)	G	Maximum of 4 tablets per day
Glucotrol XL (10MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Glucotrol XL (2.5MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 8 tablets per day
Glucotrol XL (5MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 4 tablets per day
Glumetza (1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Glumetza (500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 4 tablets per day
Glyxambi (Oral Tablet)	B	Maximum of 1 tablet per day
Harvoni (Oral Packet)	B	Maximum of 1 carton (28 packets) per 28 days
Harvoni (90-400MG Oral Tablet)	B	Maximum of 1 tablet per day
Havrix (1440EL U/ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
Havrix (720EL U/0.5ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
Hepelisav-B (Intramuscular Solution Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Hetlioz LQ (Oral Suspension)	B	Maximum of 158 ml per 30 days
Hetlioz (Oral Capsule)	B	Maximum of 1 capsule per day
Hiberix (Injection Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Humira Pediatric Crohns Start (80MG/0.8ML & 40MG/0.4ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 2 kits per year
Humira Pediatric Crohns Start (80MG/0.8ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 2 kits per year
Humira Pen (40MG/0.4ML Subcutaneous Pen-Injector Kit)	B	Maximum of 2 kits (4 pens) per 28 days

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

Drug name	Brand or Generic	Quantity limit
Hydroxychloroquine Sulfate (400MG Oral Tablet)	G	Maximum of 1 tablet per day
Hysingla ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	B	Maximum of 1 tablet per day
Hyzaar (100-12.5MG Oral Tablet, 100-25MG Oral Tablet)	B	Maximum of 1 tablet per day
Hyzaar (50-12.5MG Oral Tablet)	B	Maximum of 2 tablets per day
Ibsrela (Oral Tablet)	B	Maximum of 2 tablets per day
Icatibant Acetate (Subcutaneous Solution Prefilled Syringe)	G	Maximum of 6 syringes (18 ml) per 30 days
Iclusig (Oral Tablet)	B	Maximum of 1 tablet per day
Ilumya (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (1 ml) per 28 days
Imbruvica (140MG Oral Capsule)	B	Maximum of 4 capsules per day
Imbruvica (70MG Oral Capsule)	B	Maximum of 1 capsule per day
Imbruvica (Oral Suspension)	B	Maximum of 8 ml per day
Imbruvica (140MG Oral Tablet, 280MG Oral Tablet, 420MG Oral Tablet)	B	Maximum of 1 tablet per day
Imiquimod (5% External Cream)	G	Maximum of 24 packets per 30 days
Imitrex (Nasal Solution)	B	Maximum of 12 devices per 30 days
Imitrex (Oral Tablet)	B	Maximum of 12 tablets per 30 days
Imitrex STATdose Refill (6MG/0.5ML Subcutaneous Solution Cartridge)	B	Maximum of 12 injections (6 ml) per 30 days
Imitrex STATdose System (4MG/0.5ML Subcutaneous Solution Auto-Injector)	B	Maximum of 12 injections (6 ml) per 30 days
Imovax Rabies (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (30 blisters) per 30 days
Infanrix (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Ingrezza (Oral Capsule)	B	Maximum of 1 capsule per day
Ingrezza (Oral Capsule Therapy Pack)	B	Maximum of 1 pack (28 capsules) per 28 days
Inlyta (Oral Tablet)	B	Maximum of 4 tablets per day
Inqovi (Oral Tablet)	B	Maximum of 1 pack (5 tablets) per 28 days
Inrebic (Oral Capsule)	B	Maximum of 4 capsules per day
Intence (100MG Oral Tablet, 200MG Oral Tablet)	B	Maximum of 2 tablets per day
Intence (25MG Oral Tablet)	B	Maximum of 4 tablets per day

Drug name	Brand or Generic	Quantity limit
Intrarosa (Vaginal Insert)	B	Maximum of 1 vaginal insert per day
Invega (3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Invega (6MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Invokamet (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Invokamet XR (Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Invokana (Oral Tablet)	B	Maximum of 1 tablet per day
IPOL (Injection)	B	1 vaccination dose (0.5 ml) per day
Irbesartan (150MG Oral Tablet, 300MG Oral Tablet)	G	Maximum of 1 tablet per day
Irbesartan (75MG Oral Tablet)	G	Maximum of 3 tablets per day
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Isentress HD (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress (Oral Packet)	B	Maximum of 2 packets per day
Isentress (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress (Oral Tablet Chewable)	B	Maximum of 6 tablets per day
Ivermectin (External Cream)	G	Maximum of 45 grams per 30 days
Ixiaro (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Janumet (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Janumet XR (100-1000MG Oral Tablet Extended Release 24 Hour, 50-500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Janumet XR (50-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Januvia (Oral Tablet)	B	Maximum of 1 tablet per day
Jardiance (Oral Tablet)	B	Maximum of 1 tablet per day
Jaypirca (100MG Oral Tablet)	B	Maximum of 3 tablets per day
Jaypirca (50MG Oral Tablet)	B	Maximum of 1 tablet per day
Jentaduetto (2.5-1000MG Oral Tablet, 2.5-500MG Oral Tablet)	B	Maximum of 2 tablets per day
Jentaduetto XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Jentaduetto XR (5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Jornay PM (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Juluca (Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Jynarque (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day
Jynneos (Subcutaneous Suspension)	B	1 vaccination dose (0.5 ml) per day
Kaletra (Oral Solution)	B	Maximum of 3 bottles (480 ml) per 30 days
Kaletra (100-25MG Oral Tablet)	B	Maximum of 8 tablets per day
Kaletra (200-50MG Oral Tablet)	B	Maximum of 4 tablets per day
Kazano (Oral Tablet)	B	Maximum of 2 tablets per day
Kerendia (Oral Tablet)	B	Maximum of 1 tablet per day
Ketoconazole (External Cream)	G	Maximum of 90 grams per 30 days
Ketoconazole (External Foam)	G	Maximum of 100 grams per 28 days
Ketodan (External Foam)	G	Maximum of 100 grams per 28 days
Keveyis (Oral Tablet)	B	Maximum of 4 tablets per day
Kevzara (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 pens (2.28 ml) per 28 days
Kevzara (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes (2.28 ml) per 28 days
Kinrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Kitabis Pak (Inhalation Nebulization Solution)	B	Maximum of 2 ampules (10 ml) per day
Klisyri (External Ointment)	B	Maximum of 5 packets per 30 days
Klonopin (0.5MG Oral Tablet, 1MG Oral Tablet)	B	Maximum of 4 tablets per day
Klonopin (2MG Oral Tablet)	B	Maximum of 10 tablets per day
Kombiglyze XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Kombiglyze XR (5-1000MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Koselugo (10MG Oral Capsule)	B	Maximum of 8 capsules per day
Koselugo (25MG Oral Capsule)	B	Maximum of 4 capsules per day
Krazati (Oral Tablet)	B	Maximum of 6 tablets per day
Lacosamide (Oral Solution)	G	Maximum of 40 ml per day
Lacosamide (Oral Tablet)	G	Maximum of 2 tablets per day
Lamivudine (10MG/ML Oral Solution)	G	Maximum of 32 ml per day
Lamivudine (150MG Oral Tablet)	G	Maximum of 2 tablets per day
Lamivudine (300MG Oral Tablet)	G	Maximum of 1 tablet per day
Lamivudine-Zidovudine (Oral Tablet)	G	Maximum of 2 tablets per day
Lanoxin (125MCG Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Lanoxin (62.5MCG Oral Tablet)	B	Maximum of 2 tablets per day
Lansoprazole (Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Latuda (120MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 60MG Oral Tablet)	B	Maximum of 1 tablet per day
Latuda (80MG Oral Tablet)	B	Maximum of 2 tablets per day
Ledipasvir-Sofosbuvir (Oral Tablet)	G	Maximum of 1 tablet per day
Lescol XL (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Letairis (Oral Tablet)	B	Maximum of 1 tablet per day
Levorphanol Tartrate (Oral Tablet)	G	Maximum of 6 tablets per day
Lexiva (Oral Suspension)	B	Maximum of 60 ml per day
Lexiva (Oral Tablet)	B	Maximum of 4 tablets per day
Lialda (Oral Tablet Delayed Release)	B	Maximum of 4 tablets per day
Licart (External Patch 24 Hour)	B	Maximum of 1 patch per day
Lidocaine (5% External Ointment)	G	Maximum of 152 grams per 30 days
Lidocaine (5% External Patch)	G	Maximum of 3 patches per day
Lidoderm (External Patch)	B	Maximum of 3 patches per day
Linezolid (Oral Suspension Reconstituted)	G	Maximum of 60 ml per day
Linezolid (Oral Tablet)	G	Maximum of 2 tablets per day
Linzess (Oral Capsule)	B	Maximum of 1 capsule per day
Lipitor (Oral Tablet)	B	Maximum of 1 tablet per day
Lisinopril (Oral Tablet)	G	Maximum of 2 tablets per day
Lisinopril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Lisinopril-Hydrochlorothiazide (20-12.5MG Oral Tablet)	G	Maximum of 4 tablets per day
Lisinopril-Hydrochlorothiazide (20-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Livalo (Oral Tablet)	B	Maximum of 1 tablet per day
Livtency (Oral Tablet)	B	Maximum of 12 tablets per day
Locoid (External Lotion)	B	Maximum of 118 ml per 30 days
Lokelma (Oral Packet)	B	Maximum of 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

Drug name	Brand or Generic	Quantity limit
Lorbrena (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Lorbrena (25MG Oral Tablet)	B	Maximum of 3 tablets per day
Loreev XR (1.5MG Oral Capsule ER 24 Hour Sprinkle, 2MG Oral Capsule ER 24 Hour Sprinkle)	B	Maximum of 5 capsules per day
Loreev XR (1MG Oral Capsule ER 24 Hour Sprinkle)	B	Maximum of 1 capsule per day
Loreev XR (3MG Oral Capsule ER 24 Hour Sprinkle)	B	Maximum of 3 capsules per day
Losartan Potassium (100MG Oral Tablet)	G	Maximum of 1 tablet per day
Losartan Potassium (25MG Oral Tablet, 50MG Oral Tablet)	G	Maximum of 2 tablets per day
Losartan Potassium-HCTZ (100-12.5MG Oral Tablet, 100-25MG Oral Tablet)	G	Maximum of 1 tablet per day
Losartan Potassium-HCTZ (50-12.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Lotensin (Oral Tablet)	B	Maximum of 2 tablets per day
Lotrel (Oral Capsule)	B	Maximum of 1 capsule per day
Lovastatin (10MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 1 tablet per day
Lovastatin (40MG Oral Tablet)	G	Maximum of 2 tablets per day
Lubiprostone (Oral Capsule)	G	Maximum of 2 capsules per day
Lucemyra (Oral Tablet)	B	Maximum of 16 tablets per day
Luliconazole (External Cream)	B	Maximum of 60 grams per 28 days
Lumakras (120MG Oral Tablet)	B	Maximum of 8 tablets per day
Lumakras (320MG Oral Tablet)	B	Maximum of 3 tablets per day
Lumryz (Oral Packet)	B	Maximum of 1 packet per day
Lupkynis (Oral Capsule)	B	Maximum of 6 capsules per day
Lupron Depot-Ped (6-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 168 days
Lurasidone HCl (120MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 60MG Oral Tablet)	G	Maximum of 1 tablet per day
Lurasidone HCl (80MG Oral Tablet)	G	Maximum of 2 tablets per day
Luzu (External Cream)	B	Maximum of 60 grams per 28 days
Lybalvi (Oral Tablet)	B	Maximum of 1 tablet per day
Lyllana (Transdermal Patch Twice Weekly)	G	Maximum of 8 patches per 28 days
Lyrica CR (165MG Oral Tablet Extended Release 24 Hour, 82.5MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 3 tablets per day
Lyrica CR (330MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Lyrica (100MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	B	Maximum of 4 capsules per day
Lyrica (150MG Oral Capsule, 200MG Oral Capsule)	B	Maximum of 3 capsules per day

Drug name	Brand or Generic	Quantity limit
Lyrica (225MG Oral Capsule, 300MG Oral Capsule)	B	Maximum of 2 capsules per day
Lyrica (Oral Solution)	B	Maximum of 30 ml per day
Lytgobi (12MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 4 packs (84 tablets) per 28 days
Lytgobi (16MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 4 packs (112 tablets) per 28 days
Lytgobi (20MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 4 packs (140 tablets) per 28 days
Lyvispah (10MG Oral Packet)	B	Maximum of 3 packets per day
Lyvispah (20MG Oral Packet)	B	Maximum of 4 packets per day
Lyvispah (5MG Oral Packet)	B	Maximum of 9 packets per day
Maraviroc (150MG Oral Tablet)	G	Maximum of 2 tablets per day
Maraviroc (300MG Oral Tablet)	G	Maximum of 4 tablets per day
Mavyret (Oral Packet)	B	Maximum of 5 cartons (140 packets) per 28 days
Mavyret (Oral Tablet)	B	Maximum of 3 tablets per day
Maxalt (Oral Tablet)	B	Maximum of 12 tablets per 30 days
Maxalt-MLT (Oral Tablet Dispersible)	B	Maximum of 12 tablets per 30 days
Mayzent (0.25MG Oral Tablet)	B	Maximum of 4 tablets per day
Mayzent (1MG Oral Tablet, 2MG Oral Tablet)	B	Maximum of 1 tablet per day
Mayzent Starter Pack (12 x 0.25MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs (24 tablets) per year
Mayzent Starter Pack (7 x 0.25MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs (14 tablets) per year
Meloxicam (Oral Capsule)	G	Maximum of 1 capsule per day
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Memantine HCl (Oral Solution)	G	Maximum of 10 ml per day
Memantine HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Memantine HCl Titration Pak (Oral Tablet)	G	Maximum of 2 packs per year
Memantine HCl (5MG Oral Tablet)	G	Maximum of 3 tablets per day
Menactra (Intramuscular Solution)	B	1 vaccination dose (0.5 ml) per day
MenQuadfi (Intramuscular Solution)	B	1 vaccination dose (0.5 ml) per day
Menveo (Intramuscular Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Mepron (Oral Suspension)	B	Maximum of 14 ml per day

Drug name	Brand or Generic	Quantity limit
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
Mesalamine (800MG Oral Tablet Delayed Release) (Generic Asacol)	G	Maximum of 6 tablets per day
Mesalamine (Rectal Suppository)	G	Maximum of 1 suppository per day
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	G	Maximum of 2 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	G	Maximum of 4 tablets per day
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	G	Maximum of 2 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	G	Maximum of 5 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 4 tablets per day
Metformin HCl ER (750MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 2 tablets per day
Metformin HCl (500MG/5ML Oral Solution)	G	Maximum of 25.5 ml per day
Metformin HCl (1000MG Oral Tablet Immediate Release)	G	Maximum of 2.5 tablets per day
Metformin HCl (500MG Oral Tablet Immediate Release)	G	Maximum of 5 tablets per day
Metformin HCl (850MG Oral Tablet Immediate Release)	G	Maximum of 3 tablets per day
Methadone HCl (10MG/5ML Oral Solution)	G	Maximum of 60 ml per day
Methadone HCl (5MG/5ML Oral Solution)	G	Maximum of 120 ml per day
Methadone HCl (10MG Oral Tablet)	G	Maximum of 12 tablets per day
Methadone HCl (5MG Oral Tablet)	G	Maximum of 8 tablets per day
Methamphetamine HCl (Oral Tablet)	G	Maximum of 5 tablets per day
Methylin (10MG/5ML Oral Solution)	B	Maximum of 30 ml per day
Methylin (5MG/5ML Oral Solution)	B	Maximum of 60 ml per day
Methylphenidate HCl CD (Oral Capsule Extended Release) (Generic Metadate CD)	G	Maximum of 1 capsule per day
Methylphenidate HCl LA (Oral Capsule Extended Release 24 Hour) (Generic Ritalin LA)	G	Maximum of 1 capsule per day
Methylphenidate HCl ER Osmotic Release (18MG Oral Tablet Extended Release) (Generic Concerta)	G	Maximum of 3 tablets per day

Drug name	Brand or Generic	Quantity limit
Methylphenidate HCl ER Osmotic Release (27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release) (Generic Concerta)	G	Maximum of 2 tablets per day
Methylphenidate HCl ER Osmotic (45MG Oral Tablet Extended Release, 63MG Oral Tablet Extended Release) (Generic Concerta)	B	Maximum of 1 tablet per day
Methylphenidate HCl ER Osmotic Release (54MG Oral Tablet Extended Release, 72MG Oral Tablet Extended Release) (Generic Concerta)	G	Maximum of 1 tablet per day
Methylphenidate HCl ER (XR) (Oral Capsule Extended Release 24 Hour) (Brand Equivalent Aptensio XR)	G	Maximum of 1 capsule per day
Methylphenidate HCl ER (10MG Oral Tablet Extended Release)	G	Maximum of 4 tablets per day
Methylphenidate HCl ER (20MG Oral Tablet Extended Release)	G	Maximum of 3 tablets per day
Methylphenidate HCl ER (18MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 3 tablets per day
Methylphenidate HCl ER (27MG Oral Tablet Extended Release 24 Hour, 36MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Methylphenidate HCl ER (54MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Methylphenidate HCl (10MG/5ML Oral Solution)	G	Maximum of 30 ml per day
Methylphenidate HCl (5MG/5ML Oral Solution)	G	Maximum of 60 ml per day
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	G	Maximum of 3 tablets per day
Methylphenidate HCl (10MG Oral Tablet Chewable)	G	Maximum of 6 tablets per day
Methylphenidate HCl (2.5MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	G	Maximum of 3 tablets per day
Methylphenidate (Transdermal Patch)	G	Maximum of 1 patch per day
Micardis HCT (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)	B	Maximum of 1 tablet per day
Micardis HCT (80-12.5MG Oral Tablet)	B	Maximum of 2 tablets per day
Micardis (Oral Tablet)	B	Maximum of 1 tablet per day
Migranal (Nasal Solution)	B	Maximum of 16 vials (16 ml) per 28 days
Minivelle (Transdermal Patch Twice Weekly)	B	Maximum of 8 patches per 28 days
Minocycline HCl ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Minolira (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
M-M-R II (Injection Solution Reconstituted)	B	1 vaccination dose (1 injection) per day

Drug name	Brand or Generic	Quantity limit
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
Morphine Sulfate (10MG/5ML Oral Solution)	B	Maximum of 100 ml per day
Morphine Sulfate (20MG/5ML Oral Solution)	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
Motegrity (Oral Tablet)	B	Maximum of 1 tablet per day
Mounjaro (Subcutaneous Solution Pen-Injector)	B	Maximum of 4 pens (2 ml) per 28 days
Movantik (Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
MS Contin (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release)	B	Maximum of 3 tablets per day
MS Contin (200MG Oral Tablet Extended Release)	B	Maximum of 2 tablets per day
MS Contin (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release)	B	Maximum of 4 tablets per day
Mupirocin (External Ointment)	G	Maximum of 110 grams per 30 days
Mycapssa (Oral Capsule Delayed Release)	B	Maximum of 112 capsules per 28 days
Mydayis (12.5MG Oral Capsule Extended Release 24 Hour, 25MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 2 capsules per day
Mydayis (37.5MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Myfembree (Oral Tablet)	B	Maximum of 1 tablet per day
Nalocet (Oral Tablet)	G	Maximum of 13 tablets per day
Namenda (10MG Oral Tablet)	B	Maximum of 2 tablets per day
Namenda (5MG Oral Tablet)	B	Maximum of 3 tablets per day
Namenda Titration Pak (Oral Tablet)	B	Maximum of 2 packs per year
Namenda XR (14MG Oral Capsule Extended Release 24 Hour, 21MG Oral Capsule Extended Release 24 Hour, 28MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	B	Maximum of 1 capsule per day
Namzaric (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Naratriptan HCl (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Nateglinide (120MG Oral Tablet)	G	Maximum of 3 tablets per day
Nateglinide (60MG Oral Tablet)	G	Maximum of 6 tablets per day
Nayzilam (Nasal Solution)	B	Maximum of 10 devices per 30 days
Nebivolol HCl (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Nebivolol HCl (20MG Oral Tablet)	G	Maximum of 2 tablets per day
Nebupent (Inhalation Solution Reconstituted)	B	Maximum of 1 vial (300 mg) per 28 days
Nerlynx (Oral Tablet)	B	Maximum of 6 tablets per day
Nesina (Oral Tablet)	B	Maximum of 1 tablet per day
Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Nevirapine (Oral Suspension)	G	Maximum of 40 ml per day
Nevirapine (Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
Nexium (20MG Oral Capsule Delayed Release)	B	Maximum of 3 capsules per day
Nexium (40MG Oral Capsule Delayed Release)	B	Maximum of 2 capsules per day
Nexletol (Oral Tablet)	B	Maximum of 1 tablet per day
Nexlizet (Oral Tablet)	B	Maximum of 1 tablet per day
Northera (100MG Oral Capsule)	B	Maximum of 3 capsules per day
Northera (200MG Oral Capsule, 300MG Oral Capsule)	B	Maximum of 6 capsules per day
Norvir (Oral Packet)	B	Maximum of 12 packets per day
Norvir (Oral Tablet)	B	Maximum of 12 tablets per day
Nourianz (Oral Tablet)	B	Maximum of 1 tablet per day
Noxafil (Oral Packet)	B	Maximum of 2 packets per day
Noxafil (Oral Suspension)	B	Maximum of 20 ml per day
Noxafil (Oral Tablet Delayed Release)	B	Maximum of 6 tablets per day
Nucala (Subcutaneous Solution Auto-Injector)	B	Maximum of 3 ml per 28 days
Nucala (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 ml per 28 days
Nucala (40MG/0.4ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 0.4 ml per 28 days
Nucala (Subcutaneous Solution Reconstituted)	B	Maximum of 3 vials per 28 days
Nucynta ER (Oral Tablet Extended Release 12 Hour)	B	Maximum of 2 tablets per day
Nucynta (Oral Tablet Immediate Release)	B	Maximum of 6 tablets per day
Nuedexta (Oral Capsule)	B	Maximum of 2 capsules per day
Nuplazid (Oral Capsule)	B	Maximum of 1 capsule per day
Nuplazid (Oral Tablet)	B	Maximum of 1 tablet per day
Nurtec ODT (Oral Tablet Dispersible)	B	Maximum of 18 tablets per 30 days
Nuvigil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	B	Maximum of 1 tablet per day
Nuvigil (50MG Oral Tablet)	B	Maximum of 2 tablets per day
Nuzyra (Oral Tablet)	B	Maximum of 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
Ocaliva (Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Odefsey (Oral Tablet)	B	Maximum of 1 tablet per day
Ofev (Oral Capsule)	B	Maximum of 2 capsules per day
Ojjaara (Oral Tablet)	B	Maximum of 1 tablet per day
Olanzapine (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Olanzapine (15MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 1 tablet per day
Olanzapine ODT (10MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Olanzapine ODT (15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day
Olmesartan Medoxomil (20MG Oral Tablet, 40MG Oral Tablet)	G	Maximum of 1 tablet per day
Olmesartan Medoxomil (5MG Oral Tablet)	G	Maximum of 2 tablets per day
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Olpruva (2GM Dose) (Oral Therapy Pack)	B	Maximum of 6 envelopes (12 packets) per day
Olpruva (3GM Dose) (Oral Therapy Pack)	B	Maximum of 6 envelopes (12 packets) per day
Olpruva (4GM Dose) (Oral Therapy Pack)	B	Maximum of 5 envelopes (15 packets) per day
Olpruva (5GM Dose) (Oral Therapy Pack)	B	Maximum of 4 envelopes (12 packets) per day
Olpruva (6GM Dose) (Oral Therapy Pack)	B	Maximum of 3 envelopes (9 packets) per day
Olpruva (6.67GM Dose) (Oral Therapy Pack)	B	Maximum of 3 envelopes (9 packets) per day
Olumiant (Oral Tablet)	B	Maximum of 1 tablet per day
Omeprazole (10MG Oral Capsule Delayed Release)	G	Maximum of 3 capsules per day
Onfi (Oral Suspension)	B	Maximum of 16 ml per day
Onfi (Oral Tablet)	B	Maximum of 2 tablets per day
Ongentys (Oral Capsule)	B	Maximum of 1 capsule per day
Onglyza (Oral Tablet)	B	Maximum of 1 tablet per day
Onureg (Oral Tablet)	B	Maximum of 14 tablets per 28 days
Onzetra Xsail (Nasal Exhaler Powder)	B	Maximum of 1 kit (16 exhalers) per 30 days
Opzelura (External Cream)	B	Maximum of 4 tubes (240 grams) per 28 days
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (4 ml) per 28 days
Orencia (125MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (4 ml) per 28 days

Drug name	Brand or Generic	Quantity limit
Orencia (50MG/0.4ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (1.6 ml) per 28 days
Orencia (87.5MG/0.7ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (2.8 ml) per 28 days
Orenitram Month 1 (Oral Tablet Extended Release Therapy Pack)	B	Maximum of 2 packs (336 tablets) per year
Orenitram Month 2 (Oral Tablet Extended Release Therapy Pack)	B	Maximum of 2 packs (672 tablets) per year
Orenitram Month 3 (Oral Tablet Extended Release Therapy Pack)	B	Maximum of 2 packs (504 tablets) per year
Oriahnn (Oral Capsule Therapy Pack)	B	Maximum of 1 pack (56 capsules) per 28 days
Orilissa (150MG Oral Tablet)	B	Maximum of 1 tablet per day
Orilissa (200MG Oral Tablet)	B	Maximum of 2 tablets per day
Orkambi (Oral Packet)	B	Maximum of 56 packets per 28 days
Orkambi (Oral Tablet)	B	Maximum of 4 tablets per day
Orladeyo (Oral Capsule)	B	Maximum of 1 capsule per day
Orserdu (345MG Oral Tablet)	B	Maximum of 1 tablet per day
Orserdu (86MG Oral Tablet)	B	Maximum of 3 tablets per day
Oseni (Oral Tablet)	B	Maximum of 1 tablet per day
Osphena (Oral Tablet)	B	Maximum of 1 tablet per day
Otezla (Oral Tablet)	B	Maximum of 2 tablets per day
Otezla (Oral Tablet Therapy Pack)	B	Maximum of 2 kits per year
Oxbryta (300MG Oral Tablet)	B	Maximum of 8 tablets per day
Oxbryta (500MG Oral Tablet)	B	Maximum of 5 tablets per day
Oxbryta (Oral Tablet Soluble)	B	Maximum of 8 tablets per day
Oxervate (Ophthalmic Solution)	B	Maximum of 2 vials (2 ml) per day
Oxiconazole Nitrate (External Cream)	G	Maximum of 90 grams per 30 days
Oxistat (External Cream)	B	Maximum of 90 grams per 30 days
Oxistat (External Lotion)	B	Maximum of 60 ml per 30 days
Oxycodone HCl ER (10MG Oral Tablet ER 12 Hour Abuse-Deterrent, 20MG Oral Tablet ER 12 Hour Abuse-Deterrent)	G	Maximum of 3 tablets per day
Oxycodone HCl (5MG Oral Capsule)	G	Maximum of 12 capsules per day
Oxycodone HCl (100MG/5ML Oral Concentrate)	G	Maximum of 6 ml per day
Oxycodone HCl (5MG/5ML Oral Solution)	G	Maximum of 130 ml per day
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

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

Drug name	Brand or Generic	Quantity limit
Pedvax HIB (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Pemazyre (Oral Tablet)	B	Maximum of 14 tablets per 21 days
Pentacel (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	Maximum of 1 vial (300 mg) per 28 days
Pentasa (250MG Oral Capsule Extended Release)	B	Maximum of 16 capsules per day
Pentasa (500MG Oral Capsule Extended Release)	B	Maximum of 8 capsules per day
Percocet (Oral Tablet)	G	Maximum of 12 tablets per day
Perforomist (Inhalation Nebulization Solution)	B	Maximum of 2 vials (4 ml) per day
Perindopril Erbumine (Oral Tablet)	G	Maximum of 2 tablets per day
Pifeltro (Oral Tablet)	B	Maximum of 1 tablet per day
Pimecrolimus (External Cream)	G	Maximum of 100 grams per 30 days
Pioglitazone HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Pioglitazone HCl-Metformin HCl (Oral Tablet)	G	Maximum of 3 tablets per day
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 tablet per day
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day
Pirfenidone (Oral Capsule)	G	Maximum of 9 capsules per day
Pirfenidone (267MG Oral Tablet)	G	Maximum of 6 tablets per day
Pirfenidone (534MG Oral Tablet, 801MG Oral Tablet)	G	Maximum of 3 tablets per day
Plaquenil (Oral Tablet)	B	Maximum of 3 tablets per day
Plegridy (Subcutaneous Solution Pen-Injector)	B	Maximum of 2 pens (1 ml) per 28 days
Plegridy (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 pens (1 ml) per 28 days
Ponvory (Oral Tablet)	B	Maximum of 1 tablet per day
Ponvory Starter Pack (Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Posaconazole (Oral Suspension)	G	Maximum of 20 ml per day
Posaconazole (Oral Tablet Delayed Release)	G	Maximum of 6 tablets per day
Pradaxa (Oral Capsule)	B	Maximum of 2 capsules per day
Pradaxa (110MG Oral Packet, 30MG Oral Packet, 40MG Oral Packet, 50MG Oral Packet)	B	Maximum of 4 packets per day
Pradaxa (150MG Oral Packet, 20MG Oral Packet)	B	Maximum of 2 packets per day

Drug name	Brand or Generic	Quantity limit
Praluent (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 pens (2 ml) per 28 days
Pravastatin Sodium (Oral Tablet)	G	Maximum of 1 tablet per day
Pregabalin ER (165MG Oral Tablet Extended Release 24 Hour, 82.5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 3 tablets per day
Pregabalin ER (330MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Pregabalin (100MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	G	Maximum of 4 capsules per day
Pregabalin (150MG Oral Capsule, 200MG Oral Capsule)	G	Maximum of 3 capsules per day
Pregabalin (225MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 2 capsules per day
Pregabalin (Oral Solution)	G	Maximum of 30 ml per day
PreHevbrio (Intramuscular Suspension)	B	1 vaccination dose (1 ml) per day
Prevacid (30MG Oral Capsule Delayed Release)	B	Maximum of 2 capsules per day
Prevymis (Oral Tablet)	B	Maximum of 1 tablet per day
Prezcobix (Oral Tablet)	B	Maximum of 1 tablet per day
Prezista (Oral Suspension)	B	Maximum of 2 bottles (400 ml) per 30 days
Prezista (150MG Oral Tablet)	B	Maximum of 6 tablets per day
Prezista (600MG Oral Tablet)	B	Maximum of 2 tablets per day
Prezista (75MG Oral Tablet)	B	Maximum of 10 tablets per day
Prezista (800MG Oral Tablet)	B	Maximum of 1 tablet per day
Priorix (Subcutaneous Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Prolate (Oral Solution)	G	Maximum of 65 ml per day
Prolate (Oral Tablet)	G	Maximum of 13 tablets per day
Prolia (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe per 180 days
Promacta (Oral Packet)	B	Maximum of 6 packets per day
Promacta (12.5MG Oral Tablet, 25MG Oral Tablet)	B	Maximum of 1 tablet per day
Promacta (50MG Oral Tablet, 75MG Oral Tablet)	B	Maximum of 2 tablets per day
Promethazine HCl (12.5MG Rectal Suppository)	G	Maximum of 6 suppositories per day
ProQuad (Subcutaneous Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Protonix (20MG Oral Tablet Delayed Release)	B	Maximum of 3 tablets per day
Protonix (40MG Oral Tablet Delayed Release)	B	Maximum of 2 tablets per day
Provigil (100MG Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Provigil (200MG Oral Tablet)	B	Maximum of 2 tablets per day
PRUDOXIN (External Cream)	B	Maximum of 90 grams per 30 days
Pulmozyme (Inhalation Solution)	B	Maximum of 2 ampules (5 ml) per day
Pyrukynd (20MG Oral Tablet, 5MG Oral Tablet)	B	Maximum of 1 pack (56 tablets) per 28 days
Pyrukynd (50MG Oral Tablet)	B	Maximum of 2 packs (112 tablets) per 28 days
Pyrukynd Taper Pack (5MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (7 tablets) per 7 days
Pyrukynd Taper Pack (7 x 20MG & 7 x 5MG Oral Tablet Therapy Pack, 7 x 50MG & 7 x 20MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (14 tablets) per 14 days
Qbrelis (Oral Solution)	B	Maximum of 80 ml per day
Qelbree (100MG Oral Capsule Extended Release 24 Hour, 150MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Qelbree (200MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 3 capsules per day
Qinlock (Oral Tablet)	B	Maximum of 3 tablets per day
Qtern (Oral Tablet)	B	Maximum of 1 tablet per day
Quadracel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Quadracel (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Quetiapine Fumarate ER (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Quetiapine Fumarate ER (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Quetiapine Fumarate (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	G	Maximum of 3 tablets per day
Quetiapine Fumarate (25MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Quetiapine Fumarate (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
QuilliChew ER (20MG Oral Tablet Chewable Extended Release, 40MG Oral Tablet Chewable Extended Release)	B	Maximum of 1 tablet per day
QuilliChew ER (30MG Oral Tablet Chewable Extended Release)	B	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Quillivant XR (Oral Suspension Reconstituted)	B	Maximum of 12 ml per day
Quinapril HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Qulipta (Oral Tablet)	B	Maximum of 1 tablet per day
Quviviq (Oral Tablet)	B	Maximum of 1 tablet per day
QVAR RediHaler (Inhalation Aerosol Breath Activated)	B	Maximum of 2 inhalers (21.2 grams) per 30 days
RabAvert (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Radicava ORS Starter Kit (Oral Suspension)	B	Maximum of 4 bottles (140 ml) per year
Ramipril (Oral Capsule)	G	Maximum of 2 capsules per day
Rapaflo (Oral Capsule)	B	Maximum of 1 capsule per day
Rayaldee (Oral Capsule Extended Release)	B	Maximum of 2 capsules per day
Recombivax HB (10MCG/ML Injection Suspension, 40MCG/ML Injection Suspension)	B	1 vaccination dose (1 ml) per day
Recombivax HB (5MCG/0.5ML Injection Suspension)	B	1 vaccination dose (0.5 ml) per day
Recombivax HB (10MCG/ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day
Recombivax HB (5MCG/0.5ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Recorlev (Oral Tablet)	B	Maximum of 8 tablets per day
Rectiv (Rectal Ointment)	B	Maximum of 30 grams per 30 days
Relexxii (45MG Oral Tablet Extended Release, 63MG Oral Tablet Extended Release)	B	Maximum of 1 tablet per day
Relexxii (72MG Oral Tablet Extended Release)	G	Maximum of 1 tablet per day
Relpax (Oral Tablet)	B	Maximum of 12 tablets per 30 days
Relyvrio (Oral Packet)	B	Maximum of 2 packets per day
Repaglinide (0.5MG Oral Tablet)	G	Maximum of 32 tablets per day
Repaglinide (1MG Oral Tablet)	G	Maximum of 16 tablets per day
Repaglinide (2MG Oral Tablet)	G	Maximum of 8 tablets per day
Repatha Pushtonex System (Subcutaneous Solution Cartridge)	B	Maximum of 2 cartridges (7 ml) per 28 days
Repatha (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 28 days
Repatha SureClick (Subcutaneous Solution Auto-Injector)	B	Maximum of 3 pens (3 ml) per 28 days
Restasis MultiDose (Ophthalmic Emulsion)	B	Maximum of 1 bottle (5.5 ml) per 25 days
Restasis Single-Use Vials (Ophthalmic Emulsion)	B	Maximum of 2 vials per day
Restoril (Oral Capsule)	B	Maximum of 1 capsule per day

Drug name	Brand or Generic	Quantity limit
Retevmo (40MG Oral Capsule)	B	Maximum of 6 capsules per day
Retevmo (80MG Oral Capsule)	B	Maximum of 4 capsules per day
Retrovir (Oral Capsule)	B	Maximum of 6 capsules per day
Retrovir (Oral Syrup)	B	Maximum of 64 ml per day
Rexulti (Oral Tablet)	B	Maximum of 1 tablet per day
Reyataz (200MG Oral Capsule)	B	Maximum of 2 capsules per day
Reyataz (300MG Oral Capsule)	B	Maximum of 1 capsule per day
Reyataz (Oral Packet)	B	Maximum of 6 packets per day
Reyvow (100MG Oral Tablet)	B	Maximum of 8 tablets per 30 days
Reyvow (50MG Oral Tablet)	B	Maximum of 4 tablets per 30 days
Rezlidhia (Oral Capsule)	B	Maximum of 2 capsules per day
Rezurock (Oral Tablet)	B	Maximum of 2 tablets per day
Rinvoq (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Ritalin LA (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Ritalin (Oral Tablet)	B	Maximum of 3 tablets per day
Ritonavir (Oral Tablet)	G	Maximum of 12 tablets per day
Rivastigmine (Transdermal Patch 24 Hour)	G	Maximum of 1 patch per day
Rizatriptan Benzoate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	Maximum of 12 tablets per 30 days
Rosuvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
Rotarix (Oral Suspension)	B	1 vaccination dose (1.5 ml) per day
Rotarix (Oral Suspension Reconstituted)	B	1 vaccination dose (1 ml) per day
RotaTeq (Oral Solution)	B	1 vaccination dose (2 ml) per day
Roxicodone (15MG Oral Tablet)	B	Maximum of 8 tablets per day
Roxicodone (30MG Oral Tablet)	B	Maximum of 6 tablets per day
RoxyBond (15MG Oral Tablet Abuse-Deterrent)	B	Maximum of 8 tablets per day
RoxyBond (30MG Oral Tablet Abuse-Deterrent)	B	Maximum of 6 tablets per day
RoxyBond (5MG Oral Tablet Abuse-Deterrent)	B	Maximum of 12 tablets per day
Rozlytrek (100MG Oral Capsule)	B	Maximum of 5 capsules per day
Rozlytrek (200MG Oral Capsule)	B	Maximum of 3 capsules per day
Rukobia (Oral Tablet Extended Release 12 Hour)	B	Maximum of 2 tablets per day
Ryaltris (Nasal Suspension)	B	Maximum of 1 bottle (29 grams) per 30 days
Rybelsus (Oral Tablet)	B	Maximum of 1 tablet per day
Rydapt (Oral Capsule)	B	Maximum of 8 capsules per day
Sabril (Oral Packet)	B	Maximum of 6 packets per day

Drug name	Brand or Generic	Quantity limit
Sabril (Oral Tablet)	B	Maximum of 6 tablets per day
Sajazir (Subcutaneous Solution Prefilled Syringe)	G	Maximum of 6 syringes (18 ml) per 30 days
Sancuso (Transdermal Patch)	B	Maximum of 4 patches per 28 days
Savaysa (Oral Tablet)	B	Maximum of 1 tablet per day
Saxagliptin HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Saxagliptin-Metformin ER (2.5-1000MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Saxagliptin-Metformin ER (5-1000MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Scemblix (20MG Oral Tablet)	B	Maximum of 2 tablets per day
Scemblix (40MG Oral Tablet)	B	Maximum of 10 tablets per day
Secuado (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day
Seglentis (Oral Tablet)	B	Maximum of 4 tablets per day
Segluromet (2.5-1000MG Oral Tablet, 7.5-1000MG Oral Tablet, 7.5-500MG Oral Tablet)	B	Maximum of 2 tablets per day
Segluromet (2.5-500MG Oral Tablet)	B	Maximum of 4 tablets per day
Selzentry (Oral Solution)	B	Maximum of 8 bottles (1840 ml) per 30 days
Selzentry (150MG Oral Tablet, 75MG Oral Tablet)	B	Maximum of 2 tablets per day
Selzentry (25MG Oral Tablet, 300MG Oral Tablet)	B	Maximum of 4 tablets per day
Sensipar (30MG Oral Tablet, 60MG Oral Tablet)	B	Maximum of 2 tablets per day
Sensipar (90MG Oral Tablet)	B	Maximum of 4 tablets per day
Serevent Diskus (60 Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 inhalations) per 30 days
Seroquel (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	B	Maximum of 3 tablets per day
Seroquel (25MG Oral Tablet Immediate Release)	B	Maximum of 4 tablets per day
Seroquel (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Seroquel XR (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Seroquel XR (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Shingrix (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Silenor (Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Siliq (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 5 syringes (7.5 ml) per 28 days
Silodosin (Oral Capsule)	G	Maximum of 1 capsule per day
Simponi (100MG/ML Subcutaneous Solution Auto-Injector)	B	Maximum of 3 syringes (3 ml) per 28 days
Simponi (50MG/0.5ML Subcutaneous Solution Auto-Injector)	B	Maximum of 1 syringe (0.5 ml) per 30 days
Simponi (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 28 days
Simponi (50MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (0.5 ml) per 30 days
Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Singulair (Oral Packet)	B	Maximum of 1 packet per day
Singulair (Oral Tablet)	B	Maximum of 1 tablet per day
Singulair (Oral Tablet Chewable)	B	Maximum of 1 tablet per day
Skyclarys (Oral Capsule)	B	Maximum of 3 capsules per day
Skyrizi Pen (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1 ml) per 28 days
Skyrizi (180MG/1.2ML Subcutaneous Solution Cartridge)	B	Maximum of 1 cartridge (1.2 ml) per 56 days
Skyrizi (360MG/2.4ML Subcutaneous Solution Cartridge)	B	Maximum of 1 cartridge (2.4 ml) per 56 days
Skyrizi (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (1 ml) per 28 days
Sodium Oxybate (Oral Solution)	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
Soliqua (Subcutaneous Solution Pen-Injector)	B	Maximum of 5 pens (15 ml) per 25 days
Solodyn (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Somavert (Subcutaneous Solution Reconstituted)	B	Maximum of 1 vial per day
Soolantra (External Cream)	B	Maximum of 45 grams per 30 days
Sotyktu (Oral Tablet)	B	Maximum of 1 tablet per day
Sovaldi (150MG Oral Packet)	B	Maximum of 1 carton (28 packets) per 28 days
Sovaldi (200MG Oral Packet)	B	Maximum of 2 cartons (56 packets) per 28 days
Sovaldi (200MG Oral Tablet)	B	Maximum of 2 tablets per day
Sovaldi (400MG Oral Tablet)	B	Maximum of 1 tablet per day
Spiriva HandiHaler (Inhalation Capsule)	B	Maximum of 1 capsule per day
Spiriva Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 30 days

Drug name	Brand or Generic	Quantity limit
Steglatro (15MG Oral Tablet)	B	Maximum of 1 tablet per day
Steglatro (5MG Oral Tablet)	B	Maximum of 2 tablets per day
Steglujan (Oral Tablet)	B	Maximum of 1 tablet per day
Stelara (Subcutaneous Solution)	B	Maximum of 6 vials (3 ml) per 84 days
Stelara (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 6 syringes (3 ml) per 84 days
Stelara (90MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 84 days
Stribild (Oral Tablet)	B	Maximum of 1 tablet per day
Suboxone (12-3MG Sublingual Film)	B	Maximum of 2 films per day
Suboxone (2-0.5MG Sublingual Film, 4-1MG Sublingual Film, 8-2MG Sublingual Film)	B	Maximum of 3 films per day
Sumatriptan (Nasal Solution)	G	Maximum of 12 devices per 30 days
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	Maximum of 12 tablets per 30 days
Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)	G	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	G	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector)	G	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan-Naproxen Sodium (Oral Tablet)	G	Maximum of 9 tablets per 30 days
Sunlenca (4 x 300MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs (8 tablets) per year
Sunlenca (5 x 300MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs (10 tablets) per year
Sunosi (Oral Tablet)	B	Maximum of 1 tablet per day
Symbicort (120 Inhalation Aerosol)	B	Maximum of 1 inhaler (10.2 grams) per 30 days
Symdeko (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Symfi Lo (Oral Tablet)	B	Maximum of 1 tablet per day
Symfi (Oral Tablet)	B	Maximum of 1 tablet per day
Symjepi (Injection Solution Prefilled Syringe)	B	Maximum of 4 syringes per 30 days
Sympazan (Oral Film)	B	Maximum of 2 films per day
Symproic (Oral Tablet)	B	Maximum of 1 tablet per day
Symtuza (Oral Tablet)	B	Maximum of 1 tablet per day
Synjardy (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Syprine (Oral Capsule)	B	Maximum of 8 capsules per day

Drug name	Brand or Generic	Quantity limit
Tabrecta (Oral Tablet)	B	Maximum of 4 tablets per day
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Taltz (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 syringes (4 ml) per 28 days
Taltz (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (4 ml) per 28 days
Talzenna (0.1MG Oral Capsule, 0.35MG Oral Capsule, 0.5MG Oral Capsule, 0.75MG Oral Capsule, 1MG Oral Capsule)	B	Maximum of 1 capsule per day
Talzenna (0.25MG Oral Capsule)	B	Maximum of 3 capsules per day
Targretin (External Gel)	B	Maximum of 60 grams per 30 days
Tarpeyo (Oral Capsule Delayed Release)	B	Maximum of 4 capsules per day
Tascenso ODT (Oral Tablet Dispersible)	B	Maximum of 1 tablet per day
Tasimelteon (Oral Capsule)	G	Maximum of 1 capsule per day
Tasmar (Oral Tablet)	B	Maximum of 6 tablets per day
Tavalisse (Oral Tablet)	B	Maximum of 2 tablets per day
Tavneos (Oral Capsule)	B	Maximum of 6 capsules per day
Tazverik (Oral Tablet)	B	Maximum of 8 tablets per day
TDVAX (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Tecfidera (120MG Oral Capsule Delayed Release)	B	Maximum of 2 capsules per day
Tecfidera (240MG Oral Capsule Delayed Release)	B	Maximum of 2 capsules per day
Tecfidera (Oral Capsule Delayed Release Therapy Pack)	B	Maximum of 2 packs (120 capsules) per year
Tekturna (Oral Tablet)	B	Maximum of 1 tablet per day
Telmisartan (Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-Amlodipine (Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-HCTZ (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-HCTZ (80-12.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Temazepam (Oral Capsule)	G	Maximum of 1 capsule per day
Tenivac (Intramuscular Injectable)	B	1 vaccination dose (0.5 ml) per day
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Tepmetko (Oral Tablet)	B	Maximum of 2 tablets per day
Teriflunomide (Oral Tablet)	G	Maximum of 1 tablet per day
Thalomid (100MG Oral Capsule, 50MG Oral Capsule)	B	Maximum of 1 capsule per day
Thalomid (150MG Oral Capsule, 200MG Oral Capsule)	B	Maximum of 2 capsules per day
Tibsovo (Oral Tablet)	B	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Ticovac (1.2MCG/0.25ML Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.25 ml) per day
Ticovac (2.4MCG/0.5ML Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Tikosyn (125MCG Oral Capsule)	B	Maximum of 6 capsules per day
Tikosyn (250MCG Oral Capsule, 500MCG Oral Capsule)	B	Maximum of 2 capsules per day
Tivicay (10MG Oral Tablet, 25MG Oral Tablet)	B	Maximum of 1 tablet per day
Tivicay (50MG Oral Tablet)	B	Maximum of 2 tablets per day
Tivicay PD (Oral Tablet Soluble)	B	Maximum of 6 tablets per day
TOBI (Inhalation Nebulization Solution)	B	Maximum of 2 ampules (10 ml) per day
TOBI Podhaler (Inhalation Capsule)	B	Maximum of 8 capsules per day
Tobramycin (300MG/4ML Inhalation Nebulization Solution)	G	Maximum of 2 ampules (8 ml) per day
Tobramycin (300MG/5ML Inhalation Nebulization Solution)	G	Maximum of 2 ampules (10 ml) per day
Tolcapone (Oral Tablet)	G	Maximum of 6 tablets per day
Topicort (External Cream)	G	Maximum of 100 grams per 30 days
Tosymra (Nasal Solution)	B	Maximum of 12 devices per 30 days
Tovet (External Foam)	G	Maximum of 100 grams per 30 days
Toviaz (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Tracleer (Oral Tablet)	B	Maximum of 2 tablets per day
Tracleer (Oral Tablet Soluble)	B	Maximum of 8 tablets per day
Tradjenta (Oral Tablet)	B	Maximum of 1 tablet per day
Tramadol HCl ER (Biphasic) (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Tramadol HCl ER (Biphasic) (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Tramadol HCl ER (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Tramadol HCl (5MG/ML Oral Solution)	G	Maximum of 80 ml per day
Tramadol HCl (100MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day

Drug name	Brand or Generic	Quantity limit
Tramadol HCl (50MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Tramadol-Acetaminophen (Oral Tablet)	G	Maximum of 8 tablets per day
Trandolapril (1MG Oral Tablet, 2MG Oral Tablet)	G	Maximum of 1 tablet per day
Trandolapril (4MG Oral Tablet)	G	Maximum of 2 tablets per day
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	G	Maximum of 1 tablet per day
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Tremfya (Subcutaneous Solution Pen-Injector)	B	Maximum of 2 pens (2 ml) per 56 days
Tremfya (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes (2 ml) per 56 days
Treximet (Oral Tablet)	B	Maximum of 9 tablets per 30 days
Trezix (Oral Capsule)	G	Maximum of 10 capsules per day
Tribenzor (Oral Tablet)	B	Maximum of 1 tablet per day
Trientine HCl (250MG Oral Capsule)	G	Maximum of 8 capsules per day
Trijardy XR (10-5-1000MG Oral Tablet Extended Release 24 Hour, 25-5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Trijardy XR (12.5-2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-2.5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Trikafta (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (84 tablets) per 28 days
Trikafta (Oral Granule Therapy Pack)	B	Maximum of 1 carton (56 packets) per 28 days
Triumeq (Oral Tablet)	B	Maximum of 1 tablet per day
Triumeq PD (Oral Tablet Soluble)	B	Maximum of 6 tablets per day
Trizivir (Oral Tablet)	B	Maximum of 2 tablets per day
Trudhesa (Nasal Aerosol Solution)	B	Maximum of 12 vials (12 ml) per 28 days
Trulicity (Subcutaneous Solution Pen-Injector)	B	Maximum of 4 pens (2 ml) per 28 days
Trumenba (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Truvada (Oral Tablet)	B	Maximum of 1 tablet per day
Tukysa (150MG Oral Tablet)	B	Maximum of 4 tablets per day
Tukysa (50MG Oral Tablet)	B	Maximum of 12 tablets per day
Turalio (Oral Capsule)	B	Maximum of 4 capsules per day
Twinrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day
Tybost (Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
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
Ubrelvy (Oral Tablet)	B	Maximum of 16 tablets per 30 days
Uptravi (1000MCG Oral Tablet, 1200MCG Oral Tablet, 1400MCG Oral Tablet, 1600MCG Oral Tablet, 400MCG Oral Tablet, 600MCG Oral Tablet, 800MCG Oral Tablet)	B	Maximum of 2 tablets per day
Uptravi (200MCG Oral Tablet)	B	Maximum of 5 tablets per day
Uptravi (Oral Tablet Therapy Pack)	B	Maximum of 2 packs (400 tablets) per year
Valacyclovir HCl (1GM Oral Tablet)	G	Maximum of 4 tablets per day
Valacyclovir HCl (500MG Oral Tablet)	G	Maximum of 2 tablets per day
Valchlor (External Gel)	B	Maximum of 60 grams per 30 days
Valcyte (Oral Solution Reconstituted)	B	Maximum of 36 ml per day
Valcyte (Oral Tablet)	B	Maximum of 4 tablets per day
Valganciclovir HCl (50MG/ML Oral Solution Reconstituted)	G	Maximum of 36 ml per day
Valganciclovir HCl (450MG Oral Tablet)	G	Maximum of 4 tablets per day
Valium (Oral Tablet)	B	Maximum of 4 tablets per day
Valsartan (Oral Solution)	G	Maximum of 80 ml per day
Valsartan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	G	Maximum of 2 tablets per day
Valsartan (320MG Oral Tablet)	G	Maximum of 1 tablet per day
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Valtoco 10MG Dose (Nasal Liquid)	B	Maximum of 10 blister packs (10 spray devices) per 30 days
Valtoco 15MG Dose (Nasal Liquid Therapy Pack)	B	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 20MG Dose (Nasal Liquid Therapy Pack)	B	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 5MG Dose (Nasal Liquid)	B	Maximum of 10 blister packs (10 spray devices) per 30 days
Valtrex (1GM Oral Tablet)	B	Maximum of 4 tablets per day
Valtrex (500MG Oral Tablet)	B	Maximum of 2 tablets per day
Vancocin (125MG Oral Capsule)	B	Maximum of 4 capsules per day
Vancocin (250MG Oral Capsule)	B	Maximum of 8 capsules per day
Vancomycin HCl (125MG Oral Capsule)	G	Maximum of 4 capsules per day

Drug name	Brand or Generic	Quantity limit
Vancomycin HCl (250MG Oral Capsule)	G	Maximum of 8 capsules per day
Vanflyta (Oral Tablet)	B	Maximum of 2 tablets per day
Vanos (External Cream)	B	Maximum of 120 grams per 30 days
VAQTA (25UNIT/0.5ML Intramuscular Suspension, 25UNIT/0.5ML 0.5ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
VAQTA (50UNIT/ML Intramuscular Suspension, 50UNIT/ML 1ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
Varivax (Subcutaneous Injectable)	B	1 vaccination dose (1 injection) per day
Varubi (180MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 4 tablets per 28 days
Vaseretic (Oral Tablet)	B	Maximum of 2 tablets per day
Vasotec (Oral Tablet)	B	Maximum of 2 tablets per day
Veltassa (Oral Packet)	B	Maximum of 1 packet per day
Veozah (Oral Tablet)	B	Maximum of 1 tablet per day
Verdeso (External Foam)	B	Maximum of 100 grams per 30 days
Verkazia (Ophthalmic Emulsion)	B	Maximum of 4 vials per day
Verquvo (Oral Tablet)	B	Maximum of 1 tablet per day
Vesicare LS (Oral Suspension)	B	Maximum of 10 ml per day
Vesicare (Oral Tablet)	B	Maximum of 1 tablet per day
Vfend (Oral Suspension Reconstituted)	B	Maximum of 20 ml per day
Vfend (200MG Oral Tablet)	B	Maximum of 4 tablets per day
Vfend (50MG Oral Tablet)	B	Maximum of 16 tablets per day
Viberzi (Oral Tablet)	B	Maximum of 2 tablets per day
Victoza (Subcutaneous Solution Pen-Injector)	B	Maximum of 3 pens (9 ml) per 30 days
Vigabatrin (Oral Packet)	G	Maximum of 6 packets per day
Vigabatrin (Oral Tablet)	G	Maximum of 6 tablets per day
Vigadrone (Oral Packet)	G	Maximum of 6 packets per day
Vigadrone (Oral Tablet)	G	Maximum of 6 tablets per day
Vijoice (125MG Oral Tablet Therapy Pack, 50MG Oral Tablet Therapy Pack)	B	Maximum of 1 tablet per day
Vijoice (200MG & 50MG Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day
Vimpat (Oral Solution)	B	Maximum of 40 ml per day
Vimpat (Oral Tablet)	B	Maximum of 2 tablets per day
Viracept (250MG Oral Tablet)	B	Maximum of 10 tablets per day
Viracept (625MG Oral Tablet)	B	Maximum of 4 tablets per day

Drug name	Brand or Generic	Quantity limit
Viread (Oral Powder)	B	Maximum of 4 bottles (240 grams) per 30 days
Viread (Oral Tablet)	B	Maximum of 1 tablet per day
Vitrakvi (100MG Oral Capsule)	B	Maximum of 4 capsules per day
Vitrakvi (25MG Oral Capsule)	B	Maximum of 6 capsules per day
Vitrakvi (Oral Solution)	B	Maximum of 20 ml per day
Vivelle-Dot (Transdermal Patch Twice Weekly)	B	Maximum of 8 patches per 28 days
Vonjo (Oral Capsule)	B	Maximum of 4 capsules per day
Voriconazole (Oral Suspension Reconstituted)	G	Maximum of 20 ml per day
Voriconazole (200MG Oral Tablet)	G	Maximum of 4 tablets per day
Voriconazole (50MG Oral Tablet)	G	Maximum of 16 tablets per day
Vosevi (Oral Tablet)	B	Maximum of 1 tablet per day
Voxzogo (Subcutaneous Solution Reconstituted)	B	Maximum of 1 vial per day
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	B	Maximum of 1 capsule per day
Vraylar (Oral Capsule Therapy Pack)	B	Maximum of 2 packs (14 capsules) per year
Vuity (Ophthalmic Solution)	B	Maximum of 3 bottles (7.5 ml) per 28 days
Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)	B	Maximum of 4 capsules per day
Vyndamax (Oral Capsule)	B	Maximum of 1 capsule per day
Vyndaqel (Oral Capsule)	B	Maximum of 4 capsules per day
Vytorin (Oral Tablet)	B	Maximum of 1 tablet per day
Wakix (Oral Tablet)	B	Maximum of 2 tablets per day
Welireg (Oral Tablet)	B	Maximum of 3 tablets per day
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	Maximum of 1 inhaler (60 blisters) per 30 days
Xanax (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	B	Maximum of 4 tablets per day
Xanax (2MG Oral Tablet Immediate Release)	B	Maximum of 5 tablets per day
Xanax XR (0.5MG Oral Tablet Extended Release 24 Hour, 1MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Xanax XR (2MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 5 tablets per day
Xanax XR (3MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 3 tablets per day
Xarelto (Oral Suspension Reconstituted)	B	Maximum of 20 ml per day
Xarelto (10MG Oral Tablet, 20MG Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Xarelto (15MG Oral Tablet, 2.5MG Oral Tablet)	B	Maximum of 2 tablets per day
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (100MG Oral Tablet, 50MG Oral Tablet)	B	Maximum of 1 tablet per day
Xcopri (150MG Oral Tablet, 200MG Oral Tablet)	B	Maximum of 2 tablets per day
Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack, 14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Xeljanz (Oral Solution)	B	Maximum of 10 ml per day
Xeljanz (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Xelstrym (Transdermal Patch)	B	Maximum of 1 patch per day
Xenleta (Oral Tablet)	B	Maximum of 2 tablets per day
Xermelo (Oral Tablet)	B	Maximum of 3 tablets per day
Xigduo XR (10-1000MG Oral Tablet Extended Release 24 Hour, 10-500MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Xigduo XR (2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Xiidra (Ophthalmic Solution)	B	Maximum of 2 vials per day
Ximino (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Xofluza (40MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per 30 days
Xofluza (80MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 tablet per 30 days
Xospata (Oral Tablet)	B	Maximum of 3 tablets per day
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days
Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 4 tablets per 28 days
Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 4 tablets per 28 days
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 24 tablets per 28 days
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days

Drug name	Brand or Generic	Quantity limit
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 32 tablets per 28 days
Xtampza ER (13.5MG Oral Capsule ER 12 Hour Abuse-Deterrent, 18MG Oral Capsule ER 12 Hour Abuse-Deterrent, 9MG Oral Capsule ER 12 Hour Abuse-Deterrent)	B	Maximum of 3 capsules per day
Xtampza ER (27MG Oral Capsule ER 12 Hour Abuse-Deterrent, 36MG Oral Capsule ER 12 Hour Abuse-Deterrent)	B	Maximum of 6 capsules per day
Xultophy (Subcutaneous Solution Pen-Injector)	B	Maximum of 5 pens (15 ml) per 30 days
Xyrem (Oral Solution)	B	Maximum of 18 ml per day
Xywav (Oral Solution)	B	Maximum of 18 ml per day
YF-Vax (Subcutaneous Injectable)	B	1 vaccination dose (1 injection) per day
Yupelri (Inhalation Solution)	B	Maximum of 1 vial (3 ml) per day
Zaleplon (10MG Oral Capsule)	G	Maximum of 2 capsules per day
Zaleplon (5MG Oral Capsule)	G	Maximum of 1 capsule per day
Zavzpret (Nasal Solution)	B	Maximum of 8 devices per 30 days
Zembrace SymTouch (Subcutaneous Solution Auto-Injector)	B	Maximum of 16 syringes (8 ml) per 30 days
Zenzedi (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 6 tablets per day
Zenzedi (15MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 3 tablets per day
Zenzedi (30MG Oral Tablet)	G	Maximum of 2 tablets per day
Zepatier (Oral Tablet)	B	Maximum of 1 tablet per day
Zeposia 7-Day Starter Pack (Oral Capsule Therapy Pack)	B	Maximum of 2 packs per year
Zeposia (Oral Capsule)	B	Maximum of 1 capsule per day
Zeposia Starter Kit (Oral Capsule Therapy Pack)	B	Maximum of 2 kits per year
Zestoretic (10-12.5MG Oral Tablet)	B	Maximum of 1 tablet per day
Zestoretic (20-12.5MG Oral Tablet)	B	Maximum of 4 tablets per day
Zestoretic (20-25MG Oral Tablet)	B	Maximum of 2 tablets per day
Zestril (Oral Tablet)	B	Maximum of 2 tablets per day
Ziac (10-6.25MG Oral Tablet, 2.5-6.25MG Oral Tablet, 5-6.25MG Oral Tablet)	B	Maximum of 2 tablets per day
Ziagen (Oral Solution)	B	Maximum of 32 ml per day
Ziagen (Oral Tablet)	B	Maximum of 2 tablets per day
Zidovudine (Oral Capsule)	G	Maximum of 6 capsules per day
Zidovudine (Oral Syrup)	G	Maximum of 64 ml per day
Zidovudine (Oral Tablet)	G	Maximum of 2 tablets per day
Ziprasidone HCl (Oral Capsule)	G	Maximum of 2 capsules per day

Drug name	Brand or Generic	Quantity limit
Zocor (Oral Tablet)	B	Maximum of 1 tablet per day
Zokinvy (Oral Capsule)	B	Maximum of 4 capsules per day
Zolmitriptan (5MG Nasal Solution)	G	Maximum of 12 devices per 30 days
Zolmitriptan (2.5MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 12 tablets per 30 days
Zolmitriptan ODT (2.5MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	Maximum of 12 tablets per 30 days
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	Maximum of 1 tablet per day
Zomig (2.5MG Nasal Solution)	B	Maximum of 18 devices per 30 days
Zomig (5MG Nasal Solution)	B	Maximum of 12 devices per 30 days
Zomig (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Zonalon (External Cream)	B	Maximum of 90 grams per 30 days
ZTlido (External Patch)	B	Maximum of 3 patches per day
Zubsolv (0.7-0.18MG Tablet Sublingual, 1.4-0.36MG Tablet Sublingual, 5.7-1.4MG Tablet Sublingual)	B	Maximum of 3 tablets per day
Zubsolv (11.4-2.9MG Tablet Sublingual)	B	Maximum of 1 tablet per day
Zubsolv (2.9-0.71MG Tablet Sublingual)	B	Maximum of 5 tablets per day
Zubsolv (8.6-2.1MG Tablet Sublingual)	B	Maximum of 2 tablets per day
Zypitamag (Oral Tablet)	B	Maximum of 1 tablet per day
Zyprexa (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	B	Maximum of 2 tablets per day
Zyprexa (15MG Oral Tablet, 20MG Oral Tablet)	B	Maximum of 1 tablet per day
Zyprexa Zydys (10MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	B	Maximum of 2 tablets per day
Zyprexa Zydys (15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible)	B	Maximum of 1 tablet per day
Zyvox (Oral Suspension Reconstituted)	B	Maximum of 60 ml per day
Zyvox (Oral Tablet)	B	Maximum of 2 tablets per day

Required information

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

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