



Complete Drug List (Formulary) 2023

UnitedHealthcare® Group Medicare Advantage (PPO)
PEEHIP

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 **1-877-298-2341**, TTY **711**

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



retiree.uhc.com/peehip

**United
Healthcare**



PEEHIP

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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.

Important message about what you pay for vaccines - Our plan covers most Part D vaccines at no cost to you. Review your Evidence of Coverage or call Customer Service for more information. Our contact information is on the cover.

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. 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 12-32 to see the list of drug names in alphabetical order. Find the name of your drug. The page number where you can find the drug will be next to it.
2. **By medical condition.** Turn to the section “Covered drugs by category” on pages 33-101. 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 drugs in CAPITALIZED type (for example, HUMALOG) and generic drugs in plain type italic (for example, *Simvastatin*).

What is a compounded drug?

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

Drug payment stage and drug tiers

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

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

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

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

Getting Extra Help

If you qualify for Extra Help paying for your prescription drugs, your copays and coinsurance may be lower. Members who qualify for Extra Help will receive the **Evidence of Coverage Rider** (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 33. The codes and what they mean are shown below and on the next page.

You can also get more information about the coverage rules and/or limits applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. If you would like a copy sent to you, please call Customer Service. 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 toll-free at **1-877-298-2341**, TTY **711**, 8 a.m.-8 p.m. local time, Monday - Friday to ask if it's covered. Or go to retiree.uhc.com/peehip to look it up online. The information is updated on a regular basis.

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

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

How can I get an exception?

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

Types of exceptions you can ask for

- **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. Our contact information is on the cover. 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, we're here to help. Call Customer Service toll-free at **1-877-298-2341**, TTY **711**, 8 a.m.-8 p.m. local time, Monday - Friday. You can also visit us online at **retiree.uhc.com/peehip**.

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 Sulfate58	Advair HFA 100	Amiloride HCl69
Abacavir Sulfate -Lamivudine58	Aimovig48	Amiloride -Hydrochlorothiazide68
Abelcet46	Ala -Cort74	Amiodarone HCl67
Abilify Maintena55	Albendazole53	Amitiza79
Abiraterone Acetate48	Albuterol Sulfate98	Amitriptyline HCl45
Abrysvo92	Albuterol Sulfate HFA98	Amlodipine Besylate67
Acamprosate Calcium36	Alclometasone Dipropionate74	Amlodipine -Atorvastatin68
Acarbose61	Alcohol Prep Pads.....95	Amlodipine -Benazepril68
Accutane73	Alecensa50	Amlodipine -Olmesartan68
Acebutolol HCl67	Alendronate Sodium94	Amlodipine -Valsartan68
Acetaminophen -Caffeine -Dihydrocodeine34	Alfuzosin HCl ER82	Amlodipine -Valsartan -HCTZ68
Acetaminophen -Codeine35	Aliskiren Fumarate68	Ammonium Lactate74
Acetazolamide68	Allopurinol47	Amnesteem73
Acetazolamide ER68	Alosetron HCl79	Amoxapine45
Acetic Acid97	Alphagan P97	Amoxicillin38
Acetylcysteine 100	Alprazolam60	Amoxicillin -Clarithromycin -Lansoprazole80
Acitretin73	Alprazolam ER60	Amoxicillin -Potassium Clavulanate38
ActHIB92	Alprazolam Intensol60	Amoxicillin -Potassium Clavulanate ER38
Actemra89	Alprazolam ODT60	Amphetamine -Dextroamphetamine71
Actemra ACTPen89	Altavera83	Amphetamine -Dextroamphetamine ER71
Actimmune90	Alunbrig50	Amphotericin B46
Acyclovir57	Alyacen 1/3583	Amphotericin B Liposome ..46
Acyclovir Sodium57	Alyq99	Ampicillin38
Adacel92	AmBisome46	Ampicillin Sodium39
Adapalene73	Amabelz83	Ampicillin -Sulbactam Sodium39
Adapalene -Benzoyl Peroxide73	Amantadine HCl54	Anagrelide HCl65
Adefovir Dipivoxil57	Ambrisentan99	Anastrozole50
Adempas99	Amethia83	Anoro Ellipta 100
	Amikacin Sulfate36	

Apomorphine HCl	54	Atropine Sulfate	95	Belsomra	101
Apraclonidine HCl	97	Atrovent HFA	98	Benazepril HCl	66
Aprepitant	46	Aubagio	72	Benazepril -Hydrochlorothiazide	68
Apri	83	Aubra EQ	84	Benlysta	89
Aptiom	43	Auryxia	78	Benznidazole	53
Aptivus	59	Austedo	72	Benzoyl Peroxide -Erythromycin	74
Aralast NP	81	Auvelity	44	Benzotropine Mesylate	54
Aranelle	83	Aviane	84	Berinert	89
Aranesp	65	Avonex Pen	72	Besremi	90
Arcalyst	89	Avonex Prefilled	72	Betaine	81
Arexvy	92	Ayvakit	50	Betamethasone Dipropionate	74
Arformoterol Tartrate	98	Azathioprine	90	Betamethasone Dipropionate Aug	74
Aripiprazole	55	Azelaic Acid	73	Betamethasone Valerate	74
Aripiprazole ODT	55	Azelastine HCl	97	Betaseron	73
Aristada	55	Azithromycin	39	Betaxolol HCl	96
Aristada Initio	55	Aztreonam	36	Bethanechol Chloride	82
Armodafinil	101			Bevespi Aerosphere	100
Arnuity Ellipta	97	B		Bexarotene	53
Asenapine Maleate	55	BCG Vaccine	92	Bexsero	92
Ashlyna	84	BIVIGAM	89	Bicalutamide	49
Aspirin -Dipyridamole ER	66	BRIVIACT	41	Bicillin C -R	39
Astagraf XL	90	Bacitracin	95	Bicillin C -R 900/300	39
Atazanavir Sulfate	59	Bacitracin -Polymyxin B	95	Bicillin L -A	39
Atenolol	67	Baclofen	56	Biktarvy	57
Atenolol -Chlorthalidone	68	Balsalazide Disodium	93	Bismuth Subcitrate/Metronidazole/Tetracycline.	80
Atomoxetine HCl	71	Balversa	50	Bisoprolol Fumarate	67
Atorvastatin Calcium	70	Balziva	84	Bisoprolol -Hydrochlorothiazide	68
Atovaquone	53	Baqsimi One Pack	62	Blisovi 24 Fe	84
Atovaquone -Proguanil HCl	53	Baraclude	57		
		Belbuca	34		

Blisovi Fe 1.5/30	84	Bydureon BCise	61	Cartia XT	68
Boostrix	92	Byetta 10MCG Pen	61	Carvedilol	67
Bosentan	99	Byetta 5MCG Pen	61	Caspofungin Acetate	46
Bosulif	50	C		Cayston	99
Braftovi	50	Cabergoline	88	Cefaclor	37
Breo Ellipta	100	Cablivi	66	Cefadroxil	37
Breztri Aerosphere	100	Cabometyx	50	Cefazolin Sodium	37
Briellyn	84	Calcipotriene	75	Cefdinir	37
Brilinta	66	Calcitonin Salmon	94	Cefepime HCl	38
Brimonidine Tartrate	97	Calcitriol	94	Cefixime	38
Brimonidine Tartrate -Timolol	95	Calcium Acetate	78	Cefotetan Disodium	38
Brinzolamide	97	Calquence	50	Cefoxitin Sodium	38
Bromfenac Sodium	96	Camila	87	Cefpodoxime Proxetil	38
Bromocriptine Mesylate	54	Camrese Lo	84	Cefprozil	38
Brukinsa	50	Candesartan Cilexetil	66	Ceftazidime	38
Budesonide	98	Candesartan Cilexetil -HCTZ	68	Ceftriaxone Sodium	38
Budesonide ER	94	Caplyta	55	Cefuroxime Axetil	38
Budesonide -Formoterol Fumarate	100	Caprelsa	50	Cefuroxime Sodium	38
Bumetanide	69	Captopril	66	Celecoxib	33
Buprenorphine	34	Carbamazepine	43	Celontin	42
Buprenorphine HCl	36	Carbamazepine ER	43	Cephalexin	38
Buprenorphine HCl -Naloxone HCl	36	Carbidopa	54	Cerdelga	81
Bupropion HCl	44	Carbidopa -Levodopa	54	Cetirizine HCl	97
Bupropion HCl SR	44	Carbidopa -Levodopa ER	54	Cevimeline HCl	73
Bupropion HCl XL	44	Carbidopa -Levodopa ODT	54	Chemet	78
Buspironone HCl	60	Carbidopa -Levodopa -Entacapone	54	Chenodal	80
Butalbital -Acetaminophen -Caffeine	35	Carglumic Acid	77	Chlordiazepoxide HCl	60
Butorphanol Tartrate	35	Carisoprodol	101	Chlorhexidine Gluconate	73
		Carteolol HCl	96	Chloroquine Phosphate	53

Chlorpromazine HCl	54	Clinimix E/Dextrose	77	Compro	45
Chlorthalidone	69	Clinimix/Dextrose	77	Constulose	79
Chlorzoxazone	101	Clobazam	42	Copiktra	50
Cholbam	81	Clobetasol Propionate	74	Corlanor	68
Cholestyramine	70	Clobetasol Propionate Emollient Base	74	Cosentyx	89
Cholestyramine Light	70	Clobetasol Propionate Emulsion	74	Cosentyx Sensoready	89
Ciclopirox	76	Clodan	74	Cosentyx UnoReady	89
Ciclopirox Olamine	76	Clomipramine HCl	45	Cotellic	50
Cilostazol	66	Clonazepam	60	Creon	81
Cimduo	58	Clonazepam ODT	60	Cresemba	46
Cimetidine	80	Clonidine	66	Crinone	87
Cimzia	90	Clonidine HCl	66	Cromolyn Sodium	99
Cimzia Prefilled	90	Clonidine HCl ER	71	Cryselle -28	84
Cinacalcet HCl	94	Clopidogrel Bisulfate	66	Cyclobenzaprine HCl	101
Ciprofloxacin HCl	95	Clorazepate Dipotassium	60	Cyclophosphamide	48
Ciprofloxacin in D5W	40	Clotrimazole	76	Cycloset	61
Ciprofloxacin -Dexamethasone	97	Clotrimazole -Betamethasone	75	Cyclosporine	95
Citalopram Hydrobromide	44	Clozapine	56	Cyclosporine Modified	90
Claravis	74	Clozapine ODT	56	Cyltezo	91
Clarithromycin	40	Coartem	53	Cyltezo -CD/UC/HS Starter	91
Clarithromycin ER	39	Codeine Sulfate	35	Cyltezo -Psoriasis Starter	91
Clenpiq	80	Colchicine	47	Cyproheptadine HCl	97
Climara Pro	84	Colesevelam HCl	70	Cyred EQ	84
Clindacin ETZ	76	Colestipol HCl	70	Cystadane	81
Clindamycin HCl	36	Colistimethate Sodium	37	Cystagon	81
Clindamycin Palmitate HCl	36	CombiPatch	84	Cystaran	95
Clindamycin Phosphate	76	Combivent Respimat	100		
Clindamycin Phosphate in D5W	36	Cometriq	50		
Clindamycin Phosphate -Benzoyl Peroxide	74	Complera	58		

D

Dabigatran Etexilate Mesylate	64
Dalfampridine ER	73

Daliresp	99	Dexlansoprazole	80	Diltiazem HCl ER Coated Beads	68
Danazol	83	Dexmethylphenidate HCl	71	Dimethyl Fumarate	73
Dantrolene Sodium	56	Dexmethylphenidate HCl ER	71	Dimethyl Fumarate Starter Pack	73
Dapsone	48	Dextroamphetamine Sulfate	71	Diphenoxylate -Atropine	79
Daptacel	92	Dextroamphetamine Sulfate ER	71	Diphtheria -Tetanus Toxoids DT	92
Daptomycin	37	Dextrose	77	Dipyridamole	66
Darunavir	59	Dextrose -NaCl	77	Disulfiram	36
Daurismo	50	Diacomit	42	Diuril	69
DayVigo	101	Diazepam	60	Divalproex Sodium	60
Deblitane	87	Diazepam Intensol	60	Divalproex Sodium ER	60
Deferasirox	78	Diazoxide	62	Dofetilide	67
Deferasirox Granules	78	Diclofenac Potassium	33	Dojolvi	95
Delstrigo	58	Diclofenac Sodium	96	Dolishale	84
Demeclocycline HCl	40	Diclofenac Sodium ER	33	Donepezil HCl	43
Demser	69	Diclofenac -Misoprostol	33	Donepezil HCl ODT	43
Depo -Estradiol	84	Dicloxacillin Sodium	39	Doptelet	66
Descovy	58	Dicyclomine HCl	79	Dorzolamide HCl	97
Desipramine HCl	45	Dificid	40	Dorzolamide HCl -Timolol Maleate	95
Desloratadine	97	Diflunisal	33	Dorzolamide HCl -Timolol Maleate Preservative Free	95
Desmopressin Acetate	83	Difluprednate	96	Dotti	84
Desmopressin Acetate Spray	83	Digoxin	69	Dovato	57
Desogestrel -Ethinyl Estradiol	84	Dihydroergotamine Mesylate	47	Doxazosin Mesylate	66
Desonide	74	Dilantin	43	Doxepin HCl	101
Desoximetasone	75	Dilantin INFATABS	43	Doxercalciferol	94
Desvenlafaxine Succinate ER	44	Dilt -XR	68	Doxy 100	40
Dexamethasone	82	Diltiazem HCl	68	Doxycycline Hyclate	40
Dexamethasone Sodium Phosphate	96	Diltiazem HCl ER	68	Doxycycline Monohydrate	40
Dexilant	80	Diltiazem HCl ER Beads	68	Dronabinol	46

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Methazolamide	97	Microgestin Fe 1/20	86	Myrbetriq	82
Methenamine Hippurate	37	Midodrine HCl	66	N	
Methimazole	89	Migergot	47	Nabumetone	33
Methocarbamol	101	Miglustat	81	Nadolol	67
Methotrexate Sodium	91	Mili	86	Nafcillin Sodium	39
Methoxsalen Rapid	76	Mimvey	86	Naloxone HCl	36
Methscopolamine Bromide	79	Minocycline HCl	40	Naltrexone HCl	36
Methsuximide	42	Minoxidil	71	Namzaric	43
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Methylphenidate HCl CD	72	Mirtazapine ODT	44	Naproxen DR	33
Methylphenidate HCl ER	72	Misoprostol	80	Naproxen Sodium	33
Methylphenidate HCl ER Osmotic Release	72	Mitigare	47	Naratriptan HCl	47
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Metoclopramide HCl	46	Molindone HCl	55	Nateglinide	61
Metolazone	70	Mometasone Furoate	98	Natpara	94
Metoprolol Succinate ER	67	Montelukast Sodium	98	Nayzilam	42
Metoprolol Tartrate	67	Morphine Sulfate	35	Nebivolol HCl	67
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Neulasta	65	Nivestym	65	Nucala	100
Neupogen	65	Nizatidine	80	Nucynta	35
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Nevirapine	58	Norethindrone	87	Nuedexta	72
Nevirapine ER	58	Norethindrone Acetate	87	Nuplazid	56
Nexavar	52	Norethindrone Acetate -Ethinyl Estradiol	86	Nurtec ODT	47
Nexium	80	Norethindrone Acetate -Ethinyl Estradiol -Fe	86	Nutrilipid	77
Nexletol	70	Norethindrone -Ethinyl Estradiol -Fe	86	Nuzyra	40
Nexlizet	70	Norgestimate -Ethinyl Estradiol	86	Nyamyc	76
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Orenitram Month 2	99	Pantoprazole Sodium	81	Pimecrolimus	75
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Raloxifene HCl	88	Revlimid	49	Rotarix	93
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Secuado	56	Sodium Phenylbutyrate	81	Subvenite Starter Kit -Green .	41
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Selzentry	59	Sulfate -Magnesium Sulfate .	80	Sucralfate	80
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Serostim	83	Solifenacin Succinate	82	Sulfacetamide -Prednisolone .	95
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Setlakin	86	Soltamox	49	Sulfamethoxazole	
Sevelamer Carbonate	79	Somavert	88	-Trimethoprim	40
Sevelamer HCl	79	Sorafenib Tosylate	52	Sulfasalazine	94
Sharobel	88	Sorine	67	Sulindac	34
Shingrix	93	Sotalol HCl	67	Sumatriptan	47
Signifor	88	Sotalol HCl AF	67	Sumatriptan Succinate	47
Sildenafil Citrate	99	Spiriva HandiHaler	98	Sunitinib Malate	52
Silodosin	82	Spiriva Respimat	98	Sunlenca	59
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Simponi	92	Sprintec 28	86	Sutab	80
Simvastatin	70	Spritam ODT	41	Syeda	86
Sirolimus	92	Sprix	34	Symbicort	100
Sirturo	48	Sprycel	52	Symdeko	99
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Tabrecta	49	Terbutaline Sulfate	98	Tizanidine HCl	57
Tacrolimus	92	Terconazole	47	TobraDex	95
Tadalafil	100	Teriflunomide	73	Tobramycin	99
Tafinlar	52	Teriparatide	94	Tobramycin Sulfate	36
Tagrisso	52	Testosterone	83	Tobramycin -Dexamethasone	95
Talzenna	52	Testosterone Cypionate	83	Tobrex	96
Tamoxifen Citrate	49	Testosterone Enanthate	83	Tolcapone	54
Tamsulosin HCl	82	Testosterone Pump	83	Tolterodine Tartrate	82
Targretin	53	Tetrabenazine	72	Tolterodine Tartrate ER	82
Tarina 24 Fe	86	Tetracycline HCl	40	Tolvaptan	78
Tarina Fe 1/20 EQ	86	Thalomid	49	Topiramate	41
Tasigna	52	Theophylline	99	Topiramate ER	41
Tasimelteon	101	Theophylline ER	99	Toremifene Citrate	49
Tazarotene	74	Thioridazine HCl	55	Toremide	69
Tazicef	38	Thiothixene	55	Toujeo Max SoloStar	64
Taztia XT	68	Tiadyt ER	68	Toujeo SoloStar	64
Tazverik	49	Tiagabine HCl	42	Tovet	75
Teflaro	38	Tibsovo	52	Toviaz	82
Tegsedi	81	Ticovac	93	Tracleer	100
Telmisartan	66	Tigecycline	37	Tradjenta	62
Telmisartan -Amlodipine	69	Tilia Fe	86	Tramadol HCl	35
Telmisartan -HCTZ	69	Timolol Maleate	97	Tramadol HCl ER	34
Temazepam	101	Timolol Maleate Ophthalmic Gel Forming	96	Tramadol -Acetaminophen	35
		Timolol Maleate PF	97	Trandolapril	67

Tranexamic Acid	66	Trifluridine	96	U	
Tranylcypromine Sulfate	44	Trihexyphenidyl HCl	54	Ubrelvy	47
Travasol	78	Trijardy XR	62	Udenyca	65
Travoprost	97	Trikafta	99	Unithroid	88
Trazodone HCl	45	Trimethobenzamide HCl	46	Uptravi	100
Trecator	48	Trimethoprim	37	Ursodiol	80
Trelegy Ellipta	100	Trimipramine Maleate	45	V	
Trelstar Mixject	88	Trintellix	45	VAQTA	93
Tremfya	90	Triumeq	58	Valacyclovir HCl	57
Tresiba	64	Triumeq PD	59	Valchlor	48
Tresiba FlexTouch	64	Trivora	87	Valganciclovir HCl	57
Tretinoin	74	Trizivir	59	Valproic Acid	41
Trexall	92	Trokendi XR	41	Valsartan	66
Tri -Estarylla	86	TrophAmine	78	Valsartan -Hydrochlorothiazide	69
Tri -Legest Fe	86	Trospium Chloride	82	Valtoco 10MG Dose	42
Tri -Lo -Estarylla	87	Trospium Chloride ER	82	Valtoco 15MG Dose	42
Tri -Lo -Sprintec	87	Trulicity	62	Valtoco 20MG Dose	42
Tri -Mili	87	Trumenba	93	Valtoco 5MG Dose	42
Tri -Nymyo	87	Tudorza Pressair	98	Vancomycin HCl	37
Tri -Sprintec	87	Tukysa	49	Vandazole	37
Tri -VyLibra	87	Turalio	52	Vanflyta	52
Tri -VyLibra Lo	87	Twinrix	93	Varenicline Tartrate	36
Triamcinolone Acetonide	75	Tyblume	87	Varivax	93
Triamterene	69	Tybost	59	Vascepa	71
Triamterene -HCTZ	69	Tydemy	87	Velivet	87
Trianex	75	Tymlos	94	Velphoro	79
Triderm	75	Typhim Vi	93	Veltassa	79
Trientine HCl	78	Tyrvaya	95	Vemlidy	57
Trifluoperazine HCl	55			Venclexta	52

Venclexta Starting Pack	52	Vosevi	57	Xospata	53
Venlafaxine Besylate ER	45	Votrient	52	Xpovio	50
Venlafaxine HCl	45	Vowst	80	Xtampza ER	34
Venlafaxine HCl ER	45	Vraylar	56	Xtandi	49
Ventavis	100	VyLibra	87	Xulane	87
Ventolin HFA	99	Vyfemla	87	Xultophy	62
Verapamil HCl	68	Vyndamax	81	Xyrem	101
Verapamil HCl ER	68	Vyndaqel	81		
Verquvo	71	Vyzulta	97		
Versacloz	56			Y	
Verzenio	52			YF -Vax	93
Vestura	87	W		Yuflyma 1 -Pen Kit	92
Viberzi	79	WYMZYA Fe	87	Yuflyma 2 -Syringe Kit	92
Vibramycin	40	Warfarin Sodium	64	Yuvaferm	87
Victoza	62	Welireg	53		
Vienna	87	Wixela Inhub	101	Z	
Vigabatrin	42			Zafemy	87
Vigadrone	42	X		Zafirlukast	98
Viibryd	45	Xalkori	53	Zaleplon	101
Viibryd Starter Pack	45	Xarelto	64	Zarxio	65
Vilazodone HCl	45	Xarelto Starter Pack	64	Zejula	53
Vimpat	43	Xatmep	92	Zelboraf	53
Viracept	59	Xcopri	42	Zenatane	74
Viread	59	Xeljanz	90	Zenpep	81
Vitrakvi	52	Xeljanz XR	90	Zepatier	57
Vivitrol	36	Xermelo	79	Zerbaxa	38
Vizimpro	52	Xgeva	94	Zidovudine	59
Vonjo	49	Xifaxan	37	Ziextenzo	66
Voriconazole	47	Xigduo XR	62	Ziprasidone HCl	56
		Xiidra	95	Ziprasidone Mesylate	56
		Xofluza	60	Zirgan	57
		Xolair	90	Zokinvy	81

Zolinza	50
Zolmitriptan	47
Zolmitriptan ODT	47
Zolpidem Tartrate	101
Zonisade	43
Zonisamide	43
Zorbtive	83
Zovia 1/35	87
Ztalmy	42
Zubsolv	36
Zydelig	53
Zykadia	53
Zylet	95
Zypitamag	70
Zyprexa Relprew	56

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 12-32.

The first column lists the drug name, which may include the dosage form and strength. BRAND NAME drugs are listed in CAPITALIZED type (for example, HUMALOG) and generic drugs are listed in plain type italic (for example, *Simvastatin*). The information in the “Coverage rules or limits on use” column lists any special requirements for coverage of your drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 102-133.

Drug name	Drug tier	Coverage rules or limits on use
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>Celecoxib (Oral Capsule)</i>	1	QL
<i>Diclofenac Potassium (50MG Oral Tablet)</i>	1	
<i>Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)</i>	1	
<i>Diclofenac Sodium (1% External Gel)</i>	1	
<i>Diclofenac Sodium (Oral Tablet Delayed Release)</i>	1	
<i>Diclofenac-Misoprostol (Oral Tablet Delayed Release)</i>	1	
<i>Diflunisal (Oral Tablet)</i>	1	
<i>Etodolac ER (Oral Tablet Extended Release 24 Hour)</i>	1	
<i>Etodolac (Oral Capsule)</i>	1	
<i>Etodolac (Oral Tablet Immediate Release)</i>	1	
<i>Flurbiprofen (100MG Oral Tablet)</i>	1	
<i>Ibu (600MG Oral Tablet, 800MG Oral Tablet)</i>	1	
<i>Ibuprofen (Oral Suspension)</i>	1	
<i>Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)</i>	1	
<i>Indomethacin ER (Oral Capsule Extended Release)</i>	1	HRM
<i>Indomethacin (25MG Oral Capsule Immediate Release, 50MG Oral Capsule Immediate Release)</i>	1	HRM
<i>Ketoprofen (25MG Oral Capsule Immediate Release, 50MG Oral Capsule Immediate Release)</i>	1	
<i>Ketorolac Tromethamine (15.75MG/SPRAY Nasal Solution)</i>	4	
<i>Ketorolac Tromethamine (Oral Tablet)</i>	1	HRM
<i>Mefenamic Acid (Oral Capsule)</i>	1	
<i>Meloxicam (Oral Tablet)</i>	1	
<i>Nabumetone (Oral Tablet)</i>	1	
<i>Naproxen (Oral Suspension)</i>	1	
<i>Naproxen (Oral Tablet Immediate Release)</i>	1	
<i>Naproxen DR (Oral Tablet Delayed Release) (Generic EC-Naprosyn)</i>	1	
<i>Naproxen Sodium (275MG Oral Tablet Immediate Release, 550MG Oral Tablet Immediate Release)</i>	1	

Drug name	Drug tier	Coverage rules or limits on use
<i>Oxaprozin (Oral Tablet)</i>	1	
<i>Piroxicam (Oral Capsule)</i>	1	
SPRIX (NASAL SOLUTION)	4	
<i>Sulindac (Oral Tablet)</i>	1	
Opioid Analgesics, Long-acting		
BELBUCA (150MCG BUCCAL FILM, 300MCG BUCCAL FILM, 450MCG BUCCAL FILM, 75MCG BUCCAL FILM)	3	7D; DL; QL
BELBUCA (600MCG BUCCAL FILM, 750MCG BUCCAL FILM, 900MCG BUCCAL FILM)	4	7D; DL; QL
<i>Buprenorphine (Transdermal Patch Weekly)</i>	1	7D; DL; QL
<i>Fentanyl (Transdermal Patch 72 Hour)</i>	1	7D; MME; DL; QL
<i>Hydromorphone HCl ER (Oral Tablet Extended Release 24 Hour)</i>	1	7D; MME; DL; QL
<i>Methadone HCl (Oral Solution)</i>	1	7D; MME; DL; QL
<i>Methadone HCl (Oral Tablet)</i>	1	7D; MME; DL; QL
<i>Morphine Sulfate ER (Oral Tablet Extended Release) (Generic MS Contin)</i>	1	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)	4	7D; MME; DL; QL
NUCYNTA ER (50MG ORAL TABLET EXTENDED RELEASE 12 HOUR)	3	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)	2	7D; MME; DL; QL
OXYCONTIN (40MG ORAL TABLET ER 12 HOUR ABUSE-DETERRENT, 60MG ORAL TABLET ER 12 HOUR ABUSE-DETERRENT, 80MG ORAL TABLET ER 12 HOUR ABUSE-DETERRENT)	4	7D; MME; DL; QL
<i>Oxymorphone HCl ER (Oral Tablet Extended Release 12 Hour)</i>	1	7D; MME; DL; QL
<i>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)</i>	1	7D; MME; DL; QL
<i>Tramadol HCl ER (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)</i>	1	7D; MME; DL; QL
XTAMPZA ER (ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT)	2	7D; MME; DL; QL
Opioid Analgesics, Short-acting		
<i>Acetaminophen-Caffeine-Dihydrocodeine (Oral Capsule)</i>	1	7D; MME; DL; QL
<i>Acetaminophen-Codeine (120-12MG/5ML Oral Solution)</i>	1	7D; MME; DL; QL

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

Drug name	Drug tier	Coverage rules or limits on use
<i>Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)</i>	1	7D; MME; DL; QL
<i>Butalbital-Acetaminophen-Caffeine (50-325-40MG Oral Capsule)</i>	1	HRM; QL
<i>Butalbital-Acetaminophen-Caffeine (Oral Tablet)</i>	1	HRM; QL
<i>Butorphanol Tartrate (Nasal Solution)</i>	1	7D; MME; DL; QL
CODEINE SULFATE (15MG ORAL TABLET, 60MG ORAL TABLET)	1	7D; MME; DL; QL
<i>Codeine Sulfate (30MG Oral Tablet)</i>	1	7D; MME; DL; QL
<i>Endocet (Oral Tablet)</i>	1	7D; MME; DL; QL
<i>Fentanyl Citrate (Buccal Lozenge On A Handle)</i>	1	PA; DL; QL
<i>Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)</i>	1	7D; MME; DL; QL
<i>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)</i>	1	7D; MME; DL; QL
<i>Hydrocodone-Ibuprofen (Oral Tablet)</i>	1	7D; MME; DL; QL
<i>Hydromorphone HCl (Oral Liquid)</i>	1	7D; MME; DL; QL
<i>Hydromorphone HCl (Oral Tablet Immediate Release)</i>	1	7D; MME; DL; QL
<i>Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution)</i>	1	7D; DL
<i>Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)</i>	1	7D; MME; DL; QL
MORPHINE SULFATE (ORAL SOLUTION)	1	7D; MME; DL; QL
<i>Morphine Sulfate (Oral Tablet Immediate Release)</i>	1	7D; MME; DL; QL
NUCYNTA (100MG ORAL TABLET IMMEDIATE RELEASE)	4	7D; MME; DL; QL
NUCYNTA (50MG ORAL TABLET IMMEDIATE RELEASE, 75MG ORAL TABLET IMMEDIATE RELEASE)	3	7D; MME; DL; QL
<i>Oxycodone HCl (Oral Capsule)</i>	1	7D; MME; DL; QL
<i>Oxycodone HCl (100MG/5ML Oral Concentrate)</i>	1	7D; MME; DL; QL
<i>Oxycodone HCl (Oral Solution)</i>	1	7D; MME; DL; QL
<i>Oxycodone HCl (Oral Tablet Immediate Release)</i>	1	7D; MME; DL; QL
<i>Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)</i>	1	7D; MME; DL; QL
<i>Oxymorphone HCl (Oral Tablet Immediate Release)</i>	1	7D; MME; DL; QL
<i>Tramadol HCl (Oral Tablet Immediate Release)</i>	1	7D; MME; DL; QL
<i>Tramadol-Acetaminophen (Oral Tablet)</i>	1	7D; MME; DL; QL
Anesthetics		
Local Anesthetics		
<i>Lidocaine (5% External Patch)</i>	1	PA; QL
<i>Lidocaine HCl (4% External Solution)</i>	1	
<i>Lidocaine Viscous (2% Mouth/Throat Solution)</i>	1	
<i>Lidocaine-Prilocaine (External Cream)</i>	1	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		

Drug name	Drug tier	Coverage rules or limits on use
<i>Acamprosate Calcium (Oral Tablet Delayed Release)</i>	1	
<i>Disulfiram (Oral Tablet)</i>	1	
<i>Naltrexone HCl (Oral Tablet)</i>	1	
VIVITROL (INTRAMUSCULAR SUSPENSION RECONSTITUTED)	4	
Opioid Dependence		
<i>Buprenorphine HCl (Tablet Sublingual)</i>	1	QL
<i>Buprenorphine HCl-Naloxone HCl (Sublingual Film)</i>	1	QL
<i>Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)</i>	1	QL
ZUBSOLV (TABLET SUBLINGUAL)	2	QL
Opioid Reversal Agents		
<i>Naloxone HCl (0.4MG/ML Injection Solution)</i>	1	
<i>Naloxone HCl (Injection Solution Cartridge)</i>	1	
<i>Naloxone HCl (Injection Solution Prefilled Syringe)</i>	1	
<i>Naloxone HCl (Nasal Liquid)</i>	1	
NARCAN (NASAL LIQUID)	2	
Smoking Cessation Agents		
<i>Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)</i>	1	
NICOTROL (INHALATION INHALER)	3	
NICOTROL NS (NASAL SOLUTION)	3	
<i>Varenicline Tartrate (Starter) (Oral Tablet Therapy Pack)</i>	1	
<i>Varenicline Tartrate (Oral Tablet)</i>	1	
Antibacterials		
Aminoglycosides		
<i>Amikacin Sulfate (500MG/2ML Injection Solution)</i>	1	
<i>Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)</i>	1	
<i>Gentamicin Sulfate (40MG/ML Injection Solution)</i>	1	
<i>Neomycin Sulfate (Oral Tablet)</i>	1	
<i>Paromomycin Sulfate (250MG Oral Capsule)</i>	1	
<i>Streptomycin Sulfate (Intramuscular Solution Reconstituted)</i>	1	
<i>Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)</i>	1	
Antibacterials, Other		
<i>Aztreonam (Injection Solution Reconstituted)</i>	1	
<i>Clindamycin HCl (Oral Capsule)</i>	1	
<i>Clindamycin Palmitate HCl (Oral Solution Reconstituted)</i>	1	
<i>Clindamycin Phosphate in D5W (Intravenous Solution)</i>	1	
<i>Clindamycin Phosphate (300MG/2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution)</i>	1	

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

Drug name	Drug tier	Coverage rules or limits on use
<i>Clindamycin Phosphate (Vaginal Cream)</i>	1	
<i>Colistimethate Sodium (CBA) (Injection Solution Reconstituted)</i>	1	
<i>Daptomycin (Intravenous Solution Reconstituted)</i>	1	
<i>Linezolid (Intravenous Solution)</i>	1	
<i>Linezolid (Oral Suspension Reconstituted)</i>	1	QL
<i>Linezolid (Oral Tablet)</i>	1	QL
<i>Methenamine Hippurate (Oral Tablet)</i>	1	
<i>Metronidazole (External Cream)</i>	1	
<i>Metronidazole (External Gel)</i>	1	
<i>Metronidazole (External Lotion)</i>	1	
<i>Metronidazole (Intravenous Solution)</i>	1	
<i>Metronidazole (Oral Tablet)</i>	1	
<i>Metronidazole (Vaginal Gel)</i>	1	
<i>Nitrofurantoin Macrocrystal (Oral Capsule) (Generic Macrochantin)</i>	1	HRM
<i>Nitrofurantoin Monohydrate (Generic Macrobid)</i>	1	HRM
<i>Nitrofurantoin (25MG/5ML Oral Suspension)</i>	1	HRM
<i>Polymyxin B Sulfate (Injection Solution Reconstituted)</i>	1	
SIVEXTRO (INTRAVENOUS SOLUTION RECONSTITUTED)	4	
SIVEXTRO (ORAL TABLET)	4	
<i>Tigecycline (Intravenous Solution Reconstituted)</i>	1	
<i>Tinidazole (Oral Tablet)</i>	1	
<i>Trimethoprim (Oral Tablet)</i>	1	
<i>Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)</i>	1	
<i>Vancomycin HCl (Oral Capsule)</i>	1	QL
VANDAZOLE (VAGINAL GEL)	1	
XIFAXAN (ORAL TABLET)	4	PA
Beta-lactam, Cephalosporins		
<i>Cefaclor (Oral Capsule)</i>	1	
<i>Cefaclor (Oral Suspension Reconstituted)</i>	1	
<i>Cefadroxil (Oral Capsule)</i>	1	
<i>Cefadroxil (Oral Suspension Reconstituted)</i>	1	
<i>Cefadroxil (Oral Tablet)</i>	1	
<i>Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)</i>	1	
<i>Cefdinir (Oral Capsule)</i>	1	
<i>Cefdinir (Oral Suspension Reconstituted)</i>	1	
<i>Cefepime HCl (Injection Solution Reconstituted)</i>	1	

Drug name	Drug tier	Coverage rules or limits on use
<i>Cefepime HCl (2GM Intravenous Solution Reconstituted)</i>	1	
<i>Cefixime (Oral Capsule)</i>	1	
<i>Cefixime (Oral Suspension Reconstituted)</i>	1	
<i>Cefotetan Disodium (Injection Solution Reconstituted)</i>	1	
<i>Cefoxitin Sodium (Intravenous Solution Reconstituted)</i>	1	
<i>Cefpodoxime Proxetil (Oral Suspension Reconstituted)</i>	1	
<i>Cefpodoxime Proxetil (Oral Tablet)</i>	1	
<i>Cefprozil (Oral Suspension Reconstituted)</i>	1	
<i>Cefprozil (Oral Tablet)</i>	1	
<i>Ceftazidime (Injection Solution Reconstituted)</i>	1	
<i>Ceftazidime (Intravenous Solution Reconstituted)</i>	1	
<i>Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)</i>	1	
<i>Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)</i>	1	
<i>Cefuroxime Axetil (Oral Tablet)</i>	1	
<i>Cefuroxime Sodium (Injection Solution Reconstituted)</i>	1	
<i>Cefuroxime Sodium (Intravenous Solution Reconstituted)</i>	1	
<i>Cephalexin (Oral Capsule)</i>	1	
<i>Cephalexin (Oral Suspension Reconstituted)</i>	1	
<i>Cephalexin (Oral Tablet)</i>	1	
SUPRAX (500MG/5ML ORAL SUSPENSION RECONSTITUTED)	3	
<i>Suprax (100MG Oral Tablet Chewable, 200MG Oral Tablet Chewable)</i>	2	
<i>Tazicef (Injection Solution Reconstituted)</i>	1	
<i>Tazicef (2GM Intravenous Solution Reconstituted, 6GM Intravenous Solution Reconstituted)</i>	1	
TEFLARO (INTRAVENOUS SOLUTION RECONSTITUTED)	4	
ZERBAXA (INTRAVENOUS SOLUTION RECONSTITUTED)	4	
Beta-lactam, Penicillins		
<i>Amoxicillin (Oral Capsule)</i>	1	
<i>Amoxicillin (Oral Suspension Reconstituted)</i>	1	
<i>Amoxicillin (Oral Tablet Immediate Release)</i>	1	
<i>Amoxicillin (Oral Tablet Chewable)</i>	1	
<i>Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour)</i>	1	
<i>Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted)</i>	1	
<i>Amoxicillin-Potassium Clavulanate (Oral Tablet Immediate Release)</i>	1	
<i>Amoxicillin-Potassium Clavulanate (Oral Tablet Chewable)</i>	1	
<i>Ampicillin (Oral Capsule)</i>	1	

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

Drug name	Drug tier	Coverage rules or limits on use
<i>Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted)</i>	1	
<i>Ampicillin Sodium (10GM Intravenous Solution Reconstituted)</i>	1	
<i>Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)</i>	1	
<i>Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted)</i>	1	
BICILLIN C-R 900/300 (INTRAMUSCULAR SUSPENSION)	3	
BICILLIN C-R (INTRAMUSCULAR SUSPENSION)	3	
BICILLIN L-A (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	3	
<i>Dicloxacillin Sodium (Oral Capsule)</i>	1	
<i>Nafcillin Sodium (Injection Solution Reconstituted)</i>	1	
<i>Nafcillin Sodium (10GM Intravenous Solution Reconstituted)</i>	1	
OXACILLIN SODIUM IN DEXTROSE (1GM/50ML INTRAVENOUS SOLUTION)	3	
OXACILLIN SODIUM IN DEXTROSE (2GM/50ML INTRAVENOUS SOLUTION)	4	
<i>Oxacillin Sodium (Injection Solution Reconstituted)</i>	1	
<i>Oxacillin Sodium (Intravenous Solution Reconstituted)</i>	1	
PENICILLIN G POTASSIUM IN DEXTROSE (40000UNIT/ML INTRAVENOUS SOLUTION, 60000UNIT/ML INTRAVENOUS SOLUTION)	2	
<i>Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)</i>	1	
<i>Penicillin G Sodium (Injection Solution Reconstituted)</i>	1	
<i>Penicillin V Potassium (Oral Solution Reconstituted)</i>	1	
<i>Penicillin V Potassium (Oral Tablet)</i>	1	
<i>Piperacillin-Tazobactam (2.25 (2-0.25)GM Intravenous Solution Reconstituted, 3.375 (3-0.375)GM Intravenous Solution Reconstituted, 4.5 (4-0.5)GM Intravenous Solution Reconstituted, 40.5 (36-4.5)GM Intravenous Solution Reconstituted)</i>	1	
Carbapenems		
<i>Ertapenem Sodium (Injection Solution Reconstituted)</i>	1	
<i>Imipenem-Cilastatin (Intravenous Solution Reconstituted)</i>	1	
<i>Meropenem (Intravenous Solution Reconstituted)</i>	1	
Macrolides		
<i>Azithromycin (Intravenous Solution Reconstituted)</i>	1	
<i>Azithromycin (Oral Packet)</i>	1	
<i>Azithromycin (Oral Suspension Reconstituted)</i>	1	
<i>Azithromycin (Oral Tablet)</i>	1	
<i>Clarithromycin ER (Oral Tablet Extended Release 24 Hour)</i>	1	
<i>Clarithromycin (Oral Suspension Reconstituted)</i>	1	

Drug name	Drug tier	Coverage rules or limits on use
<i>Clarithromycin (Oral Tablet Immediate Release)</i>	1	
DIFICID (ORAL SUSPENSION RECONSTITUTED)	4	
DIFICID (ORAL TABLET)	4	
<i>Erythrocin Lactobionate (Intravenous Solution Reconstituted)</i>	3	
<i>Erythrocin Stearate (Oral Tablet)</i>	3	
<i>Erythromycin Base (Oral Capsule Delayed Release Particles)</i>	1	
<i>Erythromycin Base (Oral Tablet Immediate Release)</i>	1	
<i>Erythromycin Ethylsuccinate (Oral Suspension Reconstituted)</i>	1	
<i>Erythromycin Ethylsuccinate (Oral Tablet)</i>	1	
<i>Erythromycin (Oral Tablet Delayed Release)</i>	1	
Quinolones		
<i>Ciprofloxacin HCl (Oral Tablet Immediate Release)</i>	1	
<i>Ciprofloxacin in D5W (200MG/100ML Intravenous Solution)</i>	1	
<i>Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution)</i>	1	
<i>Levofloxacin (Oral Solution)</i>	1	
<i>Levofloxacin (Oral Tablet)</i>	1	
<i>Moxifloxacin HCl in NaCl (Intravenous Solution)</i>	1	
<i>Moxifloxacin HCl (Oral Tablet)</i>	1	
<i>Ofloxacin (Oral Tablet)</i>	1	
Sulfonamides		
<i>Sulfadiazine (Oral Tablet)</i>	1	
<i>Sulfamethoxazole-Trimethoprim (Oral Suspension)</i>	1	
<i>Sulfamethoxazole-Trimethoprim (Oral Tablet)</i>	1	
Tetracyclines		
<i>Demeclocycline HCl (Oral Tablet)</i>	1	
<i>Doxy 100 (Intravenous Solution Reconstituted)</i>	1	
<i>Doxycycline Hyclate (Oral Capsule)</i>	1	
<i>Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release)</i>	1	
<i>Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)</i>	1	
<i>Doxycycline Monohydrate (Oral Suspension Reconstituted)</i>	1	
<i>Doxycycline Monohydrate (Oral Tablet)</i>	1	
<i>Minocycline HCl (Oral Capsule)</i>	1	
NUZYRA (ORAL TABLET)	4	QL
<i>Tetracycline HCl (Oral Capsule)</i>	1	
VIBRAMYCIN (50MG/5ML ORAL SYRUP)	3	
Anticonvulsants		

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

Drug name	Drug tier	Coverage rules or limits on use
Anticonvulsants, Other		
BRIVIACT (ORAL SOLUTION)	4	PA
BRIVIACT (ORAL TABLET)	4	PA
EPIDIOLEX (ORAL SOLUTION)	4	PA
EPRONTIA (ORAL SOLUTION)	3	
<i>Felbamate (Oral Suspension)</i>	1	
<i>Felbamate (Oral Tablet)</i>	1	
FINTEPLA (ORAL SOLUTION)	4	PA; QL
FYCOMPA (ORAL SUSPENSION)	4	QL
FYCOMPA (10MG ORAL TABLET, 12MG ORAL TABLET, 4MG ORAL TABLET, 6MG ORAL TABLET, 8MG ORAL TABLET)	4	QL
FYCOMPA (2MG ORAL TABLET)	3	QL
<i>Lamotrigine ER (Oral Tablet Extended Release 24 Hour)</i>	1	
<i>Lamotrigine ODT (Oral Tablet Dispersible Kit)</i>	1	
<i>Lamotrigine (Oral Tablet Immediate Release)</i>	1	
<i>Lamotrigine (Oral Tablet Chewable)</i>	1	
<i>Lamotrigine ODT (Oral Tablet Dispersible)</i>	1	
<i>Lamotrigine Starter Kit-Blue (Oral Kit)</i>	1	
<i>Lamotrigine Starter Kit-Green (Oral Kit)</i>	1	
<i>Lamotrigine Starter Kit-Orange (Oral Kit)</i>	1	
<i>Levetiracetam ER (Oral Tablet Extended Release 24 Hour)</i>	1	
<i>Levetiracetam (Oral Solution)</i>	1	
<i>Levetiracetam (Oral Tablet Immediate Release)</i>	1	
<i>Roweepra (Oral Tablet Immediate Release)</i>	1	
SPRITAM ODT (ORAL TABLET DISINTEGRATING SOLUBLE)	3	
<i>Subvenite (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet)</i>	1	
<i>Subvenite Starter Kit-Blue (Oral Kit)</i>	1	
<i>Subvenite Starter Kit-Green (Oral Kit)</i>	1	
<i>Subvenite Starter Kit-Orange (Oral Kit)</i>	1	
<i>Topiramate ER (Oral Capsule Extended Release 24 Hour Sprinkle)</i>	1	PA
<i>Topiramate ER (Oral Capsule Extended Release 24 Hour)</i>	1	PA
<i>Topiramate (Oral Capsule Sprinkle Immediate Release)</i>	1	
<i>Topiramate (Oral Tablet)</i>	1	
TROKENDI XR (100MG ORAL CAPSULE EXTENDED RELEASE 24 HOUR, 200MG ORAL CAPSULE EXTENDED RELEASE 24 HOUR)	4	PA
TROKENDI XR (25MG ORAL CAPSULE EXTENDED RELEASE 24 HOUR, 50MG ORAL CAPSULE EXTENDED RELEASE 24 HOUR)	3	PA
<i>Valproic Acid (Oral Capsule)</i>	1	
<i>Valproic Acid (Oral Solution)</i>	1	

Drug name	Drug tier	Coverage rules or limits on use
XCOPRI (250MG DAILY DOSE) (ORAL TABLET THERAPY PACK)	4	PA; QL
XCOPRI (350MG DAILY DOSE) (150MG & 200MG ORAL TABLET THERAPY PACK)	4	PA; QL
XCOPRI (100MG ORAL TABLET, 150MG ORAL TABLET, 200MG ORAL TABLET, 50MG ORAL TABLET)	4	PA; QL
XCOPRI (14 X 12.5MG & 14 X 25MG ORAL TABLET THERAPY PACK)	3	PA; QL
XCOPRI (14 X 150MG & 14 X 200MG ORAL TABLET THERAPY PACK, 14 X 50MG & 14 X 100MG ORAL TABLET THERAPY PACK)	4	PA; QL
Calcium Channel Modifying Agents		
CELONTIN (ORAL CAPSULE)	3	
<i>Ethosuximide (Oral Capsule)</i>	1	
<i>Ethosuximide (Oral Solution)</i>	1	
<i>Methsuximide (Oral Capsule)</i>	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>Clobazam (Oral Suspension)</i>	1	PA; QL
<i>Clobazam (Oral Tablet)</i>	1	PA; QL
DIACOMIT (ORAL CAPSULE)	4	QL
DIACOMIT (ORAL PACKET)	4	QL
<i>Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)</i>	1	QL
<i>Gabapentin (Oral Capsule)</i>	1	
<i>Gabapentin (250MG/5ML Oral Solution)</i>	1	
<i>Gabapentin (600MG Oral Tablet, 800MG Oral Tablet)</i>	1	
NAYZILAM (NASAL SOLUTION)	3	PA; QL
<i>Phenobarbital (Oral Elixir)</i>	1	HRM
<i>Phenobarbital (Oral Tablet)</i>	1	HRM
<i>Primidone (Oral Tablet)</i>	1	
SYMPAZAN (10MG ORAL FILM, 20MG ORAL FILM)	4	PA; QL
SYMPAZAN (5MG ORAL FILM)	3	PA; QL
<i>Tiagabine HCl (Oral Tablet)</i>	1	
VALTOCO 10MG DOSE (NASAL LIQUID)	4	PA; QL
VALTOCO 15MG DOSE (NASAL LIQUID THERAPY PACK)	4	PA; QL
VALTOCO 20MG DOSE (NASAL LIQUID THERAPY PACK)	4	PA; QL
VALTOCO 5MG DOSE (NASAL LIQUID)	4	PA; QL
<i>Vigabatrin (Oral Packet)</i>	1	PA; QL
<i>Vigabatrin (Oral Tablet)</i>	1	PA; QL
<i>Vigadrone (Oral Packet)</i>	1	PA; QL
<i>Vigadrone (Oral Tablet)</i>	1	PA; QL
ZTALMY (ORAL SUSPENSION)	4	PA

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

Drug name	Drug tier	Coverage rules or limits on use
Sodium Channel Agents		
APTIOM (ORAL TABLET)	4	QL
<i>Carbamazepine ER (Oral Capsule Extended Release 12 Hour)</i>	1	
<i>Carbamazepine ER (Oral Tablet Extended Release 12 Hour)</i>	1	
<i>Carbamazepine (Oral Suspension)</i>	1	
<i>Carbamazepine (Oral Tablet Immediate Release)</i>	1	
<i>Carbamazepine (Oral Tablet Chewable)</i>	1	
<i>Dilantin INFATABS (Oral Tablet Chewable)</i>	2	
<i>Dilantin (Oral Capsule)</i>	2	
DILANTIN (ORAL SUSPENSION)	2	
<i>Epitol (Oral Tablet)</i>	1	
<i>Lacosamide (Oral Solution)</i>	1	QL
<i>Lacosamide (Oral Tablet)</i>	1	QL
<i>Oxcarbazepine (Oral Suspension)</i>	1	
<i>Oxcarbazepine (Oral Tablet)</i>	1	
OXTELLAR XR (150MG ORAL TABLET EXTENDED RELEASE 24 HOUR, 300MG ORAL TABLET EXTENDED RELEASE 24 HOUR)	3	
OXTELLAR XR (600MG ORAL TABLET EXTENDED RELEASE 24 HOUR)	4	
<i>Phenytek (Oral Capsule)</i>	3	
<i>Phenytoin (125MG/5ML Oral Suspension)</i>	1	
<i>Phenytoin (Oral Tablet Chewable)</i>	1	
<i>Phenytoin Sodium Extended (Oral Capsule)</i>	1	
<i>Rufinamide (Oral Suspension)</i>	1	
<i>Rufinamide (Oral Tablet)</i>	1	
VIMPAT (ORAL SOLUTION)	4	QL
VIMPAT (100MG ORAL TABLET, 150MG ORAL TABLET, 200MG ORAL TABLET)	4	QL
VIMPAT (50MG ORAL TABLET)	3	QL
ZONISADE (ORAL SUSPENSION)	3	ST
<i>Zonisamide (Oral Capsule)</i>	1	
Antidementia Agents		
Antidementia Agents, Other		
NAMZARIC (ORAL CAPSULE ER 24 HOUR THERAPY PACK)	2	PA; QL
NAMZARIC (ORAL CAPSULE EXTENDED RELEASE 24 HOUR)	2	PA; QL
Cholinesterase Inhibitors		
<i>Donepezil HCl (10MG Oral Tablet, 5MG Oral Tablet)</i>	1	QL
<i>Donepezil HCl ODT (Oral Tablet Dispersible)</i>	1	QL
<i>Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)</i>	1	

Drug name	Drug tier	Coverage rules or limits on use
<i>Galantamine Hydrobromide (Oral Solution)</i>	1	
<i>Galantamine Hydrobromide (Oral Tablet)</i>	1	
<i>Rivastigmine Tartrate (Oral Capsule)</i>	1	
<i>Rivastigmine (Transdermal Patch 24 Hour)</i>	1	QL
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>Memantine HCl ER (Oral Capsule Extended Release 24 Hour)</i>	1	PA; QL
<i>Memantine HCl (Oral Solution)</i>	1	PA; QL
<i>Memantine HCl (Oral Tablet)</i>	1	PA; QL
<i>Memantine HCl Titration Pak (Oral Tablet)</i>	1	PA; QL
Antidepressants		
Antidepressants, Other		
AUVELITY (ORAL TABLET EXTENDED RELEASE)	3	
<i>Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)</i>	1	
<i>Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)</i>	1	
<i>Bupropion HCl (Oral Tablet Immediate Release)</i>	1	
<i>Mirtazapine (Oral Tablet)</i>	1	
<i>Mirtazapine ODT (Oral Tablet Dispersible)</i>	1	
<i>Olanzapine-Fluoxetine HCl (Oral Capsule)</i>	1	
<i>Perphenazine-Amitriptyline (Oral Tablet)</i>	1	HRM
Monoamine Oxidase Inhibitors		
EMSAM (TRANSDERMAL PATCH 24 HOUR)	4	QL
MARPLAN (ORAL TABLET)	3	
<i>Phenelzine Sulfate (Oral Tablet)</i>	1	
<i>Tranylcypromine Sulfate (Oral Tablet)</i>	1	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
<i>Citalopram Hydrobromide (Oral Solution)</i>	1	
<i>Citalopram Hydrobromide (Oral Tablet)</i>	1	
<i>Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)</i>	1	
<i>Escitalopram Oxalate (Oral Solution)</i>	1	
<i>Escitalopram Oxalate (Oral Tablet)</i>	1	
FETZIMA (ORAL CAPSULE EXTENDED RELEASE 24 HOUR)	3	ST; QL
FETZIMA TITRATION (ORAL CAPSULE ER 24 HOUR THERAPY PACK)	3	ST; QL
<i>Fluoxetine HCl (PMDD) (Oral Tablet)</i>	1	
<i>Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)</i>	1	

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

Drug name	Drug tier	Coverage rules or limits on use
<i>Fluoxetine HCl (Oral Capsule Delayed Release)</i>	1	
<i>Fluoxetine HCl (20MG/5ML Oral Solution)</i>	1	
<i>Fluoxetine HCl (10MG Oral Tablet, 20MG Oral Tablet)</i>	1	
<i>Fluvoxamine Maleate ER (Oral Capsule Extended Release 24 Hour)</i>	1	
<i>Fluvoxamine Maleate (Oral Tablet)</i>	1	
<i>Nefazodone HCl (Oral Tablet)</i>	1	
<i>Paroxetine HCl (Oral Suspension)</i>	1	HRM
<i>Paroxetine HCl (Oral Tablet Immediate Release)</i>	1	HRM
<i>Sertraline HCl (Oral Concentrate)</i>	1	
<i>Sertraline HCl (Oral Tablet)</i>	1	
<i>Trazodone HCl (Oral Tablet)</i>	1	
TRINTELLIX (ORAL TABLET)	3	QL
VENLAFAXINE BESYLATE ER (ORAL TABLET EXTENDED RELEASE 24 HOUR)	3	
<i>Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)</i>	1	
<i>Venlafaxine HCl ER (150MG Oral Tablet Extended Release 24 Hour, 37.5MG Oral Tablet Extended Release 24 Hour, 75MG Oral Tablet Extended Release 24 Hour)</i>	1	
<i>Venlafaxine HCl (Oral Tablet Immediate Release)</i>	1	
VIIBRYD (ORAL TABLET)	3	QL
VIIBRYD STARTER PACK (ORAL KIT)	3	QL
<i>Vilazodone HCl (Oral Tablet)</i>	1	QL
Tricyclics		
<i>Amitriptyline HCl (Oral Tablet)</i>	1	HRM
<i>Amoxapine (Oral Tablet)</i>	1	HRM
<i>Clomipramine HCl (Oral Capsule)</i>	1	HRM
<i>Desipramine HCl (Oral Tablet)</i>	1	HRM
<i>Doxepin HCl (Oral Capsule)</i>	1	HRM
<i>Doxepin HCl (Oral Concentrate)</i>	1	HRM
<i>Imipramine HCl (Oral Tablet)</i>	1	HRM
<i>Imipramine Pamoate (Oral Capsule)</i>	1	HRM
<i>Nortriptyline HCl (Oral Capsule)</i>	1	HRM
<i>Nortriptyline HCl (Oral Solution)</i>	1	HRM
<i>Protriptyline HCl (Oral Tablet)</i>	1	HRM
<i>Trimipramine Maleate (Oral Capsule)</i>	1	HRM
Antiemetics		
Antiemetics, Other		
<i>Compro (Rectal Suppository)</i>	1	
<i>Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet)</i>	1	HRM
<i>Metoclopramide HCl (5MG/5ML Oral Solution)</i>	1	

Drug name	Drug tier	Coverage rules or limits on use
<i>Metoclopramide HCl (Oral Tablet)</i>	1	
<i>Perphenazine (Oral Tablet)</i>	1	
<i>Prochlorperazine Maleate (Oral Tablet)</i>	1	
<i>Prochlorperazine (Rectal Suppository)</i>	1	
<i>Promethazine HCl (Oral Tablet)</i>	1	HRM
<i>Promethazine HCl (12.5MG Rectal Suppository)</i>	1	HRM; QL
<i>Scopolamine (Transdermal Patch 72 Hour)</i>	1	HRM
<i>Trimethobenzamide HCl (Oral Capsule)</i>	1	B/D,PA
Emetogenic Therapy Adjuncts		
<i>Aprepitant (Oral Therapy Pack, Oral Capsule)</i>	1	PA; QL
<i>Dronabinol (Oral Capsule)</i>	1	PA
<i>Granisetron HCl (Oral Tablet)</i>	1	B/D,PA; QL
<i>Ondansetron HCl (Oral Solution)</i>	1	B/D,PA
<i>Ondansetron HCl (4MG Oral Tablet, 8MG Oral Tablet)</i>	1	B/D,PA
<i>Ondansetron ODT (Oral Tablet Dispersible)</i>	1	B/D,PA
SANCUSO (TRANSDERMAL PATCH)	4	QL
SYNDROS (ORAL SOLUTION)	4	PA
Antifungals		
Antifungals		
ABELCET (INTRAVENOUS SUSPENSION)	3	B/D,PA
AMBISOME (INTRAVENOUS SUSPENSION RECONSTITUTED)	4	B/D,PA
<i>Amphotericin B (Intravenous Solution Reconstituted)</i>	1	B/D,PA
<i>Amphotericin B Liposome (Intravenous Suspension Reconstituted)</i>	1	B/D,PA
<i>Caspofungin Acetate (Intravenous Solution Reconstituted)</i>	1	
<i>Clotrimazole (Mouth/Throat Troche)</i>	1	
CRESEMBA (ORAL CAPSULE)	4	PA
<i>Fluconazole in Sodium Chloride (200-0.9MG/100ML-% Intravenous Solution, 400-0.9MG/200ML-% Intravenous Solution)</i>	1	
<i>Fluconazole (Oral Suspension Reconstituted)</i>	1	
<i>Fluconazole (Oral Tablet)</i>	1	
<i>Flucytosine (Oral Capsule)</i>	1	
<i>Griseofulvin Microsize (Oral Suspension)</i>	1	
<i>Griseofulvin Microsize (Oral Tablet)</i>	1	
<i>Griseofulvin Ultramicrosize (Oral Tablet)</i>	1	
<i>Itraconazole (Oral Capsule)</i>	1	
<i>Itraconazole (Oral Solution)</i>	1	
<i>Ketoconazole (Oral Tablet)</i>	1	
<i>Micafungin Sodium (Intravenous Solution Reconstituted)</i>	1	

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

Drug name	Drug tier	Coverage rules or limits on use
<i>Miconazole 3 (Vaginal Suppository)</i>	1	
NOXAFIL (ORAL PACKET)	4	PA; QL
NOXAFIL (ORAL SUSPENSION)	4	QL
<i>Nystatin (Mouth/Throat Suspension)</i>	1	
<i>Nystatin (Oral Tablet)</i>	1	
<i>Posaconazole (Oral Suspension)</i>	1	QL
<i>Posaconazole (Oral Tablet Delayed Release)</i>	1	PA; QL
<i>Terbinafine HCl (Oral Tablet)</i>	1	
<i>Terconazole (Vaginal Cream)</i>	1	
<i>Terconazole (Vaginal Suppository)</i>	1	
<i>Voriconazole (Intravenous Solution Reconstituted)</i>	1	PA
<i>Voriconazole (Oral Suspension Reconstituted)</i>	1	QL
<i>Voriconazole (Oral Tablet)</i>	1	QL
Antigout Agents		
Antigout Agents		
<i>Allopurinol (100MG Oral Tablet, 300MG Oral Tablet)</i>	1	
COLCHICINE (0.6MG ORAL CAPSULE) (BRAND EQUIVALENT MITIGARE)	2	
<i>Colchicine (0.6MG Oral Tablet) (Generic Colcris)</i>	1	
<i>Febuxostat (Oral Tablet)</i>	1	ST
MITIGARE (ORAL CAPSULE)	2	
<i>Probenecid (Oral Tablet)</i>	1	
<i>Probenecid-Colchicine (Oral Tablet)</i>	1	
Antimigraine Agents		
Acute		
<i>Naratriptan HCl (Oral Tablet)</i>	1	QL
NURTEC ODT (ORAL TABLET DISPERSIBLE)	4	PA; QL
<i>Rizatriptan Benzoate (Oral Tablet)</i>	1	QL
<i>Rizatriptan Benzoate ODT (Oral Tablet Dispersible)</i>	1	QL
<i>Sumatriptan (Nasal Solution)</i>	1	QL
<i>Sumatriptan Succinate (Oral Tablet)</i>	1	QL
<i>Sumatriptan Succinate (Subcutaneous Solution Auto-Injector)</i>	1	QL
<i>Sumatriptan Succinate (Subcutaneous Solution)</i>	1	QL
UBRELVY (ORAL TABLET)	4	PA; QL
<i>Zolmitriptan (Oral Tablet)</i>	1	QL
<i>Zolmitriptan ODT (Oral Tablet Dispersible)</i>	1	QL
Ergot Alkaloids		
<i>Dihydroergotamine Mesylate (Nasal Solution)</i>	1	QL
<i>Ergotamine-Caffeine (Oral Tablet)</i>	1	
<i>Migergot (Rectal Suppository)</i>	4	

Drug name	Drug tier	Coverage rules or limits on use
Prophylactic		
AIMOVIG (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	3	PA; QL
EMGALITY (300MG DOSE) (100MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	3	PA; QL
EMGALITY (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	3	PA; QL
EMGALITY (120MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	3	PA; QL
QULIPTA (ORAL TABLET)	4	PA; QL
<i>Timolol Maleate (Oral Tablet)</i>	1	
Antimyasthenic Agents		
Parasympathomimetics		
<i>Pyridostigmine Bromide ER (Oral Tablet Extended Release)</i>	1	
<i>Pyridostigmine Bromide (Oral Tablet Immediate Release)</i>	1	
Antimycobacterials		
Antimycobacterials, Other		
<i>Dapsone (Oral Tablet)</i>	1	
<i>Rifabutin (Oral Capsule)</i>	1	
Antituberculars		
<i>Ethambutol HCl (Oral Tablet)</i>	1	
<i>Isoniazid (Oral Syrup)</i>	1	
<i>Isoniazid (Oral Tablet)</i>	1	
PRIFTIN (ORAL TABLET)	3	
<i>Pyrazinamide (Oral Tablet)</i>	1	
<i>Rifampin (Intravenous Solution Reconstituted)</i>	1	
<i>Rifampin (Oral Capsule)</i>	1	
SIRTURO (ORAL TABLET)	4	PA
TRECTOR (ORAL TABLET)	3	
Antineoplastics		
Alkylating Agents		
<i>Cyclophosphamide (Oral Capsule)</i>	1	B/D,PA
<i>Cyclophosphamide (25MG Oral Tablet)</i>	2	B/D,PA
CYCLOPHOSPHAMIDE (50MG ORAL TABLET)	2	B/D,PA
GLEOSTINE (100MG ORAL CAPSULE)	4	
GLEOSTINE (10MG ORAL CAPSULE, 40MG ORAL CAPSULE)	3	
LEUKERAN (ORAL TABLET)	4	
MATULANE (ORAL CAPSULE)	4	
VALCHLOR (EXTERNAL GEL)	4	PA; QL
Antiandrogens		
<i>Abiraterone Acetate (Oral Tablet)</i>	1	PA

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

Drug name	Drug tier	Coverage rules or limits on use
<i>Bicalutamide (Oral Tablet)</i>	1	
ERLEADA (ORAL TABLET)	4	PA
<i>Nilutamide (Oral Tablet)</i>	1	
NUBEQA (ORAL TABLET)	4	PA
XTANDI (ORAL CAPSULE)	4	PA
XTANDI (ORAL TABLET)	4	PA
Antiangiogenic Agents		
FOTIVDA (ORAL CAPSULE)	4	PA; QL
<i>Lenalidomide (Oral Capsule)</i>	1	PA
POMALYST (ORAL CAPSULE)	4	PA
QINLOCK (ORAL TABLET)	4	PA; QL
REVLIMID (ORAL CAPSULE)	4	PA
TABRECTA (ORAL TABLET)	4	PA; QL
THALOMID (ORAL CAPSULE)	4	PA; QL
Antiestrogens/Modifiers		
EMCYT (ORAL CAPSULE)	3	
ORSERDU (ORAL TABLET)	4	PA; QL
SOLTAMOX (ORAL SOLUTION)	4	
<i>Tamoxifen Citrate (Oral Tablet)</i>	1	
<i>Toremifene Citrate (Oral Tablet)</i>	1	
Antimetabolites		
DROXIA (ORAL CAPSULE)	2	
<i>Hydroxyurea (Oral Capsule)</i>	1	
<i>Mercaptopurine (Oral Tablet)</i>	1	
ONUREG (ORAL TABLET)	4	PA; QL
PURIXAN (ORAL SUSPENSION)	4	
TABLOID (ORAL TABLET)	3	
Antineoplastics, Other		
IDHIFA (ORAL TABLET)	4	PA; QL
KRAZATI (ORAL TABLET)	4	PA; QL
LONSURF (ORAL TABLET)	4	PA
LUMAKRAS (ORAL TABLET)	4	PA; QL
NINLARO (ORAL CAPSULE)	4	PA
PEMAZYRE (ORAL TABLET)	4	PA; QL
RETEVMO (ORAL CAPSULE)	4	PA; QL
SYNRIBO (SUBCUTANEOUS SOLUTION RECONSTITUTED)	4	PA
TAZVERIK (ORAL TABLET)	4	PA; QL
TUKYSA (ORAL TABLET)	4	PA; QL
VONJO (ORAL CAPSULE)	4	PA; QL

Drug name	Drug tier	Coverage rules or limits on use
XPOVIO (100MG ONCE WEEKLY) (ORAL TABLET THERAPY PACK)	4	PA; QL
XPOVIO (40MG ONCE WEEKLY) (ORAL TABLET THERAPY PACK)	4	PA; QL
XPOVIO (40MG TWICE WEEKLY) (ORAL TABLET THERAPY PACK)	4	PA; QL
XPOVIO (60MG ONCE WEEKLY) (ORAL TABLET THERAPY PACK)	4	PA; QL
XPOVIO (60MG TWICE WEEKLY) (ORAL TABLET THERAPY PACK)	4	PA; QL
XPOVIO (80MG ONCE WEEKLY) (ORAL TABLET THERAPY PACK)	4	PA; QL
XPOVIO (80MG TWICE WEEKLY) (ORAL TABLET THERAPY PACK)	4	PA; QL
ZOLINZA (ORAL CAPSULE)	4	PA
Aromatase Inhibitors, 3rd Generation		
<i>Anastrozole (Oral Tablet)</i>	1	
<i>Exemestane (Oral Tablet)</i>	1	
<i>Letrozole (Oral Tablet)</i>	1	
Molecular Target Inhibitors		
ALECENSA (ORAL CAPSULE)	4	PA
ALUNBRIG (ORAL TABLET)	4	PA; QL
ALUNBRIG (ORAL TABLET THERAPY PACK)	4	PA; QL
AYVAKIT (ORAL TABLET)	4	PA; QL
BALVERSA (ORAL TABLET)	4	PA; QL
BOSULIF (ORAL TABLET)	4	PA
BRAFTOVI (ORAL CAPSULE)	4	PA
BRUKINSA (ORAL CAPSULE)	4	PA; QL
CABOMETYX (ORAL TABLET)	4	PA
CALQUENCE (100MG ORAL CAPSULE)	4	PA; QL
CALQUENCE (ORAL TABLET)	4	PA; QL
CAPRELSA (ORAL TABLET)	4	PA
COMETRIQ (100MG DAILY DOSE) (ORAL KIT)	4	PA
COMETRIQ (140MG DAILY DOSE) (ORAL KIT)	4	PA
COMETRIQ (60MG DAILY DOSE) (ORAL KIT)	4	PA
COPIKTRA (ORAL CAPSULE)	4	PA; QL
COTELLIC (ORAL TABLET)	4	PA
DAURISMO (ORAL TABLET)	4	PA; QL
ERIVEDGE (ORAL CAPSULE)	4	PA
<i>Erlotinib HCl (Oral Tablet)</i>	1	PA
<i>Everolimus (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)</i>	1	PA
<i>Everolimus (Oral Tablet Soluble)</i>	1	PA

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

Drug name	Drug tier	Coverage rules or limits on use
EXKIVITY (ORAL CAPSULE)	4	PA; QL
GAVRETO (ORAL CAPSULE)	4	PA; QL
<i>Gefitinib (Oral Tablet)</i>	1	PA
GILOTRIF (ORAL TABLET)	4	PA
IBRANCE (ORAL CAPSULE)	4	PA
IBRANCE (ORAL TABLET)	4	PA
ICLUSIG (ORAL TABLET)	4	PA; QL
<i>Imatinib Mesylate (Oral Tablet)</i>	1	PA
IMBRUVICA (ORAL CAPSULE)	4	PA; QL
IMBRUVICA (ORAL SUSPENSION)	4	PA; QL
IMBRUVICA (140MG ORAL TABLET, 280MG ORAL TABLET, 420MG ORAL TABLET)	4	PA; QL
INLYTA (ORAL TABLET)	4	PA; QL
INQOVI (ORAL TABLET)	4	PA; QL
INREBIC (ORAL CAPSULE)	4	PA; QL
IRESSA (ORAL TABLET)	4	PA
JAKAFI (ORAL TABLET)	4	PA
JAYPIRCA (ORAL TABLET)	4	PA; QL
KISQALI (200MG DOSE) (ORAL TABLET)	4	PA
KISQALI (400MG DOSE) (ORAL TABLET)	4	PA
KISQALI (600MG DOSE) (ORAL TABLET)	4	PA
KISQALI FEMARA (200MG DOSE) (ORAL TABLET THERAPY PACK)	4	PA
KISQALI FEMARA (400MG DOSE) (ORAL TABLET THERAPY PACK)	4	PA
KISQALI FEMARA (600MG DOSE) (ORAL TABLET THERAPY PACK)	4	PA
KOSELUGO (ORAL CAPSULE)	4	PA; QL
<i>Lapatinib Ditosylate (Oral Tablet)</i>	1	PA
LENVIMA 10MG DAILY DOSE (ORAL CAPSULE THERAPY PACK)	4	PA
LENVIMA 12MG DAILY DOSE (ORAL CAPSULE THERAPY PACK)	4	PA
LENVIMA 14MG DAILY DOSE (ORAL CAPSULE THERAPY PACK)	4	PA
LENVIMA 18MG DAILY DOSE (ORAL CAPSULE THERAPY PACK)	4	PA
LENVIMA 20MG DAILY DOSE (ORAL CAPSULE THERAPY PACK)	4	PA
LENVIMA 24MG DAILY DOSE (ORAL CAPSULE THERAPY PACK)	4	PA
LENVIMA 4MG DAILY DOSE (ORAL CAPSULE THERAPY PACK)	4	PA
LENVIMA 8MG DAILY DOSE (ORAL CAPSULE THERAPY PACK)	4	PA
LORBRENA (ORAL TABLET)	4	PA; QL
LYNPARZA (ORAL TABLET)	4	PA
LYTGOBI (12MG DAILY DOSE) (ORAL TABLET THERAPY PACK)	4	PA; QL

Drug name	Drug tier	Coverage rules or limits on use
LYTGOBI (16MG DAILY DOSE) (ORAL TABLET THERAPY PACK)	4	PA; QL
LYTGOBI (20MG DAILY DOSE) (ORAL TABLET THERAPY PACK)	4	PA; QL
MEKINIST (ORAL SOLUTION RECONSTITUTED)	4	PA
MEKINIST (ORAL TABLET)	4	PA
MEKTOVI (ORAL TABLET)	4	PA
NERLYNX (ORAL TABLET)	4	PA; QL
NEXAVAR (ORAL TABLET)	4	PA
ODOMZO (ORAL CAPSULE)	4	PA
OJJAARA (ORAL TABLET)	4	PA; QL
PIQRAY (200MG DAILY DOSE) (ORAL TABLET THERAPY PACK)	4	PA; QL
PIQRAY (250MG DAILY DOSE) (ORAL TABLET THERAPY PACK)	4	PA; QL
PIQRAY (300MG DAILY DOSE) (ORAL TABLET THERAPY PACK)	4	PA; QL
REZLIDHIA (ORAL CAPSULE)	4	PA; QL
ROZLYTREK (ORAL CAPSULE)	4	PA; QL
RUBRACA (ORAL TABLET)	4	PA
RYDAPT (ORAL CAPSULE)	4	PA; QL
SCEMBLIX (ORAL TABLET)	4	PA; QL
<i>Sorafenib Tosylate (Oral Tablet)</i>	1	PA
SPRYCEL (ORAL TABLET)	4	PA
STIVARGA (ORAL TABLET)	4	PA
<i>Sunitinib Malate (Oral Capsule)</i>	1	PA
TAFINLAR (ORAL CAPSULE)	4	PA
TAFINLAR (ORAL TABLET SOLUBLE)	4	PA
TAGRISSO (ORAL TABLET)	4	PA
TALZENNA (ORAL CAPSULE)	4	PA; QL
TASIGNA (ORAL CAPSULE)	4	PA
TEPMETKO (ORAL TABLET)	4	PA; QL
TIBSOVO (ORAL TABLET)	4	PA; QL
TURALIO (125MG ORAL CAPSULE)	4	PA; QL
VANFLYTA (ORAL TABLET)	4	PA; QL
VENCLEXTA (100MG ORAL TABLET, 50MG ORAL TABLET)	4	PA
VENCLEXTA (10MG ORAL TABLET)	2	PA
VENCLEXTA STARTING PACK (ORAL TABLET THERAPY PACK)	4	PA
VERZENIO (ORAL TABLET)	4	PA
VITRAKVI (ORAL CAPSULE)	4	PA; QL
VITRAKVI (ORAL SOLUTION)	4	PA; QL
VIZIMPRO (ORAL TABLET)	4	PA
VOTRIENT (ORAL TABLET)	4	PA

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

Drug name	Drug tier	Coverage rules or limits on use
WELIREG (ORAL TABLET)	4	PA; QL
XALKORI (ORAL CAPSULE)	4	PA
XOSPATA (ORAL TABLET)	4	PA; QL
ZEJULA (100MG ORAL CAPSULE)	4	PA
ZEJULA (ORAL TABLET)	4	PA
ZELBORAF (ORAL TABLET)	4	PA
ZYDELIG (ORAL TABLET)	4	PA
ZYKADIA (ORAL TABLET)	4	PA
Retinoids		
<i>Bexarotene (External Gel)</i>	1	PA; QL
<i>Bexarotene (Oral Capsule)</i>	1	PA
PANRETIN (EXTERNAL GEL)	4	PA
TARGRETIN (EXTERNAL GEL)	4	PA; QL
<i>Tretinoin (Oral Capsule)</i>	1	
Treatment Adjuncts		
<i>Leucovorin Calcium (Oral Tablet)</i>	1	
MESNEX (ORAL TABLET)	3	
Antiparasitics		
Anthelmintics		
<i>Albendazole (Oral Tablet)</i>	1	QL
<i>Ivermectin (Oral Tablet)</i>	1	PA
<i>Praziquantel (Oral Tablet)</i>	1	
Antiprotozoals		
<i>Atovaquone (Oral Suspension)</i>	1	QL
<i>Atovaquone-Proguanil HCl (Oral Tablet)</i>	1	
BENZNIDAZOLE (ORAL TABLET)	3	
<i>Chloroquine Phosphate (Oral Tablet)</i>	1	QL
COARTEM (ORAL TABLET)	3	
<i>Hydroxychloroquine Sulfate (Oral Tablet)</i>	1	QL
IMPAVIDO (ORAL CAPSULE)	4	
KRINTAFEL (ORAL TABLET)	2	
LAMPIT (ORAL TABLET)	3	
<i>Mefloquine HCl (Oral Tablet)</i>	1	
<i>Nitazoxanide (Oral Tablet)</i>	1	
<i>Pentamidine Isethionate (Inhalation Solution Reconstituted)</i>	1	B/D,PA; QL
<i>Pentamidine Isethionate (Injection Solution Reconstituted)</i>	1	
<i>Primaquine Phosphate (Oral Tablet)</i>	1	
<i>Pyrimethamine (Oral Tablet)</i>	1	
<i>Quinine Sulfate (Oral Capsule)</i>	1	PA

Drug name	Drug tier	Coverage rules or limits on use
Antiparkinson Agents		
Anticholinergics		
<i>Benztropine Mesylate (Oral Tablet)</i>	1	HRM
<i>Trihexyphenidyl HCl (Oral Solution)</i>	1	HRM
<i>Trihexyphenidyl HCl (Oral Tablet)</i>	1	HRM
Antiparkinson Agents, Other		
<i>Amantadine HCl (Oral Capsule)</i>	1	
<i>Amantadine HCl (Oral Solution)</i>	1	
<i>Amantadine HCl (Oral Tablet)</i>	1	
<i>Carbidopa-Levodopa-Entacapone (Oral Tablet)</i>	1	
<i>Entacapone (Oral Tablet)</i>	1	
<i>Tolcapone (Oral Tablet)</i>	1	QL
Dopamine Agonists		
<i>Apomorphine HCl (Subcutaneous Solution Cartridge)</i>	1	PA; QL
<i>Bromocriptine Mesylate (Oral Capsule)</i>	1	
<i>Bromocriptine Mesylate (Oral Tablet)</i>	1	
NEUPRO (TRANSDERMAL PATCH 24 HOUR)	3	
<i>Pramipexole Dihydrochloride (Oral Tablet Immediate Release)</i>	1	
<i>Ropinirole HCl ER (Oral Tablet Extended Release 24 Hour)</i>	1	
<i>Ropinirole HCl (Oral Tablet Immediate Release)</i>	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>Carbidopa (Oral Tablet)</i>	1	
<i>Carbidopa-Levodopa ER (Oral Tablet Extended Release)</i>	1	
<i>Carbidopa-Levodopa (Oral Tablet Immediate Release)</i>	1	
<i>Carbidopa-Levodopa ODT (Oral Tablet Dispersible)</i>	1	
RYTARY (ORAL CAPSULE EXTENDED RELEASE)	3	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>Rasagiline Mesylate (Oral Tablet)</i>	1	
<i>Selegiline HCl (Oral Capsule)</i>	1	
<i>Selegiline HCl (Oral Tablet)</i>	1	
Antipsychotics		
1st Generation/Typical		
<i>Chlorpromazine HCl (Oral Concentrate)</i>	1	
<i>Chlorpromazine HCl (Oral Tablet)</i>	1	
<i>Fluphenazine Decanoate (Injection Solution)</i>	1	
<i>Fluphenazine HCl (Injection Solution)</i>	1	
<i>Fluphenazine HCl (Oral Concentrate)</i>	1	
<i>Fluphenazine HCl (Oral Elixir)</i>	1	

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

Drug name	Drug tier	Coverage rules or limits on use
<i>Fluphenazine HCl (Oral Tablet)</i>	1	
<i>Haloperidol Decanoate (Intramuscular Solution)</i>	1	
<i>Haloperidol Lactate (Injection Solution)</i>	1	
<i>Haloperidol Lactate (Oral Concentrate)</i>	1	
<i>Haloperidol (Oral Tablet)</i>	1	
<i>Loxapine Succinate (Oral Capsule)</i>	1	
<i>Molindone HCl (Oral Tablet)</i>	1	
<i>Pimozide (Oral Tablet)</i>	1	
<i>Thioridazine HCl (Oral Tablet)</i>	1	
<i>Thiothixene (Oral Capsule)</i>	1	
<i>Trifluoperazine HCl (Oral Tablet)</i>	1	
2nd Generation/Atypical		
ABILIFY MAINTENA (INTRAMUSCULAR PREFILLED SYRINGE)	4	
ABILIFY MAINTENA (INTRAMUSCULAR SUSPENSION RECONSTITUTED ER)	4	
<i>Aripiprazole (Oral Solution)</i>	1	QL
<i>Aripiprazole (Oral Tablet)</i>	1	QL
<i>Aripiprazole ODT (Oral Tablet Dispersible)</i>	1	QL
ARISTADA INITIO (INTRAMUSCULAR PREFILLED SYRINGE)	4	
ARISTADA (INTRAMUSCULAR PREFILLED SYRINGE)	4	
<i>Asenapine Maleate (Tablet Sublingual)</i>	1	QL
CAPLYTA (ORAL CAPSULE)	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)	4	QL
FANAPT TITRATION PACK (ORAL TABLET)	3	QL
INVEGA HAFYERA (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	4	
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)	4	
INVEGA SUSTENNA (39MG/0.25ML INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	3	
INVEGA TRINZA (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	4	
LATUDA (ORAL TABLET)	4	QL
<i>Lurasidone HCl (Oral Tablet)</i>	1	QL
LYBALVI (ORAL TABLET)	4	ST; QL
NUPLAZID (ORAL CAPSULE)	4	PA; QL

Drug name	Drug tier	Coverage rules or limits on use
NUPLAZID (ORAL TABLET)	4	PA; QL
<i>Olanzapine (10MG Intramuscular Solution Reconstituted)</i>	1	
<i>Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)</i>	1	QL
<i>Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)</i>	1	QL
<i>Paliperidone ER (Oral Tablet Extended Release 24 Hour)</i>	1	QL
PERSERIS (SUBCUTANEOUS PREFILLED SYRINGE)	4	
<i>Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)</i>	1	QL
<i>Quetiapine Fumarate (Oral Tablet Immediate Release)</i>	1	QL
REXULTI (ORAL TABLET)	4	QL
RISPERDAL CONSTA (12.5MG INTRAMUSCULAR SUSPENSION RECONSTITUTED ER, 25MG INTRAMUSCULAR SUSPENSION RECONSTITUTED ER)	3	
RISPERDAL CONSTA (37.5MG INTRAMUSCULAR SUSPENSION RECONSTITUTED ER, 50MG INTRAMUSCULAR SUSPENSION RECONSTITUTED ER)	4	
<i>Risperidone (Oral Solution)</i>	1	
<i>Risperidone (Oral Tablet)</i>	1	
<i>Risperidone ODT (Oral Tablet Dispersible)</i>	1	
SECUADO (TRANSDERMAL PATCH 24 HOUR)	4	ST; QL
VRAYLAR (1.5MG ORAL CAPSULE, 3MG ORAL CAPSULE, 4.5MG ORAL CAPSULE, 6MG ORAL CAPSULE)	4	ST; QL
VRAYLAR (ORAL CAPSULE THERAPY PACK)	3	ST; QL
<i>Ziprasidone HCl (Oral Capsule)</i>	1	QL
<i>Ziprasidone Mesylate (Intramuscular Solution Reconstituted)</i>	1	
ZYPREXA RELPREVV (210MG INTRAMUSCULAR SUSPENSION RECONSTITUTED)	4	
Treatment-Resistant		
<i>Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)</i>	1	
<i>Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)</i>	1	QL
VERSACLOZ (ORAL SUSPENSION)	4	
Antispasticity Agents		
Antispasticity Agents		
<i>Baclofen (Oral Tablet)</i>	1	
<i>Dantrolene Sodium (Oral Capsule)</i>	1	
<i>Tizanidine HCl (Oral Capsule)</i>	1	

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

Drug name	Drug tier	Coverage rules or limits on use
<i>Tizanidine HCl (Oral Tablet)</i>	1	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
PREVYMIS (ORAL TABLET)	4	PA; QL
<i>Valganciclovir HCl (Oral Solution Reconstituted)</i>	1	QL
<i>Valganciclovir HCl (Oral Tablet)</i>	1	QL
ZIRGAN (OPHTHALMIC GEL)	3	
Anti-hepatitis B (HBV) Agents		
<i>Adefovir Dipivoxil (Oral Tablet)</i>	1	
BARACLUDE (ORAL SOLUTION)	4	
<i>Entecavir (Oral Tablet)</i>	1	
<i>Lamivudine (100MG Oral Tablet)</i>	1	
VEMLIDY (ORAL TABLET)	4	
Anti-hepatitis C (HCV) Agents		
EPCLUSA (ORAL PACKET)	4	PA; QL
EPCLUSA (ORAL TABLET)	4	PA; QL
HARVONI (ORAL PACKET)	4	PA; QL
HARVONI (90-400MG ORAL TABLET)	4	PA; QL
<i>Ledipasvir-Sofosbuvir (Oral Tablet)</i>	4	PA; QL
MAVYRET (ORAL PACKET)	4	PA; QL
MAVYRET (ORAL TABLET)	4	PA; QL
<i>Ribavirin (Oral Capsule)</i>	1	
<i>Ribavirin (Oral Tablet)</i>	1	
<i>Sofosbuvir-Velpatasvir (Oral Tablet)</i>	4	PA; QL
VOSEVI (ORAL TABLET)	4	PA; QL
ZEPATIER (ORAL TABLET)	4	PA; QL
Antitherpetic Agents		
<i>Acyclovir (External Ointment)</i>	1	
<i>Acyclovir (Oral Capsule)</i>	1	
<i>Acyclovir (Oral Suspension)</i>	1	
<i>Acyclovir (Oral Tablet)</i>	1	
<i>Acyclovir Sodium (Intravenous Solution)</i>	1	B/D,PA
<i>Famciclovir (Oral Tablet)</i>	1	
<i>Valacyclovir HCl (Oral Tablet)</i>	1	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY (ORAL TABLET)	4	QL
DOVATO (ORAL TABLET)	4	QL
GENVOYA (ORAL TABLET)	4	QL
ISENTRESS HD (ORAL TABLET)	4	QL

Drug name	Drug tier	Coverage rules or limits on use
ISENTRESS (ORAL PACKET)	2	QL
ISENTRESS (ORAL TABLET)	4	QL
ISENTRESS (100MG ORAL TABLET CHEWABLE)	3	QL
ISENTRESS (25MG ORAL TABLET CHEWABLE)	2	QL
JULUCA (ORAL TABLET)	4	QL
STRIBILD (ORAL TABLET)	4	QL
TIVICAY (10MG ORAL TABLET, 25MG ORAL TABLET)	3	QL
TIVICAY (50MG ORAL TABLET)	4	QL
TIVICAY PD (ORAL TABLET SOLUBLE)	4	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA (ORAL TABLET)	4	QL
DELSTRIGO (ORAL TABLET)	4	QL
EDURANT (ORAL TABLET)	4	QL
<i>Efavirenz (Oral Capsule)</i>	1	QL
<i>Efavirenz (Oral Tablet)</i>	1	QL
<i>Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)</i>	1	QL
<i>Efavirenz-Lamivudine-Tenofovir (Oral Tablet)</i>	1	QL
<i>Etravirine (Oral Tablet)</i>	1	QL
INTELENCE (25MG ORAL TABLET)	3	QL
<i>Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour)</i>	1	QL
<i>Nevirapine (Oral Suspension)</i>	1	QL
<i>Nevirapine (Oral Tablet Immediate Release)</i>	1	QL
PIFELTRO (ORAL TABLET)	4	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>Abacavir Sulfate (Oral Solution)</i>	1	QL
<i>Abacavir Sulfate (Oral Tablet)</i>	1	QL
<i>Abacavir Sulfate-Lamivudine (Oral Tablet)</i>	1	QL
CIMDUO (ORAL TABLET)	4	QL
DESCOVY (ORAL TABLET)	4	QL
<i>Emtricitabine (Oral Capsule)</i>	1	QL
<i>Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet)</i>	1	QL
EMTRIVA (ORAL SOLUTION)	3	QL
<i>Lamivudine (10MG/ML Oral Solution)</i>	1	QL
<i>Lamivudine (150MG Oral Tablet, 300MG Oral Tablet)</i>	1	QL
<i>Lamivudine-Zidovudine (Oral Tablet)</i>	1	QL
ODEFSEY (ORAL TABLET)	4	QL
<i>Tenofovir Disoproxil Fumarate (Oral Tablet)</i>	1	QL
TRIUMEQ (ORAL TABLET)	4	QL

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

Drug name	Drug tier	Coverage rules or limits on use
TRIUMEQ PD (ORAL TABLET SOLUBLE)	4	QL
TRIZIVIR (ORAL TABLET)	4	QL
VIREAD (ORAL POWDER)	4	QL
VIREAD (150MG ORAL TABLET, 200MG ORAL TABLET, 250MG ORAL TABLET)	4	QL
<i>Zidovudine (Oral Capsule)</i>	1	QL
<i>Zidovudine (Oral Syrup)</i>	1	QL
<i>Zidovudine (Oral Tablet)</i>	1	QL
Anti-HIV Agents, Other		
FUZEON (SUBCUTANEOUS SOLUTION RECONSTITUTED)	4	QL
<i>Maraviroc (Oral Tablet)</i>	1	QL
RUKOBIA (ORAL TABLET EXTENDED RELEASE 12 HOUR)	4	QL
SELZENTRY (ORAL SOLUTION)	4	QL
SELZENTRY (25MG ORAL TABLET)	2	QL
SELZENTRY (75MG ORAL TABLET)	4	QL
SUNLENCA (ORAL TABLET THERAPY PACK)	4	QL
TYBOST (ORAL TABLET)	2	QL
Anti-HIV Agents, Protease Inhibitors		
APTIVUS (ORAL CAPSULE)	4	QL
<i>Atazanavir Sulfate (Oral Capsule)</i>	1	QL
<i>Darunavir (Oral Tablet)</i>	1	QL
EVOTAZ (ORAL TABLET)	4	QL
<i>Fosamprenavir Calcium (Oral Tablet)</i>	1	QL
LEXIVA (ORAL SUSPENSION)	3	QL
<i>Lopinavir-Ritonavir (Oral Solution)</i>	1	QL
<i>Lopinavir-Ritonavir (Oral Tablet)</i>	1	QL
NORVIR (ORAL PACKET)	3	QL
PREZCOBIX (ORAL TABLET)	4	QL
PREZISTA (ORAL SUSPENSION)	4	QL
PREZISTA (150MG ORAL TABLET, 600MG ORAL TABLET, 800MG ORAL TABLET)	4	QL
PREZISTA (75MG ORAL TABLET)	3	QL
REYATAZ (ORAL PACKET)	4	QL
<i>Ritonavir (Oral Tablet)</i>	1	QL
SYM TUZA (ORAL TABLET)	4	QL
VIRACEPT (ORAL TABLET)	4	QL
Anti-influenza Agents		
<i>Oseltamivir Phosphate (Oral Capsule)</i>	1	
<i>Oseltamivir Phosphate (Oral Suspension Reconstituted)</i>	1	

Drug name	Drug tier	Coverage rules or limits on use
RELENZA DISKHALER (INHALATION AEROSOL POWDER BREATH ACTIVATED)	2	QL
<i>Rimantadine HCl (Oral Tablet)</i>	1	
XOFLUZA (40MG DOSE) (ORAL TABLET THERAPY PACK)	2	QL
XOFLUZA (80MG DOSE) (ORAL TABLET THERAPY PACK)	2	QL
Anxiolytics		
Anxiolytics, Other		
<i>Bupirone HCl (Oral Tablet)</i>	1	
<i>Hydroxyzine HCl (Oral Syrup)</i>	1	HRM
<i>Hydroxyzine HCl (Oral Tablet)</i>	1	HRM
<i>Hydroxyzine Pamoate (Oral Capsule)</i>	1	HRM
Benzodiazepines		
<i>Alprazolam ER (Oral Tablet Extended Release 24 Hour)</i>	1	QL
<i>Alprazolam Intensol (Oral Concentrate)</i>	1	QL
<i>Alprazolam (Oral Tablet Immediate Release)</i>	1	QL
<i>Alprazolam ODT (Oral Tablet Dispersible)</i>	1	QL
<i>Chlordiazepoxide HCl (Oral Capsule)</i>	1	
<i>Clonazepam (Oral Tablet)</i>	1	QL
<i>Clonazepam ODT (Oral Tablet Dispersible)</i>	1	QL
<i>Clorazepate Dipotassium (Oral Tablet)</i>	1	QL
<i>Diazepam Intensol (Oral Concentrate)</i>	1	QL
<i>Diazepam (5MG/5ML Oral Solution)</i>	1	
<i>Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)</i>	1	QL
<i>Lorazepam Intensol (Oral Concentrate)</i>	1	QL
<i>Lorazepam (Oral Tablet)</i>	1	QL
<i>Oxazepam (Oral Capsule)</i>	1	
Bipolar Agents		
Mood Stabilizers		
<i>Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)</i>	1	
<i>Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)</i>	1	
<i>Divalproex Sodium (Oral Tablet Delayed Release)</i>	1	
EQUETRO (ORAL CAPSULE EXTENDED RELEASE 12 HOUR)	3	
<i>Lithium Carbonate ER (Oral Tablet Extended Release)</i>	1	
<i>Lithium Carbonate (Oral Capsule)</i>	1	
<i>Lithium Carbonate (Oral Tablet Immediate Release)</i>	1	
<i>Lithium (Oral Solution)</i>	1	
Blood Glucose Regulators		
Antidiabetic Agents		

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

Drug name	Drug tier	Coverage rules or limits on use
<i>Acarbose (Oral Tablet)</i>	1	
BYDUREON BCISE (SUBCUTANEOUS AUTO-INJECTOR)	3	QL
BYETTA 10MCG PEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	3	ST; QL
BYETTA 5MCG PEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	3	ST; QL
CYCLOSET (ORAL TABLET)	3	
FARXIGA (ORAL TABLET)	2	QL
<i>Glimepiride (Oral Tablet)</i>	1	HRM; QL
<i>Glipizide ER (Oral Tablet Extended Release 24 Hour)</i>	1	QL
<i>Glipizide (10MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)</i>	1	QL
<i>Glipizide-Metformin HCl (Oral Tablet)</i>	1	QL
<i>Glyburide Micronized (Oral Tablet)</i>	1	HRM; QL
<i>Glyburide (Oral Tablet)</i>	1	HRM; QL
<i>Glyburide-Metformin (Oral Tablet)</i>	1	HRM; QL
GLYXAMBI (ORAL TABLET)	2	QL
INVOKAMET (ORAL TABLET IMMEDIATE RELEASE)	2	QL
INVOKAMET XR (ORAL TABLET EXTENDED RELEASE 24 HOUR)	2	QL
INVOKANA (ORAL TABLET)	2	QL
JANUMET (ORAL TABLET IMMEDIATE RELEASE)	2	QL
JANUMET XR (ORAL TABLET EXTENDED RELEASE 24 HOUR)	2	QL
JANUVIA (ORAL TABLET)	2	QL
JARDIANCE (ORAL TABLET)	2	QL
JENTADUETO (2.5-1000MG ORAL TABLET, 2.5-500MG ORAL TABLET)	2	QL
JENTADUETO XR (ORAL TABLET EXTENDED RELEASE 24 HOUR)	2	QL
KOMBIGLYZE XR (ORAL TABLET EXTENDED RELEASE 24 HOUR)	3	ST; QL
<i>Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)</i>	1	QL
<i>Metformin HCl (Oral Solution)</i>	1	QL
<i>Metformin HCl (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 850MG Oral Tablet Immediate Release)</i>	1	QL
MOUNJARO (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	2	QL
<i>Nateglinide (Oral Tablet)</i>	1	QL
ONGLYZA (ORAL TABLET)	3	ST; QL
OZEMPIC (0.25MG/DOSE OR 0.5MG/DOSE) (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	2	QL

Drug name	Drug tier	Coverage rules or limits on use
OZEMPIC (1MG/DOSE) (4MG/3ML SUBCUTANEOUS SOLUTION PEN-INJECTOR)	2	QL
OZEMPIC (2MG/DOSE) (8MG/3ML SUBCUTANEOUS SOLUTION PEN-INJECTOR)	2	QL
<i>Pioglitazone HCl (Oral Tablet)</i>	1	QL
<i>Pioglitazone HCl-Metformin HCl (Oral Tablet)</i>	1	QL
<i>Repaglinide (Oral Tablet)</i>	1	QL
RYBELSUS (ORAL TABLET)	2	QL
<i>Saxagliptin HCl (Oral Tablet)</i>	1	QL
<i>Saxagliptin-Metformin ER (Oral Tablet Extended Release 24 Hour)</i>	1	QL
SOLIQUA (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	2	QL
SYMLINPEN 120 (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	4	
SYMLINPEN 60 (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	4	
SYNJARDY (ORAL TABLET IMMEDIATE RELEASE)	2	QL
TRADJENTA (ORAL TABLET)	2	QL
TRIJARDY XR (ORAL TABLET EXTENDED RELEASE 24 HOUR)	2	QL
TRULICITY (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	2	QL
VICTOZA (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	2	QL
XIGDUO XR (ORAL TABLET EXTENDED RELEASE 24 HOUR)	2	QL
XULTOPHY (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	2	QL
Glycemic Agents		
BAQSIMI ONE PACK (NASAL POWDER)	2	
<i>Diazoxide (Oral Suspension)</i>	1	
GLUCAGEN HYPOKIT (INJECTION SOLUTION RECONSTITUTED)	2	
<i>Glucagon (Injection Kit) (Lilly)</i>	1	
GVOKE HYPOPEN 2-PACK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	2	
GVOKE KIT (SUBCUTANEOUS SOLUTION)	2	
GVOKE PFS (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	2	
Insulins		
FIASP FLEXTOUCH (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	2	
FIASP (INJECTION SOLUTION)	2	
FIASP PENFILL (SUBCUTANEOUS SOLUTION CARTRIDGE)	2	
HUMALOG (INJECTION SOLUTION)	2	
HUMALOG JUNIOR KWIKPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	2	
HUMALOG KWIKPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	2	

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

Drug name	Drug tier	Coverage rules or limits on use
HUMALOG MIX 50/50 KWIKPEN (SUBCUTANEOUS SUSPENSION PEN-INJECTOR)	2	
HUMALOG MIX 50/50 (SUBCUTANEOUS SUSPENSION)	2	
HUMALOG MIX 75/25 KWIKPEN (SUBCUTANEOUS SUSPENSION PEN-INJECTOR)	2	
HUMALOG MIX 75/25 (SUBCUTANEOUS SUSPENSION)	2	
HUMALOG (SUBCUTANEOUS SOLUTION CARTRIDGE)	2	
HUMULIN 70/30 KWIKPEN (SUBCUTANEOUS SUSPENSION PEN-INJECTOR)	2	
HUMULIN 70/30 (SUBCUTANEOUS SUSPENSION)	2	
HUMULIN N KWIKPEN (SUBCUTANEOUS SUSPENSION PEN-INJECTOR)	2	
HUMULIN N (SUBCUTANEOUS SUSPENSION)	2	
HUMULIN R (INJECTION SOLUTION)	2	
HUMULIN R U-500 (CONCENTRATED) (SUBCUTANEOUS SOLUTION)	2	
HUMULIN R U-500 KWIKPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	2	
INSULIN ASPART PROT & ASPART FLEXPEN (SUBCUTANEOUS SUSPENSION PEN-INJECTOR) (BRAND EQUIVALENT NOVOLOG)	2	
INSULIN ASPART FLEXPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR) (BRAND EQUIVALENT NOVOLOG)	2	
INSULIN ASPART (INJECTION SOLUTION) (BRAND EQUIVALENT NOVOLOG)	2	
INSULIN ASPART PENFILL (SUBCUTANEOUS SOLUTION CARTRIDGE) (BRAND EQUIVALENT NOVOLOG)	2	
INSULIN ASPART PROT & ASPART (SUBCUTANEOUS SUSPENSION) (BRAND EQUIVALENT NOVOLOG)	2	
INSULIN LISPRO (1 UNIT DIAL) (SUBCUTANEOUS SOLUTION PEN-INJECTOR) (BRAND EQUIVALENT HUMALOG)	2	
INSULIN LISPRO (INJECTION SOLUTION) (BRAND EQUIVALENT HUMALOG)	2	
INSULIN LISPRO JUNIOR KWIKPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR) (BRAND EQUIVALENT HUMALOG)	2	
INSULIN LISPRO PROT & LISPRO (SUBCUTANEOUS SUSPENSION PEN-INJECTOR) (BRAND EQUIVALENT HUMALOG)	2	
LANTUS SOLOSTAR (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	2	
LANTUS (SUBCUTANEOUS SOLUTION)	2	
LEVEMIR FLEXPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	2	
LEVEMIR (SUBCUTANEOUS SOLUTION)	2	
LYUMJEV (INJECTION SOLUTION)	2	

Drug name	Drug tier	Coverage rules or limits on use
LYUMJEV KWIKPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	2	
NOVOLIN 70/30 FLEXPEN (SUBCUTANEOUS SUSPENSION PEN-INJECTOR)	2	
NOVOLIN 70/30 (SUBCUTANEOUS SUSPENSION)	2	
NOVOLIN N FLEXPEN (SUBCUTANEOUS SUSPENSION PEN-INJECTOR)	2	
NOVOLIN N (SUBCUTANEOUS SUSPENSION)	2	
NOVOLIN R FLEXPEN (INJECTION SOLUTION PEN-INJECTOR)	2	
NOVOLIN R (INJECTION SOLUTION)	2	
NOVOLOG FLEXPEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	2	
NOVOLOG (INJECTION SOLUTION)	2	
NOVOLOG MIX 70/30 FLEXPEN (SUBCUTANEOUS SUSPENSION PEN-INJECTOR)	2	
NOVOLOG MIX 70/30 (SUBCUTANEOUS SUSPENSION)	2	
NOVOLOG PENFILL (SUBCUTANEOUS SOLUTION CARTRIDGE)	2	
TOUJEO MAX SOLOSTAR (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	2	
TOUJEO SOLOSTAR (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	2	
TRESIBA FLEXTOUCH (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	2	
TRESIBA (SUBCUTANEOUS SOLUTION)	2	
Blood Products and Modifiers		
Anticoagulants		
<i>Dabigatran Etexilate Mesylate (Oral Capsule)</i>	1	QL
ELIQUIS (ORAL TABLET)	2	QL
ELIQUIS STARTER PACK (ORAL TABLET)	2	QL
<i>Enoxaparin Sodium (Injection Solution Prefilled Syringe)</i>	1	QL
<i>Fondaparinux Sodium (Subcutaneous Solution)</i>	1	
<i>Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution)</i>	1	
<i>Heparin Sodium (1000UNIT/ML Injection Solution)</i>	1	B/D,PA
<i>Jantoven (Oral Tablet)</i>	1	
PRADAXA (ORAL CAPSULE)	3	QL
<i>Warfarin Sodium (Oral Tablet)</i>	1	
XARELTO (ORAL SUSPENSION RECONSTITUTED)	2	QL
XARELTO (ORAL TABLET)	2	QL
XARELTO STARTER PACK (ORAL TABLET THERAPY PACK)	2	QL
Blood Products and Modifiers, Other		

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

Drug name	Drug tier	Coverage rules or limits on use
<i>Anagrelide HCl (Oral Capsule)</i>	1	
ARANESP (ALBUMIN FREE) (100MCG/ML INJECTION SOLUTION, 200MCG/ML INJECTION SOLUTION)	4	PA
ARANESP (ALBUMIN FREE) (25MCG/ML INJECTION SOLUTION, 40MCG/ML INJECTION SOLUTION, 60MCG/ML INJECTION SOLUTION)	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)	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)	3	PA
EPOGEN (INJECTION SOLUTION)	3	PA
FULPHILA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	4	PA
FYLNETRA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	4	PA
GRANIX (SUBCUTANEOUS SOLUTION)	4	ST
GRANIX (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	4	ST
LEUKINE (INJECTION SOLUTION RECONSTITUTED)	4	PA
NEULASTA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	4	PA
NEUPOGEN (INJECTION SOLUTION)	4	ST
NEUPOGEN (INJECTION SOLUTION PREFILLED SYRINGE)	4	ST
NIVESTYM (INJECTION SOLUTION)	4	ST
NIVESTYM (INJECTION SOLUTION PREFILLED SYRINGE)	4	ST
NYVEPRIA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	4	PA
PROCRIT (10000UNIT/ML INJECTION SOLUTION, 2000UNIT/ML INJECTION SOLUTION, 3000UNIT/ML INJECTION SOLUTION, 4000UNIT/ML INJECTION SOLUTION)	3	PA
PROCRIT (20000UNIT/ML INJECTION SOLUTION, 40000UNIT/ML INJECTION SOLUTION)	4	PA
PROMACTA (ORAL PACKET)	4	PA; QL
PROMACTA (ORAL TABLET)	4	PA; QL
PYRUKYND (ORAL TABLET)	4	PA; QL
PYRUKYND TAPER PACK (ORAL TABLET THERAPY PACK)	4	PA; QL
RELEUKO (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	4	ST
RETACRIT (INJECTION SOLUTION)	3	PA
UDENYCA (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	4	PA
UDENYCA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	4	PA
ZARXIO (INJECTION SOLUTION PREFILLED SYRINGE)	4	

Drug name	Drug tier	Coverage rules or limits on use
ZIEXTENZO (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	4	PA
Hemostasis Agents		
<i>Tranexamic Acid (Oral Tablet)</i>	1	
Platelet Modifying Agents		
<i>Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)</i>	1	QL
BRILINTA (ORAL TABLET)	2	QL
CABLIVI (INJECTION KIT)	4	PA; QL
<i>Cilostazol (Oral Tablet)</i>	1	
<i>Clopidogrel Bisulfate (75MG Oral Tablet)</i>	1	
<i>Dipyridamole (Oral Tablet)</i>	1	HRM
DOPTELET (ORAL TABLET)	4	PA
<i>Prasugrel HCl (Oral Tablet)</i>	1	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>Clonidine HCl (Oral Tablet Immediate Release)</i>	1	
<i>Clonidine (Transdermal Patch Weekly)</i>	1	
<i>Droxidopa (Oral Capsule)</i>	1	PA; QL
<i>Guanfacine HCl (Oral Tablet Immediate Release)</i>	1	HRM; QL
<i>Midodrine HCl (Oral Tablet)</i>	1	
Alpha-adrenergic Blocking Agents		
<i>Doxazosin Mesylate (Oral Tablet)</i>	1	
<i>Prazosin HCl (Oral Capsule)</i>	1	
Angiotensin II Receptor Antagonists		
<i>Candesartan Cilexetil (Oral Tablet)</i>	1	QL
EDARBI (ORAL TABLET)	3	QL
<i>Irbesartan (Oral Tablet)</i>	1	QL
<i>Losartan Potassium (Oral Tablet)</i>	1	QL
<i>Olmesartan Medoxomil (Oral Tablet)</i>	1	QL
<i>Telmisartan (Oral Tablet)</i>	1	QL
<i>Valsartan (Oral Tablet)</i>	1	QL
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>Benazepril HCl (Oral Tablet)</i>	1	QL
<i>Captopril (Oral Tablet)</i>	1	QL
<i>Enalapril Maleate (Oral Tablet)</i>	1	QL
<i>Fosinopril Sodium (Oral Tablet)</i>	1	QL
<i>Lisinopril (Oral Tablet)</i>	1	QL
<i>Moexipril HCl (Oral Tablet)</i>	1	QL
<i>Perindopril Erbumine (Oral Tablet)</i>	1	QL

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

Drug name	Drug tier	Coverage rules or limits on use
<i>Quinapril HCl (Oral Tablet)</i>	1	QL
<i>Ramipril (Oral Capsule)</i>	1	QL
<i>Trandolapril (Oral Tablet)</i>	1	QL
Antiarrhythmics		
<i>Amiodarone HCl (Oral Tablet)</i>	1	
<i>Dofetilide (Oral Capsule)</i>	1	QL
<i>Flecainide Acetate (Oral Tablet)</i>	1	
<i>Mexiletine HCl (Oral Capsule)</i>	1	
MULTAQ (ORAL TABLET)	2	
<i>Propafenone HCl ER (Oral Capsule Extended Release 12 Hour)</i>	1	
<i>Propafenone HCl (Oral Tablet)</i>	1	
<i>Quinidine Gluconate ER (Oral Tablet Extended Release)</i>	1	
<i>Quinidine Sulfate (Oral Tablet)</i>	1	
<i>Sorine (120MG Oral Tablet, 160MG Oral Tablet, 240MG Oral Tablet, 80MG Oral Tablet)</i>	1	
<i>Sotalol HCl AF (Oral Tablet)</i>	1	
<i>Sotalol HCl (Oral Tablet)</i>	1	
Beta-adrenergic Blocking Agents		
<i>Acebutolol HCl (Oral Capsule)</i>	1	
<i>Atenolol (Oral Tablet)</i>	1	
<i>Betaxolol HCl (Oral Tablet)</i>	1	
<i>Bisoprolol Fumarate (Oral Tablet)</i>	1	
<i>Carvedilol (Oral Tablet)</i>	1	
<i>Labetalol HCl (Oral Tablet)</i>	1	
<i>Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)</i>	1	
<i>Metoprolol Tartrate (Oral Tablet)</i>	1	
<i>Nadolol (Oral Tablet)</i>	1	
<i>Nebivolol HCl (Oral Tablet)</i>	1	QL
<i>Pindolol (Oral Tablet)</i>	1	
<i>Propranolol HCl ER (Oral Capsule Extended Release 24 Hour)</i>	1	
<i>Propranolol HCl (Oral Solution)</i>	1	
<i>Propranolol HCl (Oral Tablet)</i>	1	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>Amlodipine Besylate (Oral Tablet)</i>	1	
<i>Felodipine ER (Oral Tablet Extended Release 24 Hour)</i>	1	
<i>Isradipine (Oral Capsule)</i>	1	
<i>Nifedipine ER (Oral Tablet Extended Release 24 Hour)</i>	1	
<i>Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)</i>	1	
<i>Nimodipine (Oral Capsule)</i>	1	

Drug name	Drug tier	Coverage rules or limits on use
NYMALIZE (ORAL SOLUTION)	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>Cartia XT (Oral Capsule Extended Release 24 Hour)</i>	1	
<i>Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour)</i>	1	
<i>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)</i>	1	
<i>Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour)</i>	1	
<i>Diltiazem HCl ER (Oral Tablet Extended Release 24 Hour)</i>	1	
<i>Diltiazem HCl (Oral Tablet Immediate Release)</i>	1	
<i>Dilt-XR (Oral Capsule Extended Release 24 Hour)</i>	1	
<i>Matzim LA (Oral Tablet Extended Release 24 Hour)</i>	1	
<i>Taztia XT (Oral Capsule Extended Release 24 Hour)</i>	1	
<i>Tiadyt ER (Oral Capsule Extended Release 24 Hour)</i>	1	
VERAPAMIL HCL ER (100MG ORAL CAPSULE EXTENDED RELEASE 24 HOUR, 200MG ORAL CAPSULE EXTENDED RELEASE 24 HOUR, 300MG ORAL CAPSULE EXTENDED RELEASE 24 HOUR, 360MG ORAL CAPSULE EXTENDED RELEASE 24 HOUR)	1	
<i>Verapamil HCl ER (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour)</i>	1	
<i>Verapamil HCl ER (Oral Tablet Extended Release)</i>	1	
<i>Verapamil HCl (Oral Tablet Immediate Release)</i>	1	
Cardiovascular Agents, Other		
<i>Acetazolamide ER (Oral Capsule Extended Release 12 Hour)</i>	1	
<i>Acetazolamide (Oral Tablet)</i>	1	
<i>Aliskiren Fumarate (Oral Tablet)</i>	1	QL
<i>Amloride-Hydrochlorothiazide (Oral Tablet)</i>	1	
<i>Amlodipine-Atorvastatin (Oral Tablet)</i>	1	QL
<i>Amlodipine-Benazepril (Oral Capsule)</i>	1	QL
<i>Amlodipine-Olmesartan (Oral Tablet)</i>	1	QL
<i>Amlodipine-Valsartan (Oral Tablet)</i>	1	QL
<i>Amlodipine-Valsartan-HCTZ (Oral Tablet)</i>	1	
<i>Atenolol-Chlorthalidone (Oral Tablet)</i>	1	
<i>Benazepril-Hydrochlorothiazide (Oral Tablet)</i>	1	QL
<i>Bisoprolol-Hydrochlorothiazide (Oral Tablet)</i>	1	QL
<i>Candesartan Cilexetil-HCTZ (Oral Tablet)</i>	1	QL
CORLANOR (ORAL TABLET)	3	PA; QL

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

Drug name	Drug tier	Coverage rules or limits on use
DEMSER (ORAL CAPSULE)	4	
<i>Digoxin (Oral Solution)</i>	1	HRM; QL
<i>Digoxin (125MCG Oral Tablet)</i>	1	HRM; QL
<i>Digoxin (250MCG Oral Tablet)</i>	1	HRM
EDARBYCLOR (ORAL TABLET)	3	QL
<i>Enalapril-Hydrochlorothiazide (Oral Tablet)</i>	1	QL
ENTRESTO (ORAL TABLET)	2	QL
<i>Fosinopril Sodium-HCTZ (Oral Tablet)</i>	1	QL
<i>Irbesartan-Hydrochlorothiazide (Oral Tablet)</i>	1	QL
KERENDIA (ORAL TABLET)	3	PA; QL
<i>Lisinopril-Hydrochlorothiazide (Oral Tablet)</i>	1	QL
<i>Losartan Potassium-HCTZ (Oral Tablet)</i>	1	QL
<i>Metoprolol-Hydrochlorothiazide (Oral Tablet)</i>	1	
<i>Metyrosine (Oral Capsule)</i>	1	
<i>Olmesartan Medoxomil-HCTZ (Oral Tablet)</i>	1	QL
<i>Olmesartan-Amlodipine-HCTZ (Oral Tablet)</i>	1	QL
<i>Pentoxifylline ER (Oral Tablet Extended Release)</i>	1	
<i>Ranolazine ER (Oral Tablet Extended Release 12 Hour)</i>	1	
<i>Spirolactone-HCTZ (Oral Tablet)</i>	1	
<i>Telmisartan-Amlodipine (Oral Tablet)</i>	1	QL
<i>Telmisartan-HCTZ (Oral Tablet)</i>	1	QL
<i>Triamterene-HCTZ (Oral Capsule)</i>	1	
<i>Triamterene-HCTZ (Oral Tablet)</i>	1	
<i>Valsartan-Hydrochlorothiazide (Oral Tablet)</i>	1	QL
Diuretics, Loop		
<i>Bumetanide (Injection Solution)</i>	1	
<i>Bumetanide (Oral Tablet)</i>	1	
<i>Furosemide (Injection Solution)</i>	1	B/D,PA
<i>Furosemide (Oral Solution)</i>	1	
<i>Furosemide (Oral Tablet)</i>	1	
<i>Torseamide (Oral Tablet)</i>	1	
Diuretics, Potassium-sparing		
<i>Amiloride HCl (Oral Tablet)</i>	1	
<i>Eplerenone (Oral Tablet)</i>	1	
<i>Spirolactone (Oral Tablet)</i>	1	
<i>Triamterene (Oral Capsule)</i>	1	
Diuretics, Thiazide		
<i>Chlorthalidone (Oral Tablet)</i>	1	
DIURIL (ORAL SUSPENSION)	3	

Drug name	Drug tier	Coverage rules or limits on use
<i>Hydrochlorothiazide (Oral Capsule)</i>	1	
<i>Hydrochlorothiazide (Oral Tablet)</i>	1	
<i>Indapamide (Oral Tablet)</i>	1	
<i>Metolazone (Oral Tablet)</i>	1	
Dyslipidemics, Fibric Acid Derivatives		
<i>Fenofibrate Micronized (130MG Oral Capsule, 134MG Oral Capsule, 200MG Oral Capsule, 43MG Oral Capsule, 67MG Oral Capsule)</i>	1	
<i>Fenofibrate (145MG Oral Tablet, 160MG Oral Tablet, 48MG Oral Tablet, 54MG Oral Tablet)</i>	1	
<i>Fenofibric Acid (Oral Capsule Delayed Release)</i>	1	
<i>Gemfibrozil (Oral Tablet)</i>	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>Atorvastatin Calcium (Oral Tablet)</i>	1	QL
<i>Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)</i>	1	QL
<i>Fluvastatin Sodium (Oral Capsule)</i>	1	QL
LIVALO (ORAL TABLET)	2	QL
<i>Lovastatin (Oral Tablet)</i>	1	QL
<i>Pravastatin Sodium (Oral Tablet)</i>	1	QL
<i>Rosuvastatin Calcium (Oral Tablet)</i>	1	QL
<i>Simvastatin (Oral Tablet)</i>	1	QL
ZYPITAMAG (ORAL TABLET)	2	ST; QL
Dyslipidemics, Other		
<i>Cholestyramine Light (Oral Packet)</i>	1	
<i>Cholestyramine (Oral Packet)</i>	1	
<i>Colesevelam HCl (Oral Packet)</i>	1	
<i>Colesevelam HCl (Oral Tablet)</i>	1	
<i>Colestipol HCl (Oral Packet)</i>	1	
<i>Colestipol HCl (Oral Tablet)</i>	1	
<i>Ezetimibe (Oral Tablet)</i>	1	
<i>Ezetimibe-Simvastatin (Oral Tablet)</i>	1	QL
<i>Icosapent Ethyl (Oral Capsule)</i>	1	
JUXTAPID (ORAL CAPSULE)	4	PA
NEXLETOL (ORAL TABLET)	2	PA; QL
NEXLIZET (ORAL TABLET)	2	PA; QL
<i>Niacin (Antihyperlipidemic) (Oral Tablet Immediate Release)</i>	1	
<i>Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release)</i>	1	
<i>Niacor (Oral Tablet)</i>	1	
<i>Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)</i>	1	

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

Drug name	Drug tier	Coverage rules or limits on use
PRALUENT (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	2	PA; QL
<i>Prevalite (Oral Packet)</i>	1	
REPATHA PUSHTRONEX SYSTEM (SUBCUTANEOUS SOLUTION CARTRIDGE)	2	PA; QL
REPATHA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	2	PA; QL
REPATHA SURECLICK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	2	PA; QL
VASCEPA (0.5GM ORAL CAPSULE)	2	
VASCEPA (1GM ORAL CAPSULE)	3	
Vasodilators, Direct-acting Arterial		
<i>Hydralazine HCl (Oral Tablet)</i>	1	
<i>Minoxidil (Oral Tablet)</i>	1	
Vasodilators, Direct-acting Arterial/Venous		
<i>Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)</i>	1	
<i>Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour)</i>	1	
<i>Isosorbide Mononitrate (Oral Tablet Immediate Release)</i>	1	
<i>Nitro-Bid (Transdermal Ointment)</i>	3	
<i>Nitroglycerin (Tablet Sublingual)</i>	1	
<i>Nitroglycerin (Transdermal Patch 24 Hour)</i>	1	
<i>Nitroglycerin (Translingual Solution)</i>	1	
NITROSTAT (0.4MG TABLET SUBLINGUAL)	3	
RECTIV (RECTAL OINTMENT)	3	QL
VERQUVO (ORAL TABLET)	2	PA; QL
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour) (Generic Adderall XR)</i>	1	QL
<i>Amphetamine-Dextroamphetamine (Oral Tablet)</i>	1	QL
<i>Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)</i>	1	QL
<i>Dextroamphetamine Sulfate (Oral Tablet)</i>	1	QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>Atomoxetine HCl (Oral Capsule)</i>	1	QL
<i>Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)</i>	1	
<i>Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour)</i>	1	
<i>Dexmethylphenidate HCl (Oral Tablet)</i>	1	QL
<i>Guanfacine HCl ER (Oral Tablet Extended Release 24 Hour)</i>	1	HRM

Drug name	Drug tier	Coverage rules or limits on use
<i>Methylphenidate HCl CD (Oral Capsule Extended Release) (Generic Metadate CD)</i>	1	QL
<i>Methylphenidate HCl LA (Oral Capsule Extended Release 24 Hour) (Generic Ritalin LA)</i>	1	QL
<i>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)</i>	1	QL
<i>Methylphenidate HCl ER (XR) (Oral Capsule Extended Release 24 Hour) (Brand Equivalent Aptensio XR)</i>	1	QL
<i>Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release)</i>	1	QL
<i>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)</i>	1	QL
<i>Methylphenidate HCl (Oral Solution)</i>	1	QL
<i>Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)</i>	1	QL
<i>Methylphenidate HCl (Oral Tablet Chewable)</i>	1	QL
QUILLIVANT XR (ORAL SUSPENSION RECONSTITUTED)	3	QL
<i>Relexxii (72MG Oral Tablet Extended Release)</i>	1	QL
Central Nervous System, Other		
AUSTEDO (ORAL TABLET)	4	PA; QL
FIRDAPSE (ORAL TABLET)	4	PA; QL
NUDEXTA (ORAL CAPSULE)	4	PA; QL
QUVIVIQ (ORAL TABLET)	3	QL
<i>Riluzole (Oral Tablet)</i>	1	
SKYCLARYS (ORAL CAPSULE)	4	PA; QL
<i>Tetrabenazine (Oral Tablet)</i>	1	PA
Fibromyalgia Agents		
<i>Duloxetine HCl (Oral Capsule Delayed Release Particles)</i>	1	QL
<i>Pregabalin (Oral Capsule)</i>	1	QL
<i>Pregabalin (Oral Solution)</i>	1	QL
SAVELLA (ORAL TABLET)	2	
SAVELLA TITRATION PACK (ORAL TABLET)	2	
Multiple Sclerosis Agents		
AUBAGIO (ORAL TABLET)	4	QL
AVONEX PEN (INTRAMUSCULAR AUTO-INJECTOR KIT)	4	
AVONEX PREFILLED (INTRAMUSCULAR PREFILLED SYRINGE KIT)	4	

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

Drug name	Drug tier	Coverage rules or limits on use
BETASERON (SUBCUTANEOUS KIT)	4	
<i>Dalfampridine ER (Oral Tablet Extended Release 12 Hour)</i>	1	QL
<i>Dimethyl Fumarate (Oral Capsule Delayed Release)</i>	1	QL
<i>Dimethyl Fumarate Starter Pack (Oral Capsule Delayed Release Therapy Pack)</i>	1	QL
EXTAVIA (SUBCUTANEOUS KIT)	4	
<i>Fingolimod HCl (Oral Capsule)</i>	1	QL
GILENYA (ORAL CAPSULE)	4	QL
<i>Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)</i>	1	QL
<i>Glatopa (Subcutaneous Solution Prefilled Syringe)</i>	1	QL
KESIMPTA (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	4	
MAYZENT (ORAL TABLET)	4	QL
MAYZENT STARTER PACK (12 X 0.25MG ORAL TABLET THERAPY PACK)	4	QL
MAYZENT STARTER PACK (7 X 0.25MG ORAL TABLET THERAPY PACK)	3	QL
PLEGRIDY (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	4	QL
PLEGRIDY (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	4	QL
REBIF REBIDOSE (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	4	ST
REBIF REBIDOSE TITRATION PACK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	4	ST
REBIF (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	4	ST
REBIF TITRATION PACK (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	4	ST
<i>Teriflunomide (Oral Tablet)</i>	1	QL
Dental and Oral Agents		
Dental and Oral Agents		
<i>Cevimeline HCl (Oral Capsule)</i>	1	
<i>Chlorhexidine Gluconate (Mouth Solution)</i>	1	
<i>Periogard (Mouth Solution)</i>	1	
<i>Pilocarpine HCl (Oral Tablet)</i>	1	
<i>Triamcinolone Acetonide (Dental Paste)</i>	1	
Dermatological Agents		
Acne and Rosacea Agents		
<i>Accutane (Oral Capsule)</i>	1	
<i>Acitretin (Oral Capsule)</i>	1	
<i>Adapalene (0.3% External Gel)</i>	1	
<i>Adapalene-Benzoyl Peroxide (0.3-2.5% External Gel)</i>	1	ST
<i>Amnesteem (Oral Capsule)</i>	1	
<i>Azelaic Acid (External Gel)</i>	1	QL

Drug name	Drug tier	Coverage rules or limits on use
<i>Benzoyl Peroxide-Erythromycin (External Gel)</i>	1	
<i>Claravis (Oral Capsule)</i>	1	
<i>Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel, 1.2-5% External Gel)</i>	1	
<i>Isotretinoin (10MG Oral Capsule, 20MG Oral Capsule, 30MG Oral Capsule, 40MG Oral Capsule)</i>	1	
<i>Neuac (External Gel)</i>	1	
<i>Tazarotene (External Cream)</i>	1	PA
<i>Tretinoin (External Cream)</i>	1	PA
<i>Tretinoin (External Gel)</i>	1	PA
<i>Zenatane (Oral Capsule)</i>	1	
Dermatitis and Pruritus Agents		
<i>Ala-Cort (External Cream)</i>	1	
<i>Alclometasone Dipropionate (External Cream)</i>	1	
<i>Alclometasone Dipropionate (External Ointment)</i>	1	
<i>Ammonium Lactate (External Cream)</i>	1	
<i>Ammonium Lactate (External Lotion)</i>	1	
<i>Betamethasone Dipropionate Aug (External Cream)</i>	1	
<i>Betamethasone Dipropionate Aug (External Gel)</i>	1	
<i>Betamethasone Dipropionate Aug (External Lotion)</i>	1	
<i>Betamethasone Dipropionate Aug (External Ointment)</i>	1	
<i>Betamethasone Dipropionate (External Cream)</i>	1	
<i>Betamethasone Dipropionate (External Lotion)</i>	1	
<i>Betamethasone Dipropionate (External Ointment)</i>	1	
<i>Betamethasone Valerate (External Cream)</i>	1	
<i>Betamethasone Valerate (External Lotion)</i>	1	
<i>Betamethasone Valerate (External Ointment)</i>	1	
<i>Clobetasol Propionate Emollient Base (External Cream)</i>	1	
<i>Clobetasol Propionate Emulsion (External Foam)</i>	1	QL
<i>Clobetasol Propionate (External Cream)</i>	1	
<i>Clobetasol Propionate (External Gel)</i>	1	
<i>Clobetasol Propionate (External Lotion)</i>	1	QL
<i>Clobetasol Propionate (External Ointment)</i>	1	
<i>Clobetasol Propionate (External Shampoo)</i>	1	
<i>Clobetasol Propionate (External Solution)</i>	1	
<i>Clodan (External Shampoo)</i>	1	
<i>Desonide (External Cream)</i>	1	QL
<i>Desonide (External Ointment)</i>	1	QL
<i>Desoximetasone (0.25% External Cream)</i>	1	QL

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

Drug name	Drug tier	Coverage rules or limits on use
<i>Desoximetasone (0.25% External Ointment)</i>	1	
<i>Fluocinolone Acetonide (External Cream)</i>	1	
<i>Fluocinolone Acetonide (External Ointment)</i>	1	
<i>Fluocinolone Acetonide (External Solution)</i>	1	
<i>Fluocinolone Acetonide Scalp (External Oil)</i>	1	
<i>Fluocinonide Emulsified Base (External Cream)</i>	1	QL
<i>Fluocinonide (0.05% External Cream)</i>	1	QL
<i>Fluocinonide (External Gel)</i>	1	QL
<i>Fluocinonide (External Ointment)</i>	1	QL
<i>Fluocinonide (External Solution)</i>	1	QL
<i>Fluticasone Propionate (External Cream)</i>	1	
<i>Fluticasone Propionate (External Ointment)</i>	1	
<i>Halobetasol Propionate (External Cream)</i>	1	
<i>Halobetasol Propionate (External Ointment)</i>	1	
<i>Hydrocortisone Butyrate (External Solution)</i>	1	
<i>Hydrocortisone (1% External Cream)</i>	1	
<i>Hydrocortisone (2.5% External Lotion)</i>	1	
<i>Hydrocortisone (1% External Ointment, 2.5% External Ointment)</i>	1	
<i>Hydrocortisone Valerate (External Cream)</i>	1	
<i>Hydrocortisone Valerate (External Ointment)</i>	1	
<i>Mometasone Furoate (External Cream)</i>	1	
<i>Mometasone Furoate (External Ointment)</i>	1	
<i>Mometasone Furoate (External Solution)</i>	1	
<i>Pimecrolimus (External Cream)</i>	1	QL
<i>Selenium Sulfide (External Lotion)</i>	1	
<i>Tacrolimus (External Ointment)</i>	1	
<i>Tovet (External Foam)</i>	1	QL
<i>Triamcinolone Acetonide (External Cream)</i>	1	
<i>Triamcinolone Acetonide (External Lotion)</i>	1	
<i>Triamcinolone Acetonide (External Ointment)</i>	1	
<i>Trianex (0.05% External Ointment)</i>	3	
<i>Triderm (External Cream)</i>	1	
Dermatological Agents, Other		
<i>Calcipotriene (External Cream)</i>	1	QL
<i>Calcipotriene (External Ointment)</i>	1	QL
<i>Calcipotriene (External Solution)</i>	1	
<i>Clotrimazole-Betamethasone (External Cream)</i>	1	QL
<i>Clotrimazole-Betamethasone (External Lotion)</i>	1	
<i>Diclofenac Sodium (3% External Gel)</i>	1	PA; QL

Drug name	Drug tier	Coverage rules or limits on use
ENSTILAR (EXTERNAL FOAM)	4	
<i>Fluorouracil (5% External Cream)</i>	1	QL
<i>Fluorouracil (External Solution)</i>	1	
<i>Imiquimod (5% External Cream)</i>	1	QL
<i>Methoxsalen Rapid (Oral Capsule)</i>	1	
<i>Nystatin-Triamcinolone (External Cream)</i>	1	
<i>Nystatin-Triamcinolone (External Ointment)</i>	1	
<i>Podofilox (External Solution)</i>	1	
REGRANEX (EXTERNAL GEL)	4	PA
SANTYL (EXTERNAL OINTMENT)	2	
<i>Silver Sulfadiazine (External Cream)</i>	1	
SSD (EXTERNAL CREAM)	1	
Pediculicides/Scabicides		
<i>Malathion (External Lotion)</i>	1	
<i>Permethrin (External Cream)</i>	1	
Topical Anti-infectives		
<i>Ciclopirox (External Gel)</i>	1	
<i>Ciclopirox (External Shampoo)</i>	1	
<i>Ciclopirox (External Solution)</i>	1	
<i>Ciclopirox Olamine (External Cream)</i>	1	
<i>Ciclopirox Olamine (External Suspension)</i>	1	
<i>Clindacin ETZ (External Swab)</i>	1	QL
<i>Clindamycin Phosphate (External Gel)</i>	1	QL
<i>Clindamycin Phosphate (External Lotion)</i>	1	QL
<i>Clindamycin Phosphate (External Solution)</i>	1	QL
<i>Clindamycin Phosphate (External Swab)</i>	1	QL
<i>Clotrimazole (External Cream)</i>	1	
<i>Clotrimazole (External Solution)</i>	1	
<i>Econazole Nitrate (External Cream)</i>	1	QL
<i>Ery (External Pad)</i>	1	
<i>Erythromycin (External Gel)</i>	1	
<i>Erythromycin (External Solution)</i>	1	
<i>Gentamicin Sulfate (External Cream)</i>	1	
<i>Gentamicin Sulfate (External Ointment)</i>	1	
<i>Ketoconazole (External Cream)</i>	1	QL
<i>Ketoconazole (External Shampoo)</i>	1	
<i>Mupirocin (External Ointment)</i>	1	QL
<i>Nyamyc (External Powder)</i>	1	QL

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

Drug name	Drug tier	Coverage rules or limits on use
<i>Nystatin (External Cream)</i>	1	
<i>Nystatin (External Ointment)</i>	1	
<i>Nystatin (External Powder)</i>	1	QL
<i>Nystop (External Powder)</i>	1	QL
<i>Sulfacetamide Sodium (Acne) (External Lotion)</i>	1	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
<i>Carglumic Acid (Oral Tablet Soluble)</i>	1	
CLINIMIX E/DEXTROSE (2.75/5) (INTRAVENOUS SOLUTION)	3	B/D,PA
CLINIMIX E/DEXTROSE (4.25/10) (INTRAVENOUS SOLUTION)	3	B/D,PA
CLINIMIX E/DEXTROSE (4.25/5) (INTRAVENOUS SOLUTION)	3	B/D,PA
CLINIMIX E/DEXTROSE (5/15) (INTRAVENOUS SOLUTION)	3	B/D,PA
CLINIMIX E/DEXTROSE (5/20) (INTRAVENOUS SOLUTION)	3	B/D,PA
CLINIMIX/DEXTROSE (4.25/10) (INTRAVENOUS SOLUTION)	3	B/D,PA
CLINIMIX/DEXTROSE (4.25/5) (INTRAVENOUS SOLUTION)	3	B/D,PA
CLINIMIX/DEXTROSE (5/15) (INTRAVENOUS SOLUTION)	3	B/D,PA
CLINIMIX/DEXTROSE (5/20) (INTRAVENOUS SOLUTION)	3	B/D,PA
<i>Dextrose (10% Intravenous Solution)</i>	1	
<i>Dextrose (5% Intravenous Solution)</i>	1	B/D,PA
DEXTROSE-NAACL (10-0.2% INTRAVENOUS SOLUTION, 10-0.45% INTRAVENOUS SOLUTION, 5-0.2% INTRAVENOUS SOLUTION)	1	
<i>Dextrose-NaCl (2.5-0.45% Intravenous Solution, 5-0.45% Intravenous Solution)</i>	1	
<i>Dextrose-NaCl (5-0.9% Intravenous Solution)</i>	1	B/D,PA
INTRALIPID (INTRAVENOUS EMULSION)	3	B/D,PA
ISOLYTE-P IN D5W (INTRAVENOUS SOLUTION)	3	
ISOLYTE-S PH 7.4 (INTRAVENOUS SOLUTION)	3	
<i>KCl in Dextrose-NaCl (Intravenous Solution)</i>	1	
KCL-LACTATED RINGERS-D5W (INTRAVENOUS SOLUTION)	1	
KLOR-CON 10 (ORAL TABLET EXTENDED RELEASE)	1	
<i>Klor-Con M10 (Oral Tablet Extended Release)</i>	1	
<i>Klor-Con M15 (Oral Tablet Extended Release)</i>	1	
<i>Klor-Con M20 (Oral Tablet Extended Release)</i>	1	
KLOR-CON 8 (ORAL TABLET EXTENDED RELEASE)	1	
MAGNESIUM SULFATE (50% INJECTION SOLUTION)	1	
<i>Magnesium Sulfate (50% (10ML Syringe) Injection Solution)</i>	1	
<i>Multiple Electrolytes Type 1 pH 5.5 (Intravenous Solution)</i>	1	
NUTRILIPID (INTRAVENOUS EMULSION)	3	B/D,PA
PLASMA-LYTE 148 (INTRAVENOUS SOLUTION)	3	
PLASMA-LYTE A (INTRAVENOUS SOLUTION)	3	

Drug name	Drug tier	Coverage rules or limits on use
<i>Plenamaine (Intravenous Solution)</i>	3	B/D,PA
<i>Potassium Chloride CR (Oral Tablet Extended Release)</i>	1	
<i>Potassium Chloride ER (Oral Capsule Extended Release)</i>	1	
<i>Potassium Chloride ER (10MEQ Oral Tablet Extended Release, 20MEQ Oral Tablet Extended Release, 8MEQ Oral Tablet Extended Release)</i>	1	
<i>Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution, 20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)</i>	1	B/D,PA
<i>Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 2MEQ/ML (30ML) Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution, 40MEQ/100ML Intravenous Solution)</i>	1	B/D,PA
<i>Potassium Chloride (20MEQ/15ML(10%) Oral Solution, 40MEQ/15ML(20%) Oral Solution)</i>	1	
<i>Potassium Citrate ER (Oral Tablet Extended Release)</i>	1	
<i>Potassium Chloride in Dextrose 5% (20MEQ/L Intravenous Solution)</i>	1	B/D,PA
<i>Premasol (Intravenous Solution)</i>	3	B/D,PA
PROSOL (INTRAVENOUS SOLUTION)	3	B/D,PA
<i>Sodium Chloride (0.45% Intravenous Solution)</i>	1	
<i>Sodium Chloride (0.9% Intravenous Solution, 3% Intravenous Solution)</i>	1	B/D,PA
SODIUM CHLORIDE (5% INTRAVENOUS SOLUTION)	1	B/D,PA
SODIUM CHLORIDE (IRRIGATION SOLUTION)	1	
<i>Sodium Fluoride (Oral Tablet)</i>	1	
TPN ELECTROLYTES (INTRAVENOUS CONCENTRATE)	3	
TRAVASOL (INTRAVENOUS SOLUTION)	3	B/D,PA
TROPHAMINE (INTRAVENOUS SOLUTION)	3	B/D,PA
Electrolyte/Mineral/Metal Modifiers		
CHEMET (ORAL CAPSULE)	4	
<i>Deferasirox Granules (Oral Packet)</i>	1	PA
<i>Deferasirox (Oral Tablet) (Generic Jadenu)</i>	1	PA
<i>Deferasirox (Oral Tablet Soluble) (Generic Exjade)</i>	1	PA
<i>Tolvaptan (Oral Tablet)</i>	1	QL
<i>Trientine HCl (250MG Oral Capsule)</i>	1	QL
Phosphate Binders		
AURYXIA (ORAL TABLET)	4	PA
<i>Calcium Acetate (Phosphate Binder) (Oral Capsule)</i>	1	
<i>Calcium Acetate (667MG Oral Tablet)</i>	1	
FOSRENOL (ORAL PACKET)	4	

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

Drug name	Drug tier	Coverage rules or limits on use
<i>Lanthanum Carbonate (Oral Tablet Chewable)</i>	1	
<i>Sevelamer Carbonate (Oral Packet)</i>	1	
<i>Sevelamer Carbonate (Oral Tablet) (Generic Renvela)</i>	1	
<i>Sevelamer HCl (Oral Tablet)</i>	1	
VELPHORO (ORAL TABLET CHEWABLE)	4	
Potassium Binders		
LOKELMA (ORAL PACKET)	2	QL
<i>Sodium Polystyrene Sulfonate (Oral Powder)</i>	1	
<i>SPS (Oral Suspension)</i>	1	
VELTASSA (16.8GM ORAL PACKET, 25.2GM ORAL PACKET)	4	QL
VELTASSA (8.4GM ORAL PACKET)	3	QL
Vitamins		
<i>Prenatal (27-1MG Oral Tablet)</i>	1	
Gastrointestinal Agents		
Anti-Constipation Agents		
AMITIZA (ORAL CAPSULE)	3	QL
<i>Constulose (Oral Solution)</i>	1	
<i>Enulose (Oral Solution)</i>	1	
<i>Generlac (Oral Solution)</i>	1	
<i>Lactulose (Oral Solution)</i>	1	
LINZESS (ORAL CAPSULE)	2	QL
<i>Lubiprostone (Oral Capsule)</i>	1	QL
MOVANTIK (ORAL TABLET)	2	QL
RELISTOR (ORAL TABLET)	4	
RELISTOR (SUBCUTANEOUS SOLUTION)	4	
Anti-Diarrheal Agents		
<i>Alosetron HCl (Oral Tablet)</i>	1	PA
<i>Diphenoxylate-Atropine (Oral Liquid)</i>	1	HRM
<i>Diphenoxylate-Atropine (Oral Tablet)</i>	1	HRM
<i>Loperamide HCl (Oral Capsule)</i>	1	
VIBERZI (ORAL TABLET)	4	PA; QL
XERMELO (ORAL TABLET)	4	PA; QL
Antispasmodics, Gastrointestinal		
<i>Dicyclomine HCl (Oral Capsule)</i>	1	HRM
<i>Dicyclomine HCl (Oral Solution)</i>	1	HRM
<i>Dicyclomine HCl (Oral Tablet)</i>	1	HRM
<i>Glycopyrrolate (Oral Solution) (Generic Cuvposa)</i>	1	PA
<i>Glycopyrrolate (1MG Oral Tablet, 2MG Oral Tablet)</i>	1	
<i>Methscopolamine Bromide (Oral Tablet)</i>	1	HRM

Drug name	Drug tier	Coverage rules or limits on use
Gastrointestinal Agents, Other		
<i>Amoxicillin-Clarithromycin-Lansoprazole (Oral Therapy Pack)</i>	1	
<i>Bismuth Subcitrate/Metronidazole/Tetracycline</i>	1	
<i>Chenodal (Oral Tablet)</i>	4	
CLENPIQ (ORAL SOLUTION)	2	
GATTEX (SUBCUTANEOUS KIT)	4	PA
<i>GaviLyte-C (Oral Solution Reconstituted)</i>	1	
<i>GaviLyte-G (Oral Solution Reconstituted)</i>	1	
MYALEPT (SUBCUTANEOUS SOLUTION RECONSTITUTED)	4	PA
<i>Sodium Sulfate-Potassium Sulfate-Magnesium Sulfate (Oral Solution)</i>	1	
<i>PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)</i>	1	
<i>PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)</i>	1	
PYLERA (ORAL CAPSULE)	4	
SUPREP BOWEL PREP KIT (ORAL SOLUTION)	2	
SUTAB (ORAL TABLET)	2	
<i>Ursodiol (300MG Oral Capsule)</i>	1	
<i>Ursodiol (Oral Tablet)</i>	1	
VOWST (ORAL CAPSULE)	4	PA
Histamine2 (H2) Receptor Antagonists		
<i>Cimetidine (Oral Tablet)</i>	1	
<i>Famotidine (Oral Suspension Reconstituted)</i>	1	
<i>Famotidine (20MG Oral Tablet, 40MG Oral Tablet)</i>	1	
<i>Nizatidine (Oral Capsule)</i>	1	
Protectants		
<i>Misoprostol (Oral Tablet)</i>	1	
<i>Sucralfate (Oral Suspension)</i>	1	
<i>Sucralfate (Oral Tablet)</i>	1	
Proton Pump Inhibitors		
DEXILANT (ORAL CAPSULE DELAYED RELEASE)	3	QL
<i>Dexlansoprazole (Oral Capsule Delayed Release)</i>	1	QL
<i>Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)</i>	1	QL
<i>Esomeprazole Magnesium (Oral Packet)</i>	1	
<i>Lansoprazole (Oral Capsule Delayed Release)</i>	1	QL
NEXIUM (2.5MG ORAL PACKET, 5MG ORAL PACKET)	2	
<i>Omeprazole (10MG Oral Capsule Delayed Release)</i>	1	QL

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

Drug name	Drug tier	Coverage rules or limits on use
<i>Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)</i>	1	
<i>Pantoprazole Sodium (Oral Tablet Delayed Release)</i>	1	QL
<i>Rabeprazole Sodium (Oral Tablet Delayed Release)</i>	1	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ARALAST NP (1000MG INTRAVENOUS SOLUTION RECONSTITUTED)	4	PA
<i>Betaine (Oral Powder)</i>	1	
CERDELGA (ORAL CAPSULE)	4	PA
CHOLBAM (ORAL CAPSULE)	4	PA
CREON (ORAL CAPSULE DELAYED RELEASE PARTICLES)	2	
<i>Cromolyn Sodium (Oral Concentrate)</i>	1	
CYSTADANE (ORAL POWDER)	4	
CYSTAGON (ORAL CAPSULE)	3	
<i>Javygtor (Oral Packet)</i>	4	
<i>Javygtor (Oral Tablet)</i>	4	
<i>Levocarnitine (Oral Solution)</i>	1	
<i>Levocarnitine (Oral Tablet)</i>	1	
<i>Miglustat (Oral Capsule)</i>	1	PA
<i>Nitisinone (Oral Capsule)</i>	1	
ORFADIN (20MG ORAL CAPSULE)	4	
ORFADIN (ORAL SUSPENSION)	4	
PROLASTIN-C (INTRAVENOUS SOLUTION RECONSTITUTED)	4	PA
RAVICTI (ORAL LIQUID)	4	
REVCIVI (INTRAMUSCULAR SOLUTION)	4	
<i>Sapropterin Dihydrochloride (Oral Packet)</i>	1	
<i>Sapropterin Dihydrochloride (Oral Tablet)</i>	1	
<i>Sodium Phenylbutyrate (Oral Powder)</i>	1	
<i>Sodium Phenylbutyrate (Oral Tablet)</i>	1	
SUCRAID (ORAL SOLUTION)	4	
TEGSEDI (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	4	PA
VYNDAMAX (ORAL CAPSULE)	4	PA; QL
VYNDALOX (ORAL CAPSULE)	4	PA; QL
ZENPEP (ORAL CAPSULE DELAYED RELEASE PARTICLES)	2	
ZOKINVY (ORAL CAPSULE)	4	PA; QL
Genitourinary Agents		
Antispasmodics, Urinary		
<i>Fesoterodine Fumarate ER (Oral Tablet Extended Release 24 Hour)</i>	1	QL
<i>Flavoxate HCl (Oral Tablet)</i>	1	

Drug name	Drug tier	Coverage rules or limits on use
GEMTESA (ORAL TABLET)	3	
MYRBETRIQ (ORAL SUSPENSION RECONSTITUTED ER)	2	
MYRBETRIQ (ORAL TABLET EXTENDED RELEASE 24 HOUR)	2	
<i>Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)</i>	1	
<i>Oxybutynin Chloride (Oral Solution)</i>	1	
<i>Oxybutynin Chloride (5MG Oral Tablet Immediate Release)</i>	1	
<i>Solifenacin Succinate (Oral Tablet)</i>	1	QL
<i>Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour)</i>	1	
<i>Tolterodine Tartrate (Oral Tablet)</i>	1	
TOVIAZ (ORAL TABLET EXTENDED RELEASE 24 HOUR)	2	QL
<i>Tropium Chloride ER (Oral Capsule Extended Release 24 Hour)</i>	1	
<i>Tropium Chloride (Oral Tablet)</i>	1	
Benign Prostatic Hypertrophy Agents		
<i>Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)</i>	1	
<i>Dutasteride (Oral Capsule)</i>	1	
<i>Dutasteride-Tamsulosin HCl (Oral Capsule)</i>	1	
<i>Finasteride (5MG Oral Tablet) (Generic Proscar)</i>	1	
<i>Silodosin (Oral Capsule)</i>	1	QL
<i>Tamsulosin HCl (Oral Capsule)</i>	1	
<i>Terazosin HCl (Oral Capsule)</i>	1	
Genitourinary Agents, Other		
<i>Bethanechol Chloride (Oral Tablet)</i>	1	
ELMIRON (ORAL CAPSULE)	4	
LITHOSTAT (ORAL TABLET)	4	
<i>Penicillamine (Oral Tablet)</i>	1	
<i>Tiopronin (Oral Tablet)</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Dexamethasone (Oral Solution)</i>	1	
<i>Dexamethasone (Oral Tablet)</i>	1	
<i>Fludrocortisone Acetate (Oral Tablet)</i>	1	
<i>Hydrocortisone (Oral Tablet)</i>	1	
<i>Methylprednisolone (Oral Tablet)</i>	1	
<i>Methylprednisolone (Oral Tablet Therapy Pack)</i>	1	
<i>Prednisolone (Oral Solution)</i>	1	
<i>Prednisolone Sodium Phosphate (10MG/5ML Oral Solution, 20MG/5ML Oral Solution, 25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution)</i>	1	
<i>Prednisone Intensol (Oral Concentrate)</i>	1	

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

Drug name	Drug tier	Coverage rules or limits on use
<i>Prednisone (5MG/5ML Oral Solution)</i>	1	
<i>Prednisone (Oral Tablet)</i>	1	
<i>Prednisone (Oral Tablet Therapy Pack)</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Desmopressin Acetate (Oral Tablet)</i>	1	
<i>Desmopressin Acetate Spray (Nasal Solution)</i>	1	
EGRIFTA SV (2MG SUBCUTANEOUS SOLUTION RECONSTITUTED)	4	PA
GENOTROPIN MINIQUICK (SUBCUTANEOUS PREFILLED SYRINGE)	4	PA
GENOTROPIN (12MG SUBCUTANEOUS CARTRIDGE)	4	PA
GENOTROPIN (5MG SUBCUTANEOUS CARTRIDGE)	3	PA
HUMATROPE (INJECTION CARTRIDGE)	4	PA
INCRELEX (SUBCUTANEOUS SOLUTION)	4	PA
OMNITROPE (SUBCUTANEOUS SOLUTION CARTRIDGE)	4	PA
OMNITROPE (SUBCUTANEOUS SOLUTION RECONSTITUTED)	4	PA
SAIZEN (INJECTION SOLUTION RECONSTITUTED)	4	PA
SEROSTIM (SUBCUTANEOUS SOLUTION RECONSTITUTED)	4	PA
ZORBTIVE (SUBCUTANEOUS SOLUTION RECONSTITUTED)	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
KORLYM (ORAL TABLET)	4	PA; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
<i>Danazol (Oral Capsule)</i>	1	
<i>Testosterone Cypionate (Intramuscular Solution)</i>	1	
<i>Testosterone Enanthate (Intramuscular Solution)</i>	1	
<i>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)</i>	1	
<i>Testosterone (Transdermal Solution)</i>	1	
Estrogens		
<i>Altavera (Oral Tablet)</i>	1	
<i>Alyacen 1/35 (Oral Tablet)</i>	1	
<i>Amabelz (Oral Tablet)</i>	1	HRM
<i>Amethia (Oral Tablet)</i>	1	
<i>Apri (Oral Tablet)</i>	1	
<i>Aranelle (Oral Tablet)</i>	1	

Drug name	Drug tier	Coverage rules or limits on use
<i>Ashlyna (Oral Tablet)</i>	1	
<i>Aubra EQ (Oral Tablet)</i>	1	
<i>Aviane (Oral Tablet)</i>	1	
<i>Balziva (Oral Tablet)</i>	1	
<i>Blisovi 24 Fe (Oral Tablet)</i>	1	
<i>Blisovi Fe 1.5/30 (Oral Tablet)</i>	1	
<i>Briellyn (Oral Tablet)</i>	1	
<i>Camrese Lo (Oral Tablet)</i>	1	
CLIMARA PRO (TRANSDERMAL PATCH WEEKLY)	3	HRM
COMBIPATCH (TRANSDERMAL PATCH TWICE WEEKLY)	3	HRM
<i>Cryselle-28 (Oral Tablet)</i>	1	
<i>Cyred EQ (Oral Tablet)</i>	1	
<i>Depo-Estradiol (Intramuscular Oil)</i>	3	
<i>Desogestrel-Ethinyl Estradiol (Oral Tablet)</i>	1	
<i>Dolishale (Oral Tablet)</i>	1	
<i>Dotti (Transdermal Patch Twice Weekly)</i>	1	HRM; QL
<i>Drospirenone-Ethinyl Estradiol (Oral Tablet)</i>	1	
DUAVEE (ORAL TABLET)	3	HRM
ELESTRIN (TRANSDERMAL GEL)	3	HRM
<i>EluRyng (Vaginal Ring)</i>	1	
<i>Enpresse-28 (Oral Tablet)</i>	1	
<i>Enskyce (Oral Tablet)</i>	1	
<i>Estarylla (Oral Tablet)</i>	1	
<i>Estradiol (Oral Tablet)</i>	1	HRM
<i>Estradiol (Transdermal Patch Twice Weekly)</i>	1	HRM; QL
<i>Estradiol (Transdermal Patch Weekly)</i>	1	HRM; QL
<i>Estradiol (Vaginal Cream)</i>	1	
<i>Estradiol (Vaginal Tablet)</i>	1	
<i>Estradiol Valerate (Intramuscular Oil)</i>	1	
<i>Estradiol-Norethindrone Acetate (Oral Tablet)</i>	1	HRM
ESTRING (VAGINAL RING)	3	
<i>Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet)</i>	1	
<i>Etonogestrel-Ethinyl Estradiol (Vaginal Ring)</i>	1	
<i>Falmina (Oral Tablet)</i>	1	
<i>Finzala (Oral Tablet Chewable)</i>	1	
<i>Fyavolv (1-5MG-MCG Oral Tablet)</i>	1	HRM
<i>Hailey 24 Fe (Oral Tablet)</i>	1	
<i>Haloette (Vaginal Ring)</i>	1	

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

Drug name	Drug tier	Coverage rules or limits on use
<i>Iclevia (Oral Tablet)</i>	1	
<i>Introvale (Oral Tablet)</i>	1	
<i>Isibloom (Oral Tablet)</i>	1	
<i>Jasmiel (Oral Tablet)</i>	1	
<i>Jinteli (Oral Tablet)</i>	1	HRM
<i>Juleber (Oral Tablet)</i>	1	
<i>Junel 1.5/30 (Oral Tablet)</i>	1	
<i>Junel 1/20 (Oral Tablet)</i>	1	
<i>Junel Fe 1.5/30 (Oral Tablet)</i>	1	
<i>Junel Fe 1/20 (Oral Tablet)</i>	1	
<i>Junel Fe 24 (Oral Tablet)</i>	1	
<i>Kaitlib Fe (Oral Tablet Chewable)</i>	1	
<i>Kariva (Oral Tablet)</i>	1	
<i>Kelnor 1/35 (Oral Tablet)</i>	1	
<i>Kelnor 1/50 (Oral Tablet)</i>	1	
<i>Kurvelo (Oral Tablet)</i>	1	
<i>LARIN 1.5/30 (Oral Tablet)</i>	1	
<i>LARIN 1/20 (Oral Tablet)</i>	1	
<i>LARIN Fe 1.5/30 (Oral Tablet)</i>	1	
<i>LARIN Fe 1/20 (Oral Tablet)</i>	1	
<i>Layolis Fe (Oral Tablet Chewable)</i>	1	
<i>Leena (Oral Tablet)</i>	1	
<i>Lessina (Oral Tablet)</i>	1	
<i>Levonest (Oral Tablet)</i>	1	
<i>Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet)</i>	1	
<i>Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet)</i>	1	
<i>Levonorgestrel-Ethinyl Estradiol (Oral Tablet)</i>	1	
<i>Levora 0.15/30 (28) (Oral Tablet)</i>	1	
<i>Loryna (Oral Tablet)</i>	1	
<i>Low-Ogestrel (Oral Tablet)</i>	1	
<i>Lutera (Oral Tablet)</i>	1	
<i>Lyllana (Transdermal Patch Twice Weekly)</i>	1	HRM; QL
<i>Marlissa (Oral Tablet)</i>	1	
<i>Menest (Oral Tablet)</i>	3	HRM
<i>Mibelas 24 Fe (Oral Tablet Chewable)</i>	1	
<i>Microgestin 1.5/30 (Oral Tablet)</i>	1	
<i>Microgestin 1/20 (Oral Tablet)</i>	1	
<i>Microgestin 24 Fe (Oral Tablet)</i>	1	
<i>Microgestin Fe 1.5/30 (Oral Tablet)</i>	1	

Drug name	Drug tier	Coverage rules or limits on use
<i>Microgestin Fe 1/20 (Oral Tablet)</i>	1	
<i>Mili (Oral Tablet)</i>	1	
<i>Mimvey (Oral Tablet)</i>	1	HRM
<i>Necon 0.5/35 (28) (Oral Tablet)</i>	1	
<i>Nikki (Oral Tablet)</i>	1	
<i>Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet)</i>	1	
<i>Norethindrone Acetate-Ethinyl Estradiol (1-5MG-MCG Oral Tablet)</i>	1	HRM
<i>Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG Oral Tablet)</i>	1	
<i>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)</i>	1	
<i>Norethindrone-Ethinyl Estradiol-Fe (1-20MG-MCG/1-30MG-MCG/1-35MG-MCG Oral Tablet)</i>	1	
<i>Norgestimate-Ethinyl Estradiol (Oral Tablet)</i>	1	
<i>Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)</i>	1	
<i>Nortrel 0.5/35 (28) (Oral Tablet)</i>	1	
<i>Nortrel 1/35 (21) (Oral Tablet)</i>	1	
<i>Nortrel 1/35 (28) (Oral Tablet)</i>	1	
<i>Nortrel 7/7/7 (Oral Tablet)</i>	1	
<i>Nylia 1/35 (Oral Tablet)</i>	1	
<i>Nylia 7/7/7 (Oral Tablet)</i>	1	
<i>Nymyo (Oral Tablet)</i>	1	
<i>Ocella (Oral Tablet)</i>	1	
<i>Pimtreea (Oral Tablet)</i>	1	
<i>Portia-28 (Oral Tablet)</i>	1	
PREMARIN (ORAL TABLET)	3	HRM; QL
PREMARIN (VAGINAL CREAM)	2	
<i>Reclipsen (Oral Tablet)</i>	1	
<i>Rivelsa (Oral Tablet)</i>	1	
<i>Setlakin (Oral Tablet)</i>	1	
<i>Sprintec 28 (Oral Tablet)</i>	1	
<i>Sronyx (Oral Tablet)</i>	1	
<i>Syeda (Oral Tablet)</i>	1	
<i>Tarina 24 Fe (Oral Tablet)</i>	1	
<i>Tarina Fe 1/20 EQ (Oral Tablet)</i>	1	
<i>Tilia Fe (Oral Tablet)</i>	1	
<i>Tri-Estarylla (Oral Tablet)</i>	1	
<i>Tri-Legest Fe (Oral Tablet)</i>	1	

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

Drug name	Drug tier	Coverage rules or limits on use
<i>Tri-Lo-Estarylla (Oral Tablet)</i>	1	
<i>Tri-Lo-Sprintec (Oral Tablet)</i>	1	
<i>Tri-Mili (Oral Tablet)</i>	1	
<i>Tri-Nymyo (Oral Tablet)</i>	1	
<i>Tri-Sprintec (Oral Tablet)</i>	1	
<i>Trivora (28) (Oral Tablet)</i>	1	
<i>Tri-VyLibra Lo (Oral Tablet)</i>	1	
<i>Tri-VyLibra (Oral Tablet)</i>	1	
TYBLUME (ORAL TABLET CHEWABLE)	1	
<i>Tydemy (Oral Tablet)</i>	1	
<i>Velivet (Oral Tablet)</i>	1	
<i>Vestura (Oral Tablet)</i>	1	
<i>Vienva (Oral Tablet)</i>	1	
<i>Vyfemla (Oral Tablet)</i>	1	
<i>VyLibra (Oral Tablet)</i>	1	
<i>WYMZYA Fe (Oral Tablet Chewable)</i>	1	
<i>Xulane (Transdermal Patch Weekly)</i>	1	
<i>Yuvaferm (Vaginal Tablet)</i>	1	
<i>Zafemy (Transdermal Patch Weekly)</i>	1	
<i>Zovia 1/35 (28) (Oral Tablet)</i>	1	
Progestins		
<i>Camila (Oral Tablet)</i>	1	
CRINONE (VAGINAL GEL)	3	PA
<i>Deblitane (Oral Tablet)</i>	1	
<i>Errin (Oral Tablet)</i>	1	
<i>Incassia (Oral Tablet)</i>	1	
<i>Lyleq (Oral Tablet)</i>	1	
<i>Lyza (Oral Tablet)</i>	1	
<i>Medroxyprogesterone Acetate (Intramuscular Suspension)</i>	1	
<i>Medroxyprogesterone Acetate (Intramuscular Suspension Prefilled Syringe)</i>	1	
<i>Medroxyprogesterone Acetate (Oral Tablet)</i>	1	
<i>Megestrol Acetate (40MG/ML Oral Suspension, 625MG/5ML Oral Suspension)</i>	1	HRM
<i>Megestrol Acetate (Oral Tablet)</i>	1	HRM
NEXPLANON (SUBCUTANEOUS IMPLANT)	3	
<i>Nora-BE (Oral Tablet)</i>	1	
<i>Norethindrone Acetate (5MG Oral Tablet)</i>	1	
<i>Norethindrone (0.35MG Oral Tablet)</i>	1	
<i>Progesterone (Oral Capsule)</i>	1	

Drug name	Drug tier	Coverage rules or limits on use
<i>Sharobel (Oral Tablet)</i>	1	
SLYND (ORAL TABLET)	3	
Selective Estrogen Receptor Modifying Agents		
OSPHENA (ORAL TABLET)	2	PA; QL
<i>Raloxifene HCl (Oral Tablet)</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
EUTHYROX (ORAL TABLET)	1	
<i>Levothyroxine Sodium (Oral Tablet)</i>	1	
LEVOXYL (ORAL TABLET)	1	
<i>Liothyronine Sodium (Oral Tablet)</i>	1	
SYNTHROID (ORAL TABLET)	2	
UNITHROID (ORAL TABLET)	1	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN (ORAL TABLET)	4	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>Cabergoline (Oral Tablet)</i>	1	
FIRMAGON (240MG DOSE) (120MG/VIAL SUBCUTANEOUS SOLUTION RECONSTITUTED)	4	PA
FIRMAGON (80MG SUBCUTANEOUS SOLUTION RECONSTITUTED)	3	PA
<i>Leuprolide Acetate (Injection Kit)</i>	1	
LUPRON DEPOT (1-MONTH) (INTRAMUSCULAR KIT)	3	PA
LUPRON DEPOT (3-MONTH) (INTRAMUSCULAR KIT)	3	PA
LUPRON DEPOT (4-MONTH) (INTRAMUSCULAR KIT)	3	PA
LUPRON DEPOT (6-MONTH) (INTRAMUSCULAR KIT)	3	PA
LUPRON DEPOT-PED (1-MONTH) (7.5MG INTRAMUSCULAR KIT)	4	PA
LUPRON DEPOT-PED (3-MONTH) (11.25MG (PED) INTRAMUSCULAR KIT)	4	PA
LUPRON DEPOT-PED (6-MONTH) (INTRAMUSCULAR KIT)	4	PA; QL
<i>Octreotide Acetate (Injection Solution)</i>	1	PA
ORGOVYX (ORAL TABLET)	4	PA
SIGNIFOR (SUBCUTANEOUS SOLUTION)	4	PA
SOMAVERT (SUBCUTANEOUS SOLUTION RECONSTITUTED)	4	PA; QL
SYNAREL (NASAL SOLUTION)	4	
TRELSTAR MIXJECT (INTRAMUSCULAR SUSPENSION RECONSTITUTED)	4	PA

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

Drug name	Drug tier	Coverage rules or limits on use
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>Methimazole (Oral Tablet)</i>	1	
<i>Propylthiouracil (Oral Tablet)</i>	1	
Immunological Agents		
Angioedema Agents		
BERINERT (INTRAVENOUS KIT)	4	PA
HAEGARDA (SUBCUTANEOUS SOLUTION RECONSTITUTED)	4	PA
<i>Icatibant Acetate (Subcutaneous Solution Prefilled Syringe)</i>	1	PA; QL
<i>Sajazir (Subcutaneous Solution Prefilled Syringe)</i>	1	PA; QL
Immunoglobulins		
BIVIGAM (5GM/50ML INTRAVENOUS SOLUTION)	4	PA
FLEBOGAMMA DIF (5GM/50ML INTRAVENOUS SOLUTION)	4	PA
GAMMAGARD (2.5GM/25ML INJECTION SOLUTION)	4	PA
GAMMAGARD S/D LESS IGA (INTRAVENOUS SOLUTION RECONSTITUTED)	4	PA
GAMMAKED (1GM/10ML INJECTION SOLUTION)	4	PA
GAMMAPLEX (10GM/100ML INTRAVENOUS SOLUTION, 10GM/200ML INTRAVENOUS SOLUTION, 20GM/200ML INTRAVENOUS SOLUTION, 5GM/50ML INTRAVENOUS SOLUTION)	4	PA
GAMUNEX-C (1GM/10ML INJECTION SOLUTION)	4	PA
OCTAGAM (1GM/20ML INTRAVENOUS SOLUTION, 2GM/20ML INTRAVENOUS SOLUTION)	4	PA
PRIVIGEN (20GM/200ML INTRAVENOUS SOLUTION)	4	PA
Immunological Agents, Other		
ACTEMRA ACTPEN (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	4	PA; QL
ACTEMRA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	4	PA; QL
ARCALYST (SUBCUTANEOUS SOLUTION RECONSTITUTED)	4	PA
BENLYSTA (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	4	PA
BENLYSTA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	4	PA
COSENTYX (300MG DOSE) (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	4	PA; QL
COSENTYX SENSOREADY (300MG) (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	4	PA; QL
COSENTYX (75MG/0.5ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	4	PA; QL
COSENTYX UNOREADY (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	4	PA; QL
DUPIXENT (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	4	PA; QL
DUPIXENT (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	4	PA; QL

Drug name	Drug tier	Coverage rules or limits on use
KEVZARA (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	4	PA; QL
KEVZARA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	4	PA; QL
KINERET (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	4	PA
ORENCIA CLICKJECT (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	4	PA; QL
ORENCIA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	4	PA; QL
OTEZLA (ORAL TABLET)	4	PA; QL
OTEZLA (ORAL TABLET THERAPY PACK)	4	PA; QL
RIDAURA (ORAL CAPSULE)	4	
RINVOQ (ORAL TABLET EXTENDED RELEASE 24 HOUR)	4	PA; QL
SKYRIZI PEN (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	4	PA; QL
SKYRIZI (SUBCUTANEOUS SOLUTION CARTRIDGE)	4	PA; QL
SKYRIZI (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	4	PA; QL
STELARA (SUBCUTANEOUS SOLUTION)	4	PA; QL
STELARA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	4	PA; QL
TREMFYA (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	4	PA; QL
TREMFYA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	4	PA; QL
XELJANZ (ORAL SOLUTION)	4	PA; QL
XELJANZ (ORAL TABLET IMMEDIATE RELEASE)	4	PA; QL
XELJANZ XR (ORAL TABLET EXTENDED RELEASE 24 HOUR)	4	PA; QL
XOLAIR (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	4	PA
XOLAIR (SUBCUTANEOUS SOLUTION RECONSTITUTED)	4	PA
Immunostimulants		
ACTIMMUNE (SUBCUTANEOUS SOLUTION)	4	
BESREMI (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	4	PA
PEGASYS (SUBCUTANEOUS SOLUTION)	4	PA
PEGASYS (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	4	PA
Immunosuppressants		
ASTAGRAF XL (0.5MG ORAL CAPSULE EXTENDED RELEASE 24 HOUR, 1MG ORAL CAPSULE EXTENDED RELEASE 24 HOUR)	3	B/D,PA
ASTAGRAF XL (5MG ORAL CAPSULE EXTENDED RELEASE 24 HOUR)	4	B/D,PA
<i>Azathioprine (50MG Oral Tablet)</i>	1	B/D,PA
CIMZIA (SUBCUTANEOUS KIT)	4	PA; QL
CIMZIA PREFILLED (2 X 200MG/ML SUBCUTANEOUS PREFILLED SYRINGE KIT)	4	PA; QL
<i>Cyclosporine Modified (Oral Capsule)</i>	1	B/D,PA
<i>Cyclosporine Modified (Oral Solution)</i>	1	B/D,PA
<i>Cyclosporine (100MG Oral Capsule, 25MG Oral Capsule)</i>	1	B/D,PA

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

Drug name	Drug tier	Coverage rules or limits on use
CYLTEZO (SUBCUTANEOUS AUTO-INJECTOR KIT)	4	PA; QL
CYLTEZO (SUBCUTANEOUS PREFILLED SYRINGE KIT)	4	PA; QL
CYLTEZO-CD/UC/HS STARTER (SUBCUTANEOUS AUTO-INJECTOR KIT)	4	PA
CYLTEZO-PSORIASIS STARTER (SUBCUTANEOUS AUTO-INJECTOR KIT)	4	PA
ENBREL MINI (SUBCUTANEOUS SOLUTION CARTRIDGE)	4	PA; QL
ENBREL (SUBCUTANEOUS SOLUTION)	4	PA; QL
ENBREL (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	4	PA; QL
ENBREL SURECLICK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	4	PA; QL
ENVARUSUS XR (ORAL TABLET EXTENDED RELEASE 24 HOUR)	3	B/D,PA
<i>Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet, 1MG Oral Tablet)</i>	1	B/D,PA
<i>Gengraf (Oral Capsule)</i>	1	B/D,PA
<i>Gengraf (Oral Solution)</i>	1	B/D,PA
HUMIRA PEDIATRIC CROHNS START (SUBCUTANEOUS PREFILLED SYRINGE KIT)	4	PA; QL
HUMIRA PEN (SUBCUTANEOUS PEN-INJECTOR KIT)	4	PA; QL
HUMIRA PEN CROHNS DISEASE STARTER (SUBCUTANEOUS PEN-INJECTOR KIT)	4	PA
HUMIRA PEN-PEDIATRIC UC START (SUBCUTANEOUS PEN-INJECTOR KIT)	4	PA
HUMIRA PEN PSORIASIS STARTER (40MG/0.8ML SUBCUTANEOUS PEN-INJECTOR KIT)	4	PA
HUMIRA PEN PSORIASIS STARTER (80MG/0.8ML AND 40MG/0.4ML SUBCUTANEOUS PEN-INJECTOR KIT)	4	PA; QL
HUMIRA (SUBCUTANEOUS PREFILLED SYRINGE KIT)	4	PA; QL
<i>Leflunomide (Oral Tablet)</i>	1	
<i>Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)</i>	1	
<i>Methotrexate Sodium (50MG/2ML Injection Solution)</i>	1	
<i>Methotrexate Sodium (Oral Tablet)</i>	1	
<i>Mycophenolate Mofetil (Oral Capsule)</i>	1	B/D,PA
<i>Mycophenolate Mofetil (Oral Suspension Reconstituted)</i>	1	B/D,PA
<i>Mycophenolate Mofetil (Oral Tablet)</i>	1	B/D,PA
<i>Mycophenolate Sodium (Oral Tablet Delayed Release)</i>	1	B/D,PA
OTREXUP (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	3	PA
PROGRAF (ORAL PACKET)	3	B/D,PA
RASUVO (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	3	PA
REZUROCK (ORAL TABLET)	4	PA; QL
SANDIMMUNE (ORAL SOLUTION)	3	B/D,PA

Drug name	Drug tier	Coverage rules or limits on use
SIMPONI (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	4	PA; QL
SIMPONI (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	4	PA; QL
<i>Sirolimus (Oral Solution)</i>	1	B/D,PA
<i>Sirolimus (Oral Tablet)</i>	1	B/D,PA
<i>Tacrolimus (Oral Capsule)</i>	1	B/D,PA
<i>Trexall (Oral Tablet)</i>	3	
XATMEP (ORAL SOLUTION)	3	PA
YUFLYMA 1-PEN KIT (SUBCUTANEOUS AUTO-INJECTOR KIT)	4	PA
YUFLYMA 2-SYRINGE KIT (SUBCUTANEOUS PREFILLED SYRINGE KIT)	4	PA
Vaccines		
ABRYSCO (INTRAMUSCULAR SOLUTION RECONSTITUTED)	3	PA; QL
ACTHIB (INTRAMUSCULAR SOLUTION RECONSTITUTED)	2	QL
ADACEL (INTRAMUSCULAR SUSPENSION)	2	QL
AREXVY (INTRAMUSCULAR SUSPENSION RECONSTITUTED)	3	PA; QL
BCG VACCINE (INJECTION SOLUTION RECONSTITUTED)	2	QL
BEXSERO (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	2	QL
BOOSTRIX (INTRAMUSCULAR SUSPENSION)	2	QL
BOOSTRIX (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	2	QL
DAPTACEL (INTRAMUSCULAR SUSPENSION)	2	QL
DIPHThERIA-TETANUS TOXOIDS DT (25-5LFU/0.5ML INTRAMUSCULAR SUSPENSION)	2	QL
ENGERIX-B (INJECTION SUSPENSION)	2	B/D,PA; QL
ENGERIX-B (INJECTION SUSPENSION PREFILLED SYRINGE)	2	B/D,PA; QL
GARDASIL 9 (INTRAMUSCULAR SUSPENSION)	2	QL
GARDASIL 9 (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	2	QL
HAVRIX (INTRAMUSCULAR SUSPENSION)	2	QL
HEPLISAV-B (INTRAMUSCULAR SOLUTION PREFILLED SYRINGE)	2	B/D,PA; QL
HIBERIX (INJECTION SOLUTION RECONSTITUTED)	2	QL
IMOVAX RABIES (INTRAMUSCULAR SUSPENSION RECONSTITUTED)	2	B/D,PA; QL
INFANRIX (INTRAMUSCULAR SUSPENSION)	2	QL
IPOLE (INJECTION)	2	QL
IXIARO (INTRAMUSCULAR SUSPENSION)	2	QL
JYNNEOS (SUBCUTANEOUS SUSPENSION)	2	QL
KINRIX (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	2	QL

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

Drug name	Drug tier	Coverage rules or limits on use
MENACTRA (INTRAMUSCULAR SOLUTION)	2	QL
MENQUADFI (INTRAMUSCULAR SOLUTION)	2	QL
MENVEO (INTRAMUSCULAR SOLUTION RECONSTITUTED)	2	QL
M-M-R II (INJECTION SOLUTION RECONSTITUTED)	2	QL
PEDIARIX (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	2	QL
PEDVAX HIB (INTRAMUSCULAR SUSPENSION)	2	QL
PENTACEL (INTRAMUSCULAR SUSPENSION RECONSTITUTED)	2	QL
PREHEVBRIO (INTRAMUSCULAR SUSPENSION)	2	B/D,PA; QL
PRIORIX (SUBCUTANEOUS SUSPENSION RECONSTITUTED)	2	QL
PROQUAD (SUBCUTANEOUS SUSPENSION RECONSTITUTED)	2	QL
QUADRACEL (INTRAMUSCULAR SUSPENSION)	2	QL
QUADRACEL (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	2	QL
RABAVERT (INTRAMUSCULAR SUSPENSION RECONSTITUTED)	2	B/D,PA; QL
RECOMBIVAX HB (INJECTION SUSPENSION)	2	B/D,PA; QL
RECOMBIVAX HB (INJECTION SUSPENSION PREFILLED SYRINGE)	2	B/D,PA; QL
ROTARIX (ORAL SUSPENSION)	2	QL
ROTARIX (ORAL SUSPENSION RECONSTITUTED)	2	QL
ROTATEQ (ORAL SOLUTION)	2	QL
SHINGRIX (INTRAMUSCULAR SUSPENSION RECONSTITUTED)	2	PA; QL
TDVAX (INTRAMUSCULAR SUSPENSION)	2	QL
TENIVAC (INTRAMUSCULAR INJECTABLE)	2	QL
TICOVAC (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	2	QL
TRUMENBA (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	2	QL
TWINRIX (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	2	QL
TYPHIM VI (INTRAMUSCULAR SOLUTION)	2	QL
TYPHIM VI (INTRAMUSCULAR SOLUTION PREFILLED SYRINGE)	2	QL
VAQTA (INTRAMUSCULAR SUSPENSION)	2	QL
VARIVAX (SUBCUTANEOUS INJECTABLE)	2	QL
YF-VAX (SUBCUTANEOUS INJECTABLE)	2	QL
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>Balsalazide Disodium (Oral Capsule)</i>	1	
<i>Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)</i>	1	QL
<i>Mesalamine (Rectal Enema)</i>	1	

Drug name	Drug tier	Coverage rules or limits on use
<i>Mesalamine (Rectal Suppository)</i>	1	QL
<i>Sulfasalazine (Oral Tablet Immediate Release)</i>	1	
<i>Sulfasalazine (Oral Tablet Delayed Release)</i>	1	
Glucocorticoids		
<i>Budesonide ER (Oral Tablet Extended Release 24 Hour)</i>	1	ST
<i>Budesonide (Oral Capsule Delayed Release Particles)</i>	1	
<i>Hydrocortisone (Perianal) (2.5% External Cream)</i>	1	
<i>Hydrocortisone (Rectal Enema)</i>	1	
<i>Procto-Med HC (External Cream)</i>	1	
<i>Proctosol HC (External Cream)</i>	1	
<i>Proctozone-HC (External Cream)</i>	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>Alendronate Sodium (Oral Solution)</i>	1	
<i>Alendronate Sodium (10MG Oral Tablet)</i>	1	
<i>Alendronate Sodium (35MG Oral Tablet, 70MG Oral Tablet)</i>	1	QL
<i>Calcitonin Salmon (Nasal Solution)</i>	1	QL
<i>Calcitriol (Oral Capsule)</i>	1	B/D,PA
<i>Calcitriol (Oral Solution)</i>	1	B/D,PA
<i>Cinacalcet HCl (Oral Tablet)</i>	1	B/D,PA; QL
<i>Doxercalciferol (Oral Capsule)</i>	1	B/D,PA
FORTEO (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	4	PA
<i>Ibandronate Sodium (Oral Tablet)</i>	1	QL
NATPARA (100MCG SUBCUTANEOUS CARTRIDGE, 25MCG SUBCUTANEOUS CARTRIDGE, 50MCG SUBCUTANEOUS CARTRIDGE, 75MCG SUBCUTANEOUS CARTRIDGE)	4	PA
<i>Paricalcitol (Oral Capsule)</i>	1	B/D,PA
PROLIA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	3	QL
RAYALDEE (ORAL CAPSULE EXTENDED RELEASE)	4	QL
<i>Risedronate Sodium (150MG Oral Tablet Immediate Release, 35MG (12 PACK) Oral Tablet Immediate Release, 35MG (4 PACK) Oral Tablet Immediate Release)</i>	1	QL
<i>Risedronate Sodium (30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)</i>	1	
<i>Risedronate Sodium (Oral Tablet Delayed Release)</i>	1	QL
TERIPARATIDE (RECOMBINANT) (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	4	PA
TYMLOS (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	4	PA
XGEVA (SUBCUTANEOUS SOLUTION)	4	PA
Miscellaneous Therapeutic Agents		

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

Drug name	Drug tier	Coverage rules or limits on use
Miscellaneous Therapeutic Agents		
<i>Alcohol Prep Pads</i>	1	
DOJOLVI (ORAL LIQUID)	4	PA
<i>Gauze (Non-medicated 2X2 Pad)</i>	1	
<i>Insulin Syringes, Needles</i>	1	
Ophthalmic Agents		
Ophthalmic Agents, Other		
<i>Atropine Sulfate (1% Ophthalmic Solution)</i>	1	
<i>Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)</i>	1	
<i>Brimonidine Tartrate-Timolol (Ophthalmic Solution)</i>	1	
<i>Cyclosporine (0.05% Ophthalmic Emulsion)</i>	1	QL
CYSTARAN (OPHTHALMIC SOLUTION)	4	
<i>Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)</i>	1	
<i>Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution)</i>	1	
<i>Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)</i>	1	
<i>Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)</i>	1	
<i>Neomycin-Polymyxin-HC (Ophthalmic Suspension)</i>	1	
<i>Neo-Polycin HC (Ophthalmic Ointment)</i>	1	
RESTASIS MULTIDOSE (OPHTHALMIC EMULSION)	2	QL
RESTASIS SINGLE-USE VIALS (OPHTHALMIC EMULSION)	2	QL
ROCKLATAN (OPHTHALMIC SOLUTION)	2	ST
<i>Sulfacetamide-Prednisolone (Ophthalmic Solution)</i>	1	
TOBRADEX (OPHTHALMIC OINTMENT)	3	
<i>Tobramycin-Dexamethasone (Ophthalmic Suspension)</i>	1	
TYRVAYA (NASAL SOLUTION)	3	QL
XIIDRA (OPHTHALMIC SOLUTION)	3	QL
ZYLET (OPHTHALMIC SUSPENSION)	3	
Ophthalmic Anti-allergy Agents		
<i>Azelastine HCl (Ophthalmic Solution)</i>	1	
<i>Cromolyn Sodium (Ophthalmic Solution)</i>	1	
<i>Epinastine HCl (Ophthalmic Solution)</i>	1	
<i>Olopatadine HCl (0.1% Ophthalmic Solution)</i>	1	
Ophthalmic Anti-Infectives		
<i>Bacitracin (Ophthalmic Ointment)</i>	1	
<i>Bacitracin-Polymyxin B (Ophthalmic Ointment)</i>	1	
<i>Ciprofloxacin HCl (Ophthalmic Solution)</i>	1	
<i>Erythromycin (Ophthalmic Ointment)</i>	1	

Drug name	Drug tier	Coverage rules or limits on use
<i>Gatifloxacin (Ophthalmic Solution)</i>	1	
<i>Gentamicin Sulfate (Ophthalmic Solution)</i>	1	
<i>Levofloxacin (0.5% Ophthalmic Solution)</i>	1	
<i>Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox)</i>	1	
NATACYN (OPHTHALMIC SUSPENSION)	3	
<i>Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)</i>	1	
<i>Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)</i>	1	
<i>Neo-Polycin (Ophthalmic Ointment)</i>	1	
<i>Ofloxacin (Ophthalmic Solution)</i>	1	
<i>Polycin (Ophthalmic Ointment)</i>	1	
<i>Polymyxin B-Trimethoprim (Ophthalmic Solution)</i>	1	
<i>Sulfacetamide Sodium (Ophthalmic Ointment)</i>	1	
<i>Sulfacetamide Sodium (Ophthalmic Solution)</i>	1	
<i>Tobramycin (Ophthalmic Solution)</i>	1	
TOBREX (OPHTHALMIC OINTMENT)	3	
<i>Trifluridine (Ophthalmic Solution)</i>	1	
Ophthalmic Anti-inflammatories		
<i>Bromfenac Sodium (Once-Daily) (Ophthalmic Solution)</i>	1	
<i>Dexamethasone Sodium Phosphate (Ophthalmic Solution)</i>	1	
<i>Diclofenac Sodium (Ophthalmic Solution)</i>	1	
<i>Difluprednate (Ophthalmic Emulsion)</i>	1	
<i>Fluorometholone (Ophthalmic Suspension)</i>	1	
<i>Flurbiprofen Sodium (Ophthalmic Solution)</i>	1	
ILEVRO (OPHTHALMIC SUSPENSION)	2	
<i>Ketorolac Tromethamine (Ophthalmic Solution)</i>	1	
LOTEMAX (OPHTHALMIC OINTMENT)	3	
LOTEMAX SM (OPHTHALMIC GEL)	3	
<i>Loteprednol Etabonate (Ophthalmic Gel)</i>	1	
<i>Loteprednol Etabonate (Ophthalmic Suspension)</i>	1	
<i>Prednisolone Acetate (Ophthalmic Suspension)</i>	1	
<i>Prednisolone Sodium Phosphate (1% Ophthalmic Solution)</i>	1	
PROLENSA (OPHTHALMIC SOLUTION)	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>Betaxolol HCl (Ophthalmic Solution)</i>	1	
<i>Carteolol HCl (Ophthalmic Solution)</i>	1	
<i>Levobunolol HCl (Ophthalmic Solution)</i>	1	
<i>Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)</i>	1	

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

Drug name	Drug tier	Coverage rules or limits on use
<i>Timolol Maleate (Ophthalmic Solution) (Generic Timoptic)</i>	1	
<i>Timolol Maleate PF (Ophthalmic Solution) (Generic Timoptic Ocadose)</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
ALPHAGAN P (0.1% OPHTHALMIC SOLUTION)	2	
<i>Apraclonidine HCl (Ophthalmic Solution)</i>	1	
<i>Brimonidine Tartrate (0.15% Ophthalmic Solution, 0.2% Ophthalmic Solution)</i>	1	
<i>Brinzolamide (Ophthalmic Suspension)</i>	1	
<i>Dorzolamide HCl (Ophthalmic Solution)</i>	1	
<i>Methazolamide (Oral Tablet)</i>	1	
<i>Pilocarpine HCl (Ophthalmic Solution)</i>	1	
RHOPRESSA (OPHTHALMIC SOLUTION)	2	ST
SIMBRINZA (OPHTHALMIC SUSPENSION)	2	
Ophthalmic Prostaglandin and Prostanamide Analogs		
<i>Latanoprost (Ophthalmic Solution)</i>	1	
LUMIGAN (OPHTHALMIC SOLUTION)	2	
<i>Travoprost (BAK Free) (Ophthalmic Solution)</i>	1	
VYZULTA (OPHTHALMIC SOLUTION)	3	
Otic Agents		
Otic Agents		
<i>Acetic Acid (Otic Solution)</i>	1	
<i>Ciprofloxacin-Dexamethasone (Otic Suspension)</i>	1	
<i>Flac (Otic Oil)</i>	1	
<i>Fluocinolone Acetonide (Otic Oil)</i>	1	
<i>Hydrocortisone-Acetic Acid (Otic Solution)</i>	1	
<i>Neomycin-Polymyxin-HC (1% Otic Solution)</i>	1	
<i>Neomycin-Polymyxin-HC (Otic Suspension)</i>	1	
<i>Ofloxacin (Otic Solution)</i>	1	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
<i>Azelastine HCl (0.1% Nasal Solution)</i>	1	
<i>Cetirizine HCl (1MG/ML Oral Solution)</i>	1	
<i>Cyproheptadine HCl (Oral Syrup)</i>	1	HRM
<i>Cyproheptadine HCl (Oral Tablet)</i>	1	HRM
<i>Desloratadine (Oral Tablet)</i>	1	
<i>Levocetirizine Dihydrochloride (Oral Tablet)</i>	1	
Anti-inflammatories, Inhaled Corticosteroids		
ARNUIITY ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED)	2	QL

Drug name	Drug tier	Coverage rules or limits on use
<i>Budesonide (Inhalation Suspension)</i>	1	B/D,PA
FLOVENT DISKUS (INHALATION AEROSOL POWDER BREATH ACTIVATED)	2	QL
FLOVENT HFA (INHALATION AEROSOL)	2	QL
<i>Flunisolide (Nasal Solution)</i>	1	
<i>Fluticasone Propionate (Nasal Suspension)</i>	1	
<i>Mometasone Furoate (Nasal Suspension)</i>	1	
QVAR REDHALER (INHALATION AEROSOL BREATH ACTIVATED)	2	QL
Antileukotrienes		
<i>Montelukast Sodium (Oral Packet)</i>	1	QL
<i>Montelukast Sodium (Oral Tablet)</i>	1	QL
<i>Montelukast Sodium (Oral Tablet Chewable)</i>	1	QL
<i>Zafirlukast (Oral Tablet)</i>	1	
Bronchodilators, Anticholinergic		
ATROVENT HFA (INHALATION AEROSOL SOLUTION)	3	
INCRUSE ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED)	2	QL
<i>Ipratropium Bromide (Inhalation Solution)</i>	1	B/D,PA
<i>Ipratropium Bromide (Nasal Solution)</i>	1	
SPIRIVA HANDHALER (INHALATION CAPSULE)	2	QL
SPIRIVA RESPIMAT (INHALATION AEROSOL SOLUTION)	2	QL
<i>Tiotropium Bromide Monohydrate (Inhalation Capsule)</i>	1	QL
TUDORZA PRESSAIR (INHALATION AEROSOL POWDER BREATH ACTIVATED)	3	ST
Bronchodilators, Sympathomimetic		
<i>Albuterol Sulfate HFA (Inhalation Aerosol Solution)</i>	1	
<i>Albuterol Sulfate (Inhalation Nebulization Solution)</i>	1	B/D,PA
<i>Albuterol Sulfate (Oral Syrup)</i>	1	
<i>Albuterol Sulfate (Oral Tablet Immediate Release)</i>	1	
<i>Arformoterol Tartrate (Inhalation Nebulization Solution)</i>	1	PA; QL
<i>Epinephrine (Injection Solution Auto-Injector)</i>	1	QL
<i>Formoterol Fumarate (Inhalation Nebulization Solution)</i>	1	B/D,PA; QL
<i>Levalbuterol HCl (Inhalation Nebulization Solution)</i>	1	B/D,PA
PROAIR RESPICLICK (INHALATION AEROSOL POWDER BREATH ACTIVATED)	2	
SEREVENT DISKUS (INHALATION AEROSOL POWDER BREATH ACTIVATED)	2	QL
STRIVERDI RESPIMAT (INHALATION AEROSOL SOLUTION)	2	QL
<i>Terbutaline Sulfate (Oral Tablet)</i>	1	

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

Drug name	Drug tier	Coverage rules or limits on use
VENTOLIN HFA (INHALATION AEROSOL SOLUTION)	2	
Cystic Fibrosis Agents		
CAYSTON (INHALATION SOLUTION RECONSTITUTED)	4	PA
KALYDECO (13.4MG ORAL PACKET, 25MG ORAL PACKET, 50MG ORAL PACKET, 75MG ORAL PACKET)	4	PA
KALYDECO (ORAL TABLET)	4	PA
ORKAMBI (ORAL PACKET)	4	PA; QL
ORKAMBI (ORAL TABLET)	4	PA; QL
PULMOZYME (INHALATION SOLUTION)	4	B/D,PA; QL
SYMDEKO (ORAL TABLET THERAPY PACK)	4	PA; QL
TOBI PODHALER (INHALATION CAPSULE)	4	PA; QL
<i>Tobramycin (Inhalation Nebulization Solution)</i>	1	B/D,PA; QL
TRIKAFTA (ORAL TABLET THERAPY PACK)	4	PA; QL
TRIKAFTA (ORAL GRANULE THERAPY PACK)	4	PA; QL
Mast Cell Stabilizers		
<i>Cromolyn Sodium (Inhalation Nebulization Solution)</i>	1	B/D,PA
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP (ORAL TABLET)	2	
<i>Roflumilast (Oral Tablet)</i>	1	
<i>Theophylline ER (300MG Oral Tablet Extended Release 12 Hour, 450MG Oral Tablet Extended Release 12 Hour)</i>	1	
<i>Theophylline ER (Oral Tablet Extended Release 24 Hour)</i>	1	
<i>Theophylline (Oral Solution)</i>	1	
Pulmonary Antihypertensives		
ADEMPAS (ORAL TABLET)	4	PA
<i>Alyq (Oral Tablet)</i>	1	PA; QL
<i>Ambrisentan (Oral Tablet)</i>	1	PA; QL
<i>Bosentan (Oral Tablet)</i>	1	PA; QL
OPSUMIT (ORAL TABLET)	4	PA
ORENITRAM MONTH 1 (ORAL TABLET EXTENDED RELEASE THERAPY PACK)	4	PA; QL
ORENITRAM MONTH 2 (ORAL TABLET EXTENDED RELEASE THERAPY PACK)	4	PA; QL
ORENITRAM MONTH 3 (ORAL TABLET EXTENDED RELEASE THERAPY PACK)	4	PA; QL
ORENITRAM (0.125MG ORAL TABLET EXTENDED RELEASE)	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)	4	PA
<i>Sildenafil Citrate (Oral Suspension Reconstituted)</i>	1	PA; QL
<i>Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)</i>	1	PA; QL

Drug name	Drug tier	Coverage rules or limits on use
<i>Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca)</i>	1	PA; QL
TRACLEER (ORAL TABLET SOLUBLE)	4	PA; QL
UPTRAVI (ORAL TABLET)	4	PA; QL
UPTRAVI (ORAL TABLET THERAPY PACK)	4	PA; QL
VENTAVIS (INHALATION SOLUTION)	4	PA; QL
Pulmonary Fibrosis Agents		
ESBRIET (ORAL CAPSULE)	4	PA; QL
ESBRIET (ORAL TABLET)	4	PA; QL
OFEV (ORAL CAPSULE)	4	PA; QL
<i>Pirfenidone (Oral Capsule)</i>	1	PA; QL
<i>Pirfenidone (Oral Tablet)</i>	1	PA; QL
Respiratory Tract Agents, Other		
<i>Acetylcysteine (Inhalation Solution)</i>	1	B/D,PA
ADVAIR HFA (INHALATION AEROSOL)	2	QL
ANORO ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED)	2	QL
BEVESPI AEROSPHERE (INHALATION AEROSOL)	3	
BREO ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED)	2	QL
BREZTRI AEROSPHERE (INHALATION AEROSOL)	2	QL
<i>Budesonide-Formoterol Fumarate (Inhalation Aerosol)</i>	1	QL
COMBIVENT RESPIMAT (INHALATION AEROSOL SOLUTION)	2	QL
DULERA (INHALATION AEROSOL)	2	QL
FASENRA PEN (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	4	PA
<i>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)</i>	1	QL
<i>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)</i>	2	QL
<i>Ipratropium-Albuterol (Inhalation Solution)</i>	1	B/D,PA
NUCALA (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	4	PA; QL
NUCALA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	4	PA; QL
NUCALA (SUBCUTANEOUS SOLUTION RECONSTITUTED)	4	PA; QL
STIOLTO RESPIMAT (INHALATION AEROSOL SOLUTION)	2	QL
SYMBICORT (INHALATION AEROSOL)	2	QL
TRELEGY ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED)	2	QL

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

Drug name	Drug tier	Coverage rules or limits on use
<i>Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)</i>	1	QL
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>Carisoprodol (350MG Oral Tablet)</i>	1	PA; HRM; QL
<i>Chlorzoxazone (500MG Oral Tablet)</i>	1	HRM
<i>Cyclobenzaprine HCl (Oral Tablet)</i>	1	HRM
<i>Methocarbamol (500MG Oral Tablet, 750MG Oral Tablet)</i>	1	HRM
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA (ORAL TABLET)	2	QL
DAYVIGO (ORAL TABLET)	2	QL
<i>Doxepin HCl (Oral Tablet)</i>	1	QL
HETLIOZ LQ (ORAL SUSPENSION)	4	PA; QL
HETLIOZ (ORAL CAPSULE)	4	PA; QL
<i>Ramelteon (Oral Tablet)</i>	1	QL
<i>Tasimelteon (Oral Capsule)</i>	1	PA; QL
<i>Temazepam (Oral Capsule)</i>	1	HRM; QL
<i>Zaleplon (Oral Capsule)</i>	1	HRM; QL
<i>Zolpidem Tartrate (Oral Tablet Immediate Release)</i>	1	HRM; QL
Wakefulness Promoting Agents		
<i>Armodafinil (Oral Tablet)</i>	1	PA; QL
<i>Modafinil (Oral Tablet)</i>	1	PA; QL
<i>Sodium Oxybate (Oral Solution)</i>	4	PA; QL
XYREM (ORAL SOLUTION)	4	PA; QL

Covered drugs with a quantity limit (QL)

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

Your plan will cover only a certain amount of these drugs or will only cover these drugs for a certain number of days. For more information about quantity limits, talk with your doctor or pharmacist. You can also contact us by calling Customer Service toll-free at **1-877-298-2341**, TTY **711**, 8 a.m.-8 p.m. local time, Monday - Friday.

Drugs are listed in alphabetical order in the chart below.

Drug name	Quantity limit
<i>Abacavir Sulfate (Oral Solution)</i>	Maximum of 32 ml per day
<i>Abacavir Sulfate (Oral Tablet)</i>	Maximum of 2 tablets per day
<i>Abacavir Sulfate-Lamivudine (Oral Tablet)</i>	Maximum of 1 tablet per day
ABRYSVO (INTRAMUSCULAR SOLUTION RECONSTITUTED)	1 vaccination dose (0.5 ml) per day
<i>Acetaminophen-Caffeine-Dihydrocodeine (Oral Capsule)</i>	Maximum of 10 capsules per day
<i>Acetaminophen-Codeine (120-12MG/5ML Oral Solution)</i>	Maximum of 150 ml per day
<i>Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)</i>	Maximum of 13 tablets per day
ACTEMRA ACTPEN (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	Maximum of 4 pens (3.6 ml) per 28 days
ACTEMRA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 4 syringes (3.6 ml) per 28 days
ACTHIB (INTRAMUSCULAR SOLUTION RECONSTITUTED)	1 vaccination dose (1 injection) per day
ADACEL (INTRAMUSCULAR SUSPENSION)	1 vaccination dose (0.5 ml) per day
ADVAIR HFA (INHALATION AEROSOL)	Maximum of 1 inhaler (12 grams) per 30 days
AIMOVIG (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	Maximum of 1 pen (1 ml) per 28 days
<i>Albendazole (Oral Tablet)</i>	Maximum of 16 tablets per day
<i>Alendronate Sodium (35MG Oral Tablet)</i>	Maximum of 8 tablets per 28 days
<i>Alendronate Sodium (70MG Oral Tablet)</i>	Maximum of 4 tablets per 28 days
<i>Aliskiren Fumarate (Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Alprazolam ER (0.5MG Oral Tablet Extended Release 24 Hour, 1MG Oral Tablet Extended Release 24 Hour)</i>	Maximum of 1 tablet per day
<i>Alprazolam ER (2MG Oral Tablet Extended Release 24 Hour)</i>	Maximum of 5 tablets per day
<i>Alprazolam ER (3MG Oral Tablet Extended Release 24 Hour)</i>	Maximum of 3 tablets per day
<i>Alprazolam Intensol (Oral Concentrate)</i>	Maximum of 10 ml per day

Drug name	Quantity limit
<i>Alprazolam (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)</i>	Maximum of 4 tablets per day
<i>Alprazolam (2MG Oral Tablet Immediate Release)</i>	Maximum of 5 tablets per day
<i>Alprazolam ODT (0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)</i>	Maximum of 4 tablets per day
<i>Alprazolam ODT (2MG Oral Tablet Dispersible)</i>	Maximum of 5 tablets per day
ALUNBRIG (180MG ORAL TABLET, 90MG ORAL TABLET)	Maximum of 1 tablet per day
ALUNBRIG (30MG ORAL TABLET)	Maximum of 4 tablets per day
ALUNBRIG (ORAL TABLET THERAPY PACK)	Maximum of 2 packs (60 tablets) per year
<i>Alyq (Oral Tablet)</i>	Maximum of 2 tablets per day
<i>Ambrisentan (Oral Tablet)</i>	Maximum of 1 tablet per day
AMITIZA (ORAL CAPSULE)	Maximum of 2 capsules per day
<i>Amlodipine-Atorvastatin (Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Amlodipine-Benazepril (Oral Capsule)</i>	Maximum of 1 capsule per day
<i>Amlodipine-Olmesartan (Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Amlodipine-Valsartan (Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)</i>	Maximum of 2 capsules per day
<i>Amphetamine-Dextroamphetamine (10MG Oral Tablet, 12.5MG Oral Tablet, 15MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)</i>	Maximum of 2 tablets per day
<i>Amphetamine-Dextroamphetamine (20MG Oral Tablet)</i>	Maximum of 3 tablets per day
ANORO ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED)	Maximum of 1 inhaler (60 blisters) per 30 days
<i>Apomorphine HCl (Subcutaneous Solution Cartridge)</i>	Maximum of 2 ml per day
<i>Aprepitant (125MG Oral Capsule)</i>	Maximum of 2 capsules per 28 days
<i>Aprepitant (40MG Oral Capsule, 80MG Oral Capsule)</i>	Maximum of 4 capsules per 28 days
<i>Aprepitant (80 & 125MG Oral Capsule)</i>	Maximum of 6 capsules (2 packs) per 28 days
APTIOM (200MG ORAL TABLET, 400MG ORAL TABLET)	Maximum of 1 tablet per day
APTIOM (600MG ORAL TABLET, 800MG ORAL TABLET)	Maximum of 2 tablets per day
APTIVUS (ORAL CAPSULE)	Maximum of 4 capsules per day
AREXVY (INTRAMUSCULAR SUSPENSION RECONSTITUTED)	1 vaccination dose (0.5 ml) per day
<i>Arformoterol Tartrate (Inhalation Nebulization Solution)</i>	Maximum of 2 vials (4 ml) per day
<i>Aripiprazole (1MG/ML Oral Solution)</i>	Maximum of 25 ml per day
<i>Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)</i>	Maximum of 1 tablet per day

Drug name	Quantity limit
<i>Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)</i>	Maximum of 2 tablets per day
<i>Armodafinil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Armodafinil (50MG Oral Tablet)</i>	Maximum of 2 tablets per day
ARNUITY ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED)	Maximum of 1 inhaler (30 blisters) per 30 days
<i>Asenapine Maleate (Tablet Sublingual)</i>	Maximum of 2 tablets per day
<i>Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)</i>	Maximum of 2 capsules per day
<i>Atazanavir Sulfate (150MG Oral Capsule, 300MG Oral Capsule)</i>	Maximum of 1 capsule per day
<i>Atazanavir Sulfate (200MG Oral Capsule)</i>	Maximum of 2 capsules per day
<i>Atomoxetine HCl (100MG Oral Capsule, 60MG Oral Capsule, 80MG Oral Capsule)</i>	Maximum of 1 capsule per day
<i>Atomoxetine HCl (10MG Oral Capsule, 18MG Oral Capsule, 25MG Oral Capsule, 40MG Oral Capsule)</i>	Maximum of 2 capsules per day
<i>Atorvastatin Calcium (Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Atovaquone (Oral Suspension)</i>	Maximum of 14 ml per day
AUBAGIO (ORAL TABLET)	Maximum of 1 tablet per day
AUSTEDO (ORAL TABLET)	Maximum of 4 tablets per day
AYVAKIT (ORAL TABLET)	Maximum of 1 tablet per day
<i>Azelaic Acid (External Gel)</i>	Maximum of 50 grams per 30 days
BALVERSA (3MG ORAL TABLET)	Maximum of 3 tablets per day
BALVERSA (4MG ORAL TABLET)	Maximum of 2 tablets per day
BALVERSA (5MG ORAL TABLET)	Maximum of 1 tablet per day
BCG VACCINE (INJECTION SOLUTION RECONSTITUTED)	1 vaccination dose (1 vial) per day
BELBUCA (BUCCAL FILM)	Maximum of 2 films per day
BELSOMRA (ORAL TABLET)	Maximum of 1 tablet per day
<i>Benazepril HCl (Oral Tablet)</i>	Maximum of 2 tablets per day
<i>Benazepril-Hydrochlorothiazide (Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Bexarotene (External Gel)</i>	Maximum of 60 grams per 30 days
BEXSERO (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	1 vaccination dose (0.5 ml) per day
BIKTARVY (ORAL TABLET)	Maximum of 1 tablet per day
<i>Bisoprolol-Hydrochlorothiazide (Oral Tablet)</i>	Maximum of 2 tablets per day
BOOSTRIX (INTRAMUSCULAR SUSPENSION)	1 vaccination dose (0.5 ml) per day
BOOSTRIX (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	1 vaccination dose (0.5 ml) per day
<i>Bosentan (Oral Tablet)</i>	Maximum of 2 tablets per day

Drug name	Quantity limit
BREO ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED)	Maximum of 1 inhaler (60 blisters) per 30 days
BREZTRI AEROSPHERE (120 INHALATION AEROSOL)	Maximum of 1 inhaler (10.7 grams) per 30 days
BRILINTA (ORAL TABLET)	Maximum of 2 tablets per day
BRUKINSA (ORAL CAPSULE)	Maximum of 4 capsules per day
<i>Budesonide-Formoterol Fumarate (Inhalation Aerosol)</i>	Maximum of 1 inhaler (10.2 grams) per 30 days
<i>Buprenorphine HCl (Tablet Sublingual)</i>	Maximum of 3 tablets per day
<i>Buprenorphine HCl-Naloxone HCl (12-3MG Sublingual Film)</i>	Maximum of 2 films per day
<i>Buprenorphine HCl-Naloxone HCl (2-0.5MG Sublingual Film, 4-1MG Sublingual Film, 8-2MG Sublingual Film)</i>	Maximum of 3 films per day
<i>Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)</i>	Maximum of 3 tablets per day
<i>Buprenorphine (Transdermal Patch Weekly)</i>	Maximum of 4 patches per 28 days
<i>Butalbital-Acetaminophen-Caffeine (50-325-40MG Oral Capsule)</i>	Maximum of 6 capsules per day
<i>Butalbital-Acetaminophen-Caffeine (50-325-40MG Oral Tablet)</i>	Maximum of 6 tablets per day
<i>Butorphanol Tartrate (Nasal Solution)</i>	Maximum of 2 bottles (5 ml) per 30 days
BYDUREON BCISE (SUBCUTANEOUS AUTO-INJECTOR)	Maximum of 4 pens (3.4 ml) per 28 days
BYETTA 10MCG PEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	Maximum of 1 pen (2.4 ml) per 30 days
BYETTA 5MCG PEN (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	Maximum of 1 pen (1.2 ml) per 30 days
CABLIVI (INJECTION KIT)	Maximum of 1 kit per day
<i>Calcipotriene (External Cream)</i>	Maximum of 120 grams per 30 days
<i>Calcipotriene (External Ointment)</i>	Maximum of 120 grams per 30 days
<i>Calcitonin Salmon (Nasal Solution)</i>	Maximum of 1 bottle per 28 days
CALQUENCE (100MG ORAL CAPSULE)	Maximum of 2 capsules per day
CALQUENCE (ORAL TABLET)	Maximum of 2 tablets per day
<i>Candesartan Cilexetil (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Candesartan Cilexetil (8MG Oral Tablet)</i>	Maximum of 3 tablets per day
<i>Candesartan Cilexetil-HCTZ (Oral Tablet)</i>	Maximum of 1 tablet per day
CAPLYTA (ORAL CAPSULE)	Maximum of 1 capsule per day
<i>Captopril (100MG Oral Tablet)</i>	Maximum of 4 tablets per day
<i>Captopril (12.5MG Oral Tablet, 25MG Oral Tablet)</i>	Maximum of 3 tablets per day
<i>Captopril (50MG Oral Tablet)</i>	Maximum of 9 tablets per day
<i>Carisoprodol (350MG Oral Tablet)</i>	Maximum of 4 tablets per day

Drug name	Quantity limit
<i>Celecoxib (Oral Capsule)</i>	Maximum of 2 capsules per day
<i>Chloroquine Phosphate (Oral Tablet)</i>	Maximum of 2 tablets per day
CIMDUO (ORAL TABLET)	Maximum of 1 tablet per day
CIMZIA (SUBCUTANEOUS KIT)	Maximum of 2 kits per 28 days
CIMZIA PREFILLED (2 X 200MG/ML SUBCUTANEOUS PREFILLED SYRINGE KIT)	Maximum of 2 kits per 28 days
<i>Cinacalcet HCl (30MG Oral Tablet, 60MG Oral Tablet)</i>	Maximum of 2 tablets per day
<i>Cinacalcet HCl (90MG Oral Tablet)</i>	Maximum of 4 tablets per day
<i>Clindacin ETZ (External Swab)</i>	Maximum of 69 pads per 30 days
<i>Clindamycin Phosphate (External Gel)</i>	Maximum of 75 grams per 30 days
<i>Clindamycin Phosphate (External Lotion)</i>	Maximum of 60 ml per 30 days
<i>Clindamycin Phosphate (External Solution)</i>	Maximum of 60 ml per 30 days
<i>Clindamycin Phosphate (External Swab)</i>	Maximum of 69 pads per 30 days
<i>Clobazam (2.5MG/ML Oral Suspension)</i>	Maximum of 16 ml per day
<i>Clobazam (10MG Oral Tablet, 20MG Oral Tablet)</i>	Maximum of 2 tablets per day
<i>Clobetasol Propionate Emulsion (External Foam)</i>	Maximum of 100 grams per 30 days
<i>Clobetasol Propionate (External Lotion)</i>	Maximum of 118 ml per 30 days
<i>Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet)</i>	Maximum of 4 tablets per day
<i>Clonazepam (2MG Oral Tablet)</i>	Maximum of 10 tablets per day
<i>Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)</i>	Maximum of 4 tablets per day
<i>Clonazepam ODT (2MG Oral Tablet Dispersible)</i>	Maximum of 10 tablets per day
<i>Clorazepate Dipotassium (15MG Oral Tablet)</i>	Maximum of 6 tablets per day
<i>Clorazepate Dipotassium (3.75MG Oral Tablet)</i>	Maximum of 24 tablets per day
<i>Clorazepate Dipotassium (7.5MG Oral Tablet)</i>	Maximum of 12 tablets per day
<i>Clotrimazole-Betamethasone (External Cream)</i>	Maximum of 90 grams per 30 days
<i>Clozapine ODT (100MG Oral Tablet Dispersible)</i>	Maximum of 9 tablets per day
<i>Clozapine ODT (12.5MG Oral Tablet Dispersible)</i>	Maximum of 2 tablets per day
<i>Clozapine ODT (150MG Oral Tablet Dispersible)</i>	Maximum of 6 tablets per day
<i>Clozapine ODT (200MG Oral Tablet Dispersible)</i>	Maximum of 4 tablets per day
<i>Clozapine ODT (25MG Oral Tablet Dispersible)</i>	Maximum of 3 tablets per day
CODEINE SULFATE (15MG ORAL TABLET, 60MG ORAL TABLET)	Maximum of 6 tablets per day
<i>Codeine Sulfate (30MG Oral Tablet)</i>	Maximum of 6 tablets per day
COMBIVENT RESPIMAT (INHALATION AEROSOL SOLUTION)	Maximum of 1 inhaler (4 grams) per 20 days
COMPLERA (ORAL TABLET)	Maximum of 1 tablet per day
COPIKTRA (ORAL CAPSULE)	Maximum of 2 capsules per day
CORLANOR (ORAL TABLET)	Maximum of 2 tablets per day

Drug name	Quantity limit
COSENTYX (300MG DOSE) (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 10 syringes (10 ml) per 30 days
COSENTYX SENSOREADY (300MG) (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	Maximum of 10 pens (10 ml) per 30 days
COSENTYX (75MG/0.5ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 20 syringes (10 ml) per 30 days
COSENTYX UNOREADY (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	Maximum of 5 pens (10 ml) per 30 days
<i>Cyclosporine (0.05% Ophthalmic Emulsion)</i>	Maximum of 2 vials per day
CYLTEZO (SUBCUTANEOUS AUTO-INJECTOR KIT)	Maximum of 4 pens per 28 days
CYLTEZO (10MG/0.2ML SUBCUTANEOUS PREFILLED SYRINGE KIT, 20MG/0.4ML SUBCUTANEOUS PREFILLED SYRINGE KIT)	Maximum of 2 syringes per 28 days
CYLTEZO (40MG/0.8ML SUBCUTANEOUS PREFILLED SYRINGE KIT)	Maximum of 4 syringes per 28 days
<i>Dabigatran Etxilate Mesylate (Oral Capsule)</i>	Maximum of 2 capsules per day
<i>Dalfampridine ER (Oral Tablet Extended Release 12 Hour)</i>	Maximum of 2 tablets per day
DAPTACEL (INTRAMUSCULAR SUSPENSION)	1 vaccination dose (0.5 ml) per day
<i>Darunavir (600MG Oral Tablet)</i>	Maximum of 2 tablets per day
<i>Darunavir (800MG Oral Tablet)</i>	Maximum of 1 tablet per day
DAURISMO (100MG ORAL TABLET)	Maximum of 1 tablet per day
DAURISMO (25MG ORAL TABLET)	Maximum of 2 tablets per day
DAYVIGO (ORAL TABLET)	Maximum of 1 tablet per day
DELSTRIGO (ORAL TABLET)	Maximum of 1 tablet per day
DESCOVY (ORAL TABLET)	Maximum of 1 tablet per day
<i>Desonide (External Cream)</i>	Maximum of 60 grams per 30 days
<i>Desonide (External Ointment)</i>	Maximum of 120 grams per 30 days
<i>Desoximetasone (0.25% External Cream)</i>	Maximum of 100 grams per 30 days
DEXILANT (ORAL CAPSULE DELAYED RELEASE)	Maximum of 1 capsule per day
<i>Dexlansoprazole (Oral Capsule Delayed Release)</i>	Maximum of 1 capsule per day
<i>Dexmethylphenidate HCl (Oral Tablet)</i>	Maximum of 2 tablets per day
<i>Dextroamphetamine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour)</i>	Maximum of 6 capsules per day
<i>Dextroamphetamine Sulfate ER (15MG Oral Capsule Extended Release 24 Hour)</i>	Maximum of 4 capsules per day
<i>Dextroamphetamine Sulfate ER (5MG Oral Capsule Extended Release 24 Hour)</i>	Maximum of 3 capsules per day
<i>Dextroamphetamine Sulfate (10MG Oral Tablet, 5MG Oral Tablet)</i>	Maximum of 6 tablets per day

Drug name	Quantity limit
<i>Dextroamphetamine Sulfate (15MG Oral Tablet, 20MG Oral Tablet)</i>	Maximum of 3 tablets per day
<i>Dextroamphetamine Sulfate (30MG Oral Tablet)</i>	Maximum of 2 tablets per day
DIACOMIT (250MG ORAL CAPSULE)	Maximum of 12 capsules per day
DIACOMIT (500MG ORAL CAPSULE)	Maximum of 6 capsules per day
DIACOMIT (250MG ORAL PACKET)	Maximum of 12 packets per day
DIACOMIT (500MG ORAL PACKET)	Maximum of 6 packets per day
<i>Diazepam Intensol (Oral Concentrate)</i>	Maximum of 8 ml per day
<i>Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)</i>	Maximum of 4 tablets per day
<i>Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)</i>	Maximum of 5 packages per 30 days
<i>Diclofenac Sodium (3% External Gel)</i>	Maximum of 100 grams per 30 days
<i>Digoxin (Oral Solution)</i>	Maximum of 5 ml per day
<i>Digoxin (125MCG Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Dihydroergotamine Mesylate (Nasal Solution)</i>	Maximum of 16 vials (16 ml) per 28 days
<i>Dimethyl Fumarate (120MG Oral Capsule Delayed Release)</i>	Maximum of 2 capsules per day
<i>Dimethyl Fumarate (240MG Oral Capsule Delayed Release)</i>	Maximum of 2 capsules per day
<i>Dimethyl Fumarate Starter Pack (Oral Capsule Delayed Release Therapy Pack)</i>	Maximum of 2 packs (120 capsules) per year
DIPHThERIA-TETANUS TOXOIDS DT (25-5LFU/0.5ML INTRAMUSCULAR SUSPENSION)	1 vaccination dose (0.5 ml) per day
<i>Dofetilide (125MCG Oral Capsule)</i>	Maximum of 6 capsules per day
<i>Dofetilide (250MCG Oral Capsule, 500MCG Oral Capsule)</i>	Maximum of 2 capsules per day
<i>Donepezil HCl (10MG Oral Tablet)</i>	Maximum of 2 tablets per day
<i>Donepezil HCl (5MG Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Donepezil HCl ODT (10MG Oral Tablet Dispersible)</i>	Maximum of 2 tablets per day
<i>Donepezil HCl ODT (5MG Oral Tablet Dispersible)</i>	Maximum of 1 tablet per day
<i>Dotti (Transdermal Patch Twice Weekly)</i>	Maximum of 8 patches per 28 days
DOVATO (ORAL TABLET)	Maximum of 1 tablet per day
<i>Doxepin HCl (Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Droxidopa (100MG Oral Capsule)</i>	Maximum of 3 capsules per day
<i>Droxidopa (200MG Oral Capsule, 300MG Oral Capsule)</i>	Maximum of 6 capsules per day
DULERA (120 INHALATION AEROSOL)	Maximum of 1 inhaler (13 grams) per 30 days
<i>Duloxetine HCl (20MG Oral Capsule Delayed Release Particles)</i>	Maximum of 4 capsules per day
<i>Duloxetine HCl (30MG Oral Capsule Delayed Release Particles)</i>	Maximum of 3 capsules per day

Drug name	Quantity limit
<i>Duloxetine HCl (40MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)</i>	Maximum of 2 capsules per day
DUPIXENT (200MG/1.14ML SUBCUTANEOUS SOLUTION PEN-INJECTOR)	Maximum of 4 pens (4.56 ml) per 28 days
DUPIXENT (300MG/2ML SUBCUTANEOUS SOLUTION PEN-INJECTOR)	Maximum of 4 pens (8 ml) per 28 days
DUPIXENT (100MG/0.67ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 2 syringes (1.34 ml) per 28 days
DUPIXENT (200MG/1.14ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 4 syringes (4.56 ml) per 28 days
DUPIXENT (300MG/2ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 4 syringes (8 ml) per 28 days
<i>Econazole Nitrate (External Cream)</i>	Maximum of 90 grams per 30 days
EDARBI (ORAL TABLET)	Maximum of 1 tablet per day
EDARBYCLOR (ORAL TABLET)	Maximum of 1 tablet per day
EDURANT (ORAL TABLET)	Maximum of 1 tablet per day
<i>Efavirenz (Oral Capsule)</i>	Maximum of 3 capsules per day
<i>Efavirenz (Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Efavirenz-Lamivudine-Tenofovir (Oral Tablet)</i>	Maximum of 1 tablet per day
ELIQUIS (ORAL TABLET)	Maximum of 2 tablets per day
ELIQUIS STARTER PACK (ORAL TABLET)	Maximum of 2 packs (148 tablets) per year
EMGALITY (300MG DOSE) (100MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 3 syringes or pens (3 ml) per 28 days
EMGALITY (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	Maximum of 2 syringes or pens (2 ml) per 28 days
EMGALITY (120MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 2 syringes or pens (2 ml) per 28 days
EMSAM (TRANSDERMAL PATCH 24 HOUR)	Maximum of 1 patch per day
<i>Emtricitabine (Oral Capsule)</i>	Maximum of 1 capsule per day
<i>Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet)</i>	Maximum of 1 tablet per day
EMTRIVA (ORAL SOLUTION)	Maximum of 5 bottles (850 ml) per 30 days
<i>Enalapril Maleate (Oral Tablet)</i>	Maximum of 2 tablets per day
<i>Enalapril-Hydrochlorothiazide (10-25MG Oral Tablet)</i>	Maximum of 2 tablets per day
<i>Enalapril-Hydrochlorothiazide (5-12.5MG Oral Tablet)</i>	Maximum of 1 tablet per day
ENBREL MINI (SUBCUTANEOUS SOLUTION CARTRIDGE)	Maximum of 8 cartridges per 28 days
ENBREL (SUBCUTANEOUS SOLUTION)	Maximum of 8 vials (4 ml) per 28 days
ENBREL (25MG/0.5ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 8 syringes (4 ml) per 28 days

Drug name	Quantity limit
ENBREL (50MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 8 syringes (8 ml) per 28 days
ENBREL SURECLICK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	Maximum of 8 pens per 28 days
<i>Endocet (Oral Tablet)</i>	Maximum of 12 tablets per day
ENGERIX-B (INJECTION SUSPENSION)	1 vaccination dose (1 ml) per day
ENGERIX-B (10MCG/0.5ML INJECTION SUSPENSION PREFILLED SYRINGE)	1 vaccination dose (0.5 ml) per day
ENGERIX-B (20MCG/ML INJECTION SUSPENSION PREFILLED SYRINGE)	1 vaccination dose (1 ml) per day
<i>Enoxaparin Sodium (100MG/ML Injection Solution Prefilled Syringe, 150MG/ML Injection Solution Prefilled Syringe)</i>	Maximum of 2 syringes (2 ml) per day
<i>Enoxaparin Sodium (120MG/0.8ML Injection Solution Prefilled Syringe, 80MG/0.8ML Injection Solution Prefilled Syringe)</i>	Maximum of 2 syringes (1.6 ml) per day
<i>Enoxaparin Sodium (30MG/0.3ML Injection Solution Prefilled Syringe)</i>	Maximum of 2 syringes (0.6 ml) per day
<i>Enoxaparin Sodium (40MG/0.4ML Injection Solution Prefilled Syringe)</i>	Maximum of 2 syringes (0.8 ml) per day
<i>Enoxaparin Sodium (60MG/0.6ML Injection Solution Prefilled Syringe)</i>	Maximum of 2 syringes (1.2 ml) per day
ENTRESTO (ORAL TABLET)	Maximum of 2 tablets per day
EPCLUSA (ORAL PACKET)	Maximum of 1 carton (28 packets) per 28 days
EPCLUSA (ORAL TABLET)	Maximum of 1 tablet per day
<i>Epinephrine (Injection Solution Auto-Injector)</i>	Maximum of 4 pens (2 boxes) per 30 days
ESBRIET (ORAL CAPSULE)	Maximum of 9 capsules per day
ESBRIET (267MG ORAL TABLET)	Maximum of 6 tablets per day
ESBRIET (801MG ORAL TABLET)	Maximum of 3 tablets per day
<i>Esomeprazole Magnesium (20MG Oral Capsule Delayed Release) (Generic Nexium)</i>	Maximum of 3 capsules per day
<i>Esomeprazole Magnesium (40MG Oral Capsule Delayed Release) (Generic Nexium)</i>	Maximum of 2 capsules per day
<i>Estradiol (Transdermal Patch Twice Weekly)</i>	Maximum of 8 patches per 28 days
<i>Estradiol (Transdermal Patch Weekly)</i>	Maximum of 4 patches per 28 days
<i>Etravirine (Oral Tablet)</i>	Maximum of 2 tablets per day
EVOTAZ (ORAL TABLET)	Maximum of 1 tablet per day
EXKIVITY (ORAL CAPSULE)	Maximum of 4 capsules per day
<i>Ezetimibe-Simvastatin (Oral Tablet)</i>	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)	Maximum of 2 tablets per day

Drug name	Quantity limit
FANAPT TITRATION PACK (ORAL TABLET)	Maximum of 2 packs per year
FARXIGA (ORAL TABLET)	Maximum of 1 tablet per day
<i>Fentanyl Citrate (Buccal Lozenge On A Handle)</i>	Maximum of 4 lozenges per day
<i>Fentanyl (Transdermal Patch 72 Hour)</i>	Maximum of 15 patches per 30 days
<i>Fesoterodine Fumarate ER (Oral Tablet Extended Release 24 Hour)</i>	Maximum of 1 tablet per day
FETZIMA (ORAL CAPSULE EXTENDED RELEASE 24 HOUR)	Maximum of 1 capsule per day
FETZIMA TITRATION (ORAL CAPSULE ER 24 HOUR THERAPY PACK)	Maximum of 2 packs (56 capsules) per year
<i>Fingolimod HCl (Oral Capsule)</i>	Maximum of 1 capsule per day
FINTEPLA (ORAL SOLUTION)	Maximum of 12 ml per day
FIRDAPSE (ORAL TABLET)	Maximum of 8 tablets per day
FLOVENT DISKUS (INHALATION AEROSOL POWDER BREATH ACTIVATED)	Maximum of 2 inhalers (120 blisters) per 30 days
FLOVENT HFA (110MCG/ACT INHALATION AEROSOL)	Maximum of 1 inhaler (12 grams) per 30 days
FLOVENT HFA (220MCG/ACT INHALATION AEROSOL)	Maximum of 2 inhalers (24 grams) per 30 days
FLOVENT HFA (44MCG/ACT INHALATION AEROSOL)	Maximum of 1 inhaler (10.6 grams) per 30 days
<i>Fluocinonide Emulsified Base (External Cream)</i>	Maximum of 60 grams per 30 days
<i>Fluocinonide (0.05% External Cream)</i>	Maximum of 60 grams per 30 days
<i>Fluocinonide (External Gel)</i>	Maximum of 60 grams per 30 days
<i>Fluocinonide (External Ointment)</i>	Maximum of 60 grams per 30 days
<i>Fluocinonide (External Solution)</i>	Maximum of 60 ml per 30 days
<i>Fluorouracil (5% External Cream)</i>	Maximum of 40 grams per 30 days
<i>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)</i>	Maximum of 1 inhaler (60 blisters) per 30 days
<i>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)</i>	Maximum of 1 inhaler per 30 days
<i>Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)</i>	Maximum of 1 tablet per day
<i>Fluvastatin Sodium (20MG Oral Capsule)</i>	Maximum of 1 capsule per day
<i>Fluvastatin Sodium (40MG Oral Capsule)</i>	Maximum of 2 capsules per day
<i>Formoterol Fumarate (Inhalation Nebulization Solution)</i>	Maximum of 2 vials (4 ml) per day
<i>Fosamprenavir Calcium (Oral Tablet)</i>	Maximum of 4 tablets per day
<i>Fosinopril Sodium (Oral Tablet)</i>	Maximum of 2 tablets per day

Drug name	Quantity limit
<i>Fosinopril Sodium-HCTZ (Oral Tablet)</i>	Maximum of 4 tablets per day
FOTIVDA (ORAL CAPSULE)	Maximum of 21 capsules per 28 days
FUZEON (SUBCUTANEOUS SOLUTION RECONSTITUTED)	Maximum of 2 vials per day
FYCOMPA (ORAL SUSPENSION)	Maximum of 24 ml per day
FYCOMPA (ORAL TABLET)	Maximum of 1 tablet per day
GARDASIL 9 (INTRAMUSCULAR SUSPENSION)	1 vaccination dose (0.5 ml) per day
GARDASIL 9 (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	1 vaccination dose (0.5 ml) per day
GAVRETO (ORAL CAPSULE)	Maximum of 4 capsules per day
GENVOYA (ORAL TABLET)	Maximum of 1 tablet per day
GILENYA (ORAL CAPSULE)	Maximum of 1 capsule per day
<i>Glatiramer Acetate (20MG/ML Subcutaneous Solution Prefilled Syringe)</i>	Maximum of 1 syringe (1 ml) per day
<i>Glatiramer Acetate (40MG/ML Subcutaneous Solution Prefilled Syringe)</i>	Maximum of 12 syringes (12 ml) per 28 days
<i>Glatopa (20MG/ML Subcutaneous Solution Prefilled Syringe)</i>	Maximum of 1 syringe (1 ml) per day
<i>Glatopa (40MG/ML Subcutaneous Solution Prefilled Syringe)</i>	Maximum of 12 syringes (12 ml) per 28 days
<i>Glimepiride (1MG Oral Tablet)</i>	Maximum of 8 tablets per day
<i>Glimepiride (2MG Oral Tablet)</i>	Maximum of 4 tablets per day
<i>Glimepiride (4MG Oral Tablet)</i>	Maximum of 2 tablets per day
<i>Glipizide ER (10MG Oral Tablet Extended Release 24 Hour)</i>	Maximum of 2 tablets per day
<i>Glipizide ER (2.5MG Oral Tablet Extended Release 24 Hour)</i>	Maximum of 8 tablets per day
<i>Glipizide ER (5MG Oral Tablet Extended Release 24 Hour)</i>	Maximum of 4 tablets per day
<i>Glipizide (10MG Oral Tablet Immediate Release)</i>	Maximum of 4 tablets per day
<i>Glipizide (5MG Oral Tablet Immediate Release)</i>	Maximum of 8 tablets per day
<i>Glipizide-Metformin HCl (2.5-250MG Oral Tablet)</i>	Maximum of 8 tablets per day
<i>Glipizide-Metformin HCl (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)</i>	Maximum of 4 tablets per day
<i>Glyburide Micronized (1.5MG Oral Tablet)</i>	Maximum of 8 tablets per day
<i>Glyburide Micronized (3MG Oral Tablet)</i>	Maximum of 4 tablets per day
<i>Glyburide Micronized (6MG Oral Tablet)</i>	Maximum of 2 tablets per day
<i>Glyburide (1.25MG Oral Tablet)</i>	Maximum of 16 tablets per day
<i>Glyburide (2.5MG Oral Tablet)</i>	Maximum of 8 tablets per day
<i>Glyburide (5MG Oral Tablet)</i>	Maximum of 4 tablets per day
<i>Glyburide-Metformin (1.25-250MG Oral Tablet)</i>	Maximum of 8 tablets per day
<i>Glyburide-Metformin (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)</i>	Maximum of 4 tablets per day

Drug name	Quantity limit
GLYXAMBI (ORAL TABLET)	Maximum of 1 tablet per day
<i>Granisetron HCl (Oral Tablet)</i>	Maximum of 2 tablets per day
<i>Guanfacine HCl (Oral Tablet Immediate Release)</i>	Maximum of 2 tablets per day
HARVONI (ORAL PACKET)	Maximum of 1 carton (28 packets) per 28 days
HARVONI (90-400MG ORAL TABLET)	Maximum of 1 tablet per day
HAVRIX (1440EL U/ML INTRAMUSCULAR SUSPENSION)	Maximum of 2 vaccines per lifetime
HAVRIX (720EL U/0.5ML INTRAMUSCULAR SUSPENSION)	Maximum of 2 vaccines per lifetime
HEPLISAV-B (INTRAMUSCULAR SOLUTION PREFILLED SYRINGE)	1 vaccination dose (0.5 ml) per day
HETLIOZ LQ (ORAL SUSPENSION)	Maximum of 158 ml per 30 days
HETLIOZ (ORAL CAPSULE)	Maximum of 1 capsule per day
HIBERIX (INJECTION SOLUTION RECONSTITUTED)	1 vaccination dose (1 injection) per day
HUMIRA PEDIATRIC CROHNS START (80MG/0.8ML & 40MG/0.4ML SUBCUTANEOUS PREFILLED SYRINGE KIT)	Maximum of 2 kits per year
HUMIRA PEDIATRIC CROHNS START (80MG/0.8ML SUBCUTANEOUS PREFILLED SYRINGE KIT)	Maximum of 2 kits per year
HUMIRA PEN (40MG/0.4ML SUBCUTANEOUS PEN-INJECTOR KIT)	Maximum of 2 kits (4 pens) per 28 days
HUMIRA PEN (40MG/0.8ML SUBCUTANEOUS PEN-INJECTOR KIT, 80MG/0.8ML SUBCUTANEOUS PEN-INJECTOR KIT)	Maximum of 1 kit (2 pens) per 28 days
HUMIRA PEN PSORIASIS STARTER (80MG/0.8ML AND 40MG/0.4ML SUBCUTANEOUS PEN-INJECTOR KIT)	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)	Maximum of 1 kit (2 syringes) per 28 days
HUMIRA (40MG/0.4ML SUBCUTANEOUS PREFILLED SYRINGE KIT)	Maximum of 2 kits (4 syringes) per 28 days
<i>Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)</i>	Maximum of 180 ml per day
<i>Hydrocodone-Acetaminophen (10-300MG Oral Tablet, 5-300MG Oral Tablet, 7.5-300MG Oral Tablet)</i>	Maximum of 13 tablets per day
<i>Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)</i>	Maximum of 12 tablets per day
<i>Hydrocodone-Ibuprofen (Oral Tablet)</i>	Maximum of 5 tablets per day
<i>Hydromorphone HCl ER (Oral Tablet Extended Release 24 Hour)</i>	Maximum of 2 tablets per day
<i>Hydromorphone HCl (1MG/ML Oral Liquid)</i>	Maximum of 50 ml per day

Drug name	Quantity limit
<i>Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release)</i>	Maximum of 8 tablets per day
<i>Hydromorphone HCl (8MG Oral Tablet Immediate Release)</i>	Maximum of 6 tablets per day
<i>Hydroxychloroquine Sulfate (100MG Oral Tablet, 300MG Oral Tablet)</i>	Maximum of 2 tablets per day
<i>Hydroxychloroquine Sulfate (200MG Oral Tablet)</i>	Maximum of 3 tablets per day
<i>Hydroxychloroquine Sulfate (400MG Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Ibandronate Sodium (Oral Tablet)</i>	Maximum of 1 tablet per 28 days
<i>Icatibant Acetate (Subcutaneous Solution Prefilled Syringe)</i>	Maximum of 6 syringes (18 ml) per 30 days
ICLUSIG (ORAL TABLET)	Maximum of 1 tablet per day
IDHIFA (ORAL TABLET)	Maximum of 1 tablet per day
IMBRUVICA (140MG ORAL CAPSULE)	Maximum of 4 capsules per day
IMBRUVICA (70MG ORAL CAPSULE)	Maximum of 1 capsule per day
IMBRUVICA (ORAL SUSPENSION)	Maximum of 8 ml per day
IMBRUVICA (140MG ORAL TABLET, 280MG ORAL TABLET, 420MG ORAL TABLET)	Maximum of 1 tablet per day
<i>Imiquimod (5% External Cream)</i>	Maximum of 24 packets per 30 days
IMOVAX RABIES (INTRAMUSCULAR SUSPENSION RECONSTITUTED)	1 vaccination dose (1 injection) per day
INCRUSE ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED)	Maximum of 1 inhaler (30 blisters) per 30 days
INFANRIX (INTRAMUSCULAR SUSPENSION)	1 vaccination dose (0.5 ml) per day
INLYTA (ORAL TABLET)	Maximum of 4 tablets per day
INQOVI (ORAL TABLET)	Maximum of 1 pack (5 tablets) per 28 days
INREBIC (ORAL CAPSULE)	Maximum of 4 capsules per day
INTELENCE (25MG ORAL TABLET)	Maximum of 4 tablets per day
INVOKAMET (ORAL TABLET IMMEDIATE RELEASE)	Maximum of 2 tablets per day
INVOKAMET XR (ORAL TABLET EXTENDED RELEASE 24 HOUR)	Maximum of 2 tablets per day
INVOKANA (ORAL TABLET)	Maximum of 1 tablet per day
IPOL (INJECTION)	1 vaccination dose (0.5 ml) per day
<i>Irbesartan (150MG Oral Tablet, 300MG Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Irbesartan (75MG Oral Tablet)</i>	Maximum of 3 tablets per day
<i>Irbesartan-Hydrochlorothiazide (Oral Tablet)</i>	Maximum of 1 tablet per day
ISENTRESS HD (ORAL TABLET)	Maximum of 2 tablets per day
ISENTRESS (ORAL PACKET)	Maximum of 2 packets per day
ISENTRESS (ORAL TABLET)	Maximum of 2 tablets per day

Drug name	Quantity limit
ISENTRESS (ORAL TABLET CHEWABLE)	Maximum of 6 tablets per day
IXIARO (INTRAMUSCULAR SUSPENSION)	1 vaccination dose (0.5 ml) per day
JANUMET (ORAL TABLET IMMEDIATE RELEASE)	Maximum of 2 tablets per day
JANUMET XR (100-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR, 50-500MG ORAL TABLET EXTENDED RELEASE 24 HOUR)	Maximum of 1 tablet per day
JANUMET XR (50-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR)	Maximum of 2 tablets per day
JANUVIA (ORAL TABLET)	Maximum of 1 tablet per day
JARDIANCE (ORAL TABLET)	Maximum of 1 tablet per day
JAYPIRCA (100MG ORAL TABLET)	Maximum of 3 tablets per day
JAYPIRCA (50MG ORAL TABLET)	Maximum of 1 tablet per day
JENTADUETO (2.5-1000MG ORAL TABLET, 2.5-500MG ORAL TABLET)	Maximum of 2 tablets per day
JENTADUETO XR (2.5-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR)	Maximum of 2 tablets per day
JENTADUETO XR (5-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR)	Maximum of 1 tablet per day
JULUCA (ORAL TABLET)	Maximum of 1 tablet per day
JYNNEOS (SUBCUTANEOUS SUSPENSION)	1 vaccination dose (0.5 ml) per day
KERENDIA (ORAL TABLET)	Maximum of 1 tablet per day
<i>Ketoconazole (External Cream)</i>	Maximum of 90 grams per 30 days
KEVZARA (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	Maximum of 2 pens (2.28 ml) per 28 days
KEVZARA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 2 syringes (2.28 ml) per 28 days
KINRIX (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	1 vaccination dose (0.5 ml) per day
KOMBIGLYZE XR (2.5-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR)	Maximum of 2 tablets per day
KOMBIGLYZE XR (5-1000MG ORAL TABLET EXTENDED RELEASE 24 HOUR, 5-500MG ORAL TABLET EXTENDED RELEASE 24 HOUR)	Maximum of 1 tablet per day
KORLYM (ORAL TABLET)	Maximum of 4 tablets per day
KOSELUGO (10MG ORAL CAPSULE)	Maximum of 8 capsules per day
KOSELUGO (25MG ORAL CAPSULE)	Maximum of 4 capsules per day
KRAZATI (ORAL TABLET)	Maximum of 6 tablets per day
<i>Lacosamide (Oral Solution)</i>	Maximum of 40 ml per day
<i>Lacosamide (Oral Tablet)</i>	Maximum of 2 tablets per day
<i>Lamivudine (10MG/ML Oral Solution)</i>	Maximum of 32 ml per day
<i>Lamivudine (150MG Oral Tablet)</i>	Maximum of 2 tablets per day

Drug name	Quantity limit
<i>Lamivudine (300MG Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Lamivudine-Zidovudine (Oral Tablet)</i>	Maximum of 2 tablets per day
<i>Lansoprazole (Oral Capsule Delayed Release)</i>	Maximum of 2 capsules per day
LATUDA (120MG ORAL TABLET, 20MG ORAL TABLET, 40MG ORAL TABLET, 60MG ORAL TABLET)	Maximum of 1 tablet per day
LATUDA (80MG ORAL TABLET)	Maximum of 2 tablets per day
<i>Ledipasvir-Sofosbuvir (Oral Tablet)</i>	Maximum of 1 tablet per day
LEXIVA (ORAL SUSPENSION)	Maximum of 60 ml per day
<i>Lidocaine (5% External Patch)</i>	Maximum of 3 patches per day
<i>Linezolid (Oral Suspension Reconstituted)</i>	Maximum of 60 ml per day
<i>Linezolid (Oral Tablet)</i>	Maximum of 2 tablets per day
LINZESS (ORAL CAPSULE)	Maximum of 1 capsule per day
<i>Lisinopril (Oral Tablet)</i>	Maximum of 2 tablets per day
<i>Lisinopril-Hydrochlorothiazide (10-12.5MG Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Lisinopril-Hydrochlorothiazide (20-12.5MG Oral Tablet)</i>	Maximum of 4 tablets per day
<i>Lisinopril-Hydrochlorothiazide (20-25MG Oral Tablet)</i>	Maximum of 2 tablets per day
LIVALO (ORAL TABLET)	Maximum of 1 tablet per day
LOKELMA (ORAL PACKET)	Maximum of 90 packets per 30 days
<i>Lopinavir-Ritonavir (Oral Solution)</i>	Maximum of 3 bottles (480 ml) per 30 days
<i>Lopinavir-Ritonavir (100-25MG Oral Tablet)</i>	Maximum of 8 tablets per day
<i>Lopinavir-Ritonavir (200-50MG Oral Tablet)</i>	Maximum of 4 tablets per day
<i>Lorazepam Intensol (Oral Concentrate)</i>	Maximum of 5 ml per day
<i>Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet)</i>	Maximum of 4 tablets per day
<i>Lorazepam (2MG Oral Tablet)</i>	Maximum of 5 tablets per day
LORBRENA (100MG ORAL TABLET)	Maximum of 1 tablet per day
LORBRENA (25MG ORAL TABLET)	Maximum of 3 tablets per day
<i>Losartan Potassium (100MG Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Losartan Potassium (25MG Oral Tablet, 50MG Oral Tablet)</i>	Maximum of 2 tablets per day
<i>Losartan Potassium-HCTZ (100-12.5MG Oral Tablet, 100-25MG Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Losartan Potassium-HCTZ (50-12.5MG Oral Tablet)</i>	Maximum of 2 tablets per day
<i>Lovastatin (10MG Oral Tablet, 20MG Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Lovastatin (40MG Oral Tablet)</i>	Maximum of 2 tablets per day
<i>Lubiprostone (Oral Capsule)</i>	Maximum of 2 capsules per day
LUMAKRAS (120MG ORAL TABLET)	Maximum of 8 tablets per day
LUMAKRAS (320MG ORAL TABLET)	Maximum of 3 tablets per day
LUPRON DEPOT-PED (6-MONTH) (INTRAMUSCULAR KIT)	Maximum of 1 kit per 168 days

Drug name	Quantity limit
<i>Lurasidone HCl (120MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 60MG Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Lurasidone HCl (80MG Oral Tablet)</i>	Maximum of 2 tablets per day
LYBALVI (ORAL TABLET)	Maximum of 1 tablet per day
<i>Lyllana (Transdermal Patch Twice Weekly)</i>	Maximum of 8 patches per 28 days
LYTGOBI (12MG DAILY DOSE) (ORAL TABLET THERAPY PACK)	Maximum of 4 packs (84 tablets) per 28 days
LYTGOBI (16MG DAILY DOSE) (ORAL TABLET THERAPY PACK)	Maximum of 4 packs (112 tablets) per 28 days
LYTGOBI (20MG DAILY DOSE) (ORAL TABLET THERAPY PACK)	Maximum of 4 packs (140 tablets) per 28 days
<i>Maraviroc (150MG Oral Tablet)</i>	Maximum of 2 tablets per day
<i>Maraviroc (300MG Oral Tablet)</i>	Maximum of 4 tablets per day
MAVYRET (ORAL PACKET)	Maximum of 5 cartons (140 packets) per 28 days
MAVYRET (ORAL TABLET)	Maximum of 3 tablets per day
MAYZENT (0.25MG ORAL TABLET)	Maximum of 4 tablets per day
MAYZENT (1MG ORAL TABLET, 2MG ORAL TABLET)	Maximum of 1 tablet per day
MAYZENT STARTER PACK (12 X 0.25MG ORAL TABLET THERAPY PACK)	Maximum of 2 packs (24 tablets) per year
MAYZENT STARTER PACK (7 X 0.25MG ORAL TABLET THERAPY PACK)	Maximum of 2 packs (14 tablets) per year
<i>Memantine HCl ER (Oral Capsule Extended Release 24 Hour)</i>	Maximum of 1 capsule per day
<i>Memantine HCl (Oral Solution)</i>	Maximum of 10 ml per day
<i>Memantine HCl (10MG Oral Tablet)</i>	Maximum of 2 tablets per day
<i>Memantine HCl Titration Pak (Oral Tablet)</i>	Maximum of 2 packs per year
<i>Memantine HCl (5MG Oral Tablet)</i>	Maximum of 3 tablets per day
MENACTRA (INTRAMUSCULAR SOLUTION)	1 vaccination dose (0.5 ml) per day
MENQUADFI (INTRAMUSCULAR SOLUTION)	1 vaccination dose (0.5 ml) per day
MENVEO (INTRAMUSCULAR SOLUTION RECONSTITUTED)	1 vaccination dose (1 injection) per day
<i>Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)</i>	Maximum of 4 capsules per day
<i>Mesalamine (Rectal Suppository)</i>	Maximum of 1 suppository per day
<i>Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)</i>	Maximum of 4 tablets per day
<i>Metformin HCl ER (750MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)</i>	Maximum of 2 tablets per day
<i>Metformin HCl (500MG/5ML Oral Solution)</i>	Maximum of 25.5 ml per day
<i>Metformin HCl (1000MG Oral Tablet Immediate Release)</i>	Maximum of 2.5 tablets per day

Drug name	Quantity limit
<i>Metformin HCl (500MG Oral Tablet Immediate Release)</i>	Maximum of 5 tablets per day
<i>Metformin HCl (850MG Oral Tablet Immediate Release)</i>	Maximum of 3 tablets per day
<i>Methadone HCl (10MG/5ML Oral Solution)</i>	Maximum of 60 ml per day
<i>Methadone HCl (5MG/5ML Oral Solution)</i>	Maximum of 120 ml per day
<i>Methadone HCl (10MG Oral Tablet)</i>	Maximum of 12 tablets per day
<i>Methadone HCl (5MG Oral Tablet)</i>	Maximum of 8 tablets per day
<i>Methylphenidate HCl CD (Oral Capsule Extended Release) (Generic Metadate CD)</i>	Maximum of 1 capsule per day
<i>Methylphenidate HCl LA (Oral Capsule Extended Release 24 Hour) (Generic Ritalin LA)</i>	Maximum of 1 capsule per day
<i>Methylphenidate HCl ER Osmotic Release (18MG Oral Tablet Extended Release) (Generic Concerta)</i>	Maximum of 3 tablets per day
<i>Methylphenidate HCl ER Osmotic Release (27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release) (Generic Concerta)</i>	Maximum of 2 tablets per day
<i>Methylphenidate HCl ER Osmotic Release (54MG Oral Tablet Extended Release, 72MG Oral Tablet Extended Release) (Generic Concerta)</i>	Maximum of 1 tablet per day
<i>Methylphenidate HCl ER (XR) (Oral Capsule Extended Release 24 Hour) (Brand Equivalent Aptensio XR)</i>	Maximum of 1 capsule per day
<i>Methylphenidate HCl ER (10MG Oral Tablet Extended Release)</i>	Maximum of 4 tablets per day
<i>Methylphenidate HCl ER (20MG Oral Tablet Extended Release)</i>	Maximum of 3 tablets per day
<i>Methylphenidate HCl ER (18MG Oral Tablet Extended Release 24 Hour)</i>	Maximum of 3 tablets per day
<i>Methylphenidate HCl ER (27MG Oral Tablet Extended Release 24 Hour, 36MG Oral Tablet Extended Release 24 Hour)</i>	Maximum of 2 tablets per day
<i>Methylphenidate HCl ER (54MG Oral Tablet Extended Release 24 Hour)</i>	Maximum of 1 tablet per day
<i>Methylphenidate HCl (10MG/5ML Oral Solution)</i>	Maximum of 30 ml per day
<i>Methylphenidate HCl (5MG/5ML Oral Solution)</i>	Maximum of 60 ml per day
<i>Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)</i>	Maximum of 3 tablets per day
<i>Methylphenidate HCl (10MG Oral Tablet Chewable)</i>	Maximum of 6 tablets per day
<i>Methylphenidate HCl (2.5MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)</i>	Maximum of 3 tablets per day
M-M-R II (INJECTION SOLUTION RECONSTITUTED)	1 vaccination dose (1 injection) per day
<i>Modafinil (100MG Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Modafinil (200MG Oral Tablet)</i>	Maximum of 2 tablets per day
<i>Moexipril HCl (Oral Tablet)</i>	Maximum of 2 tablets per day
<i>Montelukast Sodium (Oral Packet)</i>	Maximum of 1 packet per day

Drug name	Quantity limit
<i>Montelukast Sodium (Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Montelukast Sodium (Oral Tablet Chewable)</i>	Maximum of 1 tablet per day
<i>Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)</i>	Maximum of 10 ml per day
<i>Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release) (Generic MS Contin)</i>	Maximum of 3 tablets per day
<i>Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)</i>	Maximum of 2 tablets per day
<i>Morphine Sulfate ER (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)</i>	Maximum of 4 tablets per day
MORPHINE SULFATE (10MG/5ML ORAL SOLUTION)	Maximum of 100 ml per day
MORPHINE SULFATE (20MG/5ML ORAL SOLUTION)	Maximum of 50 ml per day
<i>Morphine Sulfate (15MG Oral Tablet Immediate Release)</i>	Maximum of 8 tablets per day
<i>Morphine Sulfate (30MG Oral Tablet Immediate Release)</i>	Maximum of 6 tablets per day
MOUNJARO (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	Maximum of 4 pens (2 ml) per 28 days
MOVANTI (ORAL TABLET)	Maximum of 1 tablet per day
<i>Mupirocin (External Ointment)</i>	Maximum of 110 grams per 30 days
NAMZARIC (ORAL CAPSULE ER 24 HOUR THERAPY PACK)	Maximum of 1 capsule per day
NAMZARIC (ORAL CAPSULE EXTENDED RELEASE 24 HOUR)	Maximum of 1 capsule per day
<i>Naratriptan HCl (Oral Tablet)</i>	Maximum of 12 tablets per 30 days
<i>Nateglinide (120MG Oral Tablet)</i>	Maximum of 3 tablets per day
<i>Nateglinide (60MG Oral Tablet)</i>	Maximum of 6 tablets per day
NAYZILAM (NASAL SOLUTION)	Maximum of 10 devices per 30 days
<i>Nebivolol HCl (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Nebivolol HCl (20MG Oral Tablet)</i>	Maximum of 2 tablets per day
NERLYNX (ORAL TABLET)	Maximum of 6 tablets per day
<i>Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour)</i>	Maximum of 1 tablet per day
<i>Nevirapine (Oral Suspension)</i>	Maximum of 40 ml per day
<i>Nevirapine (Oral Tablet Immediate Release)</i>	Maximum of 2 tablets per day
NEXLETOL (ORAL TABLET)	Maximum of 1 tablet per day
NEXLIZET (ORAL TABLET)	Maximum of 1 tablet per day
NORVIR (ORAL PACKET)	Maximum of 12 packets per day
NOXAFIL (ORAL PACKET)	Maximum of 2 packets per day
NOXAFIL (ORAL SUSPENSION)	Maximum of 20 ml per day
NUCALA (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	Maximum of 3 ml per 28 days

Drug name	Quantity limit
NUCALA (100MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 3 ml per 28 days
NUCALA (40MG/0.4ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 0.4 ml per 28 days
NUCALA (SUBCUTANEOUS SOLUTION RECONSTITUTED)	Maximum of 3 vials per 28 days
NUCYNTA ER (ORAL TABLET EXTENDED RELEASE 12 HOUR)	Maximum of 2 tablets per day
NUCYNTA (ORAL TABLET IMMEDIATE RELEASE)	Maximum of 6 tablets per day
NUEDEXTA (ORAL CAPSULE)	Maximum of 2 capsules per day
NUPLAZID (ORAL CAPSULE)	Maximum of 1 capsule per day
NUPLAZID (ORAL TABLET)	Maximum of 1 tablet per day
NURTEC ODT (ORAL TABLET DISPERSIBLE)	Maximum of 18 tablets per 30 days
NUZYRA (ORAL TABLET)	Maximum of 34 tablets per 16 days
<i>Nyamyc (External Powder)</i>	Maximum of 120 grams per 30 days
<i>Nystatin (External Powder)</i>	Maximum of 120 grams per 30 days
<i>Nystop (External Powder)</i>	Maximum of 120 grams per 30 days
ODEFSEY (ORAL TABLET)	Maximum of 1 tablet per day
OFEV (ORAL CAPSULE)	Maximum of 2 capsules per day
OJJAARA (ORAL TABLET)	Maximum of 1 tablet per day
<i>Olanzapine (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)</i>	Maximum of 2 tablets per day
<i>Olanzapine (15MG Oral Tablet, 20MG Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Olanzapine ODT (10MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)</i>	Maximum of 2 tablets per day
<i>Olanzapine ODT (15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible)</i>	Maximum of 1 tablet per day
<i>Olmesartan Medoxomil (20MG Oral Tablet, 40MG Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Olmesartan Medoxomil (5MG Oral Tablet)</i>	Maximum of 2 tablets per day
<i>Olmesartan Medoxomil-HCTZ (Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Olmesartan-Amlodipine-HCTZ (Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Omeprazole (10MG Oral Capsule Delayed Release)</i>	Maximum of 3 capsules per day
ONGLYZA (ORAL TABLET)	Maximum of 1 tablet per day
ONUREG (ORAL TABLET)	Maximum of 14 tablets per 28 days
ORENCIA CLICKJECT (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	Maximum of 4 pens (4 ml) per 28 days
ORENCIA (125MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 4 syringes (4 ml) per 28 days

Drug name	Quantity limit
ORENCIA (50MG/0.4ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 4 syringes (1.6 ml) per 28 days
ORENCIA (87.5MG/0.7ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 4 syringes (2.8 ml) per 28 days
ORENITRAM MONTH 1 (ORAL TABLET EXTENDED RELEASE THERAPY PACK)	Maximum of 2 packs (336 tablets) per year
ORENITRAM MONTH 2 (ORAL TABLET EXTENDED RELEASE THERAPY PACK)	Maximum of 2 packs (672 tablets) per year
ORENITRAM MONTH 3 (ORAL TABLET EXTENDED RELEASE THERAPY PACK)	Maximum of 2 packs (504 tablets) per year
ORKAMBI (ORAL PACKET)	Maximum of 56 packets per 28 days
ORKAMBI (ORAL TABLET)	Maximum of 4 tablets per day
ORSERDU (345MG ORAL TABLET)	Maximum of 1 tablet per day
ORSERDU (86MG ORAL TABLET)	Maximum of 3 tablets per day
OSPHENA (ORAL TABLET)	Maximum of 1 tablet per day
OTEZLA (ORAL TABLET)	Maximum of 2 tablets per day
OTEZLA (ORAL TABLET THERAPY PACK)	Maximum of 2 kits per year
<i>Oxycodone HCl (5MG Oral Capsule)</i>	Maximum of 12 capsules per day
<i>Oxycodone HCl (100MG/5ML Oral Concentrate)</i>	Maximum of 6 ml per day
<i>Oxycodone HCl (5MG/5ML Oral Solution)</i>	Maximum of 130 ml per day
<i>Oxycodone HCl (10MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)</i>	Maximum of 12 tablets per day
<i>Oxycodone HCl (15MG Oral Tablet Immediate Release)</i>	Maximum of 8 tablets per day
<i>Oxycodone HCl (20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release)</i>	Maximum of 6 tablets per day
<i>Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)</i>	Maximum of 12 tablets per day
OXYCONTIN (ORAL TABLET ER 12 HOUR ABUSE-DETERRENT)	Maximum of 3 tablets per day
<i>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)</i>	Maximum of 2 tablets per day
<i>Oxymorphone HCl ER (30MG Oral Tablet Extended Release 12 Hour)</i>	Maximum of 4 tablets per day
<i>Oxymorphone HCl ER (40MG Oral Tablet Extended Release 12 Hour)</i>	Maximum of 3 tablets per day
<i>Oxymorphone HCl (Oral Tablet Immediate Release)</i>	Maximum of 6 tablets per day
OZEMPIC (0.25MG/DOSE OR 0.5MG/DOSE) (2MG/3ML SUBCUTANEOUS SOLUTION PEN-INJECTOR)	Maximum of 1 pen (3 ml) per 28 days

Drug name	Quantity limit
OZEMPIC (1MG/DOSE) (4MG/3ML SUBCUTANEOUS SOLUTION PEN-INJECTOR)	Maximum of 1 pen (3 ml) per 28 days
OZEMPIC (2MG/DOSE) (8MG/3ML SUBCUTANEOUS SOLUTION PEN-INJECTOR)	Maximum of 1 pen (3 ml) per 28 days
<i>Paliperidone ER (1.5MG Oral Tablet Extended Release 24 Hour, 3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)</i>	Maximum of 1 tablet per day
<i>Paliperidone ER (6MG Oral Tablet Extended Release 24 Hour)</i>	Maximum of 2 tablets per day
<i>Pantoprazole Sodium (20MG Oral Tablet Delayed Release)</i>	Maximum of 3 tablets per day
<i>Pantoprazole Sodium (40MG Oral Tablet Delayed Release)</i>	Maximum of 2 tablets per day
PEDIARIX (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	1 vaccination dose (0.5 ml) per day
PEDVAX HIB (INTRAMUSCULAR SUSPENSION)	1 vaccination dose (0.5 ml) per day
PEMAZYRE (ORAL TABLET)	Maximum of 14 tablets per 21 days
PENTACEL (INTRAMUSCULAR SUSPENSION RECONSTITUTED)	1 vaccination dose (1 injection) per day
<i>Pentamidine Isethionate (Inhalation Solution Reconstituted)</i>	Maximum of 1 vial (300 mg) per 28 days
<i>Perindopril Erbumine (Oral Tablet)</i>	Maximum of 2 tablets per day
PIFELTRO (ORAL TABLET)	Maximum of 1 tablet per day
<i>Pimecrolimus (External Cream)</i>	Maximum of 100 grams per 30 days
<i>Pioglitazone HCl (Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Pioglitazone HCl-Metformin HCl (Oral Tablet)</i>	Maximum of 3 tablets per day
PIQRAY (200MG DAILY DOSE) (ORAL TABLET THERAPY PACK)	Maximum of 1 tablet per day
PIQRAY (250MG DAILY DOSE) (ORAL TABLET THERAPY PACK)	Maximum of 2 tablets per day
PIQRAY (300MG DAILY DOSE) (ORAL TABLET THERAPY PACK)	Maximum of 2 tablets per day
<i>Pirfenidone (Oral Capsule)</i>	Maximum of 9 capsules per day
<i>Pirfenidone (267MG Oral Tablet)</i>	Maximum of 6 tablets per day
<i>Pirfenidone (534MG Oral Tablet, 801MG Oral Tablet)</i>	Maximum of 3 tablets per day
PLEGRIDY (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	Maximum of 2 pens (1 ml) per 28 days
PLEGRIDY (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 2 pens (1 ml) per 28 days
<i>Posaconazole (Oral Suspension)</i>	Maximum of 20 ml per day
<i>Posaconazole (Oral Tablet Delayed Release)</i>	Maximum of 6 tablets per day
PRADAXA (ORAL CAPSULE)	Maximum of 2 capsules per day

Drug name	Quantity limit
PRALUENT (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	Maximum of 2 pens (2 ml) per 28 days
<i>Pravastatin Sodium (Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Pregabalin (100MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)</i>	Maximum of 4 capsules per day
<i>Pregabalin (150MG Oral Capsule, 200MG Oral Capsule)</i>	Maximum of 3 capsules per day
<i>Pregabalin (225MG Oral Capsule, 300MG Oral Capsule)</i>	Maximum of 2 capsules per day
<i>Pregabalin (Oral Solution)</i>	Maximum of 30 ml per day
PREHEVBRIO (INTRAMUSCULAR SUSPENSION)	1 vaccination dose (1 ml) per day
PREMARIN (ORAL TABLET)	Maximum of 1 tablet per day
PREVYMIS (ORAL TABLET)	Maximum of 1 tablet per day
PREZCOBIX (ORAL TABLET)	Maximum of 1 tablet per day
PREZISTA (ORAL SUSPENSION)	Maximum of 2 bottles (400 ml) per 30 days
PREZISTA (150MG ORAL TABLET)	Maximum of 6 tablets per day
PREZISTA (600MG ORAL TABLET)	Maximum of 2 tablets per day
PREZISTA (75MG ORAL TABLET)	Maximum of 10 tablets per day
PREZISTA (800MG ORAL TABLET)	Maximum of 1 tablet per day
PRIORIX (SUBCUTANEOUS SUSPENSION RECONSTITUTED)	1 vaccination dose (1 injection) per day
PROLIA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 1 syringe per 180 days
PROMACTA (ORAL PACKET)	Maximum of 6 packets per day
PROMACTA (12.5MG ORAL TABLET, 25MG ORAL TABLET)	Maximum of 1 tablet per day
PROMACTA (50MG ORAL TABLET, 75MG ORAL TABLET)	Maximum of 2 tablets per day
<i>Promethazine HCl (12.5MG Rectal Suppository)</i>	Maximum of 6 suppositories per day
PROQUAD (SUBCUTANEOUS SUSPENSION RECONSTITUTED)	1 vaccination dose (1 injection) per day
PULMOZYME (INHALATION SOLUTION)	Maximum of 2 ampules (5 ml) per day
PYRUKYND (20MG ORAL TABLET, 5MG ORAL TABLET)	Maximum of 1 pack (56 tablets) per 28 days
PYRUKYND (50MG ORAL TABLET)	Maximum of 2 packs (112 tablets) per 28 days
PYRUKYND TAPER PACK (5MG ORAL TABLET THERAPY PACK)	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)	Maximum of 1 pack (14 tablets) per 14 days
QINLOCK (ORAL TABLET)	Maximum of 3 tablets per day
QUADRACEL (INTRAMUSCULAR SUSPENSION)	1 vaccination dose (0.5 ml) per day

Drug name	Quantity limit
QUADRACEL (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	1 vaccination dose (0.5 ml) per day
<i>Quetiapine Fumarate ER (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)</i>	Maximum of 1 tablet per day
<i>Quetiapine Fumarate ER (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)</i>	Maximum of 2 tablets per day
<i>Quetiapine Fumarate (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)</i>	Maximum of 3 tablets per day
<i>Quetiapine Fumarate (25MG Oral Tablet Immediate Release)</i>	Maximum of 4 tablets per day
<i>Quetiapine Fumarate (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)</i>	Maximum of 2 tablets per day
QUILLIVANT XR (ORAL SUSPENSION RECONSTITUTED)	Maximum of 12 ml per day
<i>Quinapril HCl (Oral Tablet)</i>	Maximum of 2 tablets per day
QULIPTA (ORAL TABLET)	Maximum of 1 tablet per day
QUVIVIQ (ORAL TABLET)	Maximum of 1 tablet per day
QVAR REDHALER (INHALATION AEROSOL BREATH ACTIVATED)	Maximum of 2 inhalers (21.2 grams) per 30 days
RABAVERT (INTRAMUSCULAR SUSPENSION RECONSTITUTED)	1 vaccination dose (1 injection) per day
<i>Ramelteon (Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Ramipril (Oral Capsule)</i>	Maximum of 2 capsules per day
RAYALDEE (ORAL CAPSULE EXTENDED RELEASE)	Maximum of 2 capsules per day
RECOMBIVAX HB (10MCG/ML INJECTION SUSPENSION, 40MCG/ML INJECTION SUSPENSION)	1 vaccination dose (1 ml) per day
RECOMBIVAX HB (5MCG/0.5ML INJECTION SUSPENSION)	1 vaccination dose (0.5 ml) per day
RECOMBIVAX HB (10MCG/ML INJECTION SUSPENSION PREFILLED SYRINGE)	1 vaccination dose (1 ml) per day
RECOMBIVAX HB (5MCG/0.5ML INJECTION SUSPENSION PREFILLED SYRINGE)	1 vaccination dose (0.5 ml) per day
RECTIV (RECTAL OINTMENT)	Maximum of 30 grams per 30 days
RELENZA DISKHALER (INHALATION AEROSOL POWDER BREATH ACTIVATED)	Maximum of 3 inhalers (60 blisters) per 30 days
<i>Relxii (72MG Oral Tablet Extended Release)</i>	Maximum of 1 tablet per day
<i>Repaglinide (0.5MG Oral Tablet)</i>	Maximum of 32 tablets per day
<i>Repaglinide (1MG Oral Tablet)</i>	Maximum of 16 tablets per day
<i>Repaglinide (2MG Oral Tablet)</i>	Maximum of 8 tablets per day
REPATHA PUSHTRONEX SYSTEM (SUBCUTANEOUS SOLUTION CARTRIDGE)	Maximum of 2 cartridges (7 ml) per 28 days
REPATHA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 3 syringes (3 ml) per 28 days

Drug name	Quantity limit
REPATHA SURECLICK (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	Maximum of 3 pens (3 ml) per 28 days
RESTASIS MULTIDOSE (OPHTHALMIC EMULSION)	Maximum of 1 bottle (5.5 ml) per 25 days
RESTASIS SINGLE-USE VIALS (OPHTHALMIC EMULSION)	Maximum of 2 vials per day
RETEVMO (40MG ORAL CAPSULE)	Maximum of 6 capsules per day
RETEVMO (80MG ORAL CAPSULE)	Maximum of 4 capsules per day
REXULTI (ORAL TABLET)	Maximum of 1 tablet per day
REYATAZ (ORAL PACKET)	Maximum of 6 packets per day
REZLIDHIA (ORAL CAPSULE)	Maximum of 2 capsules per day
REZUROCK (ORAL TABLET)	Maximum of 2 tablets per day
RINVOQ (ORAL TABLET EXTENDED RELEASE 24 HOUR)	Maximum of 1 tablet per day
<i>Risedronate Sodium (150MG Oral Tablet Immediate Release)</i>	Maximum of 1 tablet per 30 days
<i>Risedronate Sodium (35MG Oral Tablet Immediate Release, 35MG (12 PACK) Oral Tablet Immediate Release, 35MG (4 PACK) Oral Tablet Immediate Release)</i>	Maximum of 4 tablets per 28 days
<i>Risedronate Sodium (Oral Tablet Delayed Release)</i>	Maximum of 4 tablets per 28 days
<i>Ritonavir (Oral Tablet)</i>	Maximum of 12 tablets per day
<i>Rivastigmine (Transdermal Patch 24 Hour)</i>	Maximum of 1 patch per day
<i>Rizatriptan Benzoate (Oral Tablet)</i>	Maximum of 12 tablets per 30 days
<i>Rizatriptan Benzoate ODT (Oral Tablet Dispersible)</i>	Maximum of 12 tablets per 30 days
<i>Rosuvastatin Calcium (Oral Tablet)</i>	Maximum of 1 tablet per day
ROTARIX (ORAL SUSPENSION)	1 vaccination dose (1.5 ml) per day
ROTARIX (ORAL SUSPENSION RECONSTITUTED)	1 vaccination dose (1 ml) per day
ROTATEQ (ORAL SOLUTION)	1 vaccination dose (2 ml) per day
ROZLYTREK (100MG ORAL CAPSULE)	Maximum of 5 capsules per day
ROZLYTREK (200MG ORAL CAPSULE)	Maximum of 3 capsules per day
RUKOBIA (ORAL TABLET EXTENDED RELEASE 12 HOUR)	Maximum of 2 tablets per day
RYBELSUS (ORAL TABLET)	Maximum of 1 tablet per day
RYDAPT (ORAL CAPSULE)	Maximum of 8 capsules per day
<i>Sajazir (Subcutaneous Solution Prefilled Syringe)</i>	Maximum of 6 syringes (18 ml) per 30 days
SANCUSO (TRANSDERMAL PATCH)	Maximum of 4 patches per 28 days
<i>Saxagliptin HCl (Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Saxagliptin-Metformin ER (2.5-1000MG Oral Tablet Extended Release 24 Hour)</i>	Maximum of 2 tablets per day

Drug name	Quantity limit
<i>Saxagliptin-Metformin ER (5-1000MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)</i>	Maximum of 1 tablet per day
SCEMBLIX (20MG ORAL TABLET)	Maximum of 2 tablets per day
SCEMBLIX (40MG ORAL TABLET)	Maximum of 10 tablets per day
SECUADO (TRANSDERMAL PATCH 24 HOUR)	Maximum of 1 patch per day
SELZENTRY (ORAL SOLUTION)	Maximum of 8 bottles (1840 ml) per 30 days
SELZENTRY (25MG ORAL TABLET)	Maximum of 4 tablets per day
SELZENTRY (75MG ORAL TABLET)	Maximum of 2 tablets per day
SEREVENT DISKUS (60 INHALATION AEROSOL POWDER BREATH ACTIVATED)	Maximum of 1 inhaler (60 inhalations) per 30 days
SHINGRIX (INTRAMUSCULAR SUSPENSION RECONSTITUTED)	1 vaccination dose (1 injection) per day
<i>Sildenafil Citrate (Oral Suspension Reconstituted)</i>	Maximum of 6 ml per day
<i>Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)</i>	Maximum of 3 tablets per day
<i>Sildenafil Citrate (Oral Capsule)</i>	Maximum of 1 capsule per day
SIMPONI (100MG/ML SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	Maximum of 3 syringes (3 ml) per 28 days
SIMPONI (50MG/0.5ML SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	Maximum of 1 syringe (0.5 ml) per 30 days
SIMPONI (100MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 3 syringes (3 ml) per 28 days
SIMPONI (50MG/0.5ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 1 syringe (0.5 ml) per 30 days
<i>Simvastatin (Oral Tablet)</i>	Maximum of 1 tablet per day
SKYCLARYS (ORAL CAPSULE)	Maximum of 3 capsules per day
SKYRIZI PEN (SUBCUTANEOUS SOLUTION AUTO-INJECTOR)	Maximum of 1 pen (1 ml) per 28 days
SKYRIZI (180MG/1.2ML SUBCUTANEOUS SOLUTION CARTRIDGE)	Maximum of 1 cartridge (1.2 ml) per 56 days
SKYRIZI (360MG/2.4ML SUBCUTANEOUS SOLUTION CARTRIDGE)	Maximum of 1 cartridge (2.4 ml) per 56 days
SKYRIZI (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 1 syringe (1 ml) per 28 days
<i>Sodium Oxybate (Oral Solution)</i>	Maximum of 18 ml per day
<i>Sofosbuvir-Velpatasvir (Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Solifenacin Succinate (Oral Tablet)</i>	Maximum of 1 tablet per day
SOLQUA (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	Maximum of 5 pens (15 ml) per 25 days
SOMAVERT (SUBCUTANEOUS SOLUTION RECONSTITUTED)	Maximum of 1 vial per day
SPIRIVA HANDHALER (INHALATION CAPSULE)	Maximum of 1 capsule per day

Drug name	Quantity limit
SPIRIVA RESPIMAT (INHALATION AEROSOL SOLUTION)	Maximum of 1 inhaler (4 grams) per 30 days
STELARA (SUBCUTANEOUS SOLUTION)	Maximum of 6 vials (3 ml) per 84 days
STELARA (45MG/0.5ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 6 syringes (3 ml) per 84 days
STELARA (90MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 3 syringes (3 ml) per 84 days
STIOLTO RESPIMAT (INHALATION AEROSOL SOLUTION)	Maximum of 1 inhaler (4 grams) per 30 days
STRIBILD (ORAL TABLET)	Maximum of 1 tablet per day
STRIVERDI RESPIMAT (INHALATION AEROSOL SOLUTION)	Maximum of 1 inhaler (4 grams) per 30 days
<i>Sumatriptan (Nasal Solution)</i>	Maximum of 12 devices per 30 days
<i>Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)</i>	Maximum of 12 tablets per 30 days
<i>Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)</i>	Maximum of 12 injections (6 ml) per 30 days
<i>Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)</i>	Maximum of 12 injections (6 ml) per 30 days
<i>Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector)</i>	Maximum of 12 injections (6 ml) per 30 days
SUNLENCA (4 X 300MG ORAL TABLET THERAPY PACK)	Maximum of 2 packs (8 tablets) per year
SUNLENCA (5 X 300MG ORAL TABLET THERAPY PACK)	Maximum of 2 packs (10 tablets) per year
SYMBICORT (120 INHALATION AEROSOL)	Maximum of 1 inhaler (10.2 grams) per 30 days
SYMDEKO (ORAL TABLET THERAPY PACK)	Maximum of 1 pack (56 tablets) per 28 days
SYMPAZAN (ORAL FILM)	Maximum of 2 films per day
SYMTUZA (ORAL TABLET)	Maximum of 1 tablet per day
SYNJARDY (ORAL TABLET IMMEDIATE RELEASE)	Maximum of 2 tablets per day
TABRECTA (ORAL TABLET)	Maximum of 4 tablets per day
<i>Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca)</i>	Maximum of 2 tablets per day
TALZENNA (0.1MG ORAL CAPSULE, 0.35MG ORAL CAPSULE, 0.5MG ORAL CAPSULE, 0.75MG ORAL CAPSULE, 1MG ORAL CAPSULE)	Maximum of 1 capsule per day
TALZENNA (0.25MG ORAL CAPSULE)	Maximum of 3 capsules per day
TARGRETIN (EXTERNAL GEL)	Maximum of 60 grams per 30 days
<i>Tasimelteon (Oral Capsule)</i>	Maximum of 1 capsule per day
TAZVERIK (ORAL TABLET)	Maximum of 8 tablets per day

Drug name	Quantity limit
TDVAX (INTRAMUSCULAR SUSPENSION)	1 vaccination dose (0.5 ml) per day
<i>Telmisartan (Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Telmisartan-Amlodipine (Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Telmisartan-HCTZ (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Telmisartan-HCTZ (80-12.5MG Oral Tablet)</i>	Maximum of 2 tablets per day
<i>Temazepam (Oral Capsule)</i>	Maximum of 1 capsule per day
TENIVAC (INTRAMUSCULAR INJECTABLE)	1 vaccination dose (0.5 ml) per day
<i>Tenofovir Disoproxil Fumarate (Oral Tablet)</i>	Maximum of 1 tablet per day
TEPMETKO (ORAL TABLET)	Maximum of 2 tablets per day
<i>Teriflunomide (Oral Tablet)</i>	Maximum of 1 tablet per day
THALOMID (100MG ORAL CAPSULE, 50MG ORAL CAPSULE)	Maximum of 1 capsule per day
THALOMID (150MG ORAL CAPSULE, 200MG ORAL CAPSULE)	Maximum of 2 capsules per day
TIBSOVO (ORAL TABLET)	Maximum of 2 tablets per day
TICOVAC (1.2MCG/0.25ML INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	1 vaccination dose (0.25 ml) per day
TICOVAC (2.4MCG/0.5ML INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	1 vaccination dose (0.5 ml) per day
<i>Tiotropium Bromide Monohydrate (Inhalation Capsule)</i>	Maximum of 1 capsule per day
TIVICAY (10MG ORAL TABLET, 25MG ORAL TABLET)	Maximum of 1 tablet per day
TIVICAY (50MG ORAL TABLET)	Maximum of 2 tablets per day
TIVICAY PD (ORAL TABLET SOLUBLE)	Maximum of 6 tablets per day
TOBI PODHALER (INHALATION CAPSULE)	Maximum of 8 capsules per day
<i>Tobramycin (300MG/4ML Inhalation Nebulization Solution)</i>	Maximum of 2 ampules (8 ml) per day
<i>Tobramycin (300MG/5ML Inhalation Nebulization Solution)</i>	Maximum of 2 ampules (10 ml) per day
<i>Tolcapone (Oral Tablet)</i>	Maximum of 6 tablets per day
<i>Tolvaptan (Oral Tablet)</i>	Maximum of 2 tablets per day
<i>Tovet (External Foam)</i>	Maximum of 100 grams per 30 days
TOVIAZ (ORAL TABLET EXTENDED RELEASE 24 HOUR)	Maximum of 1 tablet per day
TRACLEER (ORAL TABLET SOLUBLE)	Maximum of 8 tablets per day
TRADJENTA (ORAL TABLET)	Maximum of 1 tablet per day
<i>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)</i>	Maximum of 1 tablet per day

Drug name	Quantity limit
<i>Tramadol HCl ER (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)</i>	Maximum of 1 tablet per day
<i>Tramadol HCl (100MG Oral Tablet Immediate Release)</i>	Maximum of 4 tablets per day
<i>Tramadol HCl (50MG Oral Tablet Immediate Release)</i>	Maximum of 8 tablets per day
<i>Tramadol-Acetaminophen (Oral Tablet)</i>	Maximum of 8 tablets per day
<i>Trandolapril (1MG Oral Tablet, 2MG Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Trandolapril (4MG Oral Tablet)</i>	Maximum of 2 tablets per day
TRELEGY ELLIPTA (INHALATION AEROSOL POWDER BREATH ACTIVATED)	Maximum of 1 inhaler (60 blisters) per 30 days
TREMFYA (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	Maximum of 2 pens (2 ml) per 56 days
TREMFYA (SUBCUTANEOUS SOLUTION PREFILLED SYRINGE)	Maximum of 2 syringes (2 ml) per 56 days
<i>Trientine HCl (250MG Oral Capsule)</i>	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)	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)	Maximum of 2 tablets per day
TRIKAFTA (ORAL TABLET THERAPY PACK)	Maximum of 1 pack (84 tablets) per 28 days
TRIKAFTA (ORAL GRANULE THERAPY PACK)	Maximum of 1 carton (56 packets) per 28 days
TRINTELLIX (ORAL TABLET)	Maximum of 1 tablet per day
TRIUMEQ (ORAL TABLET)	Maximum of 1 tablet per day
TRIUMEQ PD (ORAL TABLET SOLUBLE)	Maximum of 6 tablets per day
TRIZIVIR (ORAL TABLET)	Maximum of 2 tablets per day
TRULICITY (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	Maximum of 4 pens (2 ml) per 28 days
TRUMENBA (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	1 vaccination dose (0.5 ml) per day
TUKYSA (150MG ORAL TABLET)	Maximum of 4 tablets per day
TUKYSA (50MG ORAL TABLET)	Maximum of 12 tablets per day
TURALIO (ORAL CAPSULE)	Maximum of 4 capsules per day
TWINRIX (INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE)	1 vaccination dose (1 ml) per day
TYBOST (ORAL TABLET)	Maximum of 1 tablet per day
TYPHIM VI (INTRAMUSCULAR SOLUTION)	1 vaccination dose (0.5 ml) per day
TYPHIM VI (INTRAMUSCULAR SOLUTION PREFILLED SYRINGE)	1 vaccination dose (0.5 ml) per day

Drug name	Quantity limit
TYRVAYA (NASAL SOLUTION)	Maximum of 2 bottles (8.4 ml) per 30 days
UBRELVY (ORAL TABLET)	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)	Maximum of 2 tablets per day
UPTRAVI (200MCG ORAL TABLET)	Maximum of 5 tablets per day
UPTRAVI (ORAL TABLET THERAPY PACK)	Maximum of 2 packs (400 tablets) per year
<i>Valacyclovir HCl (1GM Oral Tablet)</i>	Maximum of 4 tablets per day
<i>Valacyclovir HCl (500MG Oral Tablet)</i>	Maximum of 2 tablets per day
VALCHLOR (EXTERNAL GEL)	Maximum of 60 grams per 30 days
<i>Valganciclovir HCl (50MG/ML Oral Solution Reconstituted)</i>	Maximum of 36 ml per day
<i>Valganciclovir HCl (450MG Oral Tablet)</i>	Maximum of 4 tablets per day
<i>Valsartan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)</i>	Maximum of 2 tablets per day
<i>Valsartan (320MG Oral Tablet)</i>	Maximum of 1 tablet per day
<i>Valsartan-Hydrochlorothiazide (Oral Tablet)</i>	Maximum of 1 tablet per day
VALTOCO 10MG DOSE (NASAL LIQUID)	Maximum of 10 blister packs (10 spray devices) per 30 days
VALTOCO 15MG DOSE (NASAL LIQUID THERAPY PACK)	Maximum of 10 blister packs (20 spray devices) per 30 days
VALTOCO 20MG DOSE (NASAL LIQUID THERAPY PACK)	Maximum of 10 blister packs (20 spray devices) per 30 days
VALTOCO 5MG DOSE (NASAL LIQUID)	Maximum of 10 blister packs (10 spray devices) per 30 days
<i>Vancomycin HCl (125MG Oral Capsule)</i>	Maximum of 4 capsules per day
<i>Vancomycin HCl (250MG Oral Capsule)</i>	Maximum of 8 capsules per day
VANFLYTA (ORAL TABLET)	Maximum of 2 tablets per day
VAQTA (25UNIT/0.5ML INTRAMUSCULAR SUSPENSION, 25UNIT/0.5ML 0.5ML INTRAMUSCULAR SUSPENSION)	Maximum of 2 vaccines per lifetime
VAQTA (50UNIT/ML INTRAMUSCULAR SUSPENSION, 50UNIT/ML 1ML INTRAMUSCULAR SUSPENSION)	Maximum of 2 vaccines per lifetime
VARIVAX (SUBCUTANEOUS INJECTABLE)	1 vaccination dose (1 injection) per day
VELTASSA (ORAL PACKET)	Maximum of 1 packet per day
VENTAVIS (10MCG/ML INHALATION SOLUTION)	Maximum of 7 ml per day
VENTAVIS (20MCG/ML INHALATION SOLUTION)	Maximum of 3 ml per day
VERQUVO (ORAL TABLET)	Maximum of 1 tablet per day
VIBERZI (ORAL TABLET)	Maximum of 2 tablets per day

Drug name	Quantity limit
VICTOZA (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	Maximum of 3 pens (9 ml) per 30 days
<i>Vigabatrin (Oral Packet)</i>	Maximum of 6 packets per day
<i>Vigabatrin (Oral Tablet)</i>	Maximum of 6 tablets per day
<i>Vigadrone (Oral Packet)</i>	Maximum of 6 packets per day
<i>Vigadrone (Oral Tablet)</i>	Maximum of 6 tablets per day
VIIBRYD (ORAL TABLET)	Maximum of 1 tablet per day
VIIBRYD STARTER PACK (ORAL KIT)	Maximum of 2 packs (60 tablets) per year
<i>Vilazodone HCl (Oral Tablet)</i>	Maximum of 1 tablet per day
VIMPAT (ORAL SOLUTION)	Maximum of 40 ml per day
VIMPAT (ORAL TABLET)	Maximum of 2 tablets per day
VIRACEPT (250MG ORAL TABLET)	Maximum of 10 tablets per day
VIRACEPT (625MG ORAL TABLET)	Maximum of 4 tablets per day
VIREAD (ORAL POWDER)	Maximum of 4 bottles (240 grams) per 30 days
VIREAD (150MG ORAL TABLET, 200MG ORAL TABLET, 250MG ORAL TABLET)	Maximum of 1 tablet per day
VITRAKVI (100MG ORAL CAPSULE)	Maximum of 4 capsules per day
VITRAKVI (25MG ORAL CAPSULE)	Maximum of 6 capsules per day
VITRAKVI (ORAL SOLUTION)	Maximum of 20 ml per day
VONJO (ORAL CAPSULE)	Maximum of 4 capsules per day
<i>Voriconazole (Oral Suspension Reconstituted)</i>	Maximum of 20 ml per day
<i>Voriconazole (200MG Oral Tablet)</i>	Maximum of 4 tablets per day
<i>Voriconazole (50MG Oral Tablet)</i>	Maximum of 16 tablets per day
VOSEVI (ORAL TABLET)	Maximum of 1 tablet per day
VRAYLAR (1.5MG ORAL CAPSULE, 3MG ORAL CAPSULE, 4.5MG ORAL CAPSULE, 6MG ORAL CAPSULE)	Maximum of 1 capsule per day
VRAYLAR (ORAL CAPSULE THERAPY PACK)	Maximum of 2 packs (14 capsules) per year
VYNDAMAX (ORAL CAPSULE)	Maximum of 1 capsule per day
VYNDAQEL (ORAL CAPSULE)	Maximum of 4 capsules per day
WELIREG (ORAL TABLET)	Maximum of 3 tablets per day
<i>Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)</i>	Maximum of 1 inhaler (60 blisters) per 30 days
XARELTO (ORAL SUSPENSION RECONSTITUTED)	Maximum of 20 ml per day
XARELTO (10MG ORAL TABLET, 20MG ORAL TABLET)	Maximum of 1 tablet per day
XARELTO (15MG ORAL TABLET, 2.5MG ORAL TABLET)	Maximum of 2 tablets per day
XARELTO STARTER PACK (ORAL TABLET THERAPY PACK)	Maximum of 2 packs per year
XCOPRI (250MG DAILY DOSE) (ORAL TABLET THERAPY PACK)	Maximum of 1 pack (56 tablets) per 28 days

Drug name	Quantity limit
XCOPRI (350MG DAILY DOSE) (150MG & 200MG ORAL TABLET THERAPY PACK)	Maximum of 1 pack (56 tablets) per 28 days
XCOPRI (100MG ORAL TABLET, 50MG ORAL TABLET)	Maximum of 1 tablet per day
XCOPRI (150MG ORAL TABLET, 200MG ORAL TABLET)	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)	Maximum of 2 packs per year
XELJANZ (ORAL SOLUTION)	Maximum of 10 ml per day
XELJANZ (ORAL TABLET IMMEDIATE RELEASE)	Maximum of 2 tablets per day
XELJANZ XR (ORAL TABLET EXTENDED RELEASE 24 HOUR)	Maximum of 1 tablet per day
XERMELO (ORAL TABLET)	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)	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)	Maximum of 2 tablets per day
XIIDRA (OPHTHALMIC SOLUTION)	Maximum of 2 vials per day
XOFLUZA (40MG DOSE) (ORAL TABLET THERAPY PACK)	Maximum of 2 tablets per 30 days
XOFLUZA (80MG DOSE) (ORAL TABLET THERAPY PACK)	Maximum of 1 tablet per 30 days
XOSPATA (ORAL TABLET)	Maximum of 3 tablets per day
XPOVIO (100MG ONCE WEEKLY) (ORAL TABLET THERAPY PACK)	Maximum of 8 tablets per 28 days
XPOVIO (40MG ONCE WEEKLY) (ORAL TABLET THERAPY PACK)	Maximum of 4 tablets per 28 days
XPOVIO (40MG TWICE WEEKLY) (ORAL TABLET THERAPY PACK)	Maximum of 8 tablets per 28 days
XPOVIO (60MG ONCE WEEKLY) (ORAL TABLET THERAPY PACK)	Maximum of 4 tablets per 28 days
XPOVIO (60MG TWICE WEEKLY) (ORAL TABLET THERAPY PACK)	Maximum of 24 tablets per 28 days
XPOVIO (80MG ONCE WEEKLY) (ORAL TABLET THERAPY PACK)	Maximum of 8 tablets per 28 days
XPOVIO (80MG TWICE WEEKLY) (ORAL TABLET THERAPY PACK)	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)	Maximum of 3 capsules per day
XTAMPZA ER (27MG ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT, 36MG ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT)	Maximum of 6 capsules per day

Drug name	Quantity limit
XULTOPHY (SUBCUTANEOUS SOLUTION PEN-INJECTOR)	Maximum of 5 pens (15 ml) per 30 days
XYREM (ORAL SOLUTION)	Maximum of 18 ml per day
YF-VAX (SUBCUTANEOUS INJECTABLE)	1 vaccination dose (1 injection) per day
<i>Zaleplon (10MG Oral Capsule)</i>	Maximum of 2 capsules per day
<i>Zaleplon (5MG Oral Capsule)</i>	Maximum of 1 capsule per day
ZEPATIER (ORAL TABLET)	Maximum of 1 tablet per day
<i>Zidovudine (Oral Capsule)</i>	Maximum of 6 capsules per day
<i>Zidovudine (Oral Syrup)</i>	Maximum of 64 ml per day
<i>Zidovudine (Oral Tablet)</i>	Maximum of 2 tablets per day
<i>Ziprasidone HCl (Oral Capsule)</i>	Maximum of 2 capsules per day
ZOKINVY (ORAL CAPSULE)	Maximum of 4 capsules per day
<i>Zolmitriptan (Oral Tablet)</i>	Maximum of 12 tablets per 30 days
<i>Zolmitriptan ODT (Oral Tablet Dispersible)</i>	Maximum of 12 tablets per 30 days
<i>Zolpidem Tartrate (Oral Tablet Immediate Release)</i>	Maximum of 1 tablet per day
ZUBSOLV (0.7-0.18MG TABLET SUBLINGUAL, 1.4-0.36MG TABLET SUBLINGUAL, 5.7-1.4MG TABLET SUBLINGUAL)	Maximum of 3 tablets per day
ZUBSOLV (11.4-2.9MG TABLET SUBLINGUAL)	Maximum of 1 tablet per day
ZUBSOLV (2.9-0.71MG TABLET SUBLINGUAL)	Maximum of 5 tablets per day
ZUBSOLV (8.6-2.1MG TABLET SUBLINGUAL)	Maximum of 2 tablets per day
ZYPITAMAG (ORAL TABLET)	Maximum of 1 tablet 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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