




Complete Drug List (Formulary) 2025

UnitedHealthcare® Group Medicare Advantage (PPO)
UAW Retiree Medical Benefits Trust

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

 retiree.uhc.com/UAWTrust

 Toll-free **1-844-320-5021**, TTY **711**
8 a.m.-8 p.m. local time, Monday-Friday

**United
Healthcare®**

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What is a Drug List?

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

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

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

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

Note to existing members:

This **complete** list of prescription drugs covered by your plan is current as of February 1, 2025.

To get updated information about the covered drugs or if you have questions, please call Customer Service toll-free at **1-844-320-5021**, TTY **711**, 8 a.m.-8 p.m. local time, Monday-Friday.

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

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

Important message about what you pay for vaccines - Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most adult Part D vaccines at no cost to you. For some vaccines, you will need to pay the applicable copay. Review your Evidence of Coverage or call Customer Service for more information.

Important message about what you pay for insulin - You won't pay more than \$35 for a 1-month supply of each Part D insulin product covered by our plan. 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 12-31 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 32-101. 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 generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Depending on state laws, generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription. Our plan covers both brand name and generic drugs.

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

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

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

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

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

What is a compounded drug?

A compounded drug is created by a pharmacist by combining or mixing ingredients to create a prescription medication customized to the needs of an individual patient. Compounded drugs may be Part D eligible if they meet all requirements. 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 could change once you reach the Catastrophic stage.
- **Your drug's tier.** Each covered drug is in 1 of 3 drug tiers. Each tier has a copay.

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

Getting Extra Help

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

Are there any rules or limits on my drug coverage?

Yes, some drugs may have coverage rules or have limits on the amount you can get. If your drug has any coverage rules or limits, there will be a code(s) in the “Coverage rules or limits on use” column of the “Covered drugs by category” chart starting on page 32. The codes and what they mean are shown below and on the next page.

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

Coverage rules and limits

PA - Prior authorization

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

QL - Quantity limits

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

ST - Step therapy

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

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

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

Other special coverage rules

B/D - Medicare Part B or Part D

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

HRM - High-risk medication

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

LA - Limited access

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

MME - Morphine Milligram Equivalent

Additional quantity limits may apply to all opioid drugs used to treat pain. This additional limit is called a cumulative Morphine Milligram Equivalent (MME). It's designed to monitor safe dosing levels of opioids for people who may be taking more than 1 opioid drug for pain management. If your doctor or provider prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor or prescriber can ask the plan to cover the additional quantity.

7D - 7-day limit

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

DL - Dispensing limit

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

SP - Specialty drugs

Most specialty drugs are limited to a 31-day supply through retail and mail.

What if my drug is not on this list?

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

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

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

How can I get an exception?

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

Types of exceptions you can ask for

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

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

Who can ask for an exception?

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

How long does it take to get an exception?

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

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

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

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

If you...	And you are...	We may cover...
are a new member in the first 90 days of your membership	not in a nursing home or long-term care facility	at least a 31-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 31-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

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

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

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

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

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

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the Drug List when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product or move it to a different cost-sharing tier or both. We may make changes based on new clinical guidelines. If we remove drugs from our Drug List, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Or, when a member requests a refill of the drug, they may receive at least a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your doctor or prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception. For more information, see the section “How can I get an exception?” on page 8.

- **Drugs removed from the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the Drug List. If you are taking the drug, we will send you a notice after we make the change.

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

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

Drugs with dosages other than a 1-month supply

Drugs packaged in an extended day supply

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

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

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

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

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

For more information

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

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

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

Covered drugs by name (Drug index)

A	
Abacavir Sulfate	56
Abacavir Sulfate -Lamivudine	56
Abelcet	44
Abilify Maintena	58
Abiraterone Acetate	47
Abrysvo	91
Acamprosate Calcium	34
Acarbose	59
Accutane	72
Acebutolol HCl	65
Acetaminophen -Codeine	33
Acetazolamide	66
Acetazolamide ER	66
Acetic Acid	97
Acetylcysteine	99
Acitretin	72
ActHIB	91
Actemra	88
Actemra ACTPen	88
Acthar	81
Acthar Gel	81
Actimmune	89
Acyclovir	56
Acyclovir Sodium	56
Adacel	91
Adapalene	72
Adefovir Dipivoxil	55
Adempas	99
Advair HFA	99
Aimovig	45
Ajovy	46
Akeega	48
Ala -Cort	72
Albendazole	52
Albuterol Sulfate	98
Albuterol Sulfate HFA	98
Alclometasone Dipropionate	72
Alcohol Prep Pads.....	94
Alecensa	48
Alendronate Sodium	93
Alfuzosin HCl ER	81
Aliskiren Fumarate	66
Allopurinol	45
Almotriptan Malate	46
Alomide	94
Alosetron HCl	78
Alprazolam	58
Altavera	82
Alunbrig	48
Alvesco	97
Alyacen 1/35	82
Alyq	99
Amantadine HCl	53
Ambrisentan	99
Amikacin Sulfate	35
Amiloride HCl	68
Amiloride -Hydrochlorothiazide	67
Amiodarone HCl	65
Amitriptyline HCl	44
Amlodipine Besylate	66
Amlodipine -Atorvastatin	67
Amlodipine -Benazepril	67
Amlodipine -Olmesartan	67
Amlodipine -Valsartan	67
Amlodipine -Valsartan -HCTZ	67
Ammonium Lactate	72
Amnesteem	72
Amoxapine	44
Amoxicillin	37
Amoxicillin -Potassium Clavulanate	37
Amoxicillin -Potassium Clavulanate ER	37
Amphetamine -Dextroamphetamine	70
Amphetamine -Dextroamphetamine ER	70
Amphotericin B	45
Amphotericin B Liposome	45
Ampicillin	37
Ampicillin Sodium	37
Ampicillin -Sulbactam Sodium	37
Anagrelide HCl	63
Anastrozole	48
Anoro Ellipta	99
Apidra	61
Apidra SoloStar	61
Apomorphine HCl	53
Apraclonidine HCl	96

Aprepitant	44	Atrovent HFA	98	Benazepril -Hydrochlorothiazide	67
Apri	83	Aubra EQ	83	Benlysta	88
Aptiom	41	Augtyro	48	Benzoyl Peroxide -Erythromycin	72
Aptivus	57	Auvelity	42	Benzotropine Mesylate	53
Aralast NP	79	Aviane	83	Berinerit	88
Aranelle	83	Avonex Pen	71	Besivance	95
Aranesp	63	Avonex Prefilled	71	Besremi	89
Arcalyst	88	Ayvakit	48	Betaine	79
Arexvy	91	Azasite	95	Betamethasone Dipropionate	73
Arformoterol Tartrate	98	Azathioprine	89	Betamethasone Dipropionate Aug	73
Arikayce	35	Azelaic Acid	72	Betamethasone Valerate	73
Aripiprazole	58	Azelastine HCl	97	Betaseron	71
Aripiprazole ODT	59	Azithromycin	38	Betaxolol HCl	96
Aristada	59	Aztreonam	35	Bethanechol Chloride	81
Aristada Initio	59	Azurette	83	Betoptic -S	96
Armodafinil	101	B		Bexarotene	52
Asenapine Maleate	59	BCG Vaccine	91	Bexsero	91
Ashlyna	83	BIVIGAM	88	Bicalutamide	47
Asmanex	97	BRIVIACT	39	Bicillin C -R	37
Asmanex HFA	97	Bacitracin	95	Bicillin C -R 900/300	37
Aspirin -Dipyridamole ER	64	Bacitracin -Polymyxin B	95	Bicillin L -A	37
Atazanavir Sulfate	57	Baclofen	55	Biktarvy	56
Atenolol	65	Balsalazide Disodium	93	Bimatoprost	96
Atenolol -Chlorthalidone	67	Balversa	48	Bisoprolol Fumarate	65
Atomoxetine HCl	70	Balziva	83	Bisoprolol -Hydrochlorothiazide	67
Atorvastatin Calcium	68	Baqsimi One Pack	61	Blisovi 24 Fe	83
Atovaquone	52	Baraclude	55	Blisovi Fe 1.5/30	83
Atovaquone -Proguanil HCl	52	Belsomra	100	Boostrix	91
Atropine Sulfate	94	Benazepril HCl	65		

Bosentan	99	C	Cefadroxil	36	
Bosulif	48	Cabergoline	87	Cefazolin Sodium	36
Braftovi	48	Cablivi	64	Cefdinir	36
Breo Ellipta	100	Cabometyx	48	Cefepime HCl	36
Breyna	100	Calcipotriene	74	Cefixime	36
Briellyn	83	Calcipotriene -Betamethasone	74	Cefoxitin Sodium	36
Brilinta	64	Calcitonin Salmon	93	Cefpodoxime Proxetil	36
Brimonidine Tartrate	96	Calcitriol	93	Cefprozil	36
Brimonidine Tartrate -Timolol	94	Calquence	48	Ceftazidime	36
Brinzolamide	96	Camila	86	Ceftriaxone Sodium	37
Bromfenac Sodium	95	Candesartan Cilexetil	64	Cefuroxime Axetil	37
Bromocriptine Mesylate	87	Candesartan Cilexetil -HCTZ	67	Cefuroxime Sodium	37
Bronchitol	100	Caplyta	54	Celecoxib	32
Brukinsa	48	Caprelsa	48	Cephalexin	37
Budesonide	97	Captopril	65	Cequa	94
Budesonide ER	93	Carbamazepine	41	Cerdelga	79
Budesonide -Formoterol Fumarate	100	Carbamazepine ER	41	Cetirizine HCl	97
Bumetanide	68	Carbidopa	53	Cevimeline HCl	72
Buprenorphine	33	Carbidopa -Levodopa	53	Chemet	77
Buprenorphine HCl	34	Carbidopa -Levodopa ER	53	Chenodal	78
Buprenorphine HCl -Naloxone HCl	34	Carbidopa -Levodopa ODT	53	Chlordiazepoxide HCl	58
Bupropion HCl	42	Carbidopa -Levodopa -Entacapone	53	Chlordiazepoxide -Amitriptyline	42
Bupropion HCl SR	42	Carglumic Acid	76	Chlorhexidine Gluconate	72
Bupropion HCl XL	42	Carteolol HCl	96	Chloroquine Phosphate	52
Buspiron HCl	58	Cartia XT	66	Chlorpromazine HCl	54
Butorphanol Tartrate	33	Carvedilol	65	Chlorthalidone	68
Bydureon BCise	60	Caspofungin Acetate	45	Chlorzoxazone	100
Byetta 10MCG Pen	60	Cayston	98	Cholbam	79
Byetta 5MCG Pen	60	Cefaclor	36	Cholestyramine	68

Cholestyramine Light	68	Clobetasol Propionate Emollient Base	73	Constulose	78
Ciclopirox	75	Clobetasol Propionate Emulsion	73	Copiktra	49
Ciclopirox Olamine	75	Clodan	73	Corlanor	67
Cilostazol	64	Clomipramine HCl	44	Cosentyx	89
Ciloxan	95	Clonazepam	58	Cosentyx Sensoready	89
Cimduo	56	Clonazepam ODT	58	Cosentyx UnoReady	89
Cimetidine	79	Clonidine	64	Cotellic	49
Cimzia	90	Clonidine HCl	64	Creon	79
Cinacalcet HCl	93	Clonidine HCl ER	70	Cresamba	45
Cinryze	88	Clopidogrel Bisulfate	64	Crinone	86
Cipro HC	97	Clorazepate Dipotassium	58	Cromolyn Sodium	99
Ciprofloxacin HCl	95	Clotrimazole	75	Cryselle -28	83
Ciprofloxacin in D5W	38	Clotrimazole -Betamethasone	74	Cyclobenzaprine HCl	100
Ciprofloxacin -Dexamethasone	97	Clozapine	55	Cyclophosphamide	47
Citalopram Hydrobromide	43	Clozapine ODT	55	Cycloserine	47
Claravis	72	Coartem	52	Cyclosporine	94
Clarithromycin	38	Cobefny	70	Cyclosporine Modified	90
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Clindamycin Phosphate	75	Colesevelam HCl	68	Cyred EQ	83
Clindamycin Phosphate in D5W	35	Colestipol HCl	68	Cystadrops	94
Clindamycin Phosphate -Benzoyl Peroxide	72	Colistimethate Sodium	35	Cystagon	79
Clinimix E/Dextrose	76	CombiPatch	83	Cystaran	94
Clinimix/Dextrose	76	Combivent Respimat	100		
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Danazol	82	Dexamethasone	81	Dimethyl Fumarate	71
Dantrolene Sodium	55	Dexamethasone Sodium Phosphate	95	Dimethyl Fumarate Starter Pack	71
Dapsone	46	Dexmethylphenidate HCl	70	Dipentum	93
Daptacel	91	Dextroamphetamine Sulfate	70	Diphenoxylate -Atropine	78
Daptomycin	35	Dextroamphetamine Sulfate ER	70	Dipyridamole	64
Darifenacin Hydrobromide ER	80	Dextrose	76	Disulfiram	34
Darunavir	57	Dextrose -Sodium Chloride .	76	Divalproex Sodium	59
Dasatinib	49	Diacomit	40	Divalproex Sodium ER	59
Daurismo	49	Diazepam	58	Dofetilide	65
DayVigo	100	Diazepam Intensol	58	Dolishale	83
Deblitane	86	Diazoxide	61	Donepezil HCl	42
Deferasirox	77	Diclofenac Potassium	32	Donepezil HCl ODT	42
Deferasirox Granules	77	Diclofenac Sodium	95	Doptelet	64
Deferiprone	77	Diclofenac Sodium ER	32	Dorzolamide HCl	96
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Demeclocycline HCl	39	Dicloxacillin Sodium	37	Dotti	83
Depo -Estradiol	83	Dicyclomine HCl	78	Dovato	56
Depo -SubQ Provera 104	86	Difacid	38	Doxazosin Mesylate	64
Descovy	57	Diflunisal	32	Doxepin HCl	73
Desipramine HCl	44	Difluprednate	95	Doxercalciferol	93
Desloratadine	97	Digoxin	67	Doxy 100	39
Desmopressin Acetate	82	Dihydroergotamine Mesylate	46	Doxycycline Hyclate	39
Desmopressin Acetate Spray	82	Dilantin	41	Doxycycline Monohydrate	39
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Desonide	73	Diltiazem HCl	66	Dronabinol	44
Desoximetasone	73	Diltiazem HCl ER	66	Drospirenone -Ethinyl Estradiol	83
Desvenlafaxine ER	43	Diltiazem HCl ER Beads	66	Droxia	48
Desvenlafaxine Succinate ER	43	Diltiazem HCl ER Coated Beads	66	Droxidopa	64
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Efavirenz -Emtricitabine -Tenofovir	56	Entecavir	55	Eszopiclone	100
Efavirenz -Lamivudine -Tenofovir	56	Entresto	67	Ethacrynic Acid	68
Eletriptan Hydrobromide	46	Entyvio Pen	89	Ethambutol HCl	47
Eligard	87	Enulose	78	Ethosuximide	40
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		Erythromycin	95	Famciclovir	56
		Erythromycin Base	38	Famotidine	79

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Fanapt Titration Pack	54	Fluocinolone Acetonide Scalp	73	Fyavolv	84
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Fasenra Pen	100	Fluocinonide Emulsified Base	73	G	
Febuxostat	45	Fluorometholone	95	Gabapentin	40
Felbamate	39	Fluorouracil	74	Galantamine Hydrobromide	42
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Fenofibrate	68	Fluphenazine HCl	54	Gammagard	88
Fenofibrate Micronized	68	Flurbiprofen	32	Gammagard S/D Less IgA ...	88
Fenofibric Acid	68	Flurbiprofen Sodium	95	Gammaked	88
Fentanyl	33	Fluticasone Propionate	97	Gammalex	88
Feriprox	77	Fluticasone Propionate Diskus	97	Gamunex -C	88
Fetzima	43	Fluticasone Propionate HFA	97	Gardasil 9	91
Fetzima Titration	43	Fluticasone -Salmeterol	100	Gatifloxacin	95
Finasteride	81	Fluvastatin Sodium	68	Gattex	78
Fingolimod HCl	71	Fluvoxamine Maleate	43	Gauze	94
Fintepla	39	Fluvoxamine Maleate ER	43	GaviLyte -C	78
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Flarex	95	Fosinopril Sodium	65	Gefitinib	49
Flavoxate HCl	80	Fosinopril Sodium -HCTZ	67	Gemfibrozil	68
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Fluconazole	45	Frovatriptan Succinate	46	Generlac	78
Fluconazole in Sodium Chloride	45	Fruzaqla	49	Gengraf	90
Flucytosine	45	Fulphila	63	Genotropin	82
Fludrocortisone Acetate	81	Furosemide	68	Genotropin MiniQuick	82
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Glassia	79	Harvoni	55	Hydrocortisone	93
Glatiramer Acetate	71	Havrix	91	Hydrocortisone Butyrate	74
Glatopa	71	Heather	86	Hydrocortisone Valerate	74
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Glimepiride	60	Heparin Sodium	63	Hydromorphone HCl	33
Glipizide	60	Heplisav -B	91	Hydromorphone HCl Preservative Free	34
Glipizide ER	60	Hiberix	91	Hydroxychloroquine Sulfate .	52
Glipizide -Metformin HCl	60	Humalog	61	Hydroxyurea	48
Glucagon	61	Humalog Junior KwikPen	61	Hydroxyzine HCl	58
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Glyburide Micronized	60	Humalog Mix 50/50 KwikPen	61	I	
Glyburide -Metformin	60	Humalog Mix 75/25	61	IDHIFA	49
Glycopyrrolate	78	Humalog Mix 75/25 KwikPen	61	IPOL	91
Glyxambi	60	Humatrope	82	Ibandronate Sodium	93
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		Humulin R U -500	62	Imatinib Mesylate	49
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Incassia	86	Isosorbide Dinitrate	69	Junel 1/20	84
Increlex	82	Isosorbide Dinitrate -Hydralazine	67	Junel Fe 1.5/30	84
Incruse Ellipta	98	Isosorbide Mononitrate	69	Junel Fe 1/20	84
Indapamide	68	Isosorbide Mononitrate ER	69	Junel Fe 24	84
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Inlyta	49	Isradipine	66	Jynarque	77
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Introvale	84	Iwilfin	48	Kariva	84
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Invega Sustenna	54	Ixiaro	92	Kelnor 1/50	84
Invega Trinza	54	J		Kerendia	69
Invokamet	60	Jakafi	49	Kesimpta	71
Invokamet XR	60	Jantoven	63	Ketoconazole	75
Invokana	69	Janumet	60	Ketorolac Tromethamine	96
Iopidine	96	Janumet XR	60	Kineret	89
Ipratropium Bromide	98	Januvia	60	Kinrix	92
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Krazati .	49	Lenalidomide	47	Libervant	40
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L -Glutamine .	76	Lenvima 14MG Daily Dose .	50	Lidocaine Viscous	34
LARIN 1.5/30	84	Lenvima 18MG Daily Dose .	50	Lidocaine -Prilocaine .	34
LARIN 1/20 .	84	Lenvima 20MG Daily Dose .	50	Liletta	86
LARIN Fe 1.5/30	84	Lenvima 24MG Daily Dose .	50	Linezolid .	35
LARIN Fe 1/20	84	Lenvima 4MG Daily Dose	50	Linzess	78
Labetalol HCl	65	Lenvima 8MG Daily Dose	50	Liothyronine Sodium .	87
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Lactulose	78	Letrozole	48	Lisdexamfetamine Dimesylate .	70
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Lamivudine -Zidovudine .	57	Leuprolide Acetate	87	Lithium .	59
Lamotrigine	39	Levalbuterol HCl	98	Lithium Carbonate .	59
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Lamotrigine ODT	39	Levetiracetam ER	40	Livtency	55
Lamotrigine Starter Kit -Blue .	39	Levobunolol HCl	96	Lokelma	77
Lamotrigine Starter Kit -Green .	39	Levocarnitine	79	Lonsurf	48
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Lorazepam Intensol	58	Maraviroc	57	Metformin HCl ER	60
Lorbrena	50	Marlissa	84	Methadone HCl	33
Loryna	84	Marplan	42	Methazolamide	96
Losartan Potassium	64	Matulane	47	Methenamine Hippurate	35
Losartan Potassium -HCTZ	67	Matzim LA	66	Methimazole	88
Lotemax	96	Mavyret	55	Methotrexate Sodium	90
Lotemax SM	96	Maxidex	96	Methoxsalen Rapid	74
Loteprednol Etabonate	96	Mayzent	71	Methsuximide	40
Lovastatin	68	Mayzent Starter Pack	71	Methylphenidate HCl	70
Low -Ogestrel	84	Meclizine HCl	44	Methylphenidate HCl CD	70
Loxapine Succinate	54	Medroxyprogesterone Acetate	86	Methylphenidate HCl ER	70
Lubiprostone	78	Mefloquine HCl	52	Methylphenidate HCl ER Osmotic Release	70
Lumakras	50	Megestrol Acetate	86	Methylprednisolone	81
Lumigan	96	Mekinist	50	Metoclopramide HCl	44
Lupron Depot	87	Mektovi	50	Metolazone	68
Lupron Depot -Ped	87	Meloxicam	32	Metoprolol Succinate ER	65
Lurasidone HCl	59	Memantine HCl	42	Metoprolol Tartrate	65
Lutera	84	Memantine HCl ER	42	Metoprolol -Hydrochlorothiazide	67
Lyleq	86	Memantine HCl Titration Pak	42	Metronidazole	35
Lyllana	84	MenQuadfi	92	Metyrosine	67
Lynparza	50	Menactra	92	Mexiletine HCl	65
Lysodren	48	Menostar	84	Micafungin Sodium	45
Lytgobi	50	Menveo	92	Microgestin 1.5/30	84
Lyza	86	Mercaptopurine	48	Microgestin 1/20	85
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MResvia	92	Mesalamine	93	Microgestin Fe 1/20	85
Magnesium Sulfate	76	Mesalamine ER	93	Midodrine HCl	64
Malathion	75	Mesnex	52	Mifepristone	87
		Metformin HCl	60	Miglitol	60

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Mili	85	Myrbetriq	80	Neupro	53
Mimvey	85	Mytesi	78	Nevanac	96
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Minoxidil	69	Nabumetone	32	Nevirapine ER	56
Mirabegron ER	80	Nadolol	65	Nexplanon	87
Mirtazapine	42	Nafcillin Sodium	38	Niacin	69
Mirtazapine ODT	42	Naloxone HCl	34	Niacin ER	69
Misoprostol	79	Naltrexone HCl	34	Niacor	69
Modafinil	101	Naproxen	32	Nicardipine HCl	66
Moexipril HCl	65	Naproxen DR	32	Nicotrol NS	35
Molindone HCl	54	Naproxen Sodium	32	Nifedipine ER	66
Mometasone Furoate	74	Naratriptan HCl	46	Nifedipine ER Osmotic Release	66
Montelukast Sodium	98	Nateglinide	60	Nikki	85
Morphine Sulfate	34	Nayzilam	40	Nilutamide	47
Morphine Sulfate ER	33	Nebivolol HCl	65	Nimodipine	66
Morphine Sulfate ER Beads	33	Necon 0.5/35	85	Ninlaro	50
Mounjaro	60	Nefazodone HCl	43	Nisoldipine ER	66
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Moxifloxacin HCl in NaCl	39	Neomycin Sulfate	35	Nitro -Bid	69
Mulpleta	63	Neomycin -Bacitracin -Polymyxin	95	Nitrofurantoin	36
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Mupirocin	75	Neomycin -Polymyxin -Gramicidin	95	Nitroglycerin	69
Mupirocin Calcium	75	Neomycin -Polymyxin -HC	97	Nivestym	63
Myalept	78	Nerlynx	50	Nizatidine	79
Mycophenolate Mofetil	90	Neuac	72	Nora -BE	87
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Nortrel 7/7/7	85	Ocella	85	Orgovyx	48	
Nortriptyline HCl	44	Octagam	88	Oriahnn	88	
Norvir	57	Octreotide Acetate	88	Orkambi	99	
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NovoLog	62	Odomez	50	Oseltamivir Phosphate	58	
NovoLog FlexPen	62	Ofev	99	Osphena	87	
NovoLog Mix 70/30	62	Ofloxacin	97	Otezla	89	
NovoLog Mix 70/30 FlexPen	62	Ogsiveo	48	Oxacillin Sodium	38	
NovoLog PenFill	62	Ojemda	50	Oxaprozin	32	
Novolin 70/30	62	Ojjaara	50	Oxazepam	58	
Novolin 70/30 FlexPen	62	Olanzapine	59	Oxcarbazepine	41	
Novolin N	62	Olanzapine ODT	59	Oxervate	94	
Novolin N FlexPen	62	Olanzapine -Fluoxetine HCl	59	Oxybutynin Chloride	80	
Novolin R	62	Olmesartan Medoxomil	64	Oxybutynin Chloride ER	80	
Novolin R FlexPen	62	Olmesartan Medoxomil -HCTZ	67	Oxycodone HCl	34	
Nubeqa	47	Olmesartan -Amlodipine -HCTZ	67	Oxycodone -Acetaminophen	34	
Nucala	100	Olopatadine HCl	97	Oxymorphone HCl	34	
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		Prednisolone
		Prednisolone Acetate
		Prednisolone Sodium Phosphate
		Prednisone
		Prednisone Intensol
		Pregabalin
		Premarin
		Premasol
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Prezcobix	57	Prosol	77	Ranolazine ER	67	
Prezista	57	Protriptyline HCl	44	Rasagiline Mesylate	53	
Priftin	47	Pulmicort Flexhaler	97	Ravicti	80	
Primaquine Phosphate	53	Pulmozyme	99	Rebif	71	
Primidone	40	Purixan	48	Rebif Rebidose	71	
Priorix	92	Pyrazinamide	47	Rebif Rebidose Titration Pack	71	
Privigen	88	Pyridostigmine Bromide	46	Rebif Titration Pack	71	
ProAir RespiClick	98	Pyridostigmine Bromide ER	46	Reclipsen	85	
ProQuad	92	Pyrimethamine	53	Recombivax HB	92	
Probenecid	45	Pyrukynd	80	Regranex	75	
Prochlorperazine	44	Pyrukynd Taper Pack	80	Relenza Diskhaler	58	
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Prograf	91	Quinapril -Hydrochlorothiazide	67	Retevmo	50	
Prolastin -C	80	Quinidine Gluconate ER	65	Revcovi	80	
Prolia	93	Quinidine Sulfate	65	Rexulti	54	
Promacta	64	Quinine Sulfate	53	Reyataz	57	
Promethazine HCl	44	Qulipta	46	Rezlidhia	50	
Promethazine VC	100	Qvar RediHaler	97	Rezurock	91	
Promethegan	44	R			Ribavirin	55
Propafenone HCl	65	RabAvert	92	Ridaura	89	
Propafenone HCl ER	65	Radicava ORS Starter Kit	70	Rifabutin	46	
Propranolol HCl	66	Raloxifene HCl	87	Rifampin	47	
Propranolol HCl ER	66	Ramelteon	100	Riluzole	70	

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Rinvoq	89	Savella	71	Sodium Polystyrene Sulfonate	78
Rinvoq LQ	89	Savella Titration Pack	71	Soliqua	61
Risedronate Sodium	94	Saxagliptin HCl	61	Soltamox	47
Risperidone	59	Saxagliptin -Metformin ER	61	Somavert	88
Risperidone Microspheres ER	59	Scemblix	51	Sorafenib Tosylate	51
Risperidone ODT	59	Scopolamine	44	Sotalol HCl	65
Ritonavir	57	Secuado	59	Sotylyze	65
Rivastigmine	42	Selegiline HCl	53	Spiriva Respimat	98
Rivastigmine Tartrate	42	Selenium Sulfide	74	Spirolactone	69
Rizatriptan Benzoate	46	Selzentry	57	Spirolactone -HCTZ	67
Rizatriptan Benzoate ODT	46	Serevent Diskus	98	Sprintec 28	85
Roflumilast	99	Serostim	82	Spritam ODT	40
Ropinirole HCl	53	Sertraline HCl	43	Sprycel	51
Ropinirole HCl ER	53	Setlakin	85	Sronyx	85
Rosuvastatin Calcium	68	Sharobel	87	Stelara	89
RotaTeq	92	Shingrix	92	Stiolto Respimat	100
Rotarix	92	Signifor	88	Stivarga	51
Roweepra	40	Sildenafil Citrate	99	Streptomycin Sulfate	35
Rozlytrek	50	Silver Sulfadiazine	75	Stribild	56
Rubraca	51	Simbrinza	96	Striverdi Respimat	98
Rufinamide	41	Simponi	91	Subvenite	40
Rukobia	57	Simvastatin	68	Subvenite Starter Kit -Blue	40
Rybelsus	61	Sirolimus	91	Subvenite Starter Kit -Green	40
Rydapt	51	Sirturo	47	Subvenite Starter Kit -Orange	40
S		Skyclarys	70	Sucraid	80
SPS	78	Skyrizi	89	Sucralfate	79
Sancuso	44	Skyrizi Pen	89	Sulfacetamide Sodium	95
Santyl	75	Sodium Chloride	77	Sulfacetamide -Prednisolone	94

Sulfadiazine	39	Tarina 24 Fe	85	Theophylline	99	
Sulfamethoxazole -Trimethoprim	39	Tarina Fe 1/20 EQ	85	Theophylline ER	99	
Sulfamylon	75	Tasigna	51	Thioridazine HCl	54	
Sulfasalazine	93	Tasimelteon	100	Thiothixene	54	
Sulindac	32	Tazarotene	72	Tiadyt ER	66	
Sumatriptan	46	Tazicef	37	Tiagabine HCl	40	
Sumatriptan Succinate	46	Tazorac	72	Tibsovo	51	
Sunitinib Malate	51	Tazverik	51	Ticovac	92	
Sunlenca	57	Teflaro	37	Tigecycline	36	
Syeda	85	Telmisartan	64	Tilia Fe	85	
Symdeko	99	Telmisartan -Amlodipine	67	Timolol Maleate	96	
SymlynPen 120	61	Telmisartan -HCTZ	67	Timolol Maleate Ophthalmic Gel Forming	96	
SymlynPen 60	61	Temazepam	100	Timolol Maleate PF	96	
Sympazan	40	Tenivac	92	Tinidazole	36	
Symtuza	58	Tenofovir Disoproxil Fumarate	57	Tiopronin	81	
Synarel	88	Tepmetko	51	Tiotropium Bromide Monohydrate	98	
Synjardy	61	Terazosin HCl	81	Tivicay	56	
Synjardy XR	61	Terbinafine HCl	45	Tivicay PD	56	
T			Terbutaline Sulfate	98	Tizanidine HCl	55
TDVAX	92	Terconazole	45	TobraDex	94	
Tabrecta	51	Teriflunomide	71	Tobramycin	99	
Tacrolimus	91	Teriparatide	94	Tobramycin Sulfate	35	
Tadalafil	99	Testosterone	82	Tobramycin -Dexamethasone	94	
Tafinlar	51	Testosterone Cypionate	82	Tobrex	95	
Tafluprost	96	Testosterone Enanthate	82	Tolcapone	53	
Tagrisso	51	Testosterone Pump	82	Tolterodine Tartrate	81	
Talzenna	51	Tetrabenazine	71	Tolterodine Tartrate ER	81	
Tamoxifen Citrate	47	Tetracycline HCl	39	Tolvaptan	77	
Tamsulosin HCl	81	Thalomid	47	Topiramate	40	

Toremifene Citrate	48	Tri -VyLibra	86	Tymlos	94
Torpenz	51	Tri -VyLibra Lo	86	Typhim VI	92
Torse mide	68	Triamcinolone Acetonide	74	Tyvaso DPI Maintenance Kit	99
Toujeo Max SoloStar	62	Triamterene -HCTZ	67	Tyvaso DPI Titration Kit	99
Toujeo SoloStar	62	Triderm	74	U	
Tovet	74	Trientine HCl	77	Ubrelvy	46
Tradjenta	61	Trifluoperazine HCl	54	Udenyca	64
Tramadol HCl	34	Trifluridine	95	Unithroid	87
Tramadol HCl ER	33	Trihexyphenidyl HCl	53	Uptravi	99
Tramadol -Acetaminophen	34	Trijardy XR	61	Uptravi Titration	99
Trandolapril	65	Trikafta	99	Ursodiol	79
Trandolapril -Verapamil HCl ER	67	Trimethoprim	36	V	
Tranexamic Acid	64	Trimipramine Maleate	44	Valacyclovir HCl	56
Tranylcypramine Sulfate	42	Trintellix	43	Valchlor	47
Travasol	77	Triumeq	57	Valganciclovir HCl	55
Travoprost	96	Triumeq PD	57	Valproic Acid	40
Trazodone HCl	43	Trivora	86	Valsartan	64
Trecator	47	TrophAmine	77	Valsartan -Hydrochlorothiazide	67
Trelegy Ellipta	100	Trospium Chloride	81	Valtoco 10MG Dose	40
Trelstar Mixject	88	Trospium Chloride ER	81	Valtoco 15MG Dose	41
Tresiba	62	Trulicity	61	Valtoco 20MG Dose	41
Tresiba FlexTouch	62	Trumenba	92	Valtoco 5MG Dose	41
Tretinoin	72	Truqap	51	Vancomycin HCl	36
Tri -Estarylla	86	Tudorza Pressair	98	Vanflyta	51
Tri -Legest Fe	86	Tukysa	51	Vaqta	92
Tri -Lo -Estarylla	86	Turalio	51	Varenicline Tartrate	35
Tri -Lo -Sprintec	86	Turqoz	86	Varivax	92
Tri -Mili	86	Twinrix	92	Vaxchora	92
Tri -Sprintec	86	Tybost	57	Velivet	86

Ziprasidone Mesylate	59
Zirgan	55
Zolinza	48
Zolmitriptan	46
Zolmitriptan ODT	46
Zolpidem Tartrate	101
Zonisade	42
Zonisamide	42
Zovia 1/35	86
Ztalmy	41
Zurzuvaе	42
Zydelig	52
Zykadia	52
Zylet	94

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 12-31.

The first column lists the drug name, which may include the dosage form and strength. **Brand name (B)** drugs are listed in **bold** type (for example, **Humalog**) and generic (G) drugs are listed in plain type (for example, Simvastatin). The **(B)** or **(G)** identifier is listed in the “Brand or Generic” column. The information in the “Coverage rules or limits on use” column lists any special requirements for coverage of your drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 102-146.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Analgesics			
Nonsteroidal Anti-inflammatory Drugs			
Celecoxib (Oral Capsule)	G	1	QL
Diclofenac Potassium (50MG Oral Tablet)	G	1	
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	G	1	
Diclofenac Sodium (1.5% External Solution)	G	1	QL
Diclofenac Sodium (Oral Tablet Delayed Release)	G	1	
Diclofenac-Misoprostol (Oral Tablet Delayed Release)	G	1	
Diflunisal (Oral Tablet)	G	1	
Etodolac ER (Oral Tablet Extended Release 24 Hour)	G	1	
Etodolac (Oral Capsule)	G	1	
Etodolac (Oral Tablet Immediate Release)	G	1	
Flurbiprofen (100MG Oral Tablet)	G	1	
Ibu (600MG Oral Tablet, 800MG Oral Tablet)	G	1	
Ibuprofen (Oral Suspension)	G	1	
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	G	1	
Meloxicam (Oral Tablet)	G	1	
Nabumetone (Oral Tablet)	G	1	
Naproxen DR (Oral Tablet Delayed Release)	G	1	
Naproxen (Oral Suspension)	G	1	SP; QL
Naproxen (Oral Tablet Immediate Release)	G	1	
Naproxen (375MG Oral Tablet Delayed Release) (Generic EC-Naprosyn)	G	1	
Naproxen Sodium (275MG Oral Tablet Immediate Release, 550MG Oral Tablet Immediate Release)	G	1	
Oxaprozin (Oral Tablet)	G	1	
Piroxicam (Oral Capsule)	G	1	
Sulindac (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Opioid Analgesics, Long-acting			
Buprenorphine (Transdermal Patch Weekly)	G	1	PA; 7D; DL; QL
Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 37.5MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 62.5MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour)	G	1	PA; 7D; MME; DL; QL
Fentanyl (87.5MCG/HR Transdermal Patch 72 Hour)	G	1	PA; SP; 7D; MME; DL; QL
Methadone HCl (Oral Solution)	G	1	PA; 7D; MME; DL; QL
Methadone HCl (Oral Tablet)	G	1	PA; 7D; MME; DL; QL
Morphine Sulfate ER Beads (Oral Capsule Extended Release 24 Hour) (Generic Avinza)	G	1	PA; 7D; MME; DL; QL
Morphine Sulfate ER (Oral Capsule Extended Release 24 Hour) (Generic Kadian)	G	1	PA; 7D; MME; DL; QL
Morphine Sulfate ER (Oral Tablet Extended Release) (Generic MS Contin)	G	1	PA; 7D; MME; DL; QL
Oxymorphone HCl ER (10MG Oral Tablet Extended Release 12 Hour, 15MG Oral Tablet Extended Release 12 Hour, 20MG Oral Tablet Extended Release 12 Hour, 30MG Oral Tablet Extended Release 12 Hour, 5MG Oral Tablet Extended Release 12 Hour, 7.5MG Oral Tablet Extended Release 12 Hour)	G	1	PA; 7D; MME; DL; QL
Oxymorphone HCl ER (40MG Oral Tablet Extended Release 12 Hour)	G	1	PA; SP; 7D; MME; DL; QL
Tramadol HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	7D; MME; DL; QL
Opioid Analgesics, Short-acting			
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	1	7D; MME; DL; QL
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	1	7D; MME; DL; QL
Butorphanol Tartrate (Nasal Solution)	G	1	7D; MME; DL; QL
Codeine Sulfate (Oral Tablet)	G	1	7D; MME; DL; QL
Endocet (Oral Tablet)	G	1	7D; MME; DL; QL
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	G	1	7D; MME; DL; QL
Hydrocodone-Acetaminophen (10-300MG Oral Tablet, 10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-300MG Oral Tablet, 5-325MG Oral Tablet, 7.5-300MG Oral Tablet, 7.5-325MG Oral Tablet)	G	1	7D; MME; DL; QL
Hydromorphone HCl (Oral Liquid)	G	1	7D; MME; DL; QL
Hydromorphone HCl (Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution)	G	1	7D; DL
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)	G	1	7D; MME; DL; QL
Morphine Sulfate (10MG/5ML Oral Solution, 20MG/5ML Oral Solution)	G	1	7D; MME; DL; QL
Morphine Sulfate (Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Oxycodone HCl (Oral Capsule)	G	1	7D; MME; DL; QL
Oxycodone HCl (Oral Concentrate)	G	1	7D; MME; DL; QL
Oxycodone HCl (Oral Solution)	G	1	7D; MME; DL; QL
Oxycodone HCl (Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	1	7D; MME; DL; QL
Oxymorphone HCl (Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Tramadol HCl (50MG Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Tramadol-Acetaminophen (Oral Tablet)	G	1	7D; MME; DL; QL
Anesthetics			
Local Anesthetics			
Lidocaine (5% External Ointment)	G	1	QL
Lidocaine (5% External Patch)	G	1	PA; QL
Lidocaine HCl (4% External Solution)	G	1	
Lidocaine Viscous (2% Mouth/Throat Solution)	G	1	
Lidocaine-Prilocaine (External Cream)	G	1	QL
Anti-Addiction/Substance Abuse Treatment Agents			
Alcohol Deterrents/Anti-craving			
Acamprosate Calcium (Oral Tablet Delayed Release)	G	1	
Disulfiram (Oral Tablet)	G	1	
Naltrexone HCl (Oral Tablet)	G	1	
Vivitrol (Intramuscular Suspension Reconstituted)	B	2	SP
Opioid Dependence			
Buprenorphine HCl (Tablet Sublingual)	G	1	QL
Buprenorphine HCl-Naloxone HCl (Sublingual Film)	G	1	QL
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	G	1	QL
Opioid Reversal Agents			
Kloxxado (Nasal Liquid)	B	3	
Naloxone HCl (0.4MG/ML Injection Solution)	G	1	
Naloxone HCl (Injection Solution Cartridge)	G	1	
Naloxone HCl (Injection Solution Prefilled Syringe)	G	1	
Opvee (Nasal Solution)	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Smoking Cessation Agents			
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	G	1	QL
Nicotrol NS (Nasal Solution)	B	3	
Varenicline Tartrate (Starter) (Oral Tablet Therapy Pack)	G	1	
Varenicline Tartrate (Oral Tablet)	G	1	
Antibacterials			
Aminoglycosides			
Amikacin Sulfate (500MG/2ML Injection Solution)	G	1	
Arikayce (Inhalation Suspension)	B	2	PA; SP; QL
Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	G	1	
Gentamicin Sulfate (40MG/ML Injection Solution)	G	1	
Neomycin Sulfate (Oral Tablet)	G	1	
Streptomycin Sulfate (Intramuscular Solution Reconstituted)	G	1	SP
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	G	1	
Antibacterials, Other			
Aztreonam (Injection Solution Reconstituted)	G	1	
Clindamycin HCl (Oral Capsule)	G	1	
Clindamycin Palmitate HCl (Oral Solution Reconstituted)	G	1	
Clindamycin Phosphate in D5W (Intravenous Solution)	G	1	
Clindamycin Phosphate (900MG/6ML Injection Solution)	G	1	
Clindamycin Phosphate (Vaginal Cream)	G	1	
Colistimethate Sodium (CBA) (Injection Solution Reconstituted)	G	1	
Daptomycin (Intravenous Solution Reconstituted)	G	1	
Linezolid (Intravenous Solution)	G	1	
Linezolid (Oral Suspension Reconstituted)	G	1	SP; QL
Linezolid (Oral Tablet)	G	1	QL
Methenamine Hippurate (Oral Tablet)	G	1	
Metronidazole (External Cream)	G	1	
Metronidazole (External Gel)	G	1	
Metronidazole (External Lotion)	G	1	
Metronidazole (Intravenous Solution)	G	1	
Metronidazole (Oral Tablet)	G	1	
Metronidazole (Vaginal Gel)	G	1	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Nitrofurantoin Macrocrystal (Oral Capsule) (Generic Macrochantin)	G	1	HRM
Nitrofurantoin Monohydrate (Generic Macrobid)	G	1	HRM
Nitrofurantoin (25MG/5ML Oral Suspension)	G	1	SP; HRM
Tigecycline (Intravenous Solution Reconstituted)	G	1	SP
Tinidazole (Oral Tablet)	G	1	
Trimethoprim (Oral Tablet)	G	1	
Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)	G	1	
Vancomycin HCl (Oral Capsule)	G	1	QL
Xifaxan (200MG Oral Tablet)	B	2	PA; QL
Xifaxan (550MG Oral Tablet)	B	2	PA; SP; QL
Beta-lactam, Cephalosporins			
Cefaclor (Oral Capsule)	G	1	
Cefaclor (Oral Suspension Reconstituted)	G	1	
Cefadroxil (Oral Capsule)	G	1	
Cefadroxil (Oral Suspension Reconstituted)	G	1	
Cefadroxil (Oral Tablet)	G	1	
Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	1	
Cefdinir (Oral Capsule)	G	1	
Cefdinir (Oral Suspension Reconstituted)	G	1	
Cefepime HCl (Injection Solution Reconstituted)	G	1	
Cefepime HCl (2GM Intravenous Solution Reconstituted)	G	1	
Cefixime (Oral Capsule)	G	1	
Cefixime (Oral Suspension Reconstituted)	G	1	
Cefoxitin Sodium (Intravenous Solution Reconstituted)	G	1	
Cefpodoxime Proxetil (Oral Suspension Reconstituted)	G	1	
Cefpodoxime Proxetil (Oral Tablet)	G	1	
Cefprozil (Oral Suspension Reconstituted)	G	1	
Cefprozil (Oral Tablet)	G	1	
Ceftazidime (Injection Solution Reconstituted)	G	1	
Ceftazidime (Intravenous Solution Reconstituted)	G	1	
Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	G	1	
Cefuroxime Axetil (Oral Tablet)	G	1	
Cefuroxime Sodium (Injection Solution Reconstituted)	G	1	
Cefuroxime Sodium (Intravenous Solution Reconstituted)	G	1	
Cephalexin (250MG Oral Capsule, 500MG Oral Capsule)	G	1	
Cephalexin (Oral Suspension Reconstituted)	G	1	
Cephalexin (Oral Tablet)	G	1	
Tazicef (Injection Solution Reconstituted)	G	1	
Tazicef (2GM Intravenous Solution Reconstituted, 6GM Intravenous Solution Reconstituted)	G	1	
Teflaro (Intravenous Solution Reconstituted)	B	2	SP
Beta-lactam, Penicillins			
Amoxicillin (Oral Capsule)	G	1	
Amoxicillin (Oral Suspension Reconstituted)	G	1	
Amoxicillin (Oral Tablet Immediate Release)	G	1	
Amoxicillin (Oral Tablet Chewable)	G	1	
Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour)	G	1	
Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted)	G	1	
Amoxicillin-Potassium Clavulanate (Oral Tablet Immediate Release)	G	1	
Amoxicillin-Potassium Clavulanate (Oral Tablet Chewable)	G	1	
Ampicillin (Oral Capsule)	G	1	
Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted)	G	1	
Ampicillin Sodium (10GM Intravenous Solution Reconstituted)	G	1	
Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)	G	1	
Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted)	G	1	
Bicillin C-R 900/300 (Intramuscular Suspension)	B	2	
Bicillin C-R (Intramuscular Suspension)	B	2	
Bicillin L-A (Intramuscular Suspension Prefilled Syringe)	B	2	
Dicloxacillin Sodium (Oral Capsule)	G	1	
Nafcillin Sodium (Injection Solution Reconstituted)	G	1	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Nafcillin Sodium (10GM Intravenous Solution Reconstituted)	G	1	
Oxacillin Sodium (Injection Solution Reconstituted)	G	1	
Oxacillin Sodium (Intravenous Solution Reconstituted)	G	1	
Penicillin G Potassium in Dextrose (40000UNIT/ML Intravenous Solution, 60000UNIT/ML Intravenous Solution)	B	2	
Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)	G	1	
Penicillin G Sodium (Injection Solution Reconstituted)	G	1	
Piperacillin-Tazobactam (2.25 (2-0.25)GM Intravenous Solution Reconstituted, 3.375 (3-0.375)GM Intravenous Solution Reconstituted, 4.5 (4-0.5)GM Intravenous Solution Reconstituted, 40.5 (36-4.5)GM Intravenous Solution Reconstituted)	G	1	
Penicillin V Potassium (Oral Tablet)	G	1	
Piperacillin-Tazobactam (Intravenous Solution Reconstituted)	G	1	
Carbapenems			
Ertapenem Sodium (Injection Solution Reconstituted)	G	1	
Imipenem-Cilastatin (Intravenous Solution Reconstituted)	G	1	
Meropenem (1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted)	G	1	
Macrolides			
Azithromycin (Intravenous Solution Reconstituted)	G	1	
Azithromycin (Oral Suspension Reconstituted)	G	1	
Azithromycin (Oral Tablet)	G	1	
Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	G	1	
Clarithromycin (Oral Suspension Reconstituted)	G	1	
Clarithromycin (Oral Tablet Immediate Release)	G	1	
Difucid (Oral Suspension Reconstituted)	B	2	SP; QL
Difucid (Oral Tablet)	B	2	SP; QL
Erythromycin Base (250MG Oral Tablet)	G	1	
Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted)	G	1	
Erythromycin (Oral Tablet Delayed Release)	G	1	
Quinolones			
Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	G	1	
Ciprofloxacin in D5W (200MG/100ML Intravenous Solution)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution)	G	1	
Levofloxacin (Oral Solution)	G	1	
Levofloxacin (Oral Tablet)	G	1	
Moxifloxacin HCl in NaCl (Intravenous Solution)	G	1	
Moxifloxacin HCl (Oral Tablet)	G	1	
Ofloxacin (400MG Oral Tablet)	G	1	
Sulfonamides			
Sulfadiazine (Oral Tablet)	G	1	
Sulfamethoxazole-Trimethoprim (200-40MG/5ML Oral Suspension)	G	1	
Sulfamethoxazole-Trimethoprim (Oral Tablet)	G	1	
Tetracyclines			
Demeclocycline HCl (Oral Tablet)	G	1	
Doxy 100 (Intravenous Solution Reconstituted)	G	1	
Doxycycline Hyclate (Oral Capsule)	G	1	
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release)	G	1	
Doxycycline Monohydrate (Oral Suspension Reconstituted)	G	1	
Minocycline HCl (Oral Capsule)	G	1	
Tetracycline HCl (Oral Capsule)	G	1	
Anticonvulsants			
Anticonvulsants, Other			
BRIVIACT (Oral Solution)	B	2	PA; QL
BRIVIACT (Oral Tablet)	B	2	PA; QL
Epidiolex (Oral Solution)	B	2	PA
Eprontia (Oral Solution)	B	3	
Felbamate (Oral Suspension)	G	1	
Felbamate (Oral Tablet)	G	1	
Fintepla (Oral Solution)	B	2	PA; QL
Fycompa (Oral Suspension)	B	2	QL
Fycompa (Oral Tablet)	B	2	QL
Lamotrigine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Lamotrigine (Oral Tablet Immediate Release)	G	1	
Lamotrigine (Oral Tablet Chewable)	G	1	
Lamotrigine ODT (Oral Tablet Dispersible)	G	1	
Lamotrigine Starter Kit-Blue (Oral Kit)	G	1	
Lamotrigine Starter Kit-Green (Oral Kit)	G	1	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Lamotrigine Starter Kit-Orange (Oral Kit)	G	1	
Levetiracetam ER (Oral Tablet Extended Release 24 Hour)	G	1	
Levetiracetam (100MG/ML Oral Solution)	G	1	
Levetiracetam (Oral Tablet Immediate Release)	G	1	
Roweepra (Oral Tablet Immediate Release)	G	1	
Spritam ODT (Oral Tablet Disintegrating Soluble)	B	2	QL
Subvenite (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet)	G	1	
Subvenite Starter Kit-Blue (Oral Kit)	G	1	
Subvenite Starter Kit-Green (Oral Kit)	G	1	
Subvenite Starter Kit-Orange (Oral Kit)	G	1	
Topiramate (Oral Capsule Sprinkle Immediate Release)	G	1	
Topiramate (Oral Tablet)	G	1	
Valproic Acid (Oral Capsule)	G	1	
Valproic Acid (250MG/5ML Oral Solution)	G	1	
Xcopri (25MG Oral Tablet)	B	2	PA; QL
Calcium Channel Modifying Agents			
Ethosuximide (Oral Capsule)	G	1	
Ethosuximide (Oral Solution)	G	1	
Methsuximide (Oral Capsule)	G	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents			
Libervant (Buccal Film)	B	2	PA; QL
Gamma-aminobutyric Acid (GABA) Modulating Agents			
Clobazam (Oral Suspension)	G	1	PA; QL
Clobazam (Oral Tablet)	G	1	PA; QL
Diacomit (Oral Capsule)	B	2	QL
Diacomit (Oral Packet)	B	2	QL
Diazepam (Rectal Gel)	G	1	QL
Gabapentin (Oral Capsule)	G	1	QL
Gabapentin (250MG/5ML Oral Solution)	G	1	QL
Gabapentin (600MG Oral Tablet, 800MG Oral Tablet)	G	1	QL
Nayzilam (Nasal Solution)	B	2	PA; QL
Phenobarbital (Oral Elixir)	G	1	HRM
Phenobarbital (Oral Tablet)	G	1	HRM
Primidone (Oral Tablet)	G	1	
Sympazan (Oral Film)	B	2	PA; QL
Tiagabine HCl (Oral Tablet)	G	1	
Valtoco 10MG Dose (Nasal Liquid)	B	2	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Valtoco 15MG Dose (Nasal Liquid Therapy Pack)	B	2	PA; SP; QL
Valtoco 20MG Dose (Nasal Liquid Therapy Pack)	B	2	PA; SP; QL
Valtoco 5MG Dose (Nasal Liquid)	B	2	PA; QL
Vigabatrin (Oral Packet)	G	1	PA; QL
Vigabatrin (Oral Tablet)	G	1	PA; QL
Vigadrone (Oral Packet)	G	1	PA; QL
Vigadrone (Oral Tablet)	G	1	PA; QL
Vigafyde (Oral Solution)	B	2	PA
Vigpoder (Oral Packet)	G	1	PA; QL
Ztalmy (Oral Suspension)	B	2	PA
Sodium Channel Agents			
Aptiom (Oral Tablet)	B	2	QL
Carbamazepine ER (Oral Capsule Extended Release 12 Hour)	G	1	
Carbamazepine ER (Oral Tablet Extended Release 12 Hour)	G	1	
Carbamazepine (100MG/5ML Oral Suspension)	G	1	
Carbamazepine (Oral Tablet Immediate Release)	G	1	
Carbamazepine (100MG Oral Tablet Chewable)	G	1	
Dilantin (30MG Oral Capsule)	B	2	
Epitol (Oral Tablet)	G	1	
Lacosamide (10MG/ML Oral Solution)	G	1	QL
Lacosamide (Oral Tablet)	G	1	QL
Oxcarbazepine (Oral Suspension)	G	1	
Oxcarbazepine (Oral Tablet Immediate Release)	G	1	
Phenytek (Oral Capsule)	G	1	
Phenytoin (Oral Suspension)	G	1	
Phenytoin (Oral Tablet Chewable)	G	1	
Phenytoin Sodium Extended (Oral Capsule)	G	1	
Rufinamide (Oral Suspension)	G	1	QL
Rufinamide (Oral Tablet)	G	1	QL
Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	2	PA; QL
Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack)	B	2	PA; QL
Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet)	B	2	PA; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack, 14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack)	B	2	PA; QL
Zonisade (Oral Suspension)	B	3	ST
Zonisamide (Oral Capsule)	G	1	
Antidementia Agents			
Cholinesterase Inhibitors			
Donepezil HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	1	QL
Donepezil HCl ODT (Oral Tablet Dispersible)	G	1	QL
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	G	1	QL
Galantamine Hydrobromide (Oral Solution)	G	1	QL
Galantamine Hydrobromide (Oral Tablet)	G	1	QL
Rivastigmine Tartrate (Oral Capsule)	G	1	QL
Rivastigmine (Transdermal Patch 24 Hour)	G	1	QL
N-methyl-D-aspartate (NMDA) Receptor Antagonist			
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	PA; QL
Memantine HCl (Oral Solution)	G	1	PA; QL
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	1	PA; QL
Memantine HCl Titration Pak (Oral Tablet)	G	2	PA; QL
Antidepressants			
Antidepressants, Other			
Auvelity (Oral Tablet Extended Release)	B	2	ST; QL
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	G	1	QL
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	1	QL
Bupropion HCl (Oral Tablet Immediate Release)	G	1	
Chlordiazepoxide-Amitriptyline (Oral Tablet)	G	1	HRM
Mirtazapine (Oral Tablet)	G	1	QL
Mirtazapine ODT (Oral Tablet Dispersible)	G	1	QL
Perphenazine-Amitriptyline (Oral Tablet)	G	1	HRM
Zurzuva (Oral Capsule)	B	2	PA; SP; QL
Monoamine Oxidase Inhibitors			
Emsam (Transdermal Patch 24 Hour)	B	2	SP; QL
Marplan (Oral Tablet)	B	2	
Phenelzine Sulfate (Oral Tablet)	G	1	
Tranylcypromine Sulfate (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)			
Citalopram Hydrobromide (Oral Solution)	G	1	QL
Citalopram Hydrobromide (Oral Tablet)	G	1	QL
Desvenlafaxine ER (Oral Tablet Extended Release 24 Hour) (Brand Equivalent Khedezla)	B	2	ST; QL
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	1	QL
Escitalopram Oxalate (Oral Solution)	G	1	QL
Escitalopram Oxalate (Oral Tablet)	G	1	QL
Fetzima (Oral Capsule Extended Release 24 Hour)	B	2	ST; QL
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	B	2	ST; QL
Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)	G	1	QL
Fluoxetine HCl (90MG Oral Capsule Delayed Release)	G	1	ST; QL
Fluoxetine HCl (20MG/5ML Oral Solution)	G	1	QL
Fluoxetine HCl (60MG Oral Tablet)	G	1	QL
Fluvoxamine Maleate ER (Oral Capsule Extended Release 24 Hour)	G	1	ST; QL
Fluvoxamine Maleate (Oral Tablet)	G	1	QL
Nefazodone HCl (Oral Tablet)	G	1	
Paroxetine HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	HRM; QL
Paroxetine HCl (Oral Suspension)	G	1	HRM; QL
Paroxetine HCl (Oral Tablet Immediate Release)	G	1	HRM; QL
Sertraline HCl (Oral Concentrate)	G	1	
Sertraline HCl (Oral Tablet)	G	1	QL
Trazodone HCl (Oral Tablet)	G	1	
Trintellix (Oral Tablet)	B	2	ST; QL
Venlafaxine Besylate ER (Oral Tablet Extended Release 24 Hour)	B	3	QL
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	QL
Venlafaxine HCl ER (225MG Oral Tablet Extended Release 24 Hour)	G	3	QL
Venlafaxine HCl (Oral Tablet Immediate Release)	G	1	QL
Vilazodone HCl (Oral Tablet)	G	1	ST; QL
Tricyclics			

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Amitriptyline HCl (Oral Tablet)	G	1	HRM
Amoxapine (Oral Tablet)	G	1	HRM
Clomipramine HCl (Oral Capsule)	G	1	HRM
Desipramine HCl (Oral Tablet)	G	1	HRM
Doxepin HCl (Oral Capsule)	G	1	HRM
Doxepin HCl (Oral Concentrate)	G	1	HRM
Imipramine HCl (Oral Tablet)	G	1	HRM
Imipramine Pamoate (Oral Capsule)	G	1	HRM
Nortriptyline HCl (Oral Capsule)	G	1	HRM
Nortriptyline HCl (Oral Solution)	G	1	HRM
Protriptyline HCl (Oral Tablet)	G	1	HRM
Trimipramine Maleate (Oral Capsule)	G	1	HRM
Antiemetics			
Antiemetics, Other			
Compro (Rectal Suppository)	G	1	
Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet)	G	1	HRM
Metoclopramide HCl (5MG/5ML Oral Solution)	G	1	
Metoclopramide HCl (Oral Tablet)	G	1	
Perphenazine (Oral Tablet)	G	1	
Prochlorperazine Maleate (Oral Tablet)	G	1	
Prochlorperazine (Rectal Suppository)	G	1	
Promethazine HCl (Oral Solution)	G	1	HRM
Promethazine HCl (Oral Tablet)	G	1	HRM
Promethazine HCl (Rectal Suppository)	G	1	HRM
Promethegan (25MG Rectal Suppository, 50MG Rectal Suppository)	G	1	HRM
Scopolamine (Transdermal Patch 72 Hour)	G	1	HRM; QL
Emetogenic Therapy Adjuncts			
Aprepitant (Oral Therapy Pack, Oral Capsule)	G	1	B/D,PA
Dronabinol (Oral Capsule)	G	1	B/D,PA
Granisetron HCl (Oral Tablet)	G	1	B/D,PA
Ondansetron HCl (Oral Solution)	G	1	B/D,PA
Ondansetron HCl (4MG Oral Tablet, 8MG Oral Tablet)	G	1	B/D,PA
Ondansetron ODT (4MG Oral Tablet Dispersible, 8MG Oral Tablet Dispersible)	G	1	B/D,PA
Sancuso (Transdermal Patch)	B	2	SP; QL
Antifungals			
Antifungals			
Abelcet (Intravenous Suspension)	B	2	B/D,PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Amphotericin B (Intravenous Solution Reconstituted)	G	1	B/D,PA
Amphotericin B Liposome (Intravenous Suspension Reconstituted)	G	1	B/D,PA; SP
Caspofungin Acetate (Intravenous Solution Reconstituted)	G	1	
Clotrimazole (Mouth/Throat Troche)	G	1	
Cresemba (Oral Capsule)	B	2	PA; SP
Fluconazole in Sodium Chloride (200-0.9MG/100ML-% Intravenous Solution, 400-0.9MG/200ML-% Intravenous Solution)	G	1	
Fluconazole (Oral Suspension Reconstituted)	G	1	
Fluconazole (Oral Tablet)	G	1	
Flucytosine (Oral Capsule)	G	1	PA; SP
Griseofulvin Microsize (Oral Suspension)	G	1	
Griseofulvin Microsize (Oral Tablet)	G	1	
Griseofulvin Ultramicrosize (Oral Tablet)	G	1	
Itraconazole (Oral Capsule)	G	1	PA; QL
Itraconazole (Oral Solution)	G	1	PA
Ketoconazole (Oral Tablet)	G	1	
Micafungin Sodium (Intravenous Solution Reconstituted)	G	1	
Nystatin (Mouth/Throat Suspension)	G	1	
Nystatin (Oral Tablet)	G	1	
Posaconazole (Oral Suspension)	G	1	SP; QL
Posaconazole (Oral Tablet Delayed Release)	G	1	PA; SP; QL
Terbinafine HCl (Oral Tablet)	G	1	QL
Terconazole (Vaginal Cream)	G	1	
Voriconazole (Intravenous Solution Reconstituted)	G	1	PA
Voriconazole (Oral Suspension Reconstituted)	G	1	SP; QL
Voriconazole (Oral Tablet)	G	1	QL
Antigout Agents			
Antigout Agents			
Allopurinol (100MG Oral Tablet, 300MG Oral Tablet)	G	1	
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	G	1	QL
Colchicine-Probenecid (Oral Tablet)	G	1	
Febuxostat (Oral Tablet)	G	1	ST; QL
Probenecid (Oral Tablet)	G	1	
Antimigraine Agents			
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists			
Aimovig (Subcutaneous Solution Auto-Injector)	B	2	PA; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ajovy (Subcutaneous Solution Auto-Injector)	B	2	PA; QL
Ajovy (Subcutaneous Solution Prefilled Syringe)	B	2	PA; QL
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	2	PA; QL
Emgality (Subcutaneous Solution Auto-Injector)	B	2	PA; QL
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	B	2	PA; QL
Nurtec ODT (Oral Tablet Dispersible)	B	3	PA; SP; QL
Qulipta (Oral Tablet)	B	3	PA; SP; QL
Ubrelvy (Oral Tablet)	B	3	PA; SP; QL
Ergot Alkaloids			
Dihydroergotamine Mesylate (Nasal Solution)	G	1	PA; SP; QL
Ergotamine-Caffeine (Oral Tablet)	G	1	
Prophylactic			
Timolol Maleate (Oral Tablet)	G	1	
Serotonin (5-HT) Receptor Agonist			
Almotriptan Malate (Oral Tablet)	G	1	ST; QL
Eletriptan Hydrobromide (Oral Tablet)	G	1	ST; QL
Frovatriptan Succinate (Oral Tablet)	G	1	ST; QL
Naratriptan HCl (Oral Tablet)	G	1	QL
Rizatriptan Benzoate (Oral Tablet)	G	1	QL
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	1	QL
Sumatriptan (Nasal Solution)	G	1	QL
Sumatriptan Succinate (Oral Tablet)	G	1	QL
Sumatriptan Succinate (Subcutaneous Solution Auto-Injector)	G	1	QL
Sumatriptan Succinate (Subcutaneous Solution)	G	1	QL
Zolmitriptan (Oral Tablet)	G	1	ST; QL
Zolmitriptan ODT (Oral Tablet Dispersible)	G	1	ST; QL
Antimyasthenic Agents			
Parasympathomimetics			
Pyridostigmine Bromide ER (Oral Tablet Extended Release)	G	1	
Pyridostigmine Bromide (Oral Solution)	G	1	
Pyridostigmine Bromide (60MG Oral Tablet Immediate Release)	G	1	
Antimycobacterials			
Antimycobacterials, Other			
Dapsone (Oral Tablet)	G	1	
Rifabutin (Oral Capsule)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Antituberculars			
Cycloserine (Oral Capsule)	G	1	SP
Ethambutol HCl (Oral Tablet)	G	1	
Isoniazid (Oral Syrup)	G	1	
Isoniazid (Oral Tablet)	G	1	
Priftin (Oral Tablet)	B	2	
Pyrazinamide (Oral Tablet)	G	1	
Rifampin (Intravenous Solution Reconstituted)	G	1	
Rifampin (Oral Capsule)	G	1	
Sirturo (Oral Tablet)	B	2	PA; SP
Trecator (Oral Tablet)	B	2	
Antineoplastics			
Alkylating Agents			
Cyclophosphamide (Oral Capsule)	G	1	B/D,PA
Cyclophosphamide (Oral Tablet)	B	2	B/D,PA
Gleostine (100MG Oral Capsule)	B	2	SP
Gleostine (10MG Oral Capsule, 40MG Oral Capsule)	B	2	
Matulane (Oral Capsule)	B	2	SP
Valchlor (External Gel)	B	2	PA; SP; QL
Antiandrogens			
Abiraterone Acetate (250MG Oral Tablet)	G	1	PA; QL
Abiraterone Acetate (500MG Oral Tablet)	G	1	PA; SP; QL
Bicalutamide (Oral Tablet)	G	1	
Erleada (Oral Tablet)	B	2	PA; SP; QL
Nilutamide (Oral Tablet)	G	1	SP
Nubeqa (Oral Tablet)	B	2	PA; SP; QL
Xtandi (Oral Capsule)	B	2	PA; SP; QL
Xtandi (Oral Tablet)	B	2	PA; SP; QL
Yonsa (Oral Tablet)	B	2	PA; SP; QL
Antiangiogenic Agents			
Lenalidomide (Oral Capsule)	G	1	PA; SP; QL
Pomalyst (Oral Capsule)	B	2	PA; SP; QL
Thalomid (100MG Oral Capsule, 50MG Oral Capsule)	B	2	PA; SP; QL
Antiestrogens/Modifiers			
Orserdu (Oral Tablet)	B	2	PA; SP; QL
Soltamox (Oral Solution)	B	2	SP
Tamoxifen Citrate (Oral Tablet)	G	1	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Toremifene Citrate (Oral Tablet)	G	1	
Antimetabolites			
Hydroxyurea (Oral Capsule)	G	1	
Mercaptopurine (Oral Tablet)	G	1	
Onureg (Oral Tablet)	B	2	PA; SP; QL
Purixan (Oral Suspension)	B	2	PA; SP
Antineoplastics, Other			
Akeega (Oral Tablet)	B	2	PA; SP; QL
Droxia (Oral Capsule)	B	2	
Inqovi (Oral Tablet)	B	2	PA; SP; QL
Iwilfin (Oral Tablet)	B	2	PA; SP; QL
Lazcluze (Oral Tablet)	B	2	PA; SP; QL
Lonsurf (Oral Tablet)	B	2	PA; SP; QL
Lysodren (Oral Tablet)	B	2	SP
Ogsiveo (Oral Tablet)	B	2	PA; SP; QL
Orgovyx (Oral Tablet)	B	2	PA; SP; QL
Vonjo (Oral Capsule)	B	2	PA; SP; QL
Zolinza (Oral Capsule)	B	2	PA; SP; QL
Aromatase Inhibitors, 3rd Generation			
Anastrozole (Oral Tablet)	G	1	
Exemestane (Oral Tablet)	G	1	QL
Letrozole (Oral Tablet)	G	1	QL
Molecular Target Inhibitors			
Alecensa (Oral Capsule)	B	2	PA; SP; QL
Alunbrig (Oral Tablet)	B	2	PA; SP; QL
Alunbrig (Oral Tablet Therapy Pack)	B	2	PA; SP; QL
Augtyro (Oral Capsule)	B	2	PA; SP; QL
Ayvakit (Oral Tablet)	B	2	PA; SP; QL
Balversa (Oral Tablet)	B	2	PA; SP; QL
Bosulif (Oral Capsule)	B	2	PA; SP; QL
Bosulif (Oral Tablet)	B	2	PA; SP; QL
Braftovi (Oral Capsule)	B	2	PA; SP; QL
Brukinsa (Oral Capsule)	B	2	PA; SP; QL
Cabometyx (Oral Tablet)	B	2	PA; SP; QL
Calquence (100MG Oral Capsule)	B	2	PA; SP; QL
Calquence (Oral Tablet)	B	2	PA; SP; QL
Caprelsa (Oral Tablet)	B	2	PA; SP; QL
Cometriq (100MG Daily Dose) (Oral Kit)	B	2	PA; SP; QL
Cometriq (140MG Daily Dose) (Oral Kit)	B	2	PA; SP; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cometriq (60MG Daily Dose) (Oral Kit)	B	2	PA; SP; QL
Copiktra (Oral Capsule)	B	2	PA; SP; QL
Cotellic (Oral Tablet)	B	2	PA; SP; QL
Dasatinib (Oral Tablet)	G	1	PA; SP; QL
Daurismo (Oral Tablet)	B	2	PA; SP; QL
Erivedge (Oral Capsule)	B	2	PA; SP; QL
Erlotinib HCl (Oral Tablet)	G	1	PA; QL
Everolimus (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	1	PA; SP; QL
Everolimus (Oral Tablet Soluble)	G	1	PA; SP
Fotivda (Oral Capsule)	B	2	PA; SP; QL
Fruzaqla (Oral Capsule)	B	2	PA; SP; QL
Gavreto (Oral Capsule)	B	2	PA; SP; QL
Gefitinib (Oral Tablet)	G	1	PA; SP; QL
Gilotrif (Oral Tablet)	B	2	PA; SP; QL
Ibrance (Oral Capsule)	B	2	PA; SP; QL
Ibrance (Oral Tablet)	B	2	PA; SP; QL
Iclusig (Oral Tablet)	B	2	PA; SP; QL
IDHIFA (Oral Tablet)	B	2	PA; SP; QL
Imatinib Mesylate (Oral Tablet)	G	1	PA; QL
Imbruvica (Oral Capsule)	B	2	PA; SP; QL
Imbruvica (Oral Suspension)	B	2	PA; SP; QL
Imbruvica (140MG Oral Tablet, 280MG Oral Tablet, 420MG Oral Tablet)	B	2	PA; SP; QL
Inlyta (Oral Tablet)	B	2	PA; SP; QL
Inrebic (Oral Capsule)	B	2	PA; SP; QL
Itovebi (Oral Tablet)	B	2	PA; SP; QL
Jakafi (Oral Tablet)	B	2	PA; SP; QL
Jaypirca (Oral Tablet)	B	2	PA; SP; QL
Kisqali (200MG Dose) (Oral Tablet)	B	2	PA; SP; QL
Kisqali (400MG Dose) (Oral Tablet)	B	2	PA; SP; QL
Kisqali (600MG Dose) (Oral Tablet)	B	2	PA; SP; QL
Kisqali Femara (400MG Dose) (200 & 2.5MG Oral Tablet Therapy Pack)	B	2	PA; SP; QL
Kisqali Femara (600MG Dose) (200 & 2.5MG Oral Tablet Therapy Pack)	B	2	PA; SP; QL
Koselugo (Oral Capsule)	B	2	PA; SP; QL
Krazati (Oral Tablet)	B	2	PA; SP; QL
Lapatinib Ditosylate (Oral Tablet)	G	1	PA; SP; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)	B	2	PA; SP; QL
Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)	B	2	PA; SP; QL
Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)	B	2	PA; SP; QL
Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)	B	2	PA; SP; QL
Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)	B	2	PA; SP; QL
Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)	B	2	PA; SP; QL
Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)	B	2	PA; SP; QL
Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)	B	2	PA; SP; QL
Lorbrena (Oral Tablet)	B	2	PA; SP; QL
Lumakras (Oral Tablet)	B	2	PA; SP; QL
Lynparza (Oral Tablet)	B	2	PA; SP; QL
Lytgobi (12MG Daily Dose) (Oral Tablet Therapy Pack)	B	2	PA; SP; QL
Lytgobi (16MG Daily Dose) (Oral Tablet Therapy Pack)	B	2	PA; SP; QL
Lytgobi (20MG Daily Dose) (Oral Tablet Therapy Pack)	B	2	PA; SP; QL
Mekinist (Oral Solution Reconstituted)	B	2	PA; SP; QL
Mekinist (Oral Tablet)	B	2	PA; SP; QL
Mektovi (Oral Tablet)	B	2	PA; SP; QL
Nerlynx (Oral Tablet)	B	2	PA; SP; QL
Ninlaro (Oral Capsule)	B	2	PA; SP; QL
Odomzo (Oral Capsule)	B	2	PA; SP; QL
Ojemda (Oral Suspension Reconstituted)	B	2	PA; SP; QL
Ojemda (Oral Tablet)	B	2	PA; SP; QL
Ojjaara (Oral Tablet)	B	2	PA; SP; QL
Pazopanib HCl (Oral Tablet)	G	1	PA; SP; QL
Pemazyre (Oral Tablet)	B	2	PA; SP; QL
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	B	2	PA; SP; QL
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	2	PA; SP; QL
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	B	2	PA; SP; QL
Qinlock (Oral Tablet)	B	2	PA; SP; QL
Retevmo (40MG Oral Capsule, 80MG Oral Capsule)	B	2	PA; SP; QL
Retevmo (Oral Tablet)	B	2	PA; SP; QL
Rezlidhia (Oral Capsule)	B	2	PA; SP; QL
Rozlytrek (Oral Capsule)	B	2	PA; SP; QL
Rozlytrek (Oral Packet)	B	2	PA; SP; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Rubraca (Oral Tablet)	B	2	PA; SP; QL
Rydapt (Oral Capsule)	B	2	PA; SP; QL
Scemblix (Oral Tablet)	B	2	PA; SP; QL
Sorafenib Tosylate (Oral Tablet)	G	1	PA; SP; QL
Sprycel (Oral Tablet)	B	2	PA; SP; QL
Stivarga (Oral Tablet)	B	2	PA; SP; QL
Sunitinib Malate (Oral Capsule)	G	1	PA; SP; QL
Tabrecta (Oral Tablet)	B	2	PA; SP; QL
Tafinlar (Oral Capsule)	B	2	PA; SP; QL
Tafinlar (Oral Tablet Soluble)	B	2	PA; SP; QL
Tagrisso (Oral Tablet)	B	2	PA; SP; QL
Talzenna (Oral Capsule)	B	2	PA; SP; QL
Tasigna (Oral Capsule)	B	2	PA; SP; QL
Tazverik (Oral Tablet)	B	2	PA; SP; QL
Tepmetko (Oral Tablet)	B	2	PA; SP; QL
Tibsovo (Oral Tablet)	B	2	PA; SP; QL
Torpenz (Oral Tablet)	G	1	PA; SP; QL
Truqap (Oral Tablet)	B	2	PA; SP; QL
Tukysa (Oral Tablet)	B	2	PA; SP; QL
Turalio (125MG Oral Capsule)	B	2	PA; SP; QL
Vanflyta (Oral Tablet)	B	2	PA; SP; QL
Venclexta (100MG Oral Tablet, 50MG Oral Tablet)	B	2	PA; SP; QL
Venclexta (10MG Oral Tablet)	B	2	PA; QL
Venclexta Starting Pack (Oral Tablet Therapy Pack)	B	2	PA; SP; QL
Verzenio (Oral Tablet)	B	2	PA; SP; QL
Vitrakvi (Oral Capsule)	B	2	PA; SP; QL
Vitrakvi (Oral Solution)	B	2	PA; SP; QL
Vizimpro (Oral Tablet)	B	2	PA; SP; QL
Voranigo (Oral Tablet)	B	2	PA; SP; QL
Xalkori (Oral Capsule)	B	2	PA; SP; QL
Xalkori (Oral Capsule Sprinkle)	B	2	PA; SP; QL
Xospata (Oral Tablet)	B	2	PA; SP; QL
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	B	2	PA; SP; QL
Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack)	B	2	PA; SP; QL
Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)	B	2	PA; SP; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	B	2	PA; SP; QL
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)	B	2	PA; SP; QL
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	B	2	PA; SP; QL
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	B	2	PA; SP; QL
Zejula (Oral Tablet)	B	2	PA; SP; QL
Zelboraf (Oral Tablet)	B	2	PA; SP; QL
Zydelig (Oral Tablet)	B	2	PA; SP; QL
Zykadia (Oral Tablet)	B	2	PA; SP; QL
Retinoids			
Bexarotene (External Gel)	G	1	PA; SP; QL
Bexarotene (Oral Capsule)	G	1	PA; SP
Panretin (External Gel)	B	2	PA; SP
Tretinoin (Oral Capsule)	G	1	SP
Treatment Adjuncts			
Leucovorin Calcium (Oral Tablet)	G	1	
Mesnex (Oral Tablet)	B	2	
Antiparasitics			
Anthelmintics			
Albendazole (Oral Tablet)	G	1	QL
Emverm (Oral Tablet Chewable)	B	3	SP; QL
Ivermectin (Oral Tablet)	G	1	PA
Praziquantel (Oral Tablet)	G	1	
Antiprotozoals			
Atovaquone (Oral Suspension)	G	1	QL
Atovaquone-Proguanil HCl (Oral Tablet)	G	1	
Chloroquine Phosphate (Oral Tablet)	G	1	QL
Coartem (Oral Tablet)	B	2	QL
Hydroxychloroquine Sulfate (200MG Oral Tablet)	G	1	QL
Impavido (Oral Capsule)	B	2	SP
Lampit (Oral Tablet)	B	2	PA
Mefloquine HCl (Oral Tablet)	G	1	
Nitazoxanide (Oral Tablet)	G	1	SP; QL
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	1	B/D,PA; QL
Pentamidine Isethionate (Injection Solution Reconstituted)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Primaquine Phosphate (Oral Tablet)	G	1	
Pyrimethamine (Oral Tablet)	G	1	SP
Quinine Sulfate (Oral Capsule)	G	1	PA; QL
Antiparkinson Agents			
Anticholinergics			
Benztropine Mesylate (Oral Tablet)	G	1	HRM
Trihexyphenidyl HCl (Oral Solution)	G	1	HRM
Trihexyphenidyl HCl (Oral Tablet)	G	1	HRM
Antiparkinson Agents, Other			
Amantadine HCl (Oral Capsule)	G	1	
Amantadine HCl (Oral Solution)	G	1	
Amantadine HCl (Oral Tablet)	G	1	
Carbidopa-Levodopa-Entacapone (Oral Tablet)	G	1	
Entacapone (Oral Tablet)	G	1	
Nourianz (Oral Tablet)	B	2	PA; SP; QL
Ongentys (Oral Capsule)	B	2	ST; QL
Tolcapone (Oral Tablet)	G	1	SP; QL
Dopamine Agonists			
Apomorphine HCl (Subcutaneous Solution Cartridge)	G	1	PA; SP; QL
Neupro (Transdermal Patch 24 Hour)	B	2	QL
Pramipexole Dihydrochloride ER (Oral Tablet Extended Release 24 Hour)	G	1	
Pramipexole Dihydrochloride (Oral Tablet Immediate Release)	G	1	
Ropinirole HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	
Ropinirole HCl (Oral Tablet Immediate Release)	G	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors			
Carbidopa (Oral Tablet)	G	1	
Carbidopa-Levodopa ER (Oral Tablet Extended Release)	G	1	
Carbidopa-Levodopa (Oral Tablet Immediate Release)	G	1	
Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	G	1	
Monoamine Oxidase B (MAO-B) Inhibitors			
Rasagiline Mesylate (Oral Tablet)	G	1	
Selegiline HCl (Oral Capsule)	G	1	
Selegiline HCl (Oral Tablet)	G	1	
Antipsychotics			
1st Generation/Typical			

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Chlorpromazine HCl (100MG/ML Oral Concentrate, 30MG/ML Oral Concentrate)	G	3	
Chlorpromazine HCl (100MG Oral Tablet, 10MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	1	
Fluphenazine Decanoate (Injection Solution)	G	1	
Fluphenazine HCl (Injection Solution)	G	1	
Fluphenazine HCl (Oral Concentrate)	G	1	
Fluphenazine HCl (Oral Elixir)	G	1	
Fluphenazine HCl (Oral Tablet)	G	1	
Haloperidol Decanoate (Intramuscular Solution)	G	1	
Haloperidol Lactate (Injection Solution)	G	1	
Haloperidol Lactate (2MG/ML Oral Concentrate)	G	1	
Haloperidol (Oral Tablet)	G	1	
Loxapine Succinate (Oral Capsule)	G	1	
Molindone HCl (Oral Tablet)	G	1	
Pimozide (Oral Tablet)	G	1	
Thioridazine HCl (Oral Tablet)	G	1	
Thiothixene (Oral Capsule)	G	1	
Trifluoperazine HCl (Oral Tablet)	G	1	
2nd Generation/Atypical			
Caplyta (Oral Capsule)	B	2	PA; QL
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	2	PA; QL
Fanapt Titration Pack (Oral Tablet)	B	2	PA; QL
Invega Hafyera (Intramuscular Suspension Prefilled Syringe)	B	2	SP
Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe)	B	2	SP
Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)	B	2	
Invega Trinza (Intramuscular Suspension Prefilled Syringe)	B	2	SP
Nuplazid (Oral Capsule)	B	2	PA; QL
Nuplazid (Oral Tablet)	B	2	PA; QL
Paliperidone ER (Oral Tablet Extended Release 24 Hour)	G	1	ST; QL
Rexulti (Oral Tablet)	B	2	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	B	2	PA; QL
Treatment-Resistant			
Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	1	QL
Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)	G	1	ST; QL
Clozapine ODT (150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible)	G	3	ST; QL
Versacloz (Oral Suspension)	B	2	ST; QL
Antispasticity Agents			
Antispasticity Agents			
Baclofen (10MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet)	G	1	
Dantrolene Sodium (Oral Capsule)	G	1	
Tizanidine HCl (Oral Tablet)	G	1	
Antivirals			
Anti-cytomegalovirus (CMV) Agents			
Livtency (Oral Tablet)	B	2	PA; SP; QL
Prevymis (Oral Tablet)	B	2	PA; SP; QL
Valganciclovir HCl (Oral Solution Reconstituted)	G	1	SP; QL
Valganciclovir HCl (Oral Tablet)	G	1	QL
Zirgan (Ophthalmic Gel)	B	2	
Anti-hepatitis B (HBV) Agents			
Adefovir Dipivoxil (Oral Tablet)	G	1	
Baraclude (Oral Solution)	B	2	QL
Entecavir (Oral Tablet)	G	1	QL
Lamivudine (100MG Oral Tablet)	G	1	QL
Vemlidy (Oral Tablet)	B	2	SP; QL
Anti-hepatitis C (HCV) Agents			
Epclusa (Oral Packet)	B	2	PA; SP; QL
Epclusa (Oral Tablet)	B	2	PA; SP; QL
Harvoni (Oral Packet)	B	2	PA; SP; QL
Harvoni (90-400MG Oral Tablet)	B	2	PA; SP; QL
Mavyret (Oral Packet)	B	2	PA; SP; QL
Mavyret (Oral Tablet)	B	2	PA; SP; QL
Ribavirin (Oral Capsule)	G	1	
Vosevi (Oral Tablet)	B	2	PA; SP; QL
Antitherpetic Agents			

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Acyclovir (External Ointment)	G	1	QL
Acyclovir (Oral Capsule)	G	1	
Acyclovir (Oral Suspension)	G	1	
Acyclovir (Oral Tablet)	G	1	
Acyclovir Sodium (Intravenous Solution)	G	1	B/D,PA
Famciclovir (Oral Tablet)	G	1	
Penciclovir (External Cream)	G	1	
Valacyclovir HCl (Oral Tablet)	G	1	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)			
Biktarvy (Oral Tablet)	B	2	QL
Dovato (Oral Tablet)	B	2	QL
Genvoya (Oral Tablet)	B	2	QL
Isentress HD (Oral Tablet)	B	2	QL
Isentress (Oral Packet)	B	2	QL
Isentress (Oral Tablet)	B	2	QL
Isentress (Oral Tablet Chewable)	B	2	QL
Juluca (Oral Tablet)	B	2	QL
Stribild (Oral Tablet)	B	2	QL
Tivicay (50MG Oral Tablet)	B	2	QL
Tivicay PD (Oral Tablet Soluble)	B	2	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)			
Complera (Oral Tablet)	B	2	QL
Delstrigo (Oral Tablet)	B	2	QL
Edurant (Oral Tablet)	B	2	QL
Efavirenz (Oral Tablet)	G	1	QL
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)	G	1	QL
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)	G	1	QL
Etravirine (Oral Tablet)	G	1	QL
Intelligence (25MG Oral Tablet)	B	2	QL
Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour)	G	1	QL
Nevirapine (Oral Suspension)	G	1	QL
Nevirapine (Oral Tablet Immediate Release)	G	1	QL
Pifeltro (Oral Tablet)	B	2	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)			
Abacavir Sulfate (Oral Solution)	G	1	QL
Abacavir Sulfate (Oral Tablet)	G	1	QL
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	1	QL
Cimduo (Oral Tablet)	B	2	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Descovy (Oral Tablet)	B	2	QL
Emtricitabine (Oral Capsule)	G	1	QL
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet)	G	1	QL
Emtriva (Oral Solution)	B	2	QL
Lamivudine (Oral Solution)	G	1	QL
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet)	G	1	QL
Lamivudine-Zidovudine (Oral Tablet)	G	1	QL
Odefsey (Oral Tablet)	B	2	QL
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	1	QL
Triumeq (Oral Tablet)	B	2	QL
Triumeq PD (Oral Tablet Soluble)	B	2	QL
Viread (Oral Powder)	B	2	QL
Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	B	2	QL
Zidovudine (Oral Capsule)	G	1	QL
Zidovudine (Oral Syrup)	G	1	QL
Zidovudine (Oral Tablet)	G	1	QL
Anti-HIV Agents, Other			
Fuzeon (Subcutaneous Solution Reconstituted)	B	2	SP; QL
Maraviroc (Oral Tablet)	G	1	QL
Rukobia (Oral Tablet Extended Release 12 Hour)	B	2	QL
Selzentry (Oral Solution)	B	2	QL
Sunlenca (Oral Tablet Therapy Pack)	B	2	QL
Tybost (Oral Tablet)	B	2	QL
Anti-HIV Agents, Protease Inhibitors			
Aptivus (Oral Capsule)	B	2	QL
Atazanavir Sulfate (Oral Capsule)	G	1	QL
Darunavir (Oral Tablet)	G	1	QL
Evotaz (Oral Tablet)	B	2	QL
Fosamprenavir Calcium (Oral Tablet)	G	1	QL
Lopinavir-Ritonavir (Oral Solution)	G	1	QL
Lopinavir-Ritonavir (Oral Tablet)	G	1	QL
Norvir (Oral Packet)	B	2	QL
Prezcobix (Oral Tablet)	B	2	QL
Prezista (Oral Suspension)	B	2	QL
Prezista (150MG Oral Tablet, 75MG Oral Tablet)	B	2	QL
Reyataz (Oral Packet)	B	2	QL
Ritonavir (Oral Tablet)	G	1	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Symtuza (Oral Tablet)	B	2	QL
Viracept (Oral Tablet)	B	2	QL
Anti-influenza Agents			
Oseltamivir Phosphate (Oral Capsule)	G	1	QL
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	1	QL
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Rimantadine HCl (Oral Tablet)	G	1	
Xofluza (40MG Dose) (Oral Tablet Therapy Pack)	B	2	QL
Xofluza (80MG Dose) (Oral Tablet Therapy Pack)	B	2	QL
Antiviral, Coronavirus Agents			
Lagevrio (200MG Oral Capsule)	B	2	QL
Paxlovid (150/100MG) (Oral Tablet Therapy Pack)	B	2	QL
Paxlovid (300/100MG) (Oral Tablet Therapy Pack)	B	2	QL
Anxiolytics			
Anxiolytics, Other			
Bupirone HCl (Oral Tablet)	G	1	
Hydroxyzine HCl (Oral Tablet)	G	1	HRM
Benzodiazepines			
Alprazolam (Oral Tablet Immediate Release)	G	1	QL
Chlordiazepoxide HCl (Oral Capsule)	G	1	QL
Clonazepam (Oral Tablet)	G	1	QL
Clonazepam ODT (Oral Tablet Dispersible)	G	1	QL
Clorazepate Dipotassium (Oral Tablet)	G	1	QL
Diazepam Intensol (Oral Concentrate)	G	1	QL
Diazepam (Oral Solution)	G	1	QL
Diazepam (Oral Tablet)	G	1	QL
Lorazepam Intensol (Oral Concentrate)	G	1	QL
Lorazepam (Oral Tablet)	G	1	QL
Oxazepam (Oral Capsule)	G	1	QL
Bipolar Agents			
Bipolar Agents, Other			
Abilify Maintena (Intramuscular Prefilled Syringe)	B	2	SP; QL
Abilify Maintena (Intramuscular Suspension Reconstituted ER)	B	2	SP; QL
Aripiprazole (1MG/ML Oral Solution)	G	1	QL
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	1	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	G	1	ST; QL
Aristada Initio (Intramuscular Prefilled Syringe)	B	2	SP; QL
Aristada (Intramuscular Prefilled Syringe)	B	2	SP; QL
Asenapine Maleate (Tablet Sublingual)	G	1	ST; QL
Lurasidone HCl (Oral Tablet)	G	1	ST; QL
Olanzapine (Intramuscular Solution Reconstituted)	G	1	QL
Olanzapine (Oral Tablet)	G	1	QL
Olanzapine ODT (Oral Tablet Dispersible)	G	1	QL
Olanzapine-Fluoxetine HCl (Oral Capsule)	G	1	ST; QL
Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Quetiapine Fumarate (Oral Tablet Immediate Release)	G	1	QL
Risperidone Microspheres ER (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER, 37.5MG Intramuscular Suspension Reconstituted ER)	G	1	
Risperidone Microspheres ER (50MG Intramuscular Suspension Reconstituted ER)	G	1	SP
Risperidone (Oral Solution)	G	1	QL
Risperidone (Oral Tablet)	G	1	QL
Risperidone ODT (Oral Tablet Dispersible)	G	1	ST; QL
Secuado (Transdermal Patch 24 Hour)	B	2	PA; SP; QL
Ziprasidone HCl (Oral Capsule)	G	1	QL
Ziprasidone Mesylate (Intramuscular Solution Reconstituted)	G	1	QL
Mood Stabilizers			
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	G	1	
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	G	1	
Divalproex Sodium (Oral Tablet Delayed Release)	G	1	
Equetro (Oral Capsule Extended Release 12 Hour)	B	2	
Lithium Carbonate ER (Oral Tablet Extended Release)	G	1	
Lithium Carbonate (Oral Capsule)	G	1	
Lithium Carbonate (Oral Tablet Immediate Release)	G	1	
Lithium (Oral Solution)	G	1	
Blood Glucose Regulators			
Antidiabetic Agents			
Acarbose (Oral Tablet)	G	1	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Bydureon BCise (Subcutaneous Auto-Injector)	B	2	PA; QL
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	B	2	PA; QL
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	B	2	PA; QL
Glimepiride (1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet)	G	1	HRM; QL
Glipizide ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Glipizide (Oral Tablet Immediate Release)	G	1	QL
Glipizide-Metformin HCl (Oral Tablet)	G	1	QL
Glyburide Micronized (Oral Tablet)	G	1	HRM; QL
Glyburide (Oral Tablet)	G	1	HRM; QL
Glyburide-Metformin (Oral Tablet)	G	1	HRM; QL
Glyxambi (Oral Tablet)	B	2	QL
Invokamet (Oral Tablet Immediate Release)	B	2	QL
Invokamet XR (Oral Tablet Extended Release 24 Hour)	B	2	QL
Janumet (Oral Tablet Immediate Release)	B	2	QL
Janumet XR (Oral Tablet Extended Release 24 Hour)	B	2	QL
Januvia (Oral Tablet)	B	2	QL
Jentadueto (2.5-1000MG Oral Tablet, 2.5-500MG Oral Tablet)	B	2	QL
Jentadueto XR (Oral Tablet Extended Release 24 Hour)	B	2	QL
Liraglutide (Subcutaneous Solution Pen-Injector)	B	2	PA; QL
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	1	QL
Metformin HCl (Oral Solution)	G	1	QL
Metformin HCl (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 850MG Oral Tablet Immediate Release)	G	1	QL
Miglitol (Oral Tablet)	G	1	QL
Mounjaro (Subcutaneous Solution Auto-Injector)	B	2	PA; QL
Nateglinide (Oral Tablet)	G	1	QL
Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (2MG/3ML Subcutaneous Solution Pen-Injector)	B	2	PA; QL
Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector)	B	2	PA; QL
Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector)	B	2	PA; QL
Pioglitazone HCl (Oral Tablet)	G	1	QL
Pioglitazone HCl-Glimepiride (Oral Tablet)	G	1	HRM; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Pioglitazone HCl-Metformin HCl (Oral Tablet)	G	1	QL
Repaglinide (Oral Tablet)	G	1	QL
Rybelsus (Oral Tablet)	B	2	PA; QL
Saxagliptin HCl (Oral Tablet)	G	1	QL
Saxagliptin-Metformin ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Soliqua (Subcutaneous Solution Pen-Injector)	B	2	QL
SymlinPen 120 (Subcutaneous Solution Pen-Injector)	B	2	SP; QL
SymlinPen 60 (Subcutaneous Solution Pen-Injector)	B	2	SP; QL
Synjardy (Oral Tablet Immediate Release)	B	2	QL
Synjardy XR (Oral Tablet Extended Release 24 Hour)	B	2	QL
Tradjenta (Oral Tablet)	B	2	QL
Trijardy XR (Oral Tablet Extended Release 24 Hour)	B	2	QL
Trulicity (Subcutaneous Solution Auto-Injector)	B	2	PA; QL
Xultophy (Subcutaneous Solution Pen-Injector)	B	2	ST; QL
Glycemic Agents			
Baqsimi One Pack (Nasal Powder)	B	2	
Diazoxide (Oral Suspension)	G	1	
Glucagon (Injection Kit) (Lilly)	G	2	
Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector)	B	2	
Gvoke Kit (Subcutaneous Solution)	B	2	
Gvoke PFS (1MG/0.2ML Subcutaneous Solution Prefilled Syringe)	B	2	
Insulins			
Apidra (Injection Solution)	B	2	ST
Apidra SoloStar (Subcutaneous Solution Pen-Injector)	B	2	ST
Humalog (Injection Solution)	B	1	
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)	B	1	
Humalog KwikPen (Subcutaneous Solution Pen-Injector)	B	1	
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)	B	1	
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)	B	1	
Humalog Mix 75/25 (Subcutaneous Suspension)	B	1	
Humalog (Subcutaneous Solution Cartridge)	B	1	
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)	B	1	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Humulin 70/30 (Subcutaneous Suspension)	B	1	
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)	B	1	
Humulin N (Subcutaneous Suspension)	B	1	
Humulin R (Injection Solution)	B	1	
Humulin R U-500 (Concentrated) (Subcutaneous Solution)	B	1	
Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)	B	1	
Lantus SoloStar (Subcutaneous Solution Pen-Injector)	B	2	
Lantus (Subcutaneous Solution)	B	2	
Novolin 70/30 FlexPen (Subcutaneous Suspension Pen-Injector)	B	2	ST
Novolin 70/30 (Subcutaneous Suspension)	B	2	ST
Novolin N FlexPen (Subcutaneous Suspension Pen-Injector)	B	2	ST
Novolin N (Subcutaneous Suspension)	B	2	ST
Novolin R FlexPen (Injection Solution Pen-Injector)	B	2	ST
Novolin R (Injection Solution)	B	2	ST
NovoLog FlexPen (Subcutaneous Solution Pen-Injector)	B	2	ST
NovoLog (Injection Solution)	B	2	ST
NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector)	B	2	ST
NovoLog Mix 70/30 (Subcutaneous Suspension)	B	2	ST
NovoLog PenFill (Subcutaneous Solution Cartridge)	B	2	ST
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)	B	2	
Toujeo SoloStar (Subcutaneous Solution Pen-Injector)	B	2	
Tresiba FlexTouch (Subcutaneous Solution Pen-Injector)	B	2	
Tresiba (Subcutaneous Solution)	B	2	
Blood Products and Modifiers			
Anticoagulants			
Dabigatran Etexilate Mesylate (Oral Capsule)	G	1	QL
Eliquis (Oral Tablet)	B	2	QL
Eliquis Starter Pack (Oral Tablet)	B	2	QL
Enoxaparin Sodium (Injection Solution Prefilled Syringe)	G	1	QL
Fondaparinux Sodium (10MG/0.8ML Subcutaneous Solution, 5MG/0.4ML Subcutaneous Solution, 7.5MG/0.6ML Subcutaneous Solution)	G	1	SP

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Fondaparinux Sodium (2.5MG/0.5ML Subcutaneous Solution)	G	1	
Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution)	G	1	
Heparin Sodium (1000UNIT/ML Injection Solution)	G	1	B/D,PA
Jantoven (Oral Tablet)	G	1	
Warfarin Sodium (Oral Tablet)	G	1	
Xarelto (Oral Suspension Reconstituted)	B	2	QL
Xarelto (Oral Tablet)	B	2	QL
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	2	QL
Blood Products and Modifiers, Other			
Anagrelide HCl (Oral Capsule)	G	1	
Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution)	B	3	PA; SP
Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution)	B	3	PA
Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe)	B	3	PA; SP
Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe)	B	3	PA
Fulphila (Subcutaneous Solution Prefilled Syringe)	B	2	ST; SP
Granix (Subcutaneous Solution)	B	2	ST; SP
Granix (Subcutaneous Solution Prefilled Syringe)	B	2	ST; SP
Leukine (Injection Solution Reconstituted)	B	2	PA; SP
Mulpleta (Oral Tablet)	B	2	PA; SP; QL
Neulasta (Subcutaneous Solution Prefilled Syringe)	B	2	SP
Neupogen (Injection Solution)	B	2	ST; SP
Neupogen (Injection Solution Prefilled Syringe)	B	2	ST; SP
Nivestym (Injection Solution)	B	1	ST; SP
Nivestym (Injection Solution Prefilled Syringe)	B	1	ST; SP
Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	B	2	PA

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution)	B	2	PA; SP
Promacta (Oral Packet)	B	2	PA; SP; QL
Promacta (Oral Tablet)	B	2	PA; SP; QL
Retacrit (Injection Solution)	B	2	PA
Udenyca (Subcutaneous Solution Auto-Injector)	B	2	SP
Udenyca (Subcutaneous Solution Prefilled Syringe)	B	2	SP
Xolremdi (Oral Capsule)	B	2	PA; SP; QL
Zarxio (Injection Solution Prefilled Syringe)	B	1	SP
Ziextenzo (Subcutaneous Solution Prefilled Syringe)	B	2	ST; SP
Hemostasis Agents			
Tranexamic Acid (Oral Tablet)	G	1	QL
Platelet Modifying Agents			
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	1	QL
Brilinta (Oral Tablet)	B	2	QL
Cablivi (Injection Kit)	B	2	PA; SP; QL
Cilostazol (Oral Tablet)	G	1	
Clopidogrel Bisulfate (75MG Oral Tablet)	G	1	QL
Dipyridamole (Oral Tablet)	G	1	HRM
Doptelet (Oral Tablet)	B	2	PA; SP; QL
Prasugrel HCl (Oral Tablet)	G	1	QL
Cardiovascular Agents			
Alpha-adrenergic Agonists			
Clonidine HCl (Oral Tablet Immediate Release)	G	1	
Clonidine (Transdermal Patch Weekly)	G	1	QL
Droxidopa (Oral Capsule)	G	1	PA; QL
Midodrine HCl (Oral Tablet)	G	1	
Alpha-adrenergic Blocking Agents			
Doxazosin Mesylate (Oral Tablet)	G	1	QL
Phenoxybenzamine HCl (Oral Capsule)	G	1	SP
Prazosin HCl (Oral Capsule)	G	1	
Angiotensin II Receptor Antagonists			
Candesartan Cilexetil (Oral Tablet)	G	1	
Irbesartan (Oral Tablet)	G	1	
Losartan Potassium (Oral Tablet)	G	1	
Olmесartan Medoxomil (Oral Tablet)	G	1	QL
Telmisartan (Oral Tablet)	G	1	QL
Valsartan (Oral Tablet)	G	1	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Angiotensin-converting Enzyme (ACE) Inhibitors			
Benazepril HCl (Oral Tablet)	G	1	
Captopril (Oral Tablet)	G	1	QL
Enalapril Maleate (Oral Tablet)	G	1	QL
Fosinopril Sodium (Oral Tablet)	G	1	
Lisinopril (Oral Tablet)	G	1	QL
Moexipril HCl (Oral Tablet)	G	1	
Perindopril Erbumine (Oral Tablet)	G	1	
Quinapril HCl (Oral Tablet)	G	1	
Ramipril (Oral Capsule)	G	1	
Trandolapril (Oral Tablet)	G	1	
Antiarrhythmics			
Amiodarone HCl (Oral Tablet)	G	1	
Dofetilide (Oral Capsule)	G	1	QL
Flecainide Acetate (Oral Tablet)	G	1	
Mexiletine HCl (Oral Capsule)	G	1	
Multaq (Oral Tablet)	B	2	
Propafenone HCl ER (Oral Capsule Extended Release 12 Hour)	G	1	
Propafenone HCl (Oral Tablet)	G	1	
Quinidine Gluconate ER (Oral Tablet Extended Release)	G	1	
Quinidine Sulfate (Oral Tablet)	G	1	
Sotalol HCl (AF) (Oral Tablet)	G	1	
Sotalol HCl (Oral Tablet)	G	1	
Sotylize (Oral Solution)	B	2	PA
Beta-adrenergic Blocking Agents			
Acebutolol HCl (Oral Capsule)	G	1	
Atenolol (Oral Tablet)	G	1	
Betaxolol HCl (Oral Tablet)	G	1	
Bisoprolol Fumarate (Oral Tablet)	G	1	
Carvedilol (Oral Tablet)	G	1	
Labetalol HCl (100MG Oral Tablet, 200MG Oral Tablet, 300MG Oral Tablet)	G	1	
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	G	1	
Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	1	
Nadolol (Oral Tablet)	G	1	
Nebivolol HCl (Oral Tablet)	G	1	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Pindolol (Oral Tablet)	G	1	
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	
Propranolol HCl (Oral Solution)	G	1	
Propranolol HCl (Oral Tablet)	G	1	
Calcium Channel Blocking Agents, Dihydropyridines			
Amlodipine Besylate (Oral Tablet)	G	1	
Felodipine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Isradipine (Oral Capsule)	G	1	
Nicardipine HCl (Oral Capsule)	G	1	
Nifedipine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	G	1	
Nimodipine (Oral Capsule)	G	1	
Nisoldipine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Calcium Channel Blocking Agents, Nondihydropyridines			
Cartia XT (Oral Capsule Extended Release 24 Hour)	G	1	
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour)	G	1	
Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	G	1	
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour)	G	1	
Diltiazem HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	
Diltiazem HCl (Oral Tablet Immediate Release)	G	1	
Dilt-XR (Oral Capsule Extended Release 24 Hour)	G	1	
Matzim LA (Oral Tablet Extended Release 24 Hour)	G	1	
Tiadyt ER (Oral Capsule Extended Release 24 Hour)	G	1	
Verapamil HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	
Verapamil HCl ER (Oral Tablet Extended Release)	G	1	
Verapamil HCl (Oral Tablet Immediate Release)	G	1	
Cardiovascular Agents, Other			
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	G	1	
Acetazolamide (Oral Tablet)	G	1	
Aliskiren Fumarate (Oral Tablet)	G	1	ST

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Amiloride-Hydrochlorothiazide (Oral Tablet)	G	1	
Amlodipine-Atorvastatin (Oral Tablet)	G	1	
Amlodipine-Benazepril (Oral Capsule)	G	1	
Amlodipine-Olmesartan (Oral Tablet)	G	1	QL
Amlodipine-Valsartan (Oral Tablet)	G	1	QL
Amlodipine-Valsartan-HCTZ (Oral Tablet)	G	1	QL
Atenolol-Chlorthalidone (Oral Tablet)	G	1	
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	1	
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Candesartan Cilexetil-HCTZ (Oral Tablet)	G	1	
Corlanor (Oral Solution)	B	2	PA; QL
Digoxin (Oral Solution)	G	1	HRM; QL
Digoxin (Oral Tablet)	G	1	HRM; QL
Enalapril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Entresto (Oral Capsule Sprinkle)	B	2	QL
Entresto (Oral Tablet)	B	2	QL
Fosinopril Sodium-HCTZ (Oral Tablet)	G	1	
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	1	
Isosorbide Dinitrate-Hydralazine (Oral Tablet)	G	1	QL
Ivabradine HCl (Oral Tablet)	G	1	PA; QL
Lisinopril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Losartan Potassium-HCTZ (Oral Tablet)	G	1	
Metoprolol-Hydrochlorothiazide (Oral Tablet)	G	1	
Metyrosine (Oral Capsule)	G	1	SP
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	1	QL
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	G	1	QL
Pentoxifylline ER (Oral Tablet Extended Release)	G	1	
Quinapril-Hydrochlorothiazide (Oral Tablet)	G	1	
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	1	QL
Spironolactone-HCTZ (Oral Tablet)	G	1	
Telmisartan-Amlodipine (Oral Tablet)	G	1	QL
Telmisartan-HCTZ (Oral Tablet)	G	1	QL
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	G	1	
Triamterene-HCTZ (Oral Capsule)	G	1	
Triamterene-HCTZ (Oral Tablet)	G	1	
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Diuretics, Loop			

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Bumetanide (Injection Solution)	G	1	
Bumetanide (Oral Tablet)	G	1	
Ethacrynic Acid (Oral Tablet)	G	1	QL
Furosemide (Injection Solution)	G	1	B/D,PA
Furosemide (Oral Solution)	G	1	
Furosemide (Oral Tablet)	G	1	
Torseamide (Oral Tablet)	G	1	
Diuretics, Potassium-sparing			
Amiloride HCl (Oral Tablet)	G	1	
Diuretics, Thiazide			
Chlorthalidone (Oral Tablet)	G	1	
Hydrochlorothiazide (Oral Capsule)	G	1	
Hydrochlorothiazide (Oral Tablet)	G	1	
Indapamide (Oral Tablet)	G	1	
Metolazone (Oral Tablet)	G	1	
Dyslipidemics, Fibric Acid Derivatives			
Fenofibrate Micronized (130MG Oral Capsule, 134MG Oral Capsule, 200MG Oral Capsule, 43MG Oral Capsule, 67MG Oral Capsule)	G	1	
Fenofibrate (145MG Oral Tablet, 160MG Oral Tablet, 48MG Oral Tablet, 54MG Oral Tablet)	G	1	
Fenofibric Acid (Oral Capsule Delayed Release)	G	1	
Gemfibrozil (Oral Tablet)	G	1	
Dyslipidemics, HMG CoA Reductase Inhibitors			
Atorvastatin Calcium (Oral Tablet)	G	1	
Fluvastatin Sodium (Oral Capsule)	G	1	
Lovastatin (Oral Tablet)	G	1	
Pravastatin Sodium (Oral Tablet)	G	1	
Rosuvastatin Calcium (Oral Tablet)	G	1	QL
Simvastatin (Oral Tablet)	G	1	QL
Dyslipidemics, Other			
Cholestyramine Light (Oral Packet)	G	1	
Cholestyramine (Oral Packet)	G	1	
Colesevelam HCl (Oral Packet)	G	1	
Colesevelam HCl (Oral Tablet)	G	1	
Colestipol HCl (Oral Packet)	G	1	
Colestipol HCl (Oral Tablet)	G	1	
Ezetimibe (Oral Tablet)	G	1	QL
Ezetimibe-Simvastatin (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Icosapent Ethyl (Oral Capsule)	G	1	QL
Juxtapid (Oral Capsule)	B	2	PA; SP; QL
Niacin (Antihyperlipidemic) (Oral Tablet Immediate Release)	G	1	
Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release)	G	1	
Niacor (Oral Tablet)	G	1	
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	G	1	QL
Praluent (Subcutaneous Solution Auto-Injector)	B	2	PA; QL
Prevalite (Oral Packet)	G	1	
Repatha Pushtronex System (Subcutaneous Solution Cartridge)	B	2	PA; QL
Repatha (Subcutaneous Solution Prefilled Syringe)	B	2	PA; QL
Repatha SureClick (Subcutaneous Solution Auto-Injector)	B	2	PA; QL
Mineralocorticoid Receptor Antagonists			
Eplerenone (Oral Tablet)	G	1	
Kerendia (Oral Tablet)	B	2	PA; QL
Spironolactone (Oral Tablet)	G	1	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)			
Invokana (Oral Tablet)	B	2	QL
Jardiance (Oral Tablet)	B	2	QL
Vasodilators, Direct-acting Arterial			
Hydralazine HCl (Oral Tablet)	G	1	
Minoxidil (Oral Tablet)	G	1	
Vasodilators, Direct-acting Arterial/Venous			
Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	1	
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour)	G	1	
Isosorbide Mononitrate (Oral Tablet Immediate Release)	G	1	
Nitro-Bid (Transdermal Ointment)	B	1	
Nitroglycerin (Rectal Ointment)	G	1	QL
Nitroglycerin (Tablet Sublingual)	G	1	
Nitroglycerin (Transdermal Patch 24 Hour)	G	1	
Nitroglycerin (Translingual Solution)	G	1	
Verquvo (Oral Tablet)	B	2	PA; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Central Nervous System Agents			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	1	QL
Amphetamine-Dextroamphetamine (Oral Tablet)	G	1	QL
Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)	G	1	QL
Dextroamphetamine Sulfate (10MG Oral Tablet, 5MG Oral Tablet)	G	1	QL
Lisdexamfetamine Dimesylate (Oral Capsule)	G	1	QL
Lisdexamfetamine Dimesylate (Oral Tablet Chewable)	G	1	QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			
Atomoxetine HCl (Oral Capsule)	G	1	QL
Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)	G	1	PA
Dexmethylphenidate HCl (Oral Tablet)	G	1	QL
Guanfacine HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	HRM
Methylphenidate HCl CD (Oral Capsule Extended Release) (Generic Metadate CD)	G	1	QL
Methylphenidate HCl ER Osmotic Release (18MG Oral Tablet Extended Release, 27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release, 54MG Oral Tablet Extended Release)	G	1	QL
Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release)	G	1	QL
Methylphenidate HCl ER (18MG Oral Tablet Extended Release 24 Hour, 27MG Oral Tablet Extended Release 24 Hour, 36MG Oral Tablet Extended Release 24 Hour, 54MG Oral Tablet Extended Release 24 Hour)	G	1	QL
Methylphenidate HCl (Oral Solution)	G	1	QL
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	G	1	QL
Methylphenidate HCl (Oral Tablet Chewable)	G	1	QL
Central Nervous System, Other			
Cobenfy (Oral Capsule)	B	2	PA; QL
Cobenfy Starter Pack (Oral Capsule Therapy Pack)	B	2	PA; QL
Firdapse (Oral Tablet)	B	2	PA; SP; QL
Nuedexta (Oral Capsule)	B	2	PA; SP; QL
Radicava ORS Starter Kit (Oral Suspension)	B	2	PA; SP; QL
Riluzole (Oral Tablet)	G	1	
Skyclarys (Oral Capsule)	B	2	PA; SP; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tetrabenazine (Oral Tablet)	G	1	PA; QL
Veozah (Oral Tablet)	B	3	PA; QL
Fibromyalgia Agents			
Drizalma Sprinkle (Oral Capsule Delayed Release Sprinkle)	B	2	PA; QL
Duloxetine HCl (Oral Capsule Delayed Release Particles)	G	1	QL
Pregabalin (Oral Capsule)	G	1	QL
Pregabalin (Oral Solution)	G	1	QL
Savella (Oral Tablet)	B	2	QL
Savella Titration Pack (Oral Tablet)	B	2	QL
Multiple Sclerosis Agents			
Avonex Pen (Intramuscular Auto-Injector Kit)	B	2	SP; QL
Avonex Prefilled (Intramuscular Prefilled Syringe Kit)	B	2	SP; QL
Betaseron (Subcutaneous Kit)	B	2	SP; QL
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	1	QL
Dimethyl Fumarate (Oral Capsule Delayed Release)	G	1	QL
Dimethyl Fumarate Starter Pack (Oral Capsule Delayed Release Therapy Pack)	G	1	QL
Fingolimod HCl (Oral Capsule)	G	1	SP; QL
Gilenya (0.25MG Oral Capsule)	B	2	SP; QL
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	G	1	SP; QL
Glatopa (Subcutaneous Solution Prefilled Syringe)	G	1	SP; QL
Kesimpta (Subcutaneous Solution Auto-Injector)	B	2	SP
Mayzent (Oral Tablet)	B	2	SP; QL
Mayzent Starter Pack (Oral Tablet Therapy Pack)	B	2	QL
Plegridy (Subcutaneous Solution Auto-Injector)	B	2	SP; QL
Plegridy (Subcutaneous Solution Prefilled Syringe)	B	2	SP; QL
Rebif Rebidose (Subcutaneous Solution Auto-Injector)	B	2	SP; QL
Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)	B	2	SP; QL
Rebif (Subcutaneous Solution Prefilled Syringe)	B	2	SP; QL
Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)	B	2	SP; QL
Teriflunomide (Oral Tablet)	G	1	QL
Zeposia 7-Day Starter Pack (Oral Capsule Therapy Pack)	B	2	PA; SP; QL
Zeposia (Oral Capsule)	B	2	PA; SP; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Zeposia Starter Kit (Oral Capsule Therapy Pack)	B	2	PA; SP; QL
Dental and Oral Agents			
Dental and Oral Agents			
Cevimeline HCl (Oral Capsule)	G	1	
Chlorhexidine Gluconate (Mouth Solution)	G	1	
Kourzeq (Mouth/Throat Paste)	G	1	
Periogard (Mouth Solution)	G	1	
Pilocarpine HCl (Oral Tablet)	G	1	
Triamcinolone Acetonide (Dental Paste)	G	1	
Dermatological Agents			
Acne and Rosacea Agents			
Accutane (10MG Oral Capsule, 20MG Oral Capsule, 40MG Oral Capsule)	G	1	PA
Acitretin (Oral Capsule)	G	1	
Adapalene (External Cream)	G	1	PA
Adapalene (0.3% External Gel)	G	1	PA
Amnesteem (Oral Capsule)	G	1	PA
Azelaic Acid (External Gel)	G	1	QL
Benzoyl Peroxide-Erythromycin (External Gel)	G	1	
Claravis (Oral Capsule)	G	1	PA
Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel, 1.2-5% External Gel)	G	1	
Isotretinoin (Oral Capsule)	G	1	PA
Neuac (External Gel)	G	1	
Tazarotene (External Cream)	G	1	PA; QL
Tazarotene (External Gel)	G	1	PA; QL
Tazorac (0.05% External Cream)	B	2	PA; QL
Tretinoin (External Cream)	G	1	PA
Tretinoin (External Gel)	G	1	PA
Zenatane (Oral Capsule)	G	1	PA
Dermatitis and Pruritus Agents			
Ala-Cort (External Cream)	G	1	
Alclometasone Dipropionate (External Cream)	G	1	
Alclometasone Dipropionate (External Ointment)	G	1	
Ammonium Lactate (External Cream)	G	1	
Ammonium Lactate (External Lotion)	G	1	
Betamethasone Dipropionate Aug (External Cream)	G	1	
Betamethasone Dipropionate Aug (External Gel)	G	1	
Betamethasone Dipropionate Aug (External Lotion)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Betamethasone Dipropionate Aug (External Ointment)	G	1	
Betamethasone Dipropionate (External Cream)	G	1	
Betamethasone Dipropionate (External Lotion)	G	1	
Betamethasone Dipropionate (External Ointment)	G	1	
Betamethasone Valerate (External Cream)	G	1	
Betamethasone Valerate (External Foam)	G	1	
Betamethasone Valerate (External Lotion)	G	1	
Betamethasone Valerate (External Ointment)	G	1	
Clobetasol Propionate Emollient Base (External Cream)	G	1	QL
Clobetasol Propionate Emulsion (External Foam)	G	1	QL
Clobetasol Propionate (External Cream)	G	1	QL
Clobetasol Propionate (External Foam)	G	1	QL
Clobetasol Propionate (External Gel)	G	1	QL
Clobetasol Propionate (External Lotion)	G	1	QL
Clobetasol Propionate (External Ointment)	G	1	QL
Clobetasol Propionate (External Shampoo)	G	1	QL
Clobetasol Propionate (External Solution)	G	1	QL
Clodan (External Shampoo)	G	1	QL
Desonide (External Cream)	G	1	QL
Desonide (External Lotion)	G	1	QL
Desonide (External Ointment)	G	1	QL
Desoximetasone (External Cream)	G	1	QL
Desoximetasone (External Gel)	G	1	
Desoximetasone (External Ointment)	G	1	
Doxepin HCl (External Cream)	G	1	PA; QL
Fluocinolone Acetonide (External Cream)	G	1	
Fluocinolone Acetonide (External Ointment)	G	1	
Fluocinolone Acetonide (External Solution)	G	1	
Fluocinolone Acetonide Scalp (External Oil)	G	1	
Fluocinonide Emulsified Base (External Cream)	G	1	QL
Fluocinonide (0.05% External Cream)	G	1	QL
Fluocinonide (External Gel)	G	1	QL
Fluocinonide (External Ointment)	G	1	QL
Fluocinonide (External Solution)	G	1	QL
Fluticasone Propionate (External Cream)	G	1	
Fluticasone Propionate (External Lotion)	G	1	
Fluticasone Propionate (External Ointment)	G	1	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Halobetasol Propionate (External Cream)	G	1	
Halobetasol Propionate (External Ointment)	G	1	
Hydrocortisone Butyrate (External Cream)	G	1	
Hydrocortisone Butyrate (External Ointment)	G	1	
Hydrocortisone Butyrate (External Solution)	G	1	
Hydrocortisone (1% External Cream)	G	1	
Hydrocortisone (2.5% External Lotion)	G	1	
Hydrocortisone (2.5% External Ointment)	G	1	
Hydrocortisone Valerate (External Cream)	G	1	
Hydrocortisone Valerate (External Ointment)	G	1	
Mometasone Furoate (External Cream)	G	1	
Mometasone Furoate (External Ointment)	G	1	
Mometasone Furoate (External Solution)	G	1	
Pimecrolimus (External Cream)	G	1	ST; QL
Selenium Sulfide (External Lotion)	G	1	
Tacrolimus (External Ointment)	G	1	ST; QL
Tovet (External Foam)	G	1	QL
Triamcinolone Acetonide (External Cream)	G	1	
Triamcinolone Acetonide (External Lotion)	G	1	
Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment)	G	1	
Triderm (External Cream)	G	1	
Dermatological Agents, Other			
Calcipotriene (External Cream)	G	1	QL
Calcipotriene (External Ointment)	G	1	QL
Calcipotriene (External Solution)	G	1	QL
Calcipotriene-Betamethasone (External Ointment)	G	1	QL
Calcipotriene-Betamethasone (External Suspension)	G	1	QL
Calcitriol (External Ointment)	G	1	
Clotrimazole-Betamethasone (External Cream)	G	1	QL
Clotrimazole-Betamethasone (External Lotion)	G	1	QL
Diclofenac Sodium (3% External Gel)	G	1	QL
Fluorouracil (5% External Cream)	G	1	QL
Fluorouracil (External Solution)	G	1	
Imiquimod (5% External Cream)	G	1	QL
Methoxsalen Rapid (Oral Capsule)	G	1	SP
Nystatin-Triamcinolone (External Cream)	G	1	QL
Nystatin-Triamcinolone (External Ointment)	G	1	QL
Podofilox (External Solution)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Regranex (External Gel)	B	2	PA; SP
Santyl (External Ointment)	B	2	
Silver Sulfadiazine (External Cream)	G	1	
Pediculicides/Scabicides			
Malathion (External Lotion)	G	1	
Permethrin (External Cream)	G	1	
Topical Anti-infectives			
Ciclopirox (External Gel)	G	1	QL
Ciclopirox (External Shampoo)	G	1	QL
Ciclopirox (External Solution)	G	1	
Ciclopirox Olamine (External Cream)	G	1	QL
Ciclopirox Olamine (External Suspension)	G	1	QL
Clindacin ETZ (External Swab)	G	1	QL
Clindamycin Phosphate (External Gel)	G	1	QL
Clindamycin Phosphate (External Lotion)	G	1	QL
Clindamycin Phosphate (External Solution)	G	1	QL
Clindamycin Phosphate (External Swab)	G	1	QL
Clotrimazole (External Cream)	G	1	QL
Clotrimazole (External Solution)	G	1	QL
Econazole Nitrate (External Cream)	G	1	QL
Ery (External Pad)	G	1	
Erythromycin (External Gel)	G	1	
Erythromycin (External Solution)	G	1	
Gentamicin Sulfate (External Cream)	G	1	
Gentamicin Sulfate (External Ointment)	G	1	
Ketoconazole (External Cream)	G	1	QL
Ketoconazole (External Shampoo)	G	1	QL
Mupirocin Calcium (External Cream)	G	1	
Mupirocin (External Ointment)	G	1	QL
Nyamyc (External Powder)	G	1	QL
Nystatin (External Cream)	G	1	QL
Nystatin (External Ointment)	G	1	QL
Nystatin (External Powder)	G	1	QL
Nystop (External Powder)	G	1	QL
Sulfacetamide Sodium (Acne) (External Lotion)	G	1	PA
Sulfamylon (External Cream)	B	2	
Electrolytes/Minerals/Metals/Vitamins			

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Electrolyte/Mineral Replacement			
Carglumic Acid (Oral Tablet Soluble)	G	1	SP
Clinimix E/Dextrose (2.75/5) (Intravenous Solution)	B	2	B/D,PA
Clinimix E/Dextrose (4.25/10) (Intravenous Solution)	B	2	B/D,PA
Clinimix E/Dextrose (4.25/5) (Intravenous Solution)	B	2	B/D,PA
Clinimix E/Dextrose (5/15) (Intravenous Solution)	B	2	B/D,PA
Clinimix E/Dextrose (5/20) (Intravenous Solution)	B	2	B/D,PA
Clinimix/Dextrose (4.25/10) (Intravenous Solution)	B	2	B/D,PA
Clinimix/Dextrose (4.25/5) (Intravenous Solution)	B	2	B/D,PA
Clinimix/Dextrose (5/15) (Intravenous Solution)	B	2	B/D,PA
Clinimix/Dextrose (5/20) (Intravenous Solution)	B	2	B/D,PA
Dextrose (10% Intravenous Solution)	G	1	
Dextrose (5% Intravenous Solution)	G	1	B/D,PA
Dextrose-Sodium Chloride (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 2.5-0.45% Intravenous Solution, 5-0.2% Intravenous Solution, 5-0.45% Intravenous Solution)	G	1	
Dextrose-Sodium Chloride (5-0.9% Intravenous Solution)	G	1	B/D,PA
Intralipid (Intravenous Emulsion)	B	2	B/D,PA
Isolyte-P in D5W (Intravenous Solution)	B	2	
Isolyte-S pH 7.4 (Intravenous Solution)	B	2	
KCl in Dextrose-NaCl (Intravenous Solution)	G	1	
KCl-Lactated Ringers-D5W (Intravenous Solution)	G	1	
Klor-Con 10 (Oral Tablet Extended Release)	B	1	
Klor-Con M10 (Oral Tablet Extended Release)	G	1	
Klor-Con M15 (Oral Tablet Extended Release)	G	1	
Klor-Con M20 (Oral Tablet Extended Release)	G	1	
Klor-Con (Oral Packet)	G	1	
Klor-Con 8 (Oral Tablet Extended Release)	B	1	
L-Glutamine (Oral Packet)	G	1	PA; SP
Magnesium Sulfate (Injection Solution)	G	1	
Multiple Electrolytes Type 1 pH 5.5 (Intravenous Solution)	G	1	
Plenamaine (Intravenous Solution)	B	2	B/D,PA
Potassium Chloride Microencapsulated ER (Oral Tablet Extended Release)	G	1	
Potassium Chloride ER (Oral Capsule Extended Release)	G	1	
Potassium Chloride ER (10MEQ Oral Tablet Extended Release, 20MEQ Oral Tablet Extended Release, 8MEQ Oral Tablet Extended Release)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution, 20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)	G	1	B/D,PA
Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 2MEQ/ML (30ML) Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution, 40MEQ/100ML Intravenous Solution)	G	1	B/D,PA
Potassium Chloride (Oral Packet)	G	1	
Potassium Chloride (20MEQ/15ML(10%) Oral Solution, 40MEQ/15ML(20%) Oral Solution)	G	1	
Potassium Citrate ER (Oral Tablet Extended Release)	G	1	
Potassium Chloride in Dextrose 5% (20MEQ/L Intravenous Solution)	G	1	B/D,PA
Premasol (Intravenous Solution)	B	2	B/D,PA; SP
Prosol (Intravenous Solution)	B	2	B/D,PA
Sodium Chloride (0.45% Intravenous Solution)	G	1	
Sodium Chloride (0.9% Intravenous Solution, 3% Intravenous Solution, 5% Intravenous Solution)	G	1	B/D,PA
Sodium Chloride (Irrigation Solution)	G	1	
Sodium Fluoride (Oral Tablet)	G	1	
Travasol (Intravenous Solution)	B	2	B/D,PA
TrophAmine (Intravenous Solution)	B	2	B/D,PA
Electrolyte/Mineral/Metal Modifiers			
Chemet (Oral Capsule)	B	2	SP
Deferasirox Granules (180MG Oral Packet, 360MG Oral Packet)	G	1	PA; SP
Deferasirox Granules (90MG Oral Packet)	G	1	PA
Deferasirox (Oral Tablet) (Generic Jadenu)	G	1	PA
Deferasirox (125MG Oral Tablet Soluble, 250MG Oral Tablet Soluble) (Generic Exjade)	G	1	PA
Deferasirox (500MG Oral Tablet Soluble) (Generic Exjade)	G	1	PA; SP
Deferiprone (Oral Tablet)	G	1	PA; SP
Ferriprox (Oral Solution)	B	2	PA; SP
Jynarque (Oral Tablet)	B	2	PA; SP; QL
Jynarque (Oral Tablet Therapy Pack)	B	2	PA; SP; QL
Tolvaptan (Oral Tablet)	G	1	PA; SP; QL
Trientine HCl (Oral Capsule)	G	1	PA; SP; QL
Potassium Binders			
Lokelma (Oral Packet)	B	2	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Sodium Polystyrene Sulfonate (Oral Powder)	G	1	
SPS (Sodium Polystyrene Sulfate) (Combination Suspension)	B	1	
Veltassa (16.8GM Oral Packet, 25.2GM Oral Packet, 8.4GM Oral Packet)	B	2	QL
Vitamins			
Prenatal (27-1MG Oral Tablet)	G	1	
Gastrointestinal Agents			
Anti-Constipation Agents			
Constulose (Oral Solution)	G	1	
Enulose (Oral Solution)	G	1	
Generlac (Oral Solution)	G	1	
Lactulose (10GM/15ML Oral Solution)	G	1	
Linzess (Oral Capsule)	B	2	QL
Lubiprostone (Oral Capsule)	G	1	QL
Movantik (Oral Tablet)	B	2	QL
Relistor (Oral Tablet)	B	2	PA; SP; QL
Relistor (Subcutaneous Solution)	B	2	PA; SP; QL
Anti-Diarrheal Agents			
Alosetron HCl (0.5MG Oral Tablet)	G	1	
Alosetron HCl (1MG Oral Tablet)	G	1	SP
Diphenoxylate-Atropine (Oral Liquid)	G	1	HRM
Diphenoxylate-Atropine (Oral Tablet)	G	1	HRM
Loperamide HCl (Oral Capsule)	G	1	
Mytesi (Oral Tablet Delayed Release)	B	2	PA; SP; QL
Xermelo (Oral Tablet)	B	2	PA; SP; QL
Antispasmodics, Gastrointestinal			
Dicyclomine HCl (Oral Capsule)	G	1	HRM
Dicyclomine HCl (Oral Solution)	G	1	HRM
Dicyclomine HCl (Oral Tablet)	G	1	HRM
Glycopyrrolate (1MG Oral Tablet, 2MG Oral Tablet)	G	1	PA
Gastrointestinal Agents, Other			
Chenodal (Oral Tablet)	B	2	PA; SP
Gattex (Subcutaneous Kit)	B	2	PA; SP
GaviLyte-C (Oral Solution Reconstituted)	G	1	
GaviLyte-G (Oral Solution Reconstituted)	G	1	
GaviLyte-N with Flavor Pack (Oral Solution Reconstituted)	G	1	
Myalept (Subcutaneous Solution Reconstituted)	B	2	PA; SP

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ocaliva (Oral Tablet)	B	2	PA; SP; QL
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	G	1	
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	G	1	
Ursodiol (300MG Oral Capsule)	G	1	
Ursodiol (Oral Tablet)	G	1	
Vowst (Oral Capsule)	B	2	PA; SP
Histamine2 (H2) Receptor Antagonists			
Cimetidine (Oral Tablet)	G	1	
Famotidine (Oral Suspension Reconstituted)	G	1	
Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	G	1	
Nizatidine (Oral Capsule)	G	1	
Protectants			
Misoprostol (Oral Tablet)	G	1	
Sucralfate (Oral Suspension)	G	1	
Sucralfate (Oral Tablet)	G	1	
Proton Pump Inhibitors			
Lansoprazole (Oral Capsule Delayed Release)	G	2	QL
Omeprazole (10MG Oral Capsule Delayed Release, 20MG Oral Capsule Delayed Release)	G	2	QL
Omeprazole (40MG Oral Capsule Delayed Release)	G	2	
Pantoprazole Sodium (Oral Tablet Delayed Release)	G	2	QL
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment			
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment			
Aralast NP (1000MG Intravenous Solution Reconstituted)	B	2	PA; SP
Betaine (Oral Powder)	G	1	SP
Cerdelga (Oral Capsule)	B	2	PA; SP; QL
Cholbam (Oral Capsule)	B	2	PA; SP
Creon (Oral Capsule Delayed Release Particles)	B	2	
Cromolyn Sodium (Oral Concentrate)	G	1	
Cystagon (Oral Capsule)	B	2	
Evrysdi (Oral Solution Reconstituted)	B	2	PA; SP; QL
Glassia (Intravenous Solution)	B	2	PA; SP
Levocarnitine (Oral Solution)	G	1	
Levocarnitine (Oral Tablet)	G	1	
Miglustat (Oral Capsule)	G	1	PA; SP
Nitisinone (Oral Capsule)	G	1	SP

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Orfadin (Oral Suspension)	B	2	SP
Palynziq (Subcutaneous Solution Prefilled Syringe)	B	2	PA; SP; QL
Pancreaze (10500-35500UNIT Oral Capsule Delayed Release Particles, 16800-56800UNIT Oral Capsule Delayed Release Particles, 2600-8800UNIT Oral Capsule Delayed Release Particles, 4200-14200UNIT Oral Capsule Delayed Release Particles)	B	2	ST
Pancreaze (21000-54700UNIT Oral Capsule Delayed Release Particles, 37000-97300UNIT Oral Capsule Delayed Release Particles)	B	2	ST; SP
Prolastin-C (Intravenous Solution)	B	2	PA; SP
Pyrukynd (Oral Tablet)	B	2	PA; SP; QL
Pyrukynd Taper Pack (Oral Tablet Therapy Pack)	B	2	PA; SP; QL
Ravicti (Oral Liquid)	B	2	SP; QL
Revcovi (Intramuscular Solution)	B	2	PA; SP
Sapropterin Dihydrochloride (Oral Packet)	G	1	SP
Sapropterin Dihydrochloride (Oral Tablet)	G	1	SP
Sucraid (Oral Solution)	B	2	SP
Viokace (10440-39150UNIT Oral Tablet)	B	2	ST
Viokace (20880-78300UNIT Oral Tablet)	B	2	ST; SP
Vyndaqel (Oral Capsule)	B	2	PA; SP; QL
Welireg (Oral Tablet)	B	2	PA; SP; QL
Yargesa (Oral Capsule)	G	1	PA; SP
Zemaira (1000MG Intravenous Solution Reconstituted)	B	2	PA; SP
Zenpep (Oral Capsule Delayed Release Particles)	B	2	
Genitourinary Agents			
Antispasmodics, Urinary			
Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Flavoxate HCl (Oral Tablet)	G	1	
Gemtesa (Oral Tablet)	B	3	
Mirabegron ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Myrbetriq (Oral Suspension Reconstituted ER)	B	2	
Myrbetriq (Oral Tablet Extended Release 24 Hour)	B	2	QL
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	G	1	
Oxybutynin Chloride (Oral Solution)	G	1	
Oxybutynin Chloride (5MG Oral Tablet Immediate Release)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour)	G	1	QL
Tolterodine Tartrate (Oral Tablet)	G	1	
Trospium Chloride ER (Oral Capsule Extended Release 24 Hour)	G	1	QL
Trospium Chloride (Oral Tablet)	G	1	
Benign Prostatic Hypertrophy Agents			
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Dutasteride (Oral Capsule)	G	1	QL
Dutasteride-Tamsulosin HCl (Oral Capsule)	G	1	ST; QL
Finasteride (5MG Oral Tablet) (Generic Proscar)	G	1	
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	G	1	PA; QL
Tamsulosin HCl (Oral Capsule)	G	1	QL
Terazosin HCl (Oral Capsule)	G	1	QL
Genitourinary Agents, Other			
Bethanechol Chloride (Oral Tablet)	G	1	
Elmiron (Oral Capsule)	B	2	
Penicillamine (Oral Capsule)	G	1	PA; SP
Penicillamine (Oral Tablet)	G	1	SP
Tiopronin (Oral Tablet Immediate Release)	G	1	SP
Tiopronin (Oral Tablet Delayed Release)	G	1	SP
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Acthar Gel (Subcutaneous Auto-Injector)	B	2	PA; SP
Acthar (Injection Gel)	B	2	PA; SP
Dexamethasone (Oral Solution)	G	1	
Dexamethasone (Oral Tablet)	G	1	
Fludrocortisone Acetate (Oral Tablet)	G	1	
Hemady (Oral Tablet)	B	2	QL
Hydrocortisone (Oral Tablet)	G	1	
Methylprednisolone (Oral Tablet)	G	1	
Methylprednisolone (Oral Tablet Therapy Pack)	G	1	
Prednisolone (Oral Solution)	G	1	
Prednisolone (Oral Tablet)	G	1	
Prednisolone Sodium Phosphate (10MG/5ML Oral Solution, 20MG/5ML Oral Solution, 25MG/5ML Oral Solution)	G	1	
Prednisone Intensol (Oral Concentrate)	G	1	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Prednisone (5MG/5ML Oral Solution)	G	1	
Prednisone (Oral Tablet)	G	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
Desmopressin Acetate (Oral Tablet)	G	1	
Desmopressin Acetate Spray (Nasal Solution)	G	1	
Genotropin MiniQuick (0.2MG Subcutaneous Prefilled Syringe)	B	2	PA
Genotropin MiniQuick (0.4MG Subcutaneous Prefilled Syringe, 0.6MG Subcutaneous Prefilled Syringe, 0.8MG Subcutaneous Prefilled Syringe, 1.2MG Subcutaneous Prefilled Syringe, 1.4MG Subcutaneous Prefilled Syringe, 1.6MG Subcutaneous Prefilled Syringe, 1.8MG Subcutaneous Prefilled Syringe, 1MG Subcutaneous Prefilled Syringe, 2MG Subcutaneous Prefilled Syringe)	B	2	PA; SP
Genotropin (12MG Subcutaneous Cartridge)	B	2	PA; SP
Genotropin (5MG Subcutaneous Cartridge)	B	2	PA
Humatrope (Injection Cartridge)	B	2	PA; SP
Increlex (Subcutaneous Solution)	B	2	PA; SP
Norditropin FlexPro (Subcutaneous Solution Pen-Injector)	B	2	PA; SP
Omnitrope (10MG/1.5ML Subcutaneous Solution Cartridge)	B	2	PA; SP
Omnitrope (5MG/1.5ML Subcutaneous Solution Cartridge)	B	2	PA
Omnitrope (Subcutaneous Solution Reconstituted)	B	2	PA; SP
Serostim (Subcutaneous Solution Reconstituted)	B	2	PA; SP
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)			
Androgens			
Danazol (Oral Capsule)	G	1	
Testosterone Cypionate (Intramuscular Solution)	G	1	PA
Testosterone Enanthate (Intramuscular Solution)	G	1	PA
Testosterone Pump (2% Transdermal Gel, 1% Transdermal Gel, 1.62% Transdermal Gel), Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 25MG/2.5GM 1% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel, 50MG/5GM 1% Transdermal Gel)	G	1	PA; QL
Testosterone (Transdermal Solution)	G	1	PA; QL
Estrogens			
Altavera (Oral Tablet)	G	1	
Alyacen 1/35 (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Apri (Oral Tablet)	G	1	
Aranelle (Oral Tablet)	G	1	
Ashlyna (Oral Tablet)	G	1	
Aubra EQ (Oral Tablet)	G	1	
Aviane (Oral Tablet)	G	1	
Azurette (Oral Tablet)	G	1	
Balziva (Oral Tablet)	G	1	
Blisovi 24 Fe (Oral Tablet)	G	1	
Blisovi Fe 1.5/30 (Oral Tablet)	G	1	
Briellyn (Oral Tablet)	G	1	
CombiPatch (Transdermal Patch Twice Weekly)	B	3	HRM
Cryselle-28 (Oral Tablet)	G	1	
Cyred EQ (Oral Tablet)	G	1	
Depo-Estradiol (Intramuscular Oil)	B	2	
Desogestrel-Ethinyl Estradiol (Oral Tablet)	G	1	
Dolishale (Oral Tablet)	G	1	
Dotti (Transdermal Patch Twice Weekly)	G	1	HRM; QL
Drospirenone-Ethinyl Estradiol (Oral Tablet)	G	1	
EluRyng (Vaginal Ring)	G	1	
EnilloRing (Vaginal Ring)	G	1	
Enpresse-28 (Oral Tablet)	G	1	
Enskyce (Oral Tablet)	G	1	
Estarylla (Oral Tablet)	G	1	
Estradiol (Oral Tablet)	G	1	HRM
Estradiol (0.25MG/0.25GM Transdermal Gel, 0.5MG/0.5GM Transdermal Gel, 0.75MG/0.75GM Transdermal Gel, 1.25MG/1.25GM Transdermal Gel, 1MG/GM Transdermal Gel)	G	1	HRM; QL
Estradiol (Transdermal Patch Twice Weekly)	G	1	HRM; QL
Estradiol (Transdermal Patch Weekly)	G	1	HRM; QL
Estradiol (Vaginal Cream)	G	1	
Estradiol (Vaginal Tablet)	G	1	
Estradiol Valerate (Intramuscular Oil)	G	1	
Estradiol-Norethindrone Acetate (Oral Tablet)	G	1	HRM
Estring (Vaginal Ring)	B	2	
Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet)	G	1	
Etonogestrel-Ethinyl Estradiol (Vaginal Ring)	G	1	
Evamist (Transdermal Solution)	B	2	HRM; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Falmina (Oral Tablet)	G	1	
Femring (Vaginal Ring)	B	2	
Fyavolv (Oral Tablet)	G	1	HRM
Hailey 24 Fe (Oral Tablet)	G	1	
Haloette (Vaginal Ring)	G	1	
Iclevia (Oral Tablet)	G	1	
Introvale (Oral Tablet)	G	1	
Isibloom (Oral Tablet)	G	1	
Jasmiel (Oral Tablet)	G	1	
Jinteli (Oral Tablet)	G	1	HRM
Juleber (Oral Tablet)	G	1	
Junel 1.5/30 (Oral Tablet)	G	1	
Junel 1/20 (Oral Tablet)	G	1	
Junel Fe 1.5/30 (Oral Tablet)	G	1	
Junel Fe 1/20 (Oral Tablet)	G	1	
Junel Fe 24 (Oral Tablet)	G	1	
Kariva (Oral Tablet)	G	1	
Kelnor 1/35 (Oral Tablet)	G	1	
Kelnor 1/50 (Oral Tablet)	G	1	
Kurvelo (Oral Tablet)	G	1	
LARIN 1.5/30 (Oral Tablet)	G	1	
LARIN 1/20 (Oral Tablet)	G	1	
LARIN Fe 1.5/30 (Oral Tablet)	G	1	
LARIN Fe 1/20 (Oral Tablet)	G	1	
Leena (Oral Tablet)	G	1	
Lessina (Oral Tablet)	G	1	
Levonest (Oral Tablet)	G	1	
Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet)	G	1	
Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet)	G	1	
Levonorgestrel-Ethinyl Estradiol (Oral Tablet)	G	1	
Levonorgestrel-Ethinyl Estradiol Triphasic (Oral Tablet)	G	1	
Loryna (Oral Tablet)	G	1	
Low-Ogestrel (Oral Tablet)	G	1	
Lutera (Oral Tablet)	G	1	
Lyllana (Transdermal Patch Twice Weekly)	G	1	HRM; QL
Marlissa (Oral Tablet)	G	1	
Menostar (Transdermal Patch Weekly)	B	2	HRM; QL
Microgestin 1.5/30 (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Microgestin 1/20 (Oral Tablet)	G	1	
Microgestin Fe 1.5/30 (Oral Tablet)	G	1	
Microgestin Fe 1/20 (Oral Tablet)	G	1	
Mili (Oral Tablet)	G	1	
Mimvey (Oral Tablet)	G	1	HRM
Necon 0.5/35 (28) (Oral Tablet)	G	1	
Nikki (Oral Tablet)	G	1	
Norelgestromin-Ethinyl Estradiol (Transdermal Patch Weekly)	G	1	
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG Oral Tablet)	G	1	
Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet)	G	1	
Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)	G	1	HRM
Norethindrone-Ethinyl Estradiol-Fe (1-20MG-MCG/1-30MG-MCG/1-35MG-MCG Oral Tablet)	G	1	
Norgestimate-Ethinyl Estradiol (0.25-35MG-MCG Oral Tablet)	G	1	
Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)	G	1	
Nortrel 0.5/35 (28) (Oral Tablet)	G	1	
Nortrel 1/35 (21) (Oral Tablet)	G	1	
Nortrel 1/35 (28) (Oral Tablet)	G	1	
Nortrel 7/7/7 (Oral Tablet)	G	1	
Nylia 1/35 (Oral Tablet)	G	1	
Nylia 7/7/7 (Oral Tablet)	G	1	
Ocella (Oral Tablet)	G	1	
Pimtrea (Oral Tablet)	G	1	
Portia-28 (Oral Tablet)	G	1	
Premarin (Oral Tablet)	B	2	HRM; QL
Premarin (Vaginal Cream)	B	2	
Reclipsen (Oral Tablet)	G	1	
Setlakin (Oral Tablet)	G	1	
Sprintec 28 (Oral Tablet)	G	1	
Sronyx (Oral Tablet)	G	1	
Syeda (Oral Tablet)	G	1	
Tarina 24 Fe (Oral Tablet)	G	1	
Tarina Fe 1/20 EQ (Oral Tablet)	G	1	
Tilia Fe (Oral Tablet)	G	1	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tri-Estarylla (Oral Tablet)	G	1	
Tri-Legest Fe (Oral Tablet)	G	1	
Tri-Lo-Estarylla (Oral Tablet)	G	1	
Tri-Lo-Sprintec (Oral Tablet)	G	1	
Tri-Mili (Oral Tablet)	G	1	
Tri-Sprintec (Oral Tablet)	G	1	
Trivora (28) (Oral Tablet)	G	1	
Tri-VyLibra Lo (Oral Tablet)	G	1	
Tri-VyLibra (Oral Tablet)	G	1	
Turqoz (Oral Tablet)	G	1	
Velivet (Oral Tablet)	G	1	
Vestura (Oral Tablet)	G	1	
Vienva (Oral Tablet)	G	1	
Vyfemla (Oral Tablet)	G	1	
VyLibra (Oral Tablet)	G	1	
Xulane (Transdermal Patch Weekly)	G	1	
Yuvaferm (Vaginal Tablet)	G	1	
Zafemy (Transdermal Patch Weekly)	G	1	
Zovia 1/35 (28) (Oral Tablet)	G	1	
Progestins			
Camila (Oral Tablet)	G	1	
Crinone (Vaginal Gel)	B	2	PA
Deblitane (Oral Tablet)	G	1	
Depo-SubQ Provera 104 (Subcutaneous Suspension Prefilled Syringe)	B	2	
Errin (Oral Tablet)	G	1	
Gallifrey (Oral Tablet)	G	1	
Heather (Oral Tablet)	G	1	
Incassia (Oral Tablet)	G	1	
Liletta (52MG) (Intrauterine Device)	B	2	
Lyleq (Oral Tablet)	G	1	
Lyza (Oral Tablet)	G	1	
Medroxyprogesterone Acetate (Intramuscular Suspension)	G	1	
Medroxyprogesterone Acetate (Intramuscular Suspension Prefilled Syringe)	G	1	
Medroxyprogesterone Acetate (Oral Tablet)	G	1	
Megestrol Acetate (40MG/ML Oral Suspension, 625MG/5ML Oral Suspension)	G	1	PA; HRM
Megestrol Acetate (Oral Tablet)	G	1	PA; HRM

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Nexplanon (Subcutaneous Implant)	B	2	
Nora-BE (Oral Tablet)	G	1	
Norethindrone Acetate (5MG Oral Tablet)	G	1	
Norethindrone (0.35MG Oral Tablet)	G	1	
Progesterone (Oral Capsule)	G	1	
Sharobel (Oral Tablet)	G	1	
Selective Estrogen Receptor Modifying Agents			
Osphena (Oral Tablet)	B	2	PA; QL
Raloxifene HCl (Oral Tablet)	G	1	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
Euthyrox (Oral Tablet)	B	1	
Levothyroxine Sodium (Oral Tablet)	G	1	
Levoxyl (Oral Tablet)	B	1	
Liothyronine Sodium (Oral Tablet)	G	1	
Unithroid (Oral Tablet)	B	1	
Hormonal Agents, Suppressant (Adrenal or Pituitary)			
Hormonal Agents, Suppressant (Adrenal or Pituitary)			
Bromocriptine Mesylate (Oral Capsule)	G	1	
Bromocriptine Mesylate (Oral Tablet)	G	1	
Cabergoline (Oral Tablet)	G	1	
Eligard (Subcutaneous Kit)	B	2	PA; QL
Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)	B	2	PA; SP; QL
Firmagon (80MG Subcutaneous Solution Reconstituted)	B	2	PA; QL
Isturisa (Oral Tablet)	B	2	PA; SP
Leuprolide Acetate (Subcutaneous Injection Kit)	G	1	PA; QL
Lupron Depot (1-Month) (Intramuscular Kit)	B	2	PA; QL
Lupron Depot (3-Month) (Intramuscular Kit)	B	2	PA; QL
Lupron Depot (4-Month) (Intramuscular Kit)	B	2	PA; QL
Lupron Depot (6-Month) (Intramuscular Kit)	B	2	PA; QL
Lupron Depot-Ped (1-Month) (7.5MG Intramuscular Kit)	B	2	PA; SP; QL
Lupron Depot-Ped (3-Month) (11.25MG Intramuscular Kit)	B	2	PA; SP; QL
Lupron Depot-Ped (6-Month) (Intramuscular Kit)	B	2	PA; SP; QL
Mifepristone (300MG Oral Tablet)	G	1	PA; SP; QL
Myfembree (Oral Tablet)	B	2	PA; SP; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Octreotide Acetate (Injection Solution)	G	1	PA
Oriahnn (Oral Capsule Therapy Pack)	B	2	PA; QL
Signifor (Subcutaneous Solution)	B	2	PA; SP; QL
Somavert (Subcutaneous Solution Reconstituted)	B	2	PA; SP; QL
Synarel (Nasal Solution)	B	2	SP; QL
Trelstar Mixject (Intramuscular Suspension Reconstituted)	B	2	PA; QL
Hormonal Agents, Suppressant (Thyroid)			
Antithyroid Agents			
Methimazole (Oral Tablet)	G	1	
Propylthiouracil (Oral Tablet)	G	1	
Immunological Agents			
Angioedema Agents			
Berinert (Intravenous Kit)	B	2	PA; SP
Cinryze (Intravenous Solution Reconstituted)	B	2	PA; SP
Icatibant Acetate (Subcutaneous Solution Prefilled Syringe)	G	1	PA; SP; QL
Immunoglobulins			
BIVIGAM (5GM/50ML Intravenous Solution)	B	2	PA; SP
Gammagard (2.5GM/25ML Injection Solution)	B	2	PA; SP
Gammagard S/D Less IgA (Intravenous Solution Reconstituted)	B	2	PA; SP
Gammaked (1GM/10ML Injection Solution)	B	2	PA; SP
Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)	B	2	PA; SP
Gamunex-C (1GM/10ML Injection Solution)	B	2	PA; SP
Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)	B	2	PA; SP
Panzyga (Intravenous Solution)	B	2	PA; SP
Privigen (20GM/200ML Intravenous Solution)	B	2	PA; SP
Immunological Agents, Other			
Actemra ACTPen (Subcutaneous Solution Auto-Injector)	B	2	PA; SP; QL
Actemra (Subcutaneous Solution Prefilled Syringe)	B	2	PA; SP; QL
Arcalyst (Subcutaneous Solution Reconstituted)	B	2	PA; SP
Benlysta (Subcutaneous Solution Auto-Injector)	B	2	PA; SP; QL
Benlysta (Subcutaneous Solution Prefilled Syringe)	B	2	PA; SP; QL
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)	B	2	PA; SP; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)	B	2	PA; SP; QL
Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	2	PA; SP; QL
Cosentyx UnoReady (Subcutaneous Solution Auto-Injector)	B	2	PA; SP; QL
Dupixent (Subcutaneous Solution Auto-Injector)	B	2	PA; SP; QL
Dupixent (200MG/1.14ML Subcutaneous Solution Prefilled Syringe, 300MG/2ML Subcutaneous Solution Prefilled Syringe)	B	2	PA; SP; QL
Entyvio Pen (Subcutaneous Solution Auto-Injector)	B	2	PA; SP; QL
Kineret (Subcutaneous Solution Prefilled Syringe)	B	2	PA; SP; QL
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	B	2	PA; SP; QL
Orencia (Subcutaneous Solution Prefilled Syringe)	B	2	PA; SP; QL
Otezla (Oral Tablet)	B	2	PA; SP; QL
Otezla (Oral Tablet Therapy Pack)	B	2	PA; SP; QL
Ridaura (Oral Capsule)	B	2	SP
Rinvoq LQ (Oral Solution)	B	2	PA; SP; QL
Rinvoq (Oral Tablet Extended Release 24 Hour)	B	2	PA; SP; QL
Skyrizi Pen (Subcutaneous Solution Auto-Injector)	B	2	PA; SP; QL
Skyrizi (Subcutaneous Solution Cartridge)	B	2	PA; SP; QL
Skyrizi (Subcutaneous Solution Prefilled Syringe)	B	2	PA; SP; QL
Stelara (Subcutaneous Solution)	B	2	PA; SP; QL
Stelara (Subcutaneous Solution Prefilled Syringe)	B	2	PA; SP; QL
Xeljanz (Oral Solution)	B	2	PA; SP; QL
Xeljanz (Oral Tablet Immediate Release)	B	2	PA; SP; QL
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	B	2	PA; SP; QL
Xolair (Subcutaneous Solution Auto-Injector)	B	2	PA; SP; QL
Xolair (Subcutaneous Solution Prefilled Syringe)	B	2	PA; SP; QL
Xolair (Subcutaneous Solution Reconstituted)	B	2	PA; SP; QL
Immunostimulants			
Actimmune (Subcutaneous Solution)	B	2	SP
Besremi (Subcutaneous Solution Prefilled Syringe)	B	2	PA; SP
Pegasys (Subcutaneous Solution)	B	2	SP; QL
Pegasys (Subcutaneous Solution Prefilled Syringe)	B	2	SP; QL
Immunosuppressants			
Azathioprine (50MG Oral Tablet)	G	1	B/D,PA

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cimzia (2 Syringe) (Subcutaneous Prefilled Syringe Kit)	B	2	PA; SP; QL
Cimzia (Subcutaneous Kit)	B	2	PA; SP; QL
Cyclosporine Modified (Oral Capsule)	G	1	B/D,PA
Cyclosporine Modified (Oral Solution)	G	1	B/D,PA
Cyclosporine (100MG Oral Capsule, 25MG Oral Capsule)	G	1	B/D,PA
Cyltezo (2 Pen) (Subcutaneous Auto-Injector Kit)	B	2	PA; SP; QL
Cyltezo (2 Syringe) (Subcutaneous Prefilled Syringe Kit)	B	2	PA; SP; QL
Cyltezo-Crohn's Disease/Ulcerative Colitis/Hidradenitis Suppurativa Starter (Subcutaneous Auto-Injector Kit)	B	2	PA; SP
Cyltezo-Psoriasis/Uveitis Starter (Subcutaneous Auto-Injector Kit)	B	2	PA; SP
Enbrel Mini (Subcutaneous Solution Cartridge)	B	2	PA; SP; QL
Enbrel (Subcutaneous Solution)	B	2	PA; SP; QL
Enbrel (Subcutaneous Solution Prefilled Syringe)	B	2	PA; SP; QL
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	B	2	PA; SP; QL
Envarsus XR (Oral Tablet Extended Release 24 Hour)	B	2	B/D,PA
Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet, 1MG Oral Tablet)	G	1	B/D,PA
Gengraf (Oral Capsule)	G	1	B/D,PA
Gengraf (Oral Solution)	G	1	B/D,PA
Humira (2 Pen) (Subcutaneous Auto-Injector Kit) (AbbVie)	B	2	PA; SP; QL
Humira (2 Syringe) (Subcutaneous Prefilled Syringe Kit) (AbbVie)	B	2	PA; SP; QL
Humira Pen-Crohn's Disease/Ulcerative Colitis/Hidradenitis Suppurativa Starter (Subcutaneous Auto-Injector Kit) (AbbVie)	B	2	PA; SP
Humira Pen Psoriasis/Uveitis Starter (40MG/0.4ML & 80MG/0.8ML Subcutaneous Auto-Injector Kit) (AbbVie)	B	2	PA; SP; QL
Leflunomide (Oral Tablet)	G	1	QL
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	G	1	
Methotrexate Sodium (50MG/2ML Injection Solution)	G	1	
Methotrexate Sodium (Oral Tablet)	G	1	
Mycophenolate Mofetil (Oral Capsule)	G	1	B/D,PA
Mycophenolate Mofetil (Oral Suspension Reconstituted)	G	1	B/D,PA
Mycophenolate Mofetil (Oral Tablet)	G	1	B/D,PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Mycophenolate Sodium (Oral Tablet Delayed Release)	G	1	B/D,PA
Prograf (Oral Packet)	B	2	B/D,PA
Rezurock (Oral Tablet)	B	2	PA; SP; QL
Simponi (Subcutaneous Solution Auto-Injector)	B	2	PA; SP; QL
Simponi (Subcutaneous Solution Prefilled Syringe)	B	2	PA; SP; QL
Sirolimus (Oral Solution)	G	1	B/D,PA
Sirolimus (Oral Tablet)	G	1	B/D,PA
Tacrolimus (Oral Capsule)	G	1	B/D,PA
Xatmep (Oral Solution)	B	3	PA
Yuflyma (1 Pen) (Subcutaneous Auto-Injector Kit)	B	2	PA; SP; QL
Yuflyma (2 Syringe) (Subcutaneous Prefilled Syringe Kit)	B	2	PA; SP; QL
Yuflyma-Crohn's Disease/Ulcerative Colitis/Hidradenitis Suppurativa Starter (Subcutaneous Auto-Injector Kit)	B	2	PA; SP
Vaccines			
Abrysvo (Intramuscular Solution Reconstituted)	B	2	PA; QL
ActHIB (Intramuscular Solution Reconstituted)	B	2	QL
Adacel (Intramuscular Suspension)	B	2	QL
Arexvy (Intramuscular Suspension Reconstituted)	B	2	PA; QL
BCG Vaccine (Injection Solution Reconstituted)	B	2	QL
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Boostrix (5-2.5-18.5LF-MCG/0.5 Intramuscular Suspension)	B	2	QL
Boostrix (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Daptacel (Intramuscular Suspension)	B	2	QL
Engerix-B (Injection Suspension)	B	2	B/D,PA; QL
Engerix-B (Injection Suspension Prefilled Syringe)	B	2	B/D,PA; QL
Gardasil 9 (Intramuscular Suspension)	B	2	QL
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Havrix (Intramuscular Suspension)	B	2	QL
Hepelisav-B (Intramuscular Solution Prefilled Syringe)	B	2	B/D,PA; QL
Hiberix (Injection Solution Reconstituted)	B	2	QL
Imovax Rabies (Intramuscular Suspension Reconstituted)	B	2	B/D,PA; QL
Infanrix (Intramuscular Suspension)	B	2	QL
IPOL (Injection)	B	2	QL
Ixchiq (Intramuscular Solution Reconstituted)	B	2	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ixiaro (Intramuscular Suspension)	B	2	QL
Jynneos (Subcutaneous Suspension)	B	2	QL
Kinrix (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Menactra (Intramuscular Solution)	B	2	QL
MenQuadfi (Intramuscular Solution)	B	2	QL
Menveo (Intramuscular Solution Reconstituted)	B	2	QL
M-M-R II (Injection Solution Reconstituted)	B	2	QL
MResvia (Intramuscular Suspension Prefilled Syringe)	B	2	PA; QL
Pediarix (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Pedvax HIB (Intramuscular Suspension)	B	2	QL
Penbraya (Intramuscular Suspension Reconstituted)	B	2	QL
Pentacel (Intramuscular Suspension Reconstituted)	B	2	QL
PreHevbrio (10MCG/ML Intramuscular Suspension)	B	2	B/D,PA; QL
Priorix (Subcutaneous Suspension Reconstituted)	B	2	QL
ProQuad (Subcutaneous Suspension Reconstituted)	B	2	QL
Quadracel (Intramuscular Suspension)	B	2	QL
Quadracel (Intramuscular Suspension Prefilled Syringe)	B	2	QL
RabAvert (Intramuscular Suspension Reconstituted)	B	2	B/D,PA; QL
Recombivax HB (Injection Suspension)	B	2	B/D,PA; QL
Recombivax HB (Injection Suspension Prefilled Syringe)	B	2	B/D,PA; QL
Rotarix (Oral Suspension)	B	2	QL
RotaTeq (Oral Solution)	B	2	QL
Shingrix (Intramuscular Suspension Reconstituted)	B	2	QL
TDVAX (Intramuscular Suspension)	B	2	QL
Tenivac (Intramuscular Injectable)	B	2	QL
Ticovac (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Trumenba (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Twinrix (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Typhim VI (Intramuscular Solution)	B	2	QL
Typhim VI (Intramuscular Solution Prefilled Syringe)	B	2	QL
Vaqta (Intramuscular Suspension)	B	2	QL
Varivax (Injection Suspension Reconstituted)	B	2	QL
Vaxchora (Oral Suspension Reconstituted)	B	2	PA; QL
YF-VAX (Subcutaneous Injectable)	B	2	QL
Inflammatory Bowel Disease Agents			
Aminosalicylates			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Balsalazide Disodium (Oral Capsule)	G	1	
Dipentum (Oral Capsule)	B	2	SP
Mesalamine ER (500MG Oral Capsule Extended Release) (Generic Pentasa)	G	1	QL
Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	1	QL
Mesalamine (400MG Oral Capsule Delayed Release) (Generic Delzicol)	G	1	
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda), Mesalamine (800MG Oral Tablet Delayed Release) (Generic Asacol)	G	1	QL
Mesalamine (Rectal Enema)	G	1	QL
Mesalamine (Rectal Suppository)	G	1	QL
Pentasa (250MG Oral Capsule Extended Release)	B	2	QL
Sulfasalazine (Oral Tablet Immediate Release)	G	1	
Sulfasalazine (Oral Tablet Delayed Release)	G	1	
Glucocorticoids			
Budesonide ER (Oral Tablet Extended Release 24 Hour)	G	1	SP
Budesonide (Oral Capsule Delayed Release Particles)	G	1	
Hydrocortisone (Perianal) (2.5% External Cream)	G	1	
Hydrocortisone (Rectal Enema)	G	1	
Procto-Med HC (External Cream)	G	1	
Proctosol HC (External Cream)	G	1	
Proctozone-HC (External Cream)	G	1	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
Alendronate Sodium (Oral Solution)	G	1	QL
Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet)	G	1	QL
Calcitonin Salmon (Nasal Solution)	G	1	QL
Calcitriol (Oral Capsule)	G	1	B/D,PA
Calcitriol (Oral Solution)	G	1	B/D,PA
Cinacalcet HCl (Oral Tablet)	G	1	B/D,PA; QL
Doxercalciferol (Oral Capsule)	G	1	B/D,PA
Ibandronate Sodium (Oral Tablet)	G	1	QL
Paricalcitol (Oral Capsule)	G	1	B/D,PA
Prolia (Subcutaneous Solution Prefilled Syringe)	B	2	QL
Risedronate Sodium (150MG Oral Tablet, 35MG Oral Tablet, 35MG (12 PACK) Oral Tablet, 35MG (4 PACK) Oral Tablet, 5MG Oral Tablet)	G	1	ST; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Risedronate Sodium (30MG Oral Tablet Immediate Release)	G	1	QL
Risedronate Sodium (Oral Tablet Delayed Release)	G	1	ST; QL
Teriparatide (620MCG/2.48ML Subcutaneous Solution Pen-Injector)	B	2	PA; SP; QL
Tymlos (Subcutaneous Solution Pen-Injector)	B	2	PA; SP; QL
Xgeva (Subcutaneous Solution)	B	2	PA; SP
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
Alcohol Prep Pads	B	1	
Gauze (Non-medicated 2X2 Pad)	B	2	
Insulin Syringes, Needles	B	1	QL
Ophthalmic Agents			
Ophthalmic Agents, Other			
Atropine Sulfate (1% Ophthalmic Solution)	G	1	
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	G	1	
Brimonidine Tartrate-Timolol (Ophthalmic Solution)	G	1	
Cequa (Ophthalmic Solution)	B	2	PA; QL
Cyclosporine (0.05% Ophthalmic Emulsion)	G	1	QL
Cystadrops (Ophthalmic Solution)	B	2	SP; QL
Cystaran (Ophthalmic Solution)	B	2	SP; QL
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	G	1	
Enspryng (Subcutaneous Solution Prefilled Syringe)	B	2	PA; SP
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	G	1	
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	G	1	
Neomycin-Polymyxin-HC (Ophthalmic Suspension)	G	1	
Neo-Polycin HC (Ophthalmic Ointment)	G	1	
Oxervate (Ophthalmic Solution)	B	2	PA; SP; QL
Sulfacetamide-Prednisolone (Ophthalmic Solution)	G	1	
TobraDex (Ophthalmic Ointment)	B	2	
Tobramycin-Dexamethasone (Ophthalmic Suspension)	G	1	
Xiidra (Ophthalmic Solution)	B	2	PA; QL
Zylet (Ophthalmic Suspension)	B	2	
Ophthalmic Anti-allergy Agents			
Alomide (Ophthalmic Solution)	B	2	
Azelastine HCl (Ophthalmic Solution)	G	1	
Cromolyn Sodium (Ophthalmic Solution)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Epinastine HCl (Ophthalmic Solution)	G	1	
Ophthalmic Anti-Infectives			
Azasite (Ophthalmic Solution)	B	2	
Bacitracin (Ophthalmic Ointment)	G	1	QL
Bacitracin-Polymyxin B (Ophthalmic Ointment)	G	1	
Besivance (Ophthalmic Suspension)	B	2	
Ciloxan (Ophthalmic Ointment)	B	2	
Ciprofloxacin HCl (Ophthalmic Solution)	G	1	
Erythromycin (Ophthalmic Ointment)	G	1	
Gatifloxacin (Ophthalmic Solution)	G	1	
Gentamicin Sulfate (Ophthalmic Solution)	G	1	
Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox)	G	1	
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)	G	1	
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	G	1	
Neo-Polycin (Ophthalmic Ointment)	G	1	
Ofloxacin (Ophthalmic Solution)	G	1	
Polycin (Ophthalmic Ointment)	G	1	
Polymyxin B-Trimethoprim (Ophthalmic Solution)	G	1	
Sulfacetamide Sodium (Ophthalmic Ointment)	G	1	
Sulfacetamide Sodium (Ophthalmic Solution)	G	1	
Tobramycin (Ophthalmic Solution)	G	1	
Tobrex (Ophthalmic Ointment)	B	2	
Trifluridine (Ophthalmic Solution)	G	1	
Xdemvy (Ophthalmic Solution)	B	3	QL
Ophthalmic Anti-inflammatories			
Bromfenac Sodium (Once-Daily) (Ophthalmic Solution)	G	1	
Bromfenac Sodium (0.07% Ophthalmic Solution)	G	1	
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	G	1	
Diclofenac Sodium (Ophthalmic Solution)	G	1	
Difluprednate (Ophthalmic Emulsion)	G	1	
Flarex (Ophthalmic Suspension)	B	2	
Fluorometholone (Ophthalmic Suspension)	G	1	
Flurbiprofen Sodium (Ophthalmic Solution)	G	1	
FML Forte (Ophthalmic Suspension)	B	2	
Ilevro (Ophthalmic Suspension)	B	2	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ketorolac Tromethamine (Ophthalmic Solution)	G	1	
Lotemax (Ophthalmic Ointment)	B	2	
Lotemax SM (Ophthalmic Gel)	B	2	
Loteprednol Etabonate (Ophthalmic Gel)	G	1	
Loteprednol Etabonate (Ophthalmic Suspension)	G	1	
Maxidex (Ophthalmic Suspension)	B	2	
Nevanac (Ophthalmic Suspension)	B	2	QL
Pred Mild (Ophthalmic Suspension)	B	2	
Prednisolone Acetate (Ophthalmic Suspension)	G	1	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	G	1	
Ophthalmic Beta-Adrenergic Blocking Agents			
Betaxolol HCl (Ophthalmic Solution)	G	1	
Betoptic-S (Ophthalmic Suspension)	B	2	
Carteolol HCl (Ophthalmic Solution)	G	1	
Levobunolol HCl (Ophthalmic Solution)	G	1	
Timolol Maleate (Once-Daily) (Ophthalmic Solution) (Generic Istalol)	G	1	
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	G	1	
Timolol Maleate (Ophthalmic Solution) (Generic Timoptic)	G	1	
Timolol Maleate PF (Ophthalmic Solution) (Generic Timoptic OcuDose)	G	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other			
Apraclonidine HCl (Ophthalmic Solution)	G	1	
Brimonidine Tartrate (Ophthalmic Solution)	G	1	
Brinzolamide (Ophthalmic Suspension)	G	1	
Dorzolamide HCl (Ophthalmic Solution)	G	1	
Iopidine (Ophthalmic Solution)	B	2	
Methazolamide (Oral Tablet)	G	1	
Pilocarpine HCl (Ophthalmic Solution)	G	1	
Simbrinza (Ophthalmic Suspension)	B	2	
Ophthalmic Prostaglandin and Prostanoid Analogs			
Bimatoprost (Ophthalmic Solution)	G	1	QL
Latanoprost (Ophthalmic Solution)	G	1	QL
Lumigan (Ophthalmic Solution)	B	2	QL
Tafluprost (PF) (Ophthalmic Solution)	G	1	
Travoprost (BAK Free) (Ophthalmic Solution)	G	1	QL
Otic Agents			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Otic Agents			
Acetic Acid (Otic Solution)	G	1	
Cipro HC (Otic Suspension)	B	2	
Ciprofloxacin-Dexamethasone (Otic Suspension)	G	1	
Flac (Otic Oil)	G	1	
Fluocinolone Acetonide (Otic Oil)	G	1	
Hydrocortisone-Acetic Acid (Otic Solution)	G	1	
Neomycin-Polymyxin-HC (1% Otic Solution)	G	1	
Neomycin-Polymyxin-HC (Otic Suspension)	G	1	
Ofloxacin (Otic Solution)	G	1	
Respiratory Tract/Pulmonary Agents			
Antihistamines			
Azelastrine HCl (0.1% Nasal Solution)	G	1	QL
Cetirizine HCl (5MG/5ML Oral Solution)	G	1	QL
Cyproheptadine HCl (Oral Syrup)	G	1	HRM
Cyproheptadine HCl (Oral Tablet)	G	1	HRM
Desloratadine (Oral Tablet)	G	1	QL
Levocetirizine Dihydrochloride (Oral Solution)	G	1	
Levocetirizine Dihydrochloride (Oral Tablet)	G	1	QL
Olopatadine HCl (Nasal Solution)	G	1	QL
Anti-inflammatories, Inhaled Corticosteroids			
Alvesco (Inhalation Aerosol Solution)	B	2	QL
Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Asmanex (30 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Asmanex HFA (Inhalation Aerosol)	B	2	QL
Budesonide (Inhalation Suspension)	G	1	B/D,PA
Flunisolide (Nasal Solution)	G	1	QL
Fluticasone Propionate Diskus (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Fluticasone Propionate HFA (Inhalation Aerosol)	B	2	QL
Fluticasone Propionate (Nasal Suspension)	G	1	QL
Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Qvar RediHaler (Inhalation Aerosol Breath Activated)	B	2	QL
Antileukotrienes			

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Montelukast Sodium (Oral Packet)	G	1	QL
Montelukast Sodium (Oral Tablet)	G	1	QL
Montelukast Sodium (Oral Tablet Chewable)	G	1	QL
Zafirlukast (Oral Tablet)	G	1	QL
Bronchodilators, Anticholinergic			
Atrovent HFA (Inhalation Aerosol Solution)	B	2	QL
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Ipratropium Bromide (Inhalation Solution)	G	1	B/D,PA
Ipratropium Bromide (Nasal Solution)	G	1	QL
Spiriva Respimat (Inhalation Aerosol Solution)	B	2	QL
Tiotropium Bromide Monohydrate (Inhalation Capsule)	G	1	QL
Tudorza Pressair (Inhalation Aerosol Powder Breath Activated)	B	2	ST; QL
Bronchodilators, Sympathomimetic			
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Brand Equivalent Ventolin)	B	1	QL
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proair), Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil)	G	1	QL
Albuterol Sulfate (Inhalation Nebulization Solution)	G	1	B/D,PA
Albuterol Sulfate (Oral Syrup)	G	1	
Albuterol Sulfate (Oral Tablet Immediate Release)	G	1	
Arformoterol Tartrate (Inhalation Nebulization Solution)	G	1	B/D,PA; QL
Epinephrine (Injection Solution Auto-Injector)	G	1	QL
Formoterol Fumarate (Inhalation Nebulization Solution)	G	1	B/D,PA; QL
Levalbuterol HCl (Inhalation Nebulization Solution)	G	1	B/D,PA
ProAir RespiClick (Inhalation Aerosol Powder Breath Activated)	B	2	ST; QL
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Striverdi Respimat (Inhalation Aerosol Solution)	B	2	QL
Terbutaline Sulfate (Oral Tablet)	G	1	
Ventolin HFA (Inhalation Aerosol Solution)	B	2	QL
Xopenex HFA (Inhalation Aerosol)	B	2	ST; QL
Cystic Fibrosis Agents			
Cayston (Inhalation Solution Reconstituted)	B	2	SP; QL
Kalydeco (Oral Packet)	B	2	PA; SP; QL
Kalydeco (Oral Tablet)	B	2	PA; SP; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Orkambi (Oral Packet)	B	2	PA; SP; QL
Orkambi (Oral Tablet)	B	2	PA; SP; QL
Pulmozyme (Inhalation Solution)	B	2	B/D,PA; SP; QL
Symdeko (Oral Tablet Therapy Pack)	B	2	PA; SP; QL
Tobramycin (300MG/5ML Inhalation Nebulization Solution)	G	1	B/D,PA; QL
Trikafta (Oral Tablet Therapy Pack)	B	2	PA; SP; QL
Trikafta (Oral Granule Therapy Pack)	B	2	PA; SP; QL
Mast Cell Stabilizers			
Cromolyn Sodium (Inhalation Nebulization Solution)	G	1	B/D,PA
Phosphodiesterase Inhibitors, Airways Disease			
Roflumilast (Oral Tablet)	G	1	PA; QL
Theophylline ER (Oral Tablet Extended Release 12 Hour)	G	1	
Theophylline ER (Oral Tablet Extended Release 24 Hour)	G	1	
Theophylline (Oral Solution)	G	1	
Pulmonary Antihypertensives			
Adempas (Oral Tablet)	B	2	PA; SP; QL
Alyq (Oral Tablet)	G	1	PA; QL
Ambrisentan (Oral Tablet)	G	1	PA; SP; QL
Bosentan (Oral Tablet)	G	1	PA; SP; QL
Opsumit (Oral Tablet)	B	2	PA; SP; QL
Sildenafil Citrate (Oral Suspension Reconstituted)	G	1	PA; QL
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	1	PA; QL
Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca)	G	1	PA; QL
Tyvaso DPI Maintenance Kit (16MCG Inhalation Powder, 32MCG Inhalation Powder, 48MCG Inhalation Powder, 64MCG Inhalation Powder)	B	2	PA; SP
Tyvaso DPI Titration Kit (112 x 16MCG & 112 x 32MCG & 28 x 48MCG Inhalation Powder)	B	2	PA; SP
Uptravi (Oral Tablet)	B	2	PA; SP; QL
Uptravi Titration (Oral Tablet Therapy Pack)	B	2	PA; SP; QL
Pulmonary Fibrosis Agents			
Ofev (Oral Capsule)	B	2	PA; SP; QL
Pirfenidone (Oral Tablet)	G	1	PA; SP; QL
Respiratory Tract Agents, Other			
Acetylcysteine (Inhalation Solution)	G	1	B/D,PA
Advair HFA (Inhalation Aerosol)	B	2	QL
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Breyna (Inhalation Aerosol)	G	1	QL
Bronchitol (Inhalation Capsule)	B	2	PA; SP; QL
Budesonide-Formoterol Fumarate (Inhalation Aerosol)	G	1	QL
Combivent Respimat (Inhalation Aerosol Solution)	B	2	QL
Dulera (Inhalation Aerosol)	B	2	PA; QL
Fasenra Pen (Subcutaneous Solution Auto-Injector)	B	2	PA; SP; QL
Fasenra (Subcutaneous Solution Prefilled Syringe)	B	2	PA; SP; QL
Fluticasone-Salmeterol (100-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 250-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 500-50MCG/ACT Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	1	QL
Fluticasone-Salmeterol (113-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 232-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 55-14MCG/ACT Inhalation Aerosol Powder Breath Activated) (Brand Equivalent AirDuo RespiClick)	B	2	QL
Ipratropium-Albuterol (Inhalation Solution)	G	1	B/D,PA
Nucala (Subcutaneous Solution Auto-Injector)	B	2	PA; SP; QL
Nucala (Subcutaneous Solution Prefilled Syringe)	B	2	PA; SP; QL
Nucala (Subcutaneous Solution Reconstituted)	B	2	PA; SP; QL
Promethazine VC (Oral Syrup)	G	1	HRM
Stiolto Respimat (Inhalation Aerosol Solution)	B	2	QL
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	1	QL
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			
Chlorzoxazone (500MG Oral Tablet)	G	1	HRM
Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	1	HRM
Sleep Disorder Agents			
Sleep Promoting Agents			
Belsomra (Oral Tablet)	B	2	QL
DayVigo (Oral Tablet)	B	2	QL
Eszopiclone (Oral Tablet)	G	1	HRM; QL
Ramelteon (Oral Tablet)	G	1	QL
Tasimelteon (Oral Capsule)	G	1	PA; SP; QL
Temazepam (Oral Capsule)	G	1	HRM; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Zaleplon (Oral Capsule)	G	1	HRM; QL
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	1	HRM; QL
Wakefulness Promoting Agents			
Armodafinil (Oral Tablet)	G	1	PA; QL
Modafinil (Oral Tablet)	G	1	PA; QL
Xyrem (Oral Solution)	B	2	PA; SP; QL

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

Covered drugs with a quantity limit (QL)

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

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

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

Drug name	Brand or Generic	Quantity limit
Abacavir Sulfate (Oral Solution)	G	Maximum of 32 ml per day
Abacavir Sulfate (Oral Tablet)	G	Maximum of 2 tablets per day
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	Maximum of 1 tablet per day
Abilify Maintena (Intramuscular Prefilled Syringe)	B	Maximum of 1 syringe per 28 days
Abilify Maintena (Intramuscular Suspension Reconstituted ER)	B	Maximum of 1 vial per 28 days
Abiraterone Acetate (250MG Oral Tablet)	G	Maximum of 4 tablets per day
Abiraterone Acetate (500MG Oral Tablet)	G	Maximum of 2 tablets per day
Abrysvo (Intramuscular Solution Reconstituted)	B	1 vaccination dose (0.5 ml) per day
Acarbose (100MG Oral Tablet)	G	Maximum of 3 tablets per day
Acarbose (25MG Oral Tablet)	G	Maximum of 12 tablets per day
Acarbose (50MG Oral Tablet)	G	Maximum of 6 tablets per day
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	Maximum of 150 ml per day
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	Maximum of 13 tablets per day
Actemra ACTPen (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (3.6 ml) per 28 days
Actemra (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (3.6 ml) per 28 days
ActHIB (Intramuscular Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Acyclovir (External Ointment)	G	Maximum of 30 grams per 30 days
Adacel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Adempas (Oral Tablet)	B	Maximum of 3 tablets per day
Advair HFA (Inhalation Aerosol)	B	Maximum of 1 inhaler (12 grams) per 30 days
Aimovig (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1 ml) per 28 days

Drug name	Brand or Generic	Quantity limit
Ajovy (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1.5 ml) per 28 days
Ajovy (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (1.5 ml) per 28 days
Akeega (Oral Tablet)	B	Maximum of 2 tablets per day
Albendazole (Oral Tablet)	G	Maximum of 16 tablets per day
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proair)	G	Maximum of 2 inhalers (17 grams) per 30 days
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil)	G	Maximum of 2 inhalers (13.4 grams) per 30 days
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Brand Equivalent Ventolin)	B	Maximum of 2 inhalers (36 grams) per 30 days
Alecensa (Oral Capsule)	B	Maximum of 8 capsules per day
Alendronate Sodium (Oral Solution)	G	Maximum of 4 bottles (300 ml) per 28 days
Alendronate Sodium (10MG Oral Tablet)	G	Maximum of 1 tablet per day
Alendronate Sodium (35MG Oral Tablet, 70MG Oral Tablet)	G	Maximum of 4 tablets per 28 days
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Almotriptan Malate (Oral Tablet)	G	Maximum of 12 tablets per 28 days
Alprazolam (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Alprazolam (2MG Oral Tablet Immediate Release)	G	Maximum of 5 tablets per day
Alunbrig (180MG Oral Tablet, 90MG Oral Tablet)	B	Maximum of 1 tablet per day
Alunbrig (30MG Oral Tablet)	B	Maximum of 4 tablets per day
Alunbrig (Oral Tablet Therapy Pack)	B	Maximum of 2 packs (60 tablets) per year
Alvesco (160MCG/ACT Inhalation Aerosol Solution)	B	Maximum of 2 inhalers (12.2 grams) per 30 days
Alvesco (80MCG/ACT Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (6.1 grams) per 30 days
Alyq (Oral Tablet)	G	Maximum of 2 tablets per day
Ambrisentan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Olmesartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Valsartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Valsartan-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 2 capsules per day

Drug name	Brand or Generic	Quantity limit
Amphetamine-Dextroamphetamine (10MG Oral Tablet, 12.5MG Oral Tablet, 15MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Amphetamine-Dextroamphetamine (20MG Oral Tablet)	G	Maximum of 3 tablets per day
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Apomorphine HCl (Subcutaneous Solution Cartridge)	G	Maximum of 2 ml per day
Aptiom (200MG Oral Tablet, 400MG Oral Tablet)	B	Maximum of 1 tablet per day
Aptiom (600MG Oral Tablet, 800MG Oral Tablet)	B	Maximum of 2 tablets per day
Aptivus (Oral Capsule)	B	Maximum of 4 capsules per day
Arexvy (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (0.5 ml) per day
Arformoterol Tartrate (Inhalation Nebulization Solution)	G	Maximum of 2 vials (4 ml) per day
Arikayce (Inhalation Suspension)	B	Maximum of 1 box (28 vials) per 28 days
Aripiprazole (1MG/ML Oral Solution)	G	Maximum of 25 ml per day
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Aristada Initio (Intramuscular Prefilled Syringe)	B	Maximum of 1 syringe (2.4 ml) per 180 days
Aristada (1064MG/3.9ML Intramuscular Prefilled Syringe)	B	Maximum of 1 syringe (3.9 ml) per 56 days
Aristada (441MG/1.6ML Intramuscular Prefilled Syringe)	B	Maximum of 1 syringe (1.6 ml) per 28 days
Aristada (662MG/2.4ML Intramuscular Prefilled Syringe)	B	Maximum of 1 syringe (2.4 ml) per 28 days
Aristada (882MG/3.2ML Intramuscular Prefilled Syringe)	B	Maximum of 1 syringe (3.2 ml) per 28 days
Armodafinil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	G	Maximum of 1 tablet per day
Armodafinil (50MG Oral Tablet)	G	Maximum of 2 tablets per day
Asenapine Maleate (Tablet Sublingual)	G	Maximum of 2 tablets per day
Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
Asmanex (30 Metered Doses) (110MCG/ACT Inhalation Aerosol Powder Breath Activated)	B	Maximum of 2 inhalers per 30 days

Drug name	Brand or Generic	Quantity limit
Asmanex (30 Metered Doses) (220MCG/ACT Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
Asmanex HFA (Inhalation Aerosol)	B	Maximum of 1 inhaler (13 grams) per 30 days
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	Maximum of 2 capsules per day
Atazanavir Sulfate (150MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 1 capsule per day
Atazanavir Sulfate (200MG Oral Capsule)	G	Maximum of 2 capsules per day
Atomoxetine HCl (Oral Capsule)	G	Maximum of 1 capsule per day
Atovaquone (Oral Suspension)	G	Maximum of 14 ml per day
Atrovent HFA (Inhalation Aerosol Solution)	B	Maximum of 2 inhalers (25.8 grams) per 30 days
Augtyro (160MG Oral Capsule)	B	Maximum of 2 capsules per day
Augtyro (40MG Oral Capsule)	B	Maximum of 8 capsules per day
Auvelity (Oral Tablet Extended Release)	B	Maximum of 2 tablets per day
Avonex Pen (Intramuscular Auto-Injector Kit)	B	Maximum of 1 kit per 28 days
Avonex Prefilled (Intramuscular Prefilled Syringe Kit)	B	Maximum of 4 kits per 28 days
Ayvakit (Oral Tablet)	B	Maximum of 1 tablet per day
Azelaic Acid (External Gel)	G	Maximum of 50 grams per 30 days
Azelastine HCl (0.1% Nasal Solution)	G	Maximum of 2 bottles (60 ml) per 31 days
Bacitracin (Ophthalmic Ointment)	G	Maximum of 2 tubes (7 grams) per 28 days
Balversa (3MG Oral Tablet)	B	Maximum of 3 tablets per day
Balversa (4MG Oral Tablet)	B	Maximum of 2 tablets per day
Balversa (5MG Oral Tablet)	B	Maximum of 1 tablet per day
Baraclude (Oral Solution)	B	Maximum of 3 bottles (630 ml) per 31 days
BCG Vaccine (Injection Solution Reconstituted)	B	1 vaccination dose (1 vial) per day
Belsomra (Oral Tablet)	B	Maximum of 1 tablet per day
Benlysta (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 syringes (4 ml) per 28 days
Benlysta (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (4 ml) per 28 days
Betaseron (Subcutaneous Kit)	B	Maximum of 1 kit (15 vials) per 30 days
Bexarotene (External Gel)	G	Maximum of 60 grams per 30 days

Drug name	Brand or Generic	Quantity limit
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Biktarvy (Oral Tablet)	B	Maximum of 1 tablet per day
Bimatoprost (Ophthalmic Solution)	G	Maximum of 2 bottles (5 ml) per 31 days
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 2 tablets per day
Boostrix (5-2.5-18.5LF-MCG/0.5 Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Boostrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Bosentan (Oral Tablet)	G	Maximum of 2 tablets per day
Bosulif (100MG Oral Capsule)	B	Maximum of 6 capsules per day
Bosulif (50MG Oral Capsule)	B	Maximum of 11 capsules per day
Bosulif (100MG Oral Tablet)	B	Maximum of 3 tablets per day
Bosulif (400MG Oral Tablet, 500MG Oral Tablet)	B	Maximum of 1 tablet per day
Braftovi (Oral Capsule)	B	Maximum of 6 capsules per day
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Breyna (Inhalation Aerosol)	G	Maximum of 1 inhaler (10.3 grams) per 30 days
Brilinta (Oral Tablet)	B	Maximum of 2 tablets per day
BRIVIACT (10MG/ML Oral Solution)	B	Maximum of 20 ml per day
BRIVIACT (100MG Oral Tablet, 10MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	B	Maximum of 2 tablets per day
Bronchitol (Inhalation Capsule)	B	Maximum of 20 capsules per day
Brukinsa (Oral Capsule)	B	Maximum of 4 capsules per day
Budesonide-Formoterol Fumarate (Inhalation Aerosol)	G	Maximum of 1 inhaler (10.2 grams) per 30 days
Buprenorphine HCl (Tablet Sublingual)	G	Maximum of 3 tablets per day
Buprenorphine HCl-Naloxone HCl (12-3MG Sublingual Film)	G	Maximum of 2 films per day
Buprenorphine HCl-Naloxone HCl (2-0.5MG Sublingual Film, 4-1MG Sublingual Film, 8-2MG Sublingual Film)	G	Maximum of 3 films per day
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	G	Maximum of 3 tablets per day
Buprenorphine (Transdermal Patch Weekly)	G	Maximum of 4 patches per 28 days
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	G	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Bupropion HCl ER (SR) (100MG Oral Tablet Extended Release 12 Hour, 150MG Oral Tablet Extended Release 12 Hour)	G	Maximum of 3 tablets per day
Bupropion HCl ER (SR) (200MG Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
Bupropion HCl ER (XL) (150MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 3 tablets per day
Bupropion HCl ER (XL) (300MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Butorphanol Tartrate (Nasal Solution)	G	Maximum of 2 bottles (5 ml) per 30 days
Bydureon BCise (Subcutaneous Auto-Injector)	B	Maximum of 4 pens (3.4 ml) per 28 days
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (2.4 ml) per 30 days
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (1.2 ml) per 30 days
Cablivi (Injection Kit)	B	Maximum of 1 kit per day
Cabometyx (Oral Tablet)	B	Maximum of 1 tablet per day
Calcipotriene (External Cream)	G	Maximum of 120 grams per 30 days
Calcipotriene (External Ointment)	G	Maximum of 120 grams per 30 days
Calcipotriene (External Solution)	G	Maximum of 120 ml per 30 days
Calcipotriene-Betamethasone (External Ointment)	G	Maximum of 400 grams per 30 days
Calcipotriene-Betamethasone (External Suspension)	G	Maximum of 400 grams per 30 days
Calcitonin Salmon (Nasal Solution)	G	Maximum of 1 bottle (3.7 ml) per 30 days
Calquence (100MG Oral Capsule)	B	Maximum of 2 capsules per day
Calquence (Oral Tablet)	B	Maximum of 2 tablets per day
Caplyta (Oral Capsule)	B	Maximum of 1 capsule per day
Caprelsa (100MG Oral Tablet)	B	Maximum of 2 tablets per day
Caprelsa (300MG Oral Tablet)	B	Maximum of 1 tablet per day
Captopril (100MG Oral Tablet)	G	Maximum of 4 tablets per day
Captopril (12.5MG Oral Tablet, 25MG Oral Tablet)	G	Maximum of 3 tablets per day
Captopril (50MG Oral Tablet)	G	Maximum of 9 tablets per day
Cayston (Inhalation Solution Reconstituted)	B	Maximum of 3 ml per day
Celecoxib (Oral Capsule)	G	Maximum of 2 capsules per day
Cequa (Ophthalmic Solution)	B	Maximum of 2 vials per day
Cerdelga (Oral Capsule)	B	Maximum of 2 capsules per day

Drug name	Brand or Generic	Quantity limit
Cetirizine HCl (5MG/5ML Oral Solution)	G	Maximum of 330 ml per 31 days
Chlordiazepoxide HCl (Oral Capsule)	G	Maximum of 4 capsules per day
Chloroquine Phosphate (Oral Tablet)	G	Maximum of 2 tablets per day
Ciclopirox (External Gel)	G	Maximum of 45 grams per 30 days
Ciclopirox (External Shampoo)	G	Maximum of 120 ml per 30 days
Ciclopirox Olamine (External Cream)	G	Maximum of 90 grams per 30 days
Ciclopirox Olamine (External Suspension)	G	Maximum of 1 bottle (60 ml) per 30 days
Cimduo (Oral Tablet)	B	Maximum of 1 tablet per day
Cimzia (2 Syringe) (Subcutaneous Prefilled Syringe Kit)	B	Maximum of 2 kits per 28 days
Cimzia (Subcutaneous Kit)	B	Maximum of 1 kit per 28 days
Cinacalcet HCl (30MG Oral Tablet, 60MG Oral Tablet)	G	Maximum of 2 tablets per day
Cinacalcet HCl (90MG Oral Tablet)	G	Maximum of 4 tablets per day
Citalopram Hydrobromide (Oral Solution)	G	Maximum of 20 ml per day
Citalopram Hydrobromide (Oral Tablet)	G	Maximum of 1 tablet per day
Clindacin ETZ (External Swab)	G	Maximum of 69 pads per 30 days
Clindamycin Phosphate (External Gel)	G	Maximum of 75 ml (or grams) per 30 days
Clindamycin Phosphate (External Lotion)	G	Maximum of 60 ml per 30 days
Clindamycin Phosphate (External Solution)	G	Maximum of 60 ml per 30 days
Clindamycin Phosphate (External Swab)	G	Maximum of 69 pads per 30 days
Clobazam (2.5MG/ML Oral Suspension)	G	Maximum of 16 ml per day
Clobazam (10MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 2 tablets per day
Clobetasol Propionate Emollient Base (External Cream)	G	Maximum of 120 grams per 30 days
Clobetasol Propionate Emulsion (External Foam)	G	Maximum of 100 grams per 30 days
Clobetasol Propionate (External Cream)	G	Maximum of 120 grams per 30 days
Clobetasol Propionate (External Foam)	G	Maximum of 100 grams per 30 days
Clobetasol Propionate (External Gel)	G	Maximum of 120 grams per 30 days
Clobetasol Propionate (External Lotion)	G	Maximum of 118 ml per 30 days
Clobetasol Propionate (External Ointment)	G	Maximum of 120 grams per 30 days
Clobetasol Propionate (External Shampoo)	G	Maximum of 120 ml per 30 days
Clobetasol Propionate (External Solution)	G	Maximum of 120 ml per 30 days
Clodan (External Shampoo)	G	Maximum of 120 ml per 30 days

Drug name	Brand or Generic	Quantity limit
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Clonazepam (2MG Oral Tablet)	G	Maximum of 10 tablets per day
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Clonazepam ODT (2MG Oral Tablet Dispersible)	G	Maximum of 10 tablets per day
Clonidine (Transdermal Patch Weekly)	G	Maximum of 4 patches per 28 days
Clopidogrel Bisulfate (75MG Oral Tablet)	G	Maximum of 1 tablet per day
Clorazepate Dipotassium (15MG Oral Tablet)	G	Maximum of 6 tablets per day
Clorazepate Dipotassium (3.75MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 4 tablets per day
Clotrimazole (External Cream)	G	Maximum of 45 grams per 30 days
Clotrimazole (External Solution)	G	Maximum of 30 ml per 30 days
Clotrimazole-Betamethasone (External Cream)	G	Maximum of 90 grams per 30 days
Clotrimazole-Betamethasone (External Lotion)	G	Maximum of 2 bottles (60 ml) per 30 days
Clozapine (100MG Oral Tablet, 25MG Oral Tablet)	G	Maximum of 9 tablets per day
Clozapine (200MG Oral Tablet)	G	Maximum of 120 tablets per 31 days
Clozapine (50MG Oral Tablet)	G	Maximum of 6 tablets per day
Clozapine (100MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)	G	Maximum of 9 tablets per day
Clozapine ODT (12.5MG Oral Tablet Dispersible)	G	Maximum of 3 tablets per day
Clozapine ODT (150MG Oral Tablet Dispersible)	G	Maximum of 6 tablets per day
Clozapine ODT (200MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Coartem (Oral Tablet)	B	Maximum of 24 tablets per 30 days
Cobenfy (Oral Capsule)	B	Maximum of 2 capsules per day
Cobenfy Starter Pack (Oral Capsule Therapy Pack)	B	Maximum of 2 packs (112 capsules) per year
Codeine Sulfate (Oral Tablet)	G	Maximum of 6 tablets per day
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	G	Maximum of 4 tablets per day
Combivent Respimat (Inhalation Aerosol Solution)	B	Maximum of 2 inhalers (8 grams) per 30 days
Cometriq (100MG Daily Dose) (Oral Kit)	B	Maximum of 1 carton (56 capsules) per 28 days
Cometriq (140MG Daily Dose) (Oral Kit)	B	Maximum of 1 carton (112 capsules) per 28 days
Cometriq (60MG Daily Dose) (Oral Kit)	B	Maximum of 1 carton (84 capsules) per 28 days
Complera (Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Copiktra (Oral Capsule)	B	Maximum of 2 capsules per day
Corlanor (Oral Solution)	B	Maximum of 15 ml per day
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 8 syringes (8 ml) per 28 days
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)	B	Maximum of 8 pens (8 ml) per 28 days
Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 16 syringes (8 ml) per 28 days
Cosentyx UnoReady (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (8 ml) per 28 days
Cotellic (Oral Tablet)	B	Maximum of 63 tablets per 28 days
Cyclosporine (0.05% Ophthalmic Emulsion)	G	Maximum of 2 vials per day
Cyltezo (2 Pen) (Subcutaneous Auto-Injector Kit)	B	Maximum of 4 pens per 28 days
Cyltezo (2 Syringe) (10MG/0.2ML Subcutaneous Prefilled Syringe Kit, 20MG/0.4ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 2 syringes per 28 days
Cyltezo (2 Syringe) (40MG/0.4ML Subcutaneous Prefilled Syringe Kit, 40MG/0.8ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 4 syringes per 28 days
Cystadrops (Ophthalmic Solution)	B	Maximum of 4 bottles (20 ml) per 28 days
Cystaran (Ophthalmic Solution)	B	Maximum of 4 bottles (60 ml) per 28 days
Dabigatran Etexilate Mesylate (Oral Capsule)	G	Maximum of 2 capsules per day
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
Daptacel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Darunavir (600MG Oral Tablet)	G	Maximum of 2 tablets per day
Darunavir (800MG Oral Tablet)	G	Maximum of 1 tablet per day
Dasatinib (100MG Oral Tablet, 140MG Oral Tablet, 50MG Oral Tablet, 80MG Oral Tablet)	G	Maximum of 1 tablet per day
Dasatinib (20MG Oral Tablet)	G	Maximum of 3 tablets per day
Dasatinib (70MG Oral Tablet)	G	Maximum of 2 tablets per day
Daurismo (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Daurismo (25MG Oral Tablet)	B	Maximum of 2 tablets per day
DayVigo (Oral Tablet)	B	Maximum of 1 tablet per day
Delstrigo (Oral Tablet)	B	Maximum of 1 tablet per day
Descovy (Oral Tablet)	B	Maximum of 1 tablet per day
Desloratadine (Oral Tablet)	G	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Desonide (External Cream)	G	Maximum of 60 grams per 30 days
Desonide (External Lotion)	G	Maximum of 118 ml per 30 days
Desonide (External Ointment)	G	Maximum of 120 grams per 30 days
Desoximetasone (External Cream)	G	Maximum of 100 grams per 30 days
Desvenlafaxine ER (Oral Tablet Extended Release 24 Hour) (Brand Equivalent Khedezla)	B	Maximum of 1 tablet per day
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	Maximum of 1 tablet per day
Dexmethylphenidate HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Dextroamphetamine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour, 15MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 4 capsules per day
Dextroamphetamine Sulfate ER (5MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 3 capsules per day
Dextroamphetamine Sulfate (10MG Oral Tablet)	G	Maximum of 6 tablets per day
Dextroamphetamine Sulfate (5MG Oral Tablet)	G	Maximum of 3 tablets per day
Diacomit (250MG Oral Capsule)	B	Maximum of 12 capsules per day
Diacomit (500MG Oral Capsule)	B	Maximum of 6 capsules per day
Diacomit (250MG Oral Packet)	B	Maximum of 12 packets per day
Diacomit (500MG Oral Packet)	B	Maximum of 6 packets per day
Diazepam Intensol (Oral Concentrate)	G	Maximum of 8 ml per day
Diazepam (5MG/5ML Oral Solution)	G	Maximum of 40 ml per day
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 4 tablets per day
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	G	Maximum of 5 packages per 30 days
Diclofenac Sodium (3% External Gel)	G	Maximum of 100 grams per 30 days
Diclofenac Sodium (1.5% External Solution)	G	Maximum of 2 bottles (300 ml) per 30 days
Dificid (Oral Suspension Reconstituted)	B	Maximum of 136 ml per 10 days
Dificid (Oral Tablet)	B	Maximum of 2 tablets per day
Digoxin (Oral Solution)	G	Maximum of 5 ml per day
Digoxin (Oral Tablet)	G	Maximum of 1 tablet per day
Dihydroergotamine Mesylate (Nasal Solution)	G	Maximum of 16 vials (16 ml) per 28 days
Dimethyl Fumarate (120MG Oral Capsule Delayed Release)	G	Maximum of 14 capsules per 31 days
Dimethyl Fumarate (240MG Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day

Drug name	Brand or Generic	Quantity limit
Dimethyl Fumarate Starter Pack (Oral Capsule Delayed Release Therapy Pack)	G	Maximum of 2 packs (120 capsules) per year
Dofetilide (125MCG Oral Capsule)	G	Maximum of 6 capsules per day
Dofetilide (250MCG Oral Capsule, 500MCG Oral Capsule)	G	Maximum of 2 capsules per day
Donepezil HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Donepezil HCl (5MG Oral Tablet)	G	Maximum of 1 tablet per day
Donepezil HCl ODT (10MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Donepezil HCl ODT (5MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day
Doptelet (Oral Tablet)	B	Maximum of 3 tablets per day
Dotti (Transdermal Patch Twice Weekly)	G	Maximum of 8 patches per 28 days
Dovato (Oral Tablet)	B	Maximum of 1 tablet per day
Doxazosin Mesylate (1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet)	G	Maximum of 1 tablet per day
Doxazosin Mesylate (8MG Oral Tablet)	G	Maximum of 2 tablets per day
Doxepin HCl (External Cream)	G	Maximum of 90 grams per 30 days
Drizalma Sprinkle (20MG Oral Capsule Delayed Release Sprinkle, 40MG Oral Capsule Delayed Release Sprinkle, 60MG Oral Capsule Delayed Release Sprinkle)	B	Maximum of 2 capsules per day
Drizalma Sprinkle (30MG Oral Capsule Delayed Release Sprinkle)	B	Maximum of 3 capsules per day
Droxidopa (100MG Oral Capsule)	G	Maximum of 3 capsules per day
Droxidopa (200MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 6 capsules per day
Dulera (120 Inhalation Aerosol)	B	Maximum of 1 inhaler (13 grams) per 30 days
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 40MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	G	Maximum of 2 capsules per day
Duloxetine HCl (30MG Oral Capsule Delayed Release Particles)	G	Maximum of 3 capsules per day
Dupixent (200MG/1.14ML Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (4.56 ml) per 28 days
Dupixent (300MG/2ML Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (8 ml) per 28 days
Dupixent (200MG/1.14ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (4.56 ml) per 28 days
Dupixent (300MG/2ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (8 ml) per 28 days
Dutasteride (Oral Capsule)	G	Maximum of 1 capsule per day

Drug name	Brand or Generic	Quantity limit
Dutasteride-Tamsulosin HCl (Oral Capsule)	G	Maximum of 1 capsule per day
Econazole Nitrate (External Cream)	G	Maximum of 90 grams per 30 days
Edurant (Oral Tablet)	B	Maximum of 1 tablet per day
Efavirenz (Oral Tablet)	G	Maximum of 1 tablet per day
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)	G	Maximum of 1 tablet per day
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)	G	Maximum of 1 tablet per day
Eletriptan Hydrobromide (Oral Tablet)	G	Maximum of 12 tablets per 28 days
Eligard (22.5MG Subcutaneous Kit)	B	Maximum of 1 kit per 84 days
Eligard (30MG Subcutaneous Kit)	B	Maximum of 1 kit per 112 days
Eligard (45MG Subcutaneous Kit)	B	Maximum of 1 kit per 168 days
Eligard (7.5MG Subcutaneous Kit)	B	Maximum of 1 kit per 28 days
Eliquis (Oral Tablet)	B	Maximum of 2 tablets per day
Eliquis Starter Pack (Oral Tablet)	B	Maximum of 2 packs (148 tablets) per year
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes or pens (3 ml) per 28 days
Emgality (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 syringes or pens (2 ml) per 28 days
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes or pens (2 ml) per 28 days
Emsam (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day
Emtricitabine (Oral Capsule)	G	Maximum of 1 capsule per day
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Emtriva (Oral Solution)	B	Maximum of 5 bottles (850 ml) per 30 days
Emverm (Oral Tablet Chewable)	B	Maximum of 6 tablets per 30 days
Enalapril Maleate (Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (10-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (5-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Enbrel Mini (Subcutaneous Solution Cartridge)	B	Maximum of 8 cartridges per 28 days
Enbrel (Subcutaneous Solution)	B	Maximum of 8 vials (4 ml) per 28 days
Enbrel (25MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 8 syringes (4 ml) per 28 days
Enbrel (50MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 8 syringes (8 ml) per 28 days
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	B	Maximum of 8 pens per 28 days

Drug name	Brand or Generic	Quantity limit
Endocet (Oral Tablet)	G	Maximum of 12 tablets per day
Engerix-B (Injection Suspension)	B	1 vaccination dose (1 ml) per day
Engerix-B (10MCG/0.5ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Engerix-B (20MCG/ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day
Enoxaparin Sodium (100MG/ML Injection Solution Prefilled Syringe, 150MG/ML Injection Solution Prefilled Syringe)	G	Maximum of 1 syringe (1 ml) per day
Enoxaparin Sodium (120MG/0.8ML Injection Solution Prefilled Syringe, 80MG/0.8ML Injection Solution Prefilled Syringe)	G	Maximum of 1 syringe (0.8 ml) per day
Enoxaparin Sodium (30MG/0.3ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (0.6 ml) per day
Enoxaparin Sodium (40MG/0.4ML Injection Solution Prefilled Syringe)	G	Maximum of 1 syringe (0.4 ml) per day
Enoxaparin Sodium (60MG/0.6ML Injection Solution Prefilled Syringe)	G	Maximum of 1 syringe (0.6 ml) per day
Entecavir (Oral Tablet)	G	Maximum of 1 tablet per day
Entresto (Oral Capsule Sprinkle)	B	Maximum of 8 capsules per day
Entresto (Oral Tablet)	B	Maximum of 2 tablets per day
Entyvio Pen (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 pens (1.36 ml) per 28 days
Epclusa (Oral Packet)	B	Maximum of 1 carton (28 packets) per 28 days
Epclusa (Oral Tablet)	B	Maximum of 1 tablet per day
Epinephrine (Injection Solution Auto-Injector)	G	Maximum of 4 pens (2 boxes) per 31 days
Erivedge (Oral Capsule)	B	Maximum of 1 capsule per day
Erleada (240MG Oral Tablet)	B	Maximum of 1 tablet per day
Erleada (60MG Oral Tablet)	B	Maximum of 4 tablets per day
Erlotinib HCl (100MG Oral Tablet, 150MG Oral Tablet)	G	Maximum of 1 tablet per day
Erlotinib HCl (25MG Oral Tablet)	G	Maximum of 3 tablets per day
Escitalopram Oxalate (Oral Solution)	G	Maximum of 20 ml per day
Escitalopram Oxalate (Oral Tablet)	G	Maximum of 1 tablet per day
Estradiol (0.25MG/0.25GM Transdermal Gel, 0.5MG/0.5GM Transdermal Gel, 0.75MG/0.75GM Transdermal Gel)	G	Maximum of 1 packet per day
Estradiol (1.25MG/1.25GM Transdermal Gel)	G	Maximum of 1 packet (1.25 grams) per day
Estradiol (1MG/GM Transdermal Gel)	G	Maximum of 1 packet (1 gram) per day

Drug name	Brand or Generic	Quantity limit
Estradiol (Transdermal Patch Twice Weekly)	G	Maximum of 8 patches per 28 days
Estradiol (Transdermal Patch Weekly)	G	Maximum of 4 patches per 28 days
Eszopiclone (Oral Tablet)	G	Maximum of 1 tablet per day
Ethacrynic Acid (Oral Tablet)	G	Maximum of 16 tablets per day
Etravirine (Oral Tablet)	G	Maximum of 2 tablets per day
Evamist (Transdermal Solution)	B	Maximum of 2 bottles (16.2 ml) per 30 days
Everolimus (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Evotaz (Oral Tablet)	B	Maximum of 1 tablet per day
Evryssi (Oral Solution Reconstituted)	B	Maximum of 8 ml per day
Exemestane (Oral Tablet)	G	Maximum of 2 tablets per day
Ezetimibe (Oral Tablet)	G	Maximum of 1 tablet per day
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	Maximum of 2 tablets per day
Fanapt Titration Pack (Oral Tablet)	B	Maximum of 2 packs per year
Fasenra Pen (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1 ml) per 28 days
Fasenra (10MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (0.5 ml) per 28 days
Fasenra (30MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (1 ml) per 28 days
Febuxostat (Oral Tablet)	G	Maximum of 1 tablet per day
Fentanyl (Transdermal Patch 72 Hour)	G	Maximum of 15 patches per 30 days
Fetzima (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	B	Maximum of 2 packs (56 capsules) per year
Fingolimod HCl (Oral Capsule)	G	Maximum of 1 capsule per day
Fintepla (Oral Solution)	B	Maximum of 12 ml per day
Firdapse (Oral Tablet)	B	Maximum of 10 tablets per day
Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)	B	Maximum of 2 kits (4 vials) per 365 days
Firmagon (80MG Subcutaneous Solution Reconstituted)	B	Maximum of 1 kit per 28 days
Flunisolide (Nasal Solution)	G	Maximum of 2 bottles (50 ml) per 31 days
Fluocinonide Emulsified Base (External Cream)	G	Maximum of 60 grams per 30 days
Fluocinonide (0.05% External Cream)	G	Maximum of 60 grams per 30 days

Drug name	Brand or Generic	Quantity limit
Fluocinonide (External Gel)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Ointment)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Solution)	G	Maximum of 60 ml per 30 days
Fluorouracil (5% External Cream)	G	Maximum of 40 grams per 30 days
Fluoxetine HCl (10MG Oral Capsule, 20MG Oral Capsule)	G	Maximum of 1 capsule per day
Fluoxetine HCl (40MG Oral Capsule)	G	Maximum of 2 capsules per day
Fluoxetine HCl (90MG Oral Capsule Delayed Release)	G	Maximum of 4 capsules per 28 days
Fluoxetine HCl (20MG/5ML Oral Solution)	G	Maximum of 20 ml per day
Fluoxetine HCl (60MG Oral Tablet)	G	Maximum of 1 tablet per day
Fluticasone Propionate Diskus (100MCG/ACT Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Fluticasone Propionate Diskus (250MCG/ACT Inhalation Aerosol Powder Breath Activated)	B	Maximum of 4 inhalers (240 blisters) per 30 days
Fluticasone Propionate Diskus (50MCG/ACT Inhalation Aerosol Powder Breath Activated)	B	Maximum of 2 inhalers (120 blisters) per 30 days
Fluticasone Propionate HFA (110MCG/ACT Inhalation Aerosol)	B	Maximum of 1 inhaler (12 grams) per 30 days
Fluticasone Propionate HFA (220MCG/ACT Inhalation Aerosol)	B	Maximum of 2 inhalers (24 grams) per 30 days
Fluticasone Propionate HFA (44MCG/ACT Inhalation Aerosol)	B	Maximum of 1 inhaler (10.6 grams) per 30 days
Fluticasone Propionate (Nasal Suspension)	G	Maximum of 1 bottle (16 grams) per 30 days
Fluticasone-Salmeterol (100-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 250-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 500-50MCG/ACT Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	Maximum of 1 inhaler (60 blisters) per 30 days
Fluticasone-Salmeterol (113-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 232-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 55-14MCG/ACT Inhalation Aerosol Powder Breath Activated) (Brand Equivalent AirDuo RespiClick)	B	Maximum of 1 inhaler per 30 days
Fluvoxamine Maleate ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 2 capsules per day
Fluvoxamine Maleate (Oral Tablet)	G	Maximum of 3 tablets per day
Formoterol Fumarate (Inhalation Nebulization Solution)	G	Maximum of 2 vials (4 ml) per day
Fosamprenavir Calcium (Oral Tablet)	G	Maximum of 4 tablets per day
Fotivda (Oral Capsule)	B	Maximum of 21 capsules per 28 days

Drug name	Brand or Generic	Quantity limit
Frovatriptan Succinate (Oral Tablet)	G	Maximum of 12 tablets per 28 days
Fruzaqla (1MG Oral Capsule)	B	Maximum of 84 capsules per 28 days
Fruzaqla (5MG Oral Capsule)	B	Maximum of 21 capsules per 28 days
Fuzeon (Subcutaneous Solution Reconstituted)	B	Maximum of 2 vials per day
Fycompa (Oral Suspension)	B	Maximum of 24 ml per day
Fycompa (Oral Tablet)	B	Maximum of 1 tablet per day
Gabapentin (Oral Capsule)	G	Maximum of 9 capsules per day
Gabapentin (250MG/5ML Oral Solution)	G	Maximum of 72 ml per day
Gabapentin (600MG Oral Tablet)	G	Maximum of 6 tablets per day
Gabapentin (800MG Oral Tablet)	G	Maximum of 4 tablets per day
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Galantamine Hydrobromide (Oral Solution)	G	Maximum of 6 ml per day
Galantamine Hydrobromide (Oral Tablet)	G	Maximum of 2 tablets per day
Gardasil 9 (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Gavreto (Oral Capsule)	B	Maximum of 4 capsules per day
Gefitinib (Oral Tablet)	G	Maximum of 2 tablets per day
Genvoya (Oral Tablet)	B	Maximum of 1 tablet per day
Gilenya (0.25MG Oral Capsule)	B	Maximum of 2 capsules per day
Gilotrif (Oral Tablet)	B	Maximum of 1 tablet per day
Glatiramer Acetate (20MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 1 syringe (1 ml) per day
Glatiramer Acetate (40MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 12 syringes (12 ml) per 28 days
Glatopa (20MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 1 syringe (1 ml) per day
Glatopa (40MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 12 syringes (12 ml) per 28 days
Glimepiride (1MG Oral Tablet)	G	Maximum of 8 tablets per day
Glimepiride (2MG Oral Tablet)	G	Maximum of 4 tablets per day
Glimepiride (4MG Oral Tablet)	G	Maximum of 2 tablets per day
Glipizide ER (10MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Glipizide ER (2.5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 8 tablets per day

Drug name	Brand or Generic	Quantity limit
Glipizide ER (5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 4 tablets per day
Glipizide (10MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Glipizide (2.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Glipizide (5MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-250MG Oral Tablet)	G	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)	G	Maximum of 4 tablets per day
Glyburide Micronized (1.5MG Oral Tablet)	G	Maximum of 8 tablets per day
Glyburide Micronized (3MG Oral Tablet)	G	Maximum of 4 tablets per day
Glyburide Micronized (6MG Oral Tablet)	G	Maximum of 2 tablets per day
Glyburide (1.25MG Oral Tablet)	G	Maximum of 16 tablets per day
Glyburide (2.5MG Oral Tablet)	G	Maximum of 8 tablets per day
Glyburide (5MG Oral Tablet)	G	Maximum of 4 tablets per day
Glyburide-Metformin (1.25-250MG Oral Tablet)	G	Maximum of 8 tablets per day
Glyburide-Metformin (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)	G	Maximum of 4 tablets per day
Glyxambi (Oral Tablet)	B	Maximum of 1 tablet per day
Harvoni (Oral Packet)	B	Maximum of 1 carton (28 packets) per 28 days
Harvoni (90-400MG Oral Tablet)	B	Maximum of 1 tablet per day
Havrix (1440EL U/ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
Havrix (720EL U/0.5ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
Hemady (Oral Tablet)	B	Maximum of 24 tablets per 28 days
Hepilisav-B (Intramuscular Solution Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Hiberix (Injection Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Humira (2 Pen) (40MG/0.4ML Subcutaneous Auto-Injector Kit, 40MG/0.8ML Subcutaneous Auto-Injector Kit) (AbbVie)	B	Maximum of 2 kits (4 pens) per 28 days
Humira (2 Pen) (80MG/0.8ML Subcutaneous Auto-Injector Kit) (AbbVie)	B	Maximum of 1 kit (2 pens) per 28 days
Humira (2 Syringe) (10MG/0.1ML Subcutaneous Prefilled Syringe Kit, 20MG/0.2ML Subcutaneous Prefilled Syringe Kit) (AbbVie)	B	Maximum of 1 kit (2 syringes) per 28 days
Humira (2 Syringe) (40MG/0.4ML Subcutaneous Prefilled Syringe Kit, 40MG/0.8ML Subcutaneous Prefilled Syringe Kit) (AbbVie)	B	Maximum of 2 kits (4 syringes) per 28 days

Drug name	Brand or Generic	Quantity limit
Humira Pen Psoriasis/Uveitis Starter (40MG/0.4ML & 80MG/0.8ML Subcutaneous Auto-Injector Kit) (AbbVie)	B	Maximum of 2 kits per year
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	G	Maximum of 180 ml per day
Hydrocodone-Acetaminophen (10-300MG Oral Tablet, 5-300MG Oral Tablet, 7.5-300MG Oral Tablet)	G	Maximum of 13 tablets per day
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
Hydrocodone-Acetaminophen (2.5-325MG Oral Tablet)	G	Maximum of 8 tablets per day
Hydromorphone HCl (1MG/ML Oral Liquid)	G	Maximum of 50 ml per day
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Hydromorphone HCl (8MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Hydroxychloroquine Sulfate (200MG Oral Tablet)	G	Maximum of 4 tablets per day
Ibandronate Sodium (Oral Tablet)	G	Maximum of 1 tablet per 28 days
Ibrance (Oral Capsule)	B	Maximum of 21 capsules per 28 days
Ibrance (Oral Tablet)	B	Maximum of 21 tablets per 28 days
Icatibant Acetate (Subcutaneous Solution Prefilled Syringe)	G	Maximum of 12 syringes (36 ml) per 31 days
Iclusig (Oral Tablet)	B	Maximum of 1 tablet per day
Icosapent Ethyl (0.5GM Oral Capsule)	G	Maximum of 8 capsules per day
Icosapent Ethyl (1GM Oral Capsule)	G	Maximum of 4 capsules per day
IDHIFA (Oral Tablet)	B	Maximum of 1 tablet per day
Ilevro (Ophthalmic Suspension)	B	Maximum of 2 bottles (6 ml) per 31 days
Imatinib Mesylate (100MG Oral Tablet)	G	Maximum of 3 tablets per day
Imatinib Mesylate (400MG Oral Tablet)	G	Maximum of 2 tablets per day
Imbruvica (Oral Capsule)	B	Maximum of 1 capsule per day
Imbruvica (Oral Suspension)	B	Maximum of 8 ml per day
Imbruvica (140MG Oral Tablet, 280MG Oral Tablet, 420MG Oral Tablet)	B	Maximum of 1 tablet per day
Imiquimod (5% External Cream)	G	Maximum of 24 packets per 30 days
Imovax Rabies (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day

Drug name	Brand or Generic	Quantity limit
Increase Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (30 blisters) per 30 days
Infanrix (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Inlyta (Oral Tablet)	B	Maximum of 4 tablets per day
Inqovi (Oral Tablet)	B	Maximum of 1 pack (5 tablets) per 28 days
Inrebic (Oral Capsule)	B	Maximum of 4 capsules per day
Insulin Syringes, Needles	B	Maximum of 200 syringes per 30 days
Insulin Pen Needles	B	Maximum of 200 pen needles per 30 days
Intelligence (25MG Oral Tablet)	B	Maximum of 4 tablets per day
Invokamet (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Invokamet XR (Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Invokana (Oral Tablet)	B	Maximum of 1 tablet per day
IPOL (Injection)	B	1 vaccination dose (0.5 ml) per day
Ipratropium Bromide (0.03% Nasal Solution)	G	Maximum of 1 bottle (30 ml) per 28 days
Ipratropium Bromide (0.06% Nasal Solution)	G	Maximum of 3 bottles (45 ml) per 30 days
Isentress HD (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress (Oral Packet)	B	Maximum of 2 packets per day
Isentress (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress (Oral Tablet Chewable)	B	Maximum of 6 tablets per day
Isosorbide Dinitrate-Hydralazine (Oral Tablet)	G	Maximum of 6 tablets per day
Itovebi (3MG Oral Tablet)	B	Maximum of 2 tablets per day
Itovebi (9MG Oral Tablet)	B	Maximum of 1 tablet per day
Itraconazole (Oral Capsule)	G	Maximum of 4 capsules per day
Ivabradine HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Iwilfin (Oral Tablet)	B	Maximum of 8 tablets per day
Ixchiq (Intramuscular Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Ixiaro (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Jakafi (Oral Tablet)	B	Maximum of 2 tablets per day
Janumet (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Janumet XR (100-1000MG Oral Tablet Extended Release 24 Hour, 50-500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Janumet XR (50-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Januvia (Oral Tablet)	B	Maximum of 1 tablet per day
Jardiance (Oral Tablet)	B	Maximum of 1 tablet per day
Jaypirca (100MG Oral Tablet)	B	Maximum of 3 tablets per day
Jaypirca (50MG Oral Tablet)	B	Maximum of 1 tablet per day
Jentadueto (2.5-1000MG Oral Tablet, 2.5-500MG Oral Tablet)	B	Maximum of 2 tablets per day
Jentadueto XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Jentadueto XR (5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Juluca (Oral Tablet)	B	Maximum of 1 tablet per day
Juxtapid (10MG Oral Capsule, 5MG Oral Capsule)	B	Maximum of 1 capsule per day
Juxtapid (20MG Oral Capsule, 30MG Oral Capsule)	B	Maximum of 2 capsules per day
Jynarque (Oral Tablet)	B	Maximum of 4 tablets per day
Jynarque (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day
Jynneos (Subcutaneous Suspension)	B	1 vaccination dose (0.5 ml) per day
Kalydeco (Oral Packet)	B	Maximum of 2 packets per day
Kalydeco (Oral Tablet)	B	Maximum of 2 tablets per day
Kerendia (Oral Tablet)	B	Maximum of 1 tablet per day
Ketoconazole (External Cream)	G	Maximum of 90 grams per 30 days
Ketoconazole (External Shampoo)	G	Maximum of 120 ml per 30 days
Kineret (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 28 syringes (18.8 ml) per 28 days
Kinrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Kisqali (200MG Dose) (Oral Tablet)	B	Maximum of 1 pack (21 tablets) per 28 days
Kisqali (400MG Dose) (Oral Tablet)	B	Maximum of 1 pack (42 tablets) per 28 days
Kisqali (600MG Dose) (Oral Tablet)	B	Maximum of 1 pack (63 tablets) per 28 days
Kisqali Femara (400MG Dose) (200 & 2.5MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (70 tablets) per 28 days
Kisqali Femara (600MG Dose) (200 & 2.5MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (91 tablets) per 28 days
Koselugo (10MG Oral Capsule)	B	Maximum of 8 capsules per day
Koselugo (25MG Oral Capsule)	B	Maximum of 4 capsules per day
Krazati (Oral Tablet)	B	Maximum of 6 tablets per day

Drug name	Brand or Generic	Quantity limit
Lacosamide (10MG/ML Oral Solution)	G	Maximum of 40 ml per day
Lacosamide (Oral Tablet)	G	Maximum of 2 tablets per day
Lagevrio (200MG Oral Capsule)	B	Maximum of 8 capsules per day and 40 capsules per prescription
Lamivudine (10MG/ML Oral Solution)	G	Maximum of 32 ml per day
Lamivudine (100MG Oral Tablet, 300MG Oral Tablet)	G	Maximum of 1 tablet per day
Lamivudine (150MG Oral Tablet)	G	Maximum of 2 tablets per day
Lamivudine-Zidovudine (Oral Tablet)	G	Maximum of 2 tablets per day
Lansoprazole (15MG Oral Capsule Delayed Release)	G	Maximum of 1 capsule per day
Lansoprazole (30MG Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Lapatinib Ditosylate (Oral Tablet)	G	Maximum of 6 tablets per day
Latanoprost (Ophthalmic Solution)	G	Maximum of 1 bottle (2.5 ml) per 25 days
Lazcluze (240MG Oral Tablet)	B	Maximum of 1 tablet per day
Lazcluze (80MG Oral Tablet)	B	Maximum of 2 tablets per day
Leflunomide (Oral Tablet)	G	Maximum of 1 tablet per day
Lenalidomide (Oral Capsule)	G	Maximum of 1 capsule per day
Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)	B	Maximum of 1 pack (30 capsules) per 30 days
Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)	B	Maximum of 1 pack (90 capsules) per 30 days
Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)	B	Maximum of 1 pack (60 capsules) per 30 days
Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)	B	Maximum of 1 pack (90 capsules) per 30 days
Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)	B	Maximum of 1 pack (60 capsules) per 30 days
Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)	B	Maximum of 1 pack (90 capsules) per 30 days
Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)	B	Maximum of 1 pack (30 capsules) per 30 days
Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)	B	Maximum of 1 pack (60 capsules) per 30 days
Letrozole (Oral Tablet)	G	Maximum of 1 tablet per day
Leuprolide Acetate (Subcutaneous Injection Kit)	G	Maximum of 2 kits per 28 days
Levocetirizine Dihydrochloride (Oral Tablet)	G	Maximum of 1 tablet per day
Libervant (Buccal Film)	B	Maximum of 10 films per 30 days
Lidocaine (5% External Ointment)	G	Maximum of 152 grams per 30 days

Drug name	Brand or Generic	Quantity limit
Lidocaine (5% External Patch)	G	Maximum of 3 patches per day
Lidocaine-Prilocaine (External Cream)	G	Maximum of 60 grams per 30 days
Linezolid (Oral Suspension Reconstituted)	G	Maximum of 60 ml per day
Linezolid (Oral Tablet)	G	Maximum of 2 tablets per day
Linzess (Oral Capsule)	B	Maximum of 1 capsule per day
Liraglutide (Subcutaneous Solution Pen-Injector)	B	Maximum of 3 pens (9 ml) per 30 days
Lisdexamfetamine Dimesylate (Oral Capsule)	G	Maximum of 1 capsule per day
Lisdexamfetamine Dimesylate (Oral Tablet Chewable)	G	Maximum of 1 tablet per day
Lisinopril (Oral Tablet)	G	Maximum of 2 tablets per day
Lisinopril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Lisinopril-Hydrochlorothiazide (20-12.5MG Oral Tablet)	G	Maximum of 4 tablets per day
Lisinopril-Hydrochlorothiazide (20-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Livtency (Oral Tablet)	B	Maximum of 12 tablets per day
Lokelma (Oral Packet)	B	Maximum of 3 packets per day
Lonsurf (15-6.14MG Oral Tablet)	B	Maximum of 100 tablets per 28 days
Lonsurf (20-8.19MG Oral Tablet)	B	Maximum of 80 tablets per 28 days
Lopinavir-Ritonavir (Oral Solution)	G	Maximum of 3 bottles (480 ml) per 30 days
Lopinavir-Ritonavir (100-25MG Oral Tablet)	G	Maximum of 8 tablets per day
Lopinavir-Ritonavir (200-50MG Oral Tablet)	G	Maximum of 4 tablets per day
Lorazepam Intensol (Oral Concentrate)	G	Maximum of 5 ml per day
Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Lorazepam (2MG Oral Tablet)	G	Maximum of 5 tablets per day
Lorbrena (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Lorbrena (25MG Oral Tablet)	B	Maximum of 3 tablets per day
Lubiprostone (Oral Capsule)	G	Maximum of 2 capsules per day
Lumakras (120MG Oral Tablet)	B	Maximum of 8 tablets per day
Lumakras (240MG Oral Tablet)	B	Maximum of 4 tablets per day
Lumakras (320MG Oral Tablet)	B	Maximum of 3 tablets per day
Lumigan (Ophthalmic Solution)	B	Maximum of 1 bottle (2.5 ml) per 25 days
Lupron Depot (1-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 28 days
Lupron Depot (3-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 84 days
Lupron Depot (4-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 112 days

Drug name	Brand or Generic	Quantity limit
Lupron Depot (6-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 168 days
Lupron Depot-Ped (1-Month) (7.5MG Intramuscular Kit)	B	Maximum of 1 kit per 28 days
Lupron Depot-Ped (3-Month) (11.25MG Intramuscular Kit)	B	Maximum of 1 kit per 84 days
Lupron Depot-Ped (6-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 168 days
Lurasidone HCl (120MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 60MG Oral Tablet)	G	Maximum of 1 tablet per day
Lurasidone HCl (80MG Oral Tablet)	G	Maximum of 2 tablets per day
Lyllana (Transdermal Patch Twice Weekly)	G	Maximum of 8 patches per 28 days
Lynparza (Oral Tablet)	B	Maximum of 4 tablets per day
Lytgobi (12MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 4 packs (84 tablets) per 28 days
Lytgobi (16MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 4 packs (112 tablets) per 28 days
Lytgobi (20MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 4 packs (140 tablets) per 28 days
Maraviroc (150MG Oral Tablet)	G	Maximum of 2 tablets per day
Maraviroc (300MG Oral Tablet)	G	Maximum of 4 tablets per day
Mavyret (Oral Packet)	B	Maximum of 5 cartons (140 packets) per 28 days
Mavyret (Oral Tablet)	B	Maximum of 3 tablets per day
Mayzent (0.25MG Oral Tablet)	B	Maximum of 4 tablets per day
Mayzent (1MG Oral Tablet, 2MG Oral Tablet)	B	Maximum of 1 tablet per day
Mayzent Starter Pack (12 x 0.25MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs (24 tablets) per year
Mayzent Starter Pack (7 x 0.25MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs (14 tablets) per year
Mekinist (Oral Solution Reconstituted)	B	Maximum of 40 ml per day
Mekinist (0.5MG Oral Tablet)	B	Maximum of 4 tablets per day
Mekinist (2MG Oral Tablet)	B	Maximum of 1 tablet per day
Mektovi (Oral Tablet)	B	Maximum of 6 tablets per day
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Memantine HCl (Oral Solution)	G	Maximum of 10 ml per day
Memantine HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Memantine HCl Titration Pak (Oral Tablet)	G	Maximum of 2 packs per year
Memantine HCl (5MG Oral Tablet)	G	Maximum of 3 tablets per day
Menactra (Intramuscular Solution)	B	1 vaccination dose (0.5 ml) per day

Drug name	Brand or Generic	Quantity limit
Menostar (Transdermal Patch Weekly)	B	Maximum of 4 patches per 28 days
MenQuadfi (Intramuscular Solution)	B	1 vaccination dose (0.5 ml) per day
Menveo (Intramuscular Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Mesalamine ER (500MG Oral Capsule Extended Release) (Generic Pentasa)	G	Maximum of 8 capsules per day
Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	Maximum of 4 capsules per day
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	G	Maximum of 4 tablets per day
Mesalamine (800MG Oral Tablet Delayed Release) (Generic Asacol)	G	Maximum of 6 tablets per day
Mesalamine (Rectal Enema)	G	Maximum of 1 bottle (60 ml) per day
Mesalamine (Rectal Suppository)	G	Maximum of 1 suppository per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 4 tablets per day
Metformin HCl ER (750MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 2 tablets per day
Metformin HCl (Oral Solution)	G	Maximum of 25.5 ml per day
Metformin HCl (1000MG Oral Tablet Immediate Release)	G	Maximum of 2.5 tablets per day
Metformin HCl (500MG Oral Tablet Immediate Release)	G	Maximum of 5 tablets per day
Metformin HCl (850MG Oral Tablet Immediate Release)	G	Maximum of 3 tablets per day
Methadone HCl (10MG/5ML Oral Solution)	G	Maximum of 60 ml per day
Methadone HCl (5MG/5ML Oral Solution)	G	Maximum of 120 ml per day
Methadone HCl (10MG Oral Tablet)	G	Maximum of 12 tablets per day
Methadone HCl (5MG Oral Tablet)	G	Maximum of 8 tablets per day
Methylphenidate HCl CD (Oral Capsule Extended Release) (Generic Metadate CD)	G	Maximum of 1 capsule per day
Methylphenidate HCl ER (OSM) (18MG Oral Tablet Extended Release, 27MG Oral Tablet Extended Release, 54MG Oral Tablet Extended Release)	G	Maximum of 1 tablet per day
Methylphenidate HCl ER (OSM) (36MG Oral Tablet Extended Release)	G	Maximum of 2 tablets per day
Methylphenidate HCl ER Osmotic Release (Oral Tablet Extended Release)	G	Maximum of 3 tablets per day

Drug name	Brand or Generic	Quantity limit
Methylphenidate HCl ER (18MG Oral Tablet Extended Release 24 Hour, 27MG Oral Tablet Extended Release 24 Hour, 54MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Methylphenidate HCl ER (36MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Methylphenidate HCl (10MG/5ML Oral Solution)	G	Maximum of 30 ml per day
Methylphenidate HCl (5MG/5ML Oral Solution)	G	Maximum of 60 ml per day
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	G	Maximum of 3 tablets per day
Methylphenidate HCl (10MG Oral Tablet Chewable)	G	Maximum of 6 tablets per day
Methylphenidate HCl (2.5MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	G	Maximum of 3 tablets per day
Mifepristone (300MG Oral Tablet)	G	Maximum of 4 tablets per day
Miglitol (100MG Oral Tablet)	G	Maximum of 3 tablets per day
Miglitol (25MG Oral Tablet)	G	Maximum of 12 tablets per day
Miglitol (50MG Oral Tablet)	G	Maximum of 6 tablets per day
Mirabegron ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Mirtazapine (Oral Tablet)	G	Maximum of 1 tablet per day
Mirtazapine ODT (Oral Tablet Dispersible)	G	Maximum of 1 tablet per day
M-M-R II (Injection Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Modafinil (100MG Oral Tablet)	G	Maximum of 1 tablet per day
Modafinil (200MG Oral Tablet)	G	Maximum of 2 tablets per day
Montelukast Sodium (Oral Packet)	G	Maximum of 1 packet per day
Montelukast Sodium (Oral Tablet)	G	Maximum of 1 tablet per day
Montelukast Sodium (Oral Tablet Chewable)	G	Maximum of 1 tablet per day
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)	G	Maximum of 10 ml per day
Morphine Sulfate ER Beads (120MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	G	Maximum of 3 capsules per day
Morphine Sulfate ER Beads (30MG Oral Capsule Extended Release 24 Hour, 45MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	G	Maximum of 2 capsules per day
Morphine Sulfate ER Beads (75MG Oral Capsule Extended Release 24 Hour, 90MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	G	Maximum of 4 capsules per day
Morphine Sulfate ER (100MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour) (Generic Kadian)	G	Maximum of 3 capsules per day

Drug name	Brand or Generic	Quantity limit
Morphine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 30MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour) (Generic Kadian)	G	Maximum of 2 capsules per day
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 3 tablets per day
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 2 tablets per day
Morphine Sulfate ER (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 4 tablets per day
Morphine Sulfate (10MG/5ML Oral Solution)	G	Maximum of 100 ml per day
Morphine Sulfate (20MG/5ML Oral Solution)	G	Maximum of 50 ml per day
Morphine Sulfate (15MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Morphine Sulfate (30MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Mounjaro (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (2 ml) per 28 days
Movantik (Oral Tablet)	B	Maximum of 1 tablet per day
MResvia (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Mulpleta (Oral Tablet)	B	Maximum of 1 pack (7 tablets) per 7 days
Mupirocin (External Ointment)	G	Maximum of 110 grams per 30 days
Myfembree (Oral Tablet)	B	Maximum of 1 tablet per day
Myrbetriq (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Mytesi (Oral Tablet Delayed Release)	B	Maximum of 2 tablets per day
Naproxen (Oral Suspension)	G	Maximum of 60 ml per day
Naratriptan HCl (Oral Tablet)	G	Maximum of 12 tablets per 28 days
Nateglinide (120MG Oral Tablet)	G	Maximum of 3 tablets per day
Nateglinide (60MG Oral Tablet)	G	Maximum of 6 tablets per day
Nayzilam (Nasal Solution)	B	Maximum of 10 blister packs (20 spray devices) per 30 days
Nebivolol HCl (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Nebivolol HCl (20MG Oral Tablet)	G	Maximum of 2 tablets per day
Nerlynx (Oral Tablet)	B	Maximum of 6 tablets per day
Neupro (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day

Drug name	Brand or Generic	Quantity limit
Nevanac (Ophthalmic Suspension)	B	Maximum of 2 bottles (6 ml) per 31 days
Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Nevirapine (Oral Suspension)	G	Maximum of 40 ml per day
Nevirapine (Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
Ninlaro (Oral Capsule)	B	Maximum of 3 capsules per 28 days
Nitazoxanide (Oral Tablet)	G	Maximum of 2 tablets per day
Nitroglycerin (Rectal Ointment)	G	Maximum of 30 grams per 30 days
Norvir (Oral Packet)	B	Maximum of 12 packets per day
Nourianz (Oral Tablet)	B	Maximum of 1 tablet per day
Nubeqa (Oral Tablet)	B	Maximum of 4 tablets per day
Nucala (Subcutaneous Solution Auto-Injector)	B	Maximum of 3 ml per 28 days
Nucala (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 ml per 28 days
Nucala (40MG/0.4ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 0.4 ml per 28 days
Nucala (Subcutaneous Solution Reconstituted)	B	Maximum of 3 vials per 28 days
Nuedexta (Oral Capsule)	B	Maximum of 2 capsules per day
Nuplazid (Oral Capsule)	B	Maximum of 1 capsule per day
Nuplazid (Oral Tablet)	B	Maximum of 1 tablet per day
Nurtec ODT (Oral Tablet Dispersible)	B	Maximum of 18 tablets per 30 days
Nyamyc (External Powder)	G	Maximum of 120 grams per 30 days
Nystatin (External Cream)	G	Maximum of 30 grams per 30 days
Nystatin (External Ointment)	G	Maximum of 30 grams per 30 days
Nystatin (External Powder)	G	Maximum of 120 grams per 30 days
Nystatin-Triamcinolone (External Cream)	G	Maximum of 60 grams per 30 days
Nystatin-Triamcinolone (External Ointment)	G	Maximum of 60 grams per 30 days
Nystop (External Powder)	G	Maximum of 120 grams per 30 days
Ocaliva (Oral Tablet)	B	Maximum of 1 tablet per day
Odefsey (Oral Tablet)	B	Maximum of 1 tablet per day
Odomzo (Oral Capsule)	B	Maximum of 1 capsule per day
Ofev (Oral Capsule)	B	Maximum of 2 capsules per day
Ogsiveo (100MG Oral Tablet, 150MG Oral Tablet)	B	Maximum of 2 tablets per day
Ogsiveo (50MG Oral Tablet)	B	Maximum of 6 tablets per day
Ojemda (Oral Suspension Reconstituted)	B	Maximum of 96 ml per 28 days

Drug name	Brand or Generic	Quantity limit
Ojemda (Oral Tablet)	B	Maximum of 24 tablets per 28 days
Ojjaara (Oral Tablet)	B	Maximum of 1 tablet per day
Olanzapine (10MG Intramuscular Solution Reconstituted)	G	Maximum of 1 vial per day
Olanzapine (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Olanzapine (15MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 1 tablet per day
Olanzapine ODT (10MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Olanzapine ODT (15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day
Olanzapine-Fluoxetine HCl (12-25MG Oral Capsule, 12-50MG Oral Capsule, 6-50MG Oral Capsule)	G	Maximum of 1 capsule per day
Olanzapine-Fluoxetine HCl (3-25MG Oral Capsule, 6-25MG Oral Capsule)	G	Maximum of 3 capsules per day
Olmesartan Medoxomil (20MG Oral Tablet, 40MG Oral Tablet)	G	Maximum of 1 tablet per day
Olmesartan Medoxomil (5MG Oral Tablet)	G	Maximum of 2 tablets per day
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Olopatadine HCl (Nasal Solution)	G	Maximum of 1 bottle (30.5 grams) per 31 days
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	G	Maximum of 4 capsules per day
Omeprazole (10MG Oral Capsule Delayed Release, 20MG Oral Capsule Delayed Release)	G	Maximum of 1 capsule per day
Ongentys (Oral Capsule)	B	Maximum of 1 capsule per day
Onureg (Oral Tablet)	B	Maximum of 14 tablets per 28 days
Opsumit (Oral Tablet)	B	Maximum of 1 tablet per day
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (4 ml) per 28 days
Orencia (125MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (4 ml) per 28 days
Orencia (50MG/0.4ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (1.6 ml) per 28 days
Orencia (87.5MG/0.7ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (2.8 ml) per 28 days
Orgovyx (Oral Tablet)	B	Maximum of 1 tablet per day
Oriahnn (Oral Capsule Therapy Pack)	B	Maximum of 1 pack (56 capsules) per 28 days

Drug name	Brand or Generic	Quantity limit
Orkambi (Oral Packet)	B	Maximum of 56 packets per 28 days
Orkambi (Oral Tablet)	B	Maximum of 4 tablets per day
Orserdu (345MG Oral Tablet)	B	Maximum of 1 tablet per day
Orserdu (86MG Oral Tablet)	B	Maximum of 3 tablets per day
Oseltamivir Phosphate (30MG Oral Capsule)	G	Maximum of 168 capsules per year
Oseltamivir Phosphate (45MG Oral Capsule, 75MG Oral Capsule)	G	Maximum of 84 capsules per year
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	Maximum of 1080 ml per year
Osphena (Oral Tablet)	B	Maximum of 1 tablet per day
Otezla (Oral Tablet)	B	Maximum of 2 tablets per day
Otezla (Oral Tablet Therapy Pack)	B	Maximum of 2 kits per year
Oxazepam (Oral Capsule)	G	Maximum of 4 capsules per day
Oxervate (Ophthalmic Solution)	B	Maximum of 2 vials (2 ml) per day
Oxycodone HCl (Oral Capsule)	G	Maximum of 12 capsules per day
Oxycodone HCl (Oral Concentrate)	G	Maximum of 6 ml per day
Oxycodone HCl (Oral Solution)	G	Maximum of 130 ml per day
Oxycodone HCl (10MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	Maximum of 12 tablets per day
Oxycodone HCl (15MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Oxycodone HCl (20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
Oxymorphone HCl ER (10MG Oral Tablet Extended Release 12 Hour, 15MG Oral Tablet Extended Release 12 Hour, 20MG Oral Tablet Extended Release 12 Hour, 5MG Oral Tablet Extended Release 12 Hour, 7.5MG Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
Oxymorphone HCl ER (30MG Oral Tablet Extended Release 12 Hour)	G	Maximum of 4 tablets per day
Oxymorphone HCl ER (40MG Oral Tablet Extended Release 12 Hour)	G	Maximum of 3 tablets per day
Oxymorphone HCl (Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (2MG/3ML Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (3 ml) per 28 days
Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (3 ml) per 28 days

Drug name	Brand or Generic	Quantity limit
Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (3 ml) per 28 days
Paliperidone ER (1.5MG Oral Tablet Extended Release 24 Hour, 3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Paliperidone ER (6MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Palynziq (10MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 56 syringes (28 ml) per 28 days
Palynziq (2.5MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 16 syringes (8 ml) per 28 days
Palynziq (20MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per day
Pantoprazole Sodium (20MG Oral Tablet Delayed Release)	G	Maximum of 1 tablet per day
Pantoprazole Sodium (40MG Oral Tablet Delayed Release)	G	Maximum of 2 tablets per day
Paroxetine HCl ER (12.5MG Oral Tablet Extended Release 24 Hour, 37.5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Paroxetine HCl ER (25MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 3 tablets per day
Paroxetine HCl (10MG/5ML Oral Suspension)	G	Maximum of 30 ml per day
Paroxetine HCl (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release)	G	Maximum of 1 tablet per day
Paroxetine HCl (30MG Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
Paroxetine HCl (40MG Oral Tablet Immediate Release)	G	Maximum of 47 tablets per 31 days
Paxlovid (150/100MG) (Oral Tablet Therapy Pack)	B	Maximum of 4 tablets per day and 20 tablets per prescription
Paxlovid (300/100MG) (Oral Tablet Therapy Pack)	B	Maximum of 6 tablets per day and 30 tablets per prescription
Pazopanib HCl (Oral Tablet)	G	Maximum of 4 tablets per day
Pediarix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Pedvax HIB (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Pegasys (Subcutaneous Solution)	B	Maximum of 4 injections (4 ml) per 28 days
Pegasys (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (2 ml) per 28 days
Pemazyre (Oral Tablet)	B	Maximum of 14 tablets per 21 days

Drug name	Brand or Generic	Quantity limit
Penbraya (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Pentacel (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	Maximum of 1 vial (300 mg) per 28 days
Pentasa (250MG Oral Capsule Extended Release)	B	Maximum of 16 capsules per day
Pifeltro (Oral Tablet)	B	Maximum of 1 tablet per day
Pimecrolimus (External Cream)	G	Maximum of 100 grams per 30 days
Pioglitazone HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Pioglitazone HCl-Glimepiride (Oral Tablet)	G	Maximum of 1 tablet per day
Pioglitazone HCl-Metformin HCl (Oral Tablet)	G	Maximum of 3 tablets per day
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 tablet per day
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day
Pirfenidone (267MG Oral Tablet)	G	Maximum of 6 tablets per day
Pirfenidone (534MG Oral Tablet, 801MG Oral Tablet)	G	Maximum of 3 tablets per day
Plegridy (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 pens (1 ml) per 28 days
Plegridy (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 pens (1 ml) per 28 days
Pomalyst (Oral Capsule)	B	Maximum of 21 capsules per 28 days
Posaconazole (Oral Suspension)	G	Maximum of 20 ml per day
Posaconazole (Oral Tablet Delayed Release)	G	Maximum of 6 tablets per day
Praluent (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 pens (2 ml) per 28 days
Prasugrel HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Pregabalin (100MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	G	Maximum of 4 capsules per day
Pregabalin (150MG Oral Capsule, 200MG Oral Capsule)	G	Maximum of 3 capsules per day
Pregabalin (225MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 2 capsules per day
Pregabalin (Oral Solution)	G	Maximum of 30 ml per day
PreHevbrio (10MCG/ML Intramuscular Suspension)	B	1 vaccination dose (1 ml) per day
Premarin (Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Prevymis (240MG Oral Tablet)	B	Maximum of 1 tablet per day
Prevymis (480MG Oral Tablet)	B	Maximum of 1 tablet per day
Prezcobix (Oral Tablet)	B	Maximum of 1 tablet per day
Prezista (Oral Suspension)	B	Maximum of 2 bottles (400 ml) per 30 days
Prezista (150MG Oral Tablet)	B	Maximum of 6 tablets per day
Prezista (75MG Oral Tablet)	B	Maximum of 10 tablets per day
Priorix (Subcutaneous Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
ProAir RespiClick (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 2 inhalers per 30 days
Prolia (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (1 ml) per 180 days
Promacta (Oral Packet)	B	Maximum of 6 packets per day
Promacta (12.5MG Oral Tablet, 25MG Oral Tablet)	B	Maximum of 1 tablet per day
Promacta (50MG Oral Tablet, 75MG Oral Tablet)	B	Maximum of 2 tablets per day
ProQuad (Subcutaneous Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Pulmicort Flexhaler (180MCG/ACT Inhalation Aerosol Powder Breath Activated)	B	Maximum of 2 inhalers per 30 days
Pulmicort Flexhaler (90MCG/ACT Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
Pulmozyme (Inhalation Solution)	B	Maximum of 2 ampules (5 ml) per day
Pyrukynd (20MG Oral Tablet, 5MG Oral Tablet)	B	Maximum of 1 pack (56 tablets) per 28 days
Pyrukynd (50MG Oral Tablet)	B	Maximum of 2 packs (112 tablets) per 28 days
Pyrukynd Taper Pack (5MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (7 tablets) per 7 days
Pyrukynd Taper Pack (7 x 20MG & 7 x 5MG Oral Tablet Therapy Pack, 7 x 50MG & 7 x 20MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (14 tablets) per 14 days
Qinlock (Oral Tablet)	B	Maximum of 3 tablets per day
Quadracel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Quadracel (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Quetiapine Fumarate ER (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Quetiapine Fumarate ER (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Quetiapine Fumarate (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	Maximum of 3 tablets per day
Quetiapine Fumarate (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
Quinine Sulfate (Oral Capsule)	G	Maximum of 42 capsules per 30 days
Qulipta (Oral Tablet)	B	Maximum of 1 tablet per day
Qvar RediHaler (Inhalation Aerosol Breath Activated)	B	Maximum of 2 inhalers (21.2 grams) per 30 days
RabAvert (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Radicava ORS Starter Kit (Oral Suspension)	B	Maximum of 70 ml per 28 days
Raloxifene HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Ramelteon (Oral Tablet)	G	Maximum of 1 tablet per day
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
Ravicti (Oral Liquid)	B	Maximum of 17.5 ml per day
Rebif Rebidose (Subcutaneous Solution Auto-Injector)	B	Maximum of 12 pens (6 ml) per 28 days
Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 packs per year
Rebif (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 12 syringes (6 ml) per 28 days
Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 packs per year
Recombivax HB (10MCG/ML Injection Suspension, 40MCG/ML Injection Suspension)	B	1 vaccination dose (1 ml) per day
Recombivax HB (5MCG/0.5ML Injection Suspension)	B	1 vaccination dose (0.5 ml) per day
Recombivax HB (10MCG/ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day
Recombivax HB (5MCG/0.5ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 3 inhalers (60 blisters) per 180 days
Relistor (Oral Tablet)	B	Maximum of 3 tablets per day
Relistor (12MG/0.6ML Subcutaneous Solution, 12MG/0.6ML (0.6ML Syringe) Subcutaneous Solution)	B	Maximum of 31 syringes (18.6 ml) per 31 days

Drug name	Brand or Generic	Quantity limit
Relistor (8MG/0.4ML Subcutaneous Solution)	B	Maximum of 31 syringes (12.4 ml) per 31 days
Repaglinide (0.5MG Oral Tablet)	G	Maximum of 32 tablets per day
Repaglinide (1MG Oral Tablet)	G	Maximum of 16 tablets per day
Repaglinide (2MG Oral Tablet)	G	Maximum of 8 tablets per day
Repatha Pushtronex System (Subcutaneous Solution Cartridge)	B	Maximum of 2 cartridges (7 ml) per 28 days
Repatha (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 28 days
Repatha SureClick (Subcutaneous Solution Auto-Injector)	B	Maximum of 3 pens (3 ml) per 28 days
Retevmo (40MG Oral Capsule)	B	Maximum of 6 capsules per day
Retevmo (80MG Oral Capsule)	B	Maximum of 4 capsules per day
Retevmo (120MG Oral Tablet, 160MG Oral Tablet, 80MG Oral Tablet)	B	Maximum of 2 tablets per day
Retevmo (40MG Oral Tablet)	B	Maximum of 3 tablets per day
Rexulti (Oral Tablet)	B	Maximum of 1 tablet per day
Reyataz (Oral Packet)	B	Maximum of 6 packets per day
Rezlidhia (Oral Capsule)	B	Maximum of 2 capsules per day
Rezurock (Oral Tablet)	B	Maximum of 2 tablets per day
Rinvoq LQ (Oral Solution)	B	Maximum of 12 ml per day
Rinvoq (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Risedronate Sodium (150MG Oral Tablet Immediate Release)	G	Maximum of 1 tablet per 28 days
Risedronate Sodium (30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	Maximum of 1 tablet per day
Risedronate Sodium (35MG (12 PACK) Oral Tablet Immediate Release, 35MG (4 PACK) Oral Tablet Immediate Release)	G	Maximum of 4 tablets per 28 days
Risedronate Sodium (Oral Tablet Delayed Release)	G	Maximum of 4 tablets per 28 days
Risperidone (Oral Solution)	G	Maximum of 8 ml per day
Risperidone (Oral Tablet)	G	Maximum of 2 tablets per day
Risperidone ODT (Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Ritonavir (Oral Tablet)	G	Maximum of 12 tablets per day
Rivastigmine Tartrate (Oral Capsule)	G	Maximum of 2 capsules per day
Rivastigmine (Transdermal Patch 24 Hour)	G	Maximum of 1 patch per day
Rizatriptan Benzoate (Oral Tablet)	G	Maximum of 12 tablets per 28 days
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	Maximum of 12 tablets per 28 days
Roflumilast (Oral Tablet)	G	Maximum of 1 tablet per day
Rosuvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Rotarix (Oral Suspension)	B	1 vaccination dose (1.5 ml) per day
RotaTeq (Oral Solution)	B	1 vaccination dose (2 ml) per day
Rozlytrek (100MG Oral Capsule)	B	Maximum of 5 capsules per day
Rozlytrek (200MG Oral Capsule)	B	Maximum of 3 capsules per day
Rozlytrek (Oral Packet)	B	Maximum of 12 packs per day
Rubraca (Oral Tablet)	B	Maximum of 4 tablets per day
Rufinamide (Oral Suspension)	G	Maximum of 80 ml per day
Rufinamide (200MG Oral Tablet)	G	Maximum of 6 tablets per day
Rufinamide (400MG Oral Tablet)	G	Maximum of 8 tablets per day
Rukobia (Oral Tablet Extended Release 12 Hour)	B	Maximum of 2 tablets per day
Rybelsus (Oral Tablet)	B	Maximum of 1 tablet per day
Rydapt (Oral Capsule)	B	Maximum of 8 capsules per day
Sancuso (Transdermal Patch)	B	Maximum of 4 patches per 28 days
Savella (Oral Tablet)	B	Maximum of 2 tablets per day
Savella Titration Pack (Oral Tablet)	B	Maximum of 1 pack (55 tablets) per 180 days
Saxagliptin HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Saxagliptin-Metformin ER (2.5-1000MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Saxagliptin-Metformin ER (5-1000MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Scemblix (100MG Oral Tablet)	B	Maximum of 4 tablets per day
Scemblix (20MG Oral Tablet)	B	Maximum of 2 tablets per day
Scemblix (40MG Oral Tablet)	B	Maximum of 10 tablets per day
Scopolamine (Transdermal Patch 72 Hour)	G	Maximum of 10 patches per 30 days
Secuado (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day
Selzentry (Oral Solution)	B	Maximum of 8 bottles (1840 ml) per 30 days
Serevent Diskus (60 Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 inhalations) per 30 days
Sertraline HCl (100MG Oral Tablet, 25MG Oral Tablet)	G	Maximum of 2 tablets per day
Sertraline HCl (50MG Oral Tablet)	G	Maximum of 3 tablets per day
Shingrix (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Signifor (Subcutaneous Solution)	B	Maximum of 2 ampules per day
Sildenafil Citrate (Oral Suspension Reconstituted)	G	Maximum of 7.45 ml per day

Drug name	Brand or Generic	Quantity limit
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	Maximum of 3 tablets per day
Simponi (100MG/ML Subcutaneous Solution Auto-Injector)	B	Maximum of 3 syringes (3 ml) per 28 days
Simponi (50MG/0.5ML Subcutaneous Solution Auto-Injector)	B	Maximum of 1 syringe (0.5 ml) per 28 days
Simponi (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 28 days
Simponi (50MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (0.5 ml) per 28 days
Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Skyclarys (Oral Capsule)	B	Maximum of 3 capsules per day
Skyrizi Pen (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1 ml) per 28 days
Skyrizi (180MG/1.2ML Subcutaneous Solution Cartridge)	B	Maximum of 1 cartridge (1.2 ml) per 56 days
Skyrizi (360MG/2.4ML Subcutaneous Solution Cartridge)	B	Maximum of 1 cartridge (2.4 ml) per 56 days
Skyrizi (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (1 ml) per 28 days
Soliqua (Subcutaneous Solution Pen-Injector)	B	Maximum of 5 pens (15 ml) per 24 days
Somavert (Subcutaneous Solution Reconstituted)	B	Maximum of 1 vial per day
Sorafenib Tosylate (Oral Tablet)	G	Maximum of 4 tablets per day
Spiriva Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 30 days
Spritam ODT (1000MG Oral Tablet Disintegrating Soluble)	B	Maximum of 3 tablets per day
Spritam ODT (250MG Oral Tablet Disintegrating Soluble, 500MG Oral Tablet Disintegrating Soluble)	B	Maximum of 2 tablets per day
Spritam ODT (750MG Oral Tablet Disintegrating Soluble)	B	Maximum of 4 tablets per day
Sprycel (100MG Oral Tablet, 140MG Oral Tablet, 50MG Oral Tablet, 80MG Oral Tablet)	B	Maximum of 1 tablet per day
Sprycel (20MG Oral Tablet)	B	Maximum of 3 tablets per day
Sprycel (70MG Oral Tablet)	B	Maximum of 2 tablets per day
Stelara (Subcutaneous Solution)	B	Maximum of 6 vials (3 ml) per 84 days
Stelara (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 6 syringes (3 ml) per 84 days
Stelara (90MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 84 days

Drug name	Brand or Generic	Quantity limit
Stiolto Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 30 days
Stivarga (Oral Tablet)	B	Maximum of 3 tablets per day
Stribild (Oral Tablet)	B	Maximum of 1 tablet per day
Striverdi Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 30 days
Sumatriptan (Nasal Solution)	G	Maximum of 12 devices per 28 days
Sumatriptan Succinate (Oral Tablet)	G	Maximum of 9 tablets per 28 days
Sumatriptan Succinate (Subcutaneous Solution)	G	Maximum of 12 injections (6 ml) per 28 days
Sumatriptan Succinate (Subcutaneous Solution Auto-Injector)	G	Maximum of 12 injections (6 ml) per 28 days
Sunitinib Malate (Oral Capsule)	G	Maximum of 1 capsule per day
Sunlenca (4 x 300MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs (8 tablets) per year
Sunlenca (5 x 300MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs (10 tablets) per year
Symdeko (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
SymlinPen 120 (Subcutaneous Solution Pen-Injector)	B	Maximum of 4 pens (10.8 ml) per day 30 days
SymlinPen 60 (Subcutaneous Solution Pen-Injector)	B	Maximum of 4 pens (6 ml) per 30 days
Sympazan (Oral Film)	B	Maximum of 2 films per day
Symtuza (Oral Tablet)	B	Maximum of 1 tablet per day
Synarel (Nasal Solution)	B	Maximum of 4 bottles (32 ml) per 26 days
Synjardy (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Synjardy XR (10-1000MG Oral Tablet Extended Release 24 Hour, 12.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Synjardy XR (25-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Tabrecta (Oral Tablet)	B	Maximum of 4 tablets per day
Tacrolimus (External Ointment)	G	Maximum of 100 grams per 30 days
Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca)	G	Maximum of 2 tablets per day
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Tafinlar (50MG Oral Capsule)	B	Maximum of 6 capsules per day
Tafinlar (75MG Oral Capsule)	B	Maximum of 4 capsules per day

Drug name	Brand or Generic	Quantity limit
Tafinlar (Oral Tablet Soluble)	B	Maximum of 30 tablets per day
Tagrisso (Oral Tablet)	B	Maximum of 1 tablet per day
Talzenna (0.1MG Oral Capsule, 0.35MG Oral Capsule, 0.5MG Oral Capsule, 0.75MG Oral Capsule, 1MG Oral Capsule)	B	Maximum of 1 capsule per day
Talzenna (0.25MG Oral Capsule)	B	Maximum of 3 capsules per day
Tamsulosin HCl (Oral Capsule)	G	Maximum of 2 capsules per day
Tasigna (150MG Oral Capsule, 200MG Oral Capsule)	B	Maximum of 4 capsules per day
Tasigna (50MG Oral Capsule)	B	Maximum of 14 capsules per day
Tasimelteon (Oral Capsule)	G	Maximum of 1 capsule per day
Tazarotene (External Cream)	G	Maximum of 60 grams per 30 days
Tazarotene (External Gel)	G	Maximum of 100 grams per 30 days
Tazorac (0.05% External Cream)	B	Maximum of 60 grams per 30 days
Tazverik (Oral Tablet)	B	Maximum of 8 tablets per day
TDVAX (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Telmisartan (Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-Amlodipine (Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-HCTZ (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-HCTZ (80-12.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Temazepam (Oral Capsule)	G	Maximum of 1 capsule per day
Tenivac (Intramuscular Injectable)	B	1 vaccination dose (0.5 ml) per day
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Tepmetko (Oral Tablet)	B	Maximum of 2 tablets per day
Terazosin HCl (10MG Oral Capsule)	G	Maximum of 2 capsules per day
Terazosin HCl (1MG Oral Capsule, 2MG Oral Capsule, 5MG Oral Capsule)	G	Maximum of 1 capsule per day
Terbinafine HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Teriflunomide (Oral Tablet)	G	Maximum of 1 tablet per day
Teriparatide (620MCG/2.48ML Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (2.48 ml) per 28 days
Testosterone (10 MG/ACT(2%) Transdermal Gel)	G	Maximum of 2 bottles (120 grams) per 30 days
Testosterone (12.5 MG/ACT(1%) Transdermal Gel)	G	Maximum of 4 bottles (300 grams) per 30 days
Testosterone (20.25 MG/1.25GM(1.62%) Transdermal Gel)	G	Maximum of 1 box (30 packets) per 30 days

Drug name	Brand or Generic	Quantity limit
Testosterone (20.25 MG/ACT(1.62%) Transdermal Gel)	G	Maximum of 2 bottles (150 grams) per 30 days
Testosterone (25 MG/2.5GM(1%) Transdermal Gel)	G	Maximum of 4 boxes (120 packets) per 30 days
Testosterone (40.5 MG/2.5GM(1.62%) Transdermal Gel)	G	Maximum of 2 boxes (60 packets) per 30 days
Testosterone (50 MG/5GM(1%) Transdermal Gel)	G	Maximum of 2 boxes (60 packets) per 30 days
Testosterone (Transdermal Solution)	G	Maximum of 2 bottles (180 ml) per 30 days
Tetrabenazine (12.5MG Oral Tablet)	G	Maximum of 3 tablets per day
Tetrabenazine (25MG Oral Tablet)	G	Maximum of 4 tablets per day
Thalomid (100MG Oral Capsule)	B	Maximum of 4 capsules per day
Thalomid (50MG Oral Capsule)	B	Maximum of 3 capsules per day
Tibsovo (Oral Tablet)	B	Maximum of 2 tablets per day
Ticovac (1.2MCG/0.25ML Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.25 ml) per day
Ticovac (2.4MCG/0.5ML Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Tiotropium Bromide Monohydrate (Inhalation Capsule)	G	Maximum of 1 capsule per day
Tivicay (50MG Oral Tablet)	B	Maximum of 2 tablets per day
Tivicay PD (Oral Tablet Soluble)	B	Maximum of 6 tablets per day
Tobramycin (300MG/5ML Inhalation Nebulization Solution)	G	Maximum of 2 ampules (10 ml) per day
Tolcapone (Oral Tablet)	G	Maximum of 6 tablets per day
Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Tolvaptan (15MG Oral Tablet)	G	Maximum of 4 tablets per day
Tolvaptan (30MG Oral Tablet)	G	Maximum of 2 tablets per day
Torpenz (Oral Tablet)	G	Maximum of 1 tablet per day
Tovet (External Foam)	G	Maximum of 100 grams per 30 days
Tradjenta (Oral Tablet)	B	Maximum of 1 tablet per day
Tramadol HCl ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Tramadol HCl (50MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Tramadol-Acetaminophen (Oral Tablet)	G	Maximum of 8 tablets per day
Tranexamic Acid (Oral Tablet)	G	Maximum of 6 tablets per day
Travoprost (BAK Free) (Ophthalmic Solution)	G	Maximum of 1 bottle (2.5 ml) per 25 days

Drug name	Brand or Generic	Quantity limit
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Trelstar Mixject (11.25MG Intramuscular Suspension Reconstituted)	B	Maximum of 1 vial per 84 days
Trelstar Mixject (22.5MG Intramuscular Suspension Reconstituted)	B	Maximum of 1 vial per 168 days
Trelstar Mixject (3.75MG Intramuscular Suspension Reconstituted)	B	Maximum of 1 vial per 28 days
Trientine HCl (250MG Oral Capsule)	G	Maximum of 8 capsules per day
Trientine HCl (500MG Oral Capsule)	G	Maximum of 4 capsules per day
Trijardy XR (10-5-1000MG Oral Tablet Extended Release 24 Hour, 25-5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Trijardy XR (12.5-2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-2.5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Trikafta (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (84 tablets) per 28 days
Trikafta (Oral Granule Therapy Pack)	B	Maximum of 1 carton (56 packets) per 28 days
Trintellix (Oral Tablet)	B	Maximum of 1 tablet per day
Triumeq (Oral Tablet)	B	Maximum of 1 tablet per day
Triumeq PD (Oral Tablet Soluble)	B	Maximum of 6 tablets per day
Trospium Chloride ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Trulicity (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (2 ml) per 28 days
Trumenba (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Truqap (Oral Tablet)	B	Maximum of 64 tablets per 28 days
Tudorza Pressair (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 31 days
Tukysa (150MG Oral Tablet)	B	Maximum of 4 tablets per day
Tukysa (50MG Oral Tablet)	B	Maximum of 8 tablets per day
Turalio (125MG Oral Capsule)	B	Maximum of 4 capsules per day
Twinrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day
Tybost (Oral Tablet)	B	Maximum of 1 tablet per day
Tymlos (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (1.56 ml) per 30 days
Typhim VI (Intramuscular Solution)	B	1 vaccination dose (0.5 ml) per day

Drug name	Brand or Generic	Quantity limit
Typhim VI (Intramuscular Solution Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Ubrelvy (Oral Tablet)	B	Maximum of 16 tablets per 30 days
Uptravi (1000MCG Oral Tablet, 1200MCG Oral Tablet, 1400MCG Oral Tablet, 1600MCG Oral Tablet, 400MCG Oral Tablet, 600MCG Oral Tablet, 800MCG Oral Tablet)	B	Maximum of 2 tablets per day
Uptravi (200MCG Oral Tablet)	B	Maximum of 5 tablets per day
Uptravi Titration (Oral Tablet Therapy Pack)	B	Maximum of 2 packs (400 tablets) per year
Valacyclovir HCl (1GM Oral Tablet)	G	Maximum of 4 tablets per day
Valacyclovir HCl (500MG Oral Tablet)	G	Maximum of 2 tablets per day
Valchlor (External Gel)	B	Maximum of 60 grams per 30 days
Valganciclovir HCl (Oral Solution Reconstituted)	G	Maximum of 36 ml per day
Valganciclovir HCl (Oral Tablet)	G	Maximum of 4 tablets per day
Valsartan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	G	Maximum of 2 tablets per day
Valsartan (320MG Oral Tablet)	G	Maximum of 1 tablet per day
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Valtoco 10MG Dose (Nasal Liquid)	B	Maximum of 10 blister packs (10 spray devices) per 30 days
Valtoco 15MG Dose (Nasal Liquid Therapy Pack)	B	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 20MG Dose (Nasal Liquid Therapy Pack)	B	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 5MG Dose (Nasal Liquid)	B	Maximum of 10 blister packs (10 spray devices) per 30 days
Vancomycin HCl (125MG Oral Capsule)	G	Maximum of 4 capsules per day
Vancomycin HCl (250MG Oral Capsule)	G	Maximum of 8 capsules per day
Vanflyta (Oral Tablet)	B	Maximum of 2 tablets per day
VAQTA (25UNIT/0.5ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
VAQTA (50UNIT/ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
Varivax (Injection Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Vaxchora (Oral Suspension Reconstituted)	B	1 vaccination dose (100 ml) per day
Veltassa (16.8GM Oral Packet, 25.2GM Oral Packet, 8.4GM Oral Packet)	B	Maximum of 1 packet per day
Vemlidy (Oral Tablet)	B	Maximum of 1 tablet per day
Venclexta (100MG Oral Tablet)	B	Maximum of 4 tablets per day

Drug name	Brand or Generic	Quantity limit
Venclexta (10MG Oral Tablet)	B	Maximum of 2 tablets per day
Venclexta (50MG Oral Tablet)	B	Maximum of 1 tablet per day
Venclexta Starting Pack (Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Venlafaxine Besylate ER (Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Venlafaxine HCl ER (150MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 2 capsules per day
Venlafaxine HCl ER (37.5MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Venlafaxine HCl ER (75MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 3 capsules per day
Venlafaxine HCl ER (225MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Venlafaxine HCl (Oral Tablet Immediate Release)	G	Maximum of 3 tablets per day
Ventolin HFA (Inhalation Aerosol Solution)	B	Maximum of 2 inhalers (36 grams) per 30 days
Veozah (Oral Tablet)	B	Maximum of 1 tablet per day
Verquvo (Oral Tablet)	B	Maximum of 1 tablet per day
Versacloz (Oral Suspension)	B	Maximum of 18 ml per day
Verzenio (Oral Tablet)	B	Maximum of 2 tablets per day
Vigabatrin (Oral Packet)	G	Maximum of 6 packets per day
Vigabatrin (Oral Tablet)	G	Maximum of 6 tablets per day
Vigadrone (Oral Packet)	G	Maximum of 6 packets per day
Vigadrone (Oral Tablet)	G	Maximum of 6 tablets per day
Vigpoder (Oral Packet)	G	Maximum of 6 packets per day
Vilazodone HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Viracept (250MG Oral Tablet)	B	Maximum of 10 tablets per day
Viracept (625MG Oral Tablet)	B	Maximum of 4 tablets per day
Viread (Oral Powder)	B	Maximum of 4 bottles (240 grams) per 30 days
Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	B	Maximum of 1 tablet per day
Vitrakvi (100MG Oral Capsule)	B	Maximum of 2 capsules per day
Vitrakvi (25MG Oral Capsule)	B	Maximum of 6 capsules per day
Vitrakvi (Oral Solution)	B	Maximum of 10 ml per day
Vizimpro (Oral Tablet)	B	Maximum of 1 tablet per day
Vonjo (Oral Capsule)	B	Maximum of 4 capsules per day
Voranigo (10MG Oral Tablet)	B	Maximum of 2 tablets per day
Voranigo (40MG Oral Tablet)	B	Maximum of 1 tablet per day
Voriconazole (Oral Suspension Reconstituted)	G	Maximum of 20 ml per day

Drug name	Brand or Generic	Quantity limit
Voriconazole (200MG Oral Tablet)	G	Maximum of 4 tablets per day
Voriconazole (50MG Oral Tablet)	G	Maximum of 16 tablets per day
Vosevi (Oral Tablet)	B	Maximum of 1 tablet per day
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	B	Maximum of 1 capsule per day
Vyndaqel (Oral Capsule)	B	Maximum of 4 capsules per day
Welireg (Oral Tablet)	B	Maximum of 3 tablets per day
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	Maximum of 1 inhaler (60 blisters) per 30 days
Xalkori (Oral Capsule)	B	Maximum of 2 capsules per day
Xalkori (150MG Oral Capsule Sprinkle)	B	Maximum of 6 capsules per day
Xalkori (20MG Oral Capsule Sprinkle)	B	Maximum of 8 capsules per day
Xalkori (50MG Oral Capsule Sprinkle)	B	Maximum of 4 capsules per day
Xarelto (Oral Suspension Reconstituted)	B	Maximum of 20 ml per day
Xarelto (10MG Oral Tablet, 20MG Oral Tablet)	B	Maximum of 1 tablet per day
Xarelto (15MG Oral Tablet, 2.5MG Oral Tablet)	B	Maximum of 2 tablets per day
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	B	Maximum of 1 tablet per day
Xcopri (150MG Oral Tablet, 200MG Oral Tablet)	B	Maximum of 2 tablets per day
Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack, 14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Xdemvy (Ophthalmic Solution)	B	Maximum of 1 bottle (10 ml) per 42 days
Xeljanz (Oral Solution)	B	Maximum of 10 ml per day
Xeljanz (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Xermelo (Oral Tablet)	B	Maximum of 3 tablets per day
Xifaxan (200MG Oral Tablet)	B	Maximum of 9 tablets per 30 days
Xifaxan (550MG Oral Tablet)	B	Maximum of 3 tablets per day
Xiidra (Ophthalmic Solution)	B	Maximum of 2 vials per day
Xofluza (40MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per 30 days
Xofluza (80MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 tablet per 30 days
Xolair (150MG/ML Subcutaneous Solution Auto-Injector)	B	Maximum of 8 pens (8 ml) per 28 days

Drug name	Brand or Generic	Quantity limit
Xolair (300MG/2ML Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (8 ml) per 28 days
Xolair (75MG/0.5ML Subcutaneous Solution Auto-Injector)	B	Maximum of 2 pens (1 ml) per 28 days
Xolair (150MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 8 syringes (8 ml) per 28 days
Xolair (300MG/2ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (8 ml) per 28 days
Xolair (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes (1 ml) per 28 days
Xolair (Subcutaneous Solution Reconstituted)	B	Maximum of 8 vials per 28 days
Xolremdi (Oral Capsule)	B	Maximum of 4 capsules per day
Xopenex HFA (Inhalation Aerosol)	B	Maximum of 2 inhalers (30 grams) per 30 days
Xospata (Oral Tablet)	B	Maximum of 3 tablets per day
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days
Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 4 tablets per 28 days
Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 4 tablets per 28 days
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 24 tablets per 28 days
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 32 tablets per 28 days
Xtandi (Oral Capsule)	B	Maximum of 4 capsules per day
Xtandi (40MG Oral Tablet)	B	Maximum of 4 tablets per day
Xtandi (80MG Oral Tablet)	B	Maximum of 2 tablets per day
Xultophy (Subcutaneous Solution Pen-Injector)	B	Maximum of 5 pens (15 ml) per 30 days
Xyrem (Oral Solution)	B	Maximum of 18 ml per day
YF-VAX (Subcutaneous Injectable)	B	1 vaccination dose (1 injection) per day
Yonsa (Oral Tablet)	B	Maximum of 4 tablets per day
Yuflyma (1 Pen) (40MG/0.4ML Subcutaneous Auto-Injector Kit)	B	Maximum of 6 pens per 28 days
Yuflyma (1 Pen) (80MG/0.8ML Subcutaneous Auto-Injector Kit)	B	Maximum of 2 pens per 28 days

Drug name	Brand or Generic	Quantity limit
Yuflyma (2 Syringe) (20MG/0.2ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 2 syringes (1 box) per 28 days
Yuflyma (2 Syringe) (40MG/0.4ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 6 pens per 28 days
Zafirlukast (Oral Tablet)	G	Maximum of 2 tablets per day
Zaleplon (10MG Oral Capsule)	G	Maximum of 2 capsules per day
Zaleplon (5MG Oral Capsule)	G	Maximum of 1 capsule per day
Zejula (Oral Tablet)	B	Maximum of 1 tablet per day
Zelboraf (Oral Tablet)	B	Maximum of 8 tablets per day
Zeposia 7-Day Starter Pack (Oral Capsule Therapy Pack)	B	Maximum of 2 packs per year
Zeposia (Oral Capsule)	B	Maximum of 1 capsule per day
Zeposia Starter Kit (Oral Capsule Therapy Pack)	B	Maximum of 2 kits per year
Zidovudine (Oral Capsule)	G	Maximum of 6 capsules per day
Zidovudine (Oral Syrup)	G	Maximum of 64 ml per day
Zidovudine (Oral Tablet)	G	Maximum of 2 tablets per day
Ziprasidone HCl (Oral Capsule)	G	Maximum of 2 capsules per day
Ziprasidone Mesylate (Intramuscular Solution Reconstituted)	G	Maximum of 2 vials per day
Zolinza (Oral Capsule)	B	Maximum of 4 capsules per day
Zolmitriptan (Oral Tablet)	G	Maximum of 12 tablets per 28 days
Zolmitriptan ODT (Oral Tablet Dispersible)	G	Maximum of 12 tablets per 28 days
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	Maximum of 1 tablet per day
Zurzuva (20MG Oral Capsule, 25MG Oral Capsule)	B	Maximum of 28 capsules per 14 days
Zurzuva (30MG Oral Capsule)	B	Maximum of 14 capsules per 14 days
Zydelig (Oral Tablet)	B	Maximum of 2 tablets per day
Zykadia (Oral Tablet)	B	Maximum of 5 tablets per day

Required information

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

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