




# Complete Drug List (Formulary) 2025

UnitedHealthcare® Group Medicare Advantage (PPO)  
UC Medicare Choice

**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/uc](https://retiree.uhc.com/uc)

 Toll-free **1-866-887-9533**, TTY **711**  
8 a.m.-8 p.m. PT, 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, UC Medicare Choice. 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 has been filed with CMS as of October 1, 2024.

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

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

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

**Important message about what you pay for vaccines** - Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most adult Part D vaccines at no cost to you, even if you haven't paid your Part D deductible. Your plan may not have a Part D deductible. Review your Evidence of Coverage or call Customer Service for more information.

**Important message about what you pay for insulin** - You won't pay more than \$35 for a 1-month supply of each Part D insulin product covered by our plan, even if you haven't paid your Part D deductible. Your plan may not have a Part D deductible. Review your Evidence of Coverage for more information.

## How can I find a drug on the Drug List?

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

1. **By name.** Turn to the section “Covered drugs by name (**Drug index**)” on pages 12-43 to see the list of drug names in alphabetical order. Find the name of your drug. The page number where you can find the drug will be next to it.
2. **By medical condition.** Turn to the section “Covered drugs by category” on pages 44-153. The drugs in this Drug List are grouped into categories depending on the type of medical condition they are used to treat. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. This is where you will find drugs that treat heart conditions.

## What are generic drugs?

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

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

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

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

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

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

## What is a compounded drug?

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

## Drug payment stage and drug tiers

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

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

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

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

## Getting Extra Help

If you qualify for Extra Help paying for your prescription drugs, your copays and coinsurance may be lower. Members who qualify for Extra Help will receive the Evidence of Coverage Rider 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 44. The codes and what they mean are shown below and on the next page.

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

**Coverage rules and limits**

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**PA - Prior authorization**

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

**QL - Quantity limits**

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

**ST - Step therapy**

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

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

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

## Other special coverage rules

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

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

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

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

### **LA - Limited access**

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

### **MME - Morphine Milligram Equivalent**

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

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

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

### **DL - Dispensing limit**

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

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

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

If you find out that your drug is not covered, you can 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

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

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

### Who can ask for an exception?

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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?

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

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

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

## Can the Drug List change?

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

### Changes that can affect you this year

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- **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**

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

## **Drugs with dosages other than a 1-month supply**

### **Drugs packaged in an extended day supply**

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

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

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

Daily cost-sharing applies only if the drug is in the form of a solid oral dose (e.g., tablet or capsule) when dispensed for a supply of less than 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](http://www.medicare.gov) or call Medicare at 1-800-633-4227, TTY 1-877-486-2048, 24 hours a day, 7 days a week.

**Covered drugs by name (Drug index)**

<b>A</b>		
Abacavir Sulfate .....81	Activella ..... 127	Afinitor Disperz .....71
Abacavir Sulfate -Lamivudine . .....81	Actonel ..... 141	Afrezza . .....89
Abelcet .....66	Actoplus Met . .....86	Agamree ..... 124
Abilify .....84	Actos . .....86	Agrylin . .....92
Abilify Asimtufii .....84	Acular ..... 144	Aimovig . .....68
Abilify Maintena .....84	Acular LS ..... 144	AirDuo RespiClick 113/14 . ..... 151
Abilify MyCite Maintenance Kit . .....84	Acuvail ..... 144	AirDuo RespiClick 232/14 . ..... 151
Abilify MyCite Starter Kit . .....84	Acyclovir . .....80	AirDuo RespiClick 55/14 . . 151
Abiraterone Acetate .....70	Acyclovir Sodium .....80	Airsupra . ..... 151
Abrysvo ..... 139	Aczone ..... 113	Ajovy .....68
Absorica ..... 107	Adacel ..... 139	Akeega .....71
Absorica LD ..... 107	Adalimumab -aaty ..... 137	Aklief ..... 107
Acamprosate Calcium .....50	Adalimumab -adbm . ..... 137	Ala Scalp ..... 109
Acanya . ..... 107	Adapalene ..... 107	Ala -Cort ..... 109
Acarbose . .....86	Adapalene -Benzoyl Peroxide . ..... 107	Albendazole .....75
Accutane . ..... 107	Adbry ..... 109	Albuterol Sulfate . ..... 148
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Acetaminophen -Codeine . ...47	Adderall XR ..... 103	Alcohol Prep Pads..... 142
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Alprazolam ER . .....83	Amlodipine -Benazepril .....97	Angeliq ..... 127
Alprazolam Intensol . .....83	Amlodipine -Olmesartan .....98	Annovera . ..... 127
Alprazolam ODT . .....83	Amlodipine -Valsartan . .....98	Anoro Ellipta . ..... 151
Alrex ..... 144	Amlodipine -Valsartan -HCTZ . .....98	Antivert .....65
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Altace . .....94	Amnesteem ..... 107	Anzemet .....65
Altavera . ..... 127	Amoxapine .....64	ApexiCon E ..... 109
Altoprev ..... 100	Amoxicillin .....54	Apidra .....89
Altreno ..... 107	Amoxicillin -Clarithromycin -Lansoprazole ..... 118	Apidra SoloStar .....89
Alunbrig . .....71	Amoxicillin -Potassium Clavulanate . .....54	Aplenzin .....62
Alvaiz . .....92	Amoxicillin -Potassium Clavulanate ER .....54	Apokyn .....77
Alvesco ..... 147	Amphetamine Sulfate ..... 103	Apomorphine HCl . .....77
Alyacen 1/35 ..... 127	Amphetamine -Dextroamphetamine ..... 103	Apraclonidine HCl ..... 146
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Amantadine HCl . .....76	Amphotericin B .....66	Apriso ..... 140
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Arexvy . . . . .	139	Atomoxetine HCl . . . . .	103	Azelaic Acid . . . . .	108
Arformoterol Tartrate . . . . .	148	Atorvaliq . . . . .	100	Azelastine HCl . . . . .	147
Aricept . . . . .	62	Atorvastatin Calcium . . . . .	100	Azelex . . . . .	108
Arikayce . . . . .	51	Atovaquone . . . . .	75	Azilect . . . . .	77
Arimidex . . . . .	71	Atovaquone -Proguanil HCl . . . . .	75	Azithromycin . . . . .	55
Aripiprazole . . . . .	84	Atralin . . . . .	108	Azopt . . . . .	146
Aripiprazole ODT . . . . .	84	Atropine Sulfate . . . . .	142	Azor . . . . .	98
Aristada . . . . .	84	Atrovent HFA . . . . .	148	Azstarys . . . . .	103
Aristada Initio . . . . .	84	Aubagio . . . . .	106	Aztreonam . . . . .	51
Arixtra . . . . .	91	Aubra EQ . . . . .	127	Azulfidine . . . . .	140
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Atacand HCT . . . . .	98	Avycaz . . . . .	53	Balcoltra . . . . .	127
Atazanavir Sulfate . . . . .	82	Ayvakit . . . . .	71	Balsalazide Disodium . . . . .	140
Atelvia . . . . .	141	Azactam . . . . .	51	Balversa . . . . .	71
Atenolol . . . . .	95	Azasan . . . . .	137	Balziva . . . . .	127
				Banzel . . . . .	60

Baqsimi One Pack . . . . .	88	Bethkis . . . . .	149	Breo Ellipta . . . . .	151
Baraclude . . . . .	80	Betimol . . . . .	145	Breztri Aerosphere . . . . .	151
Basaglar KwikPen . . . . .	89	Betoptic -S . . . . .	145	Briellyn . . . . .	127
Basaglar Tempo Pen . . . . .	89	Bevespi Aerosphere . . . . .	151	Brilinta . . . . .	93
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Valchlor .....	70	Veltassa .....	117	Vigadrone .....	60
Valcyte .....	79	Veltin .....	109	Vigafyde .....	60
Valganciclovir HCl .....	79	Vemlidy .....	80	Vigamox .....	144
Valproic Acid .....	59	Venclexta .....	74	Vigpoder .....	60
Valsartan .....	94	Venclexta Starting Pack .....	74	Viibryd .....	64
Valsartan -Hydrochlorothiazide .....	99	Venlafaxine Besylate ER .....	64	Vijoice .....	142
Valtoco 10MG Dose .....	60	Venlafaxine HCl .....	64	Vilazodone HCl .....	64
Valtoco 15MG Dose .....	60	Venlafaxine HCl ER .....	64	Vimovo .....	46
Valtoco 20MG Dose .....	60	Ventolin HFA .....	149	Vimpat .....	61
Valtoco 5MG Dose .....	60	Veozah .....	105	Viokace .....	122
Valtrex .....	80	Verapamil HCl .....	97	Viracept .....	83
Vancocin .....	52	Verapamil HCl ER .....	97	Viread .....	82
Vancomycin HCl .....	52	Verdeso .....	112	Vistaril .....	83
Vandazole .....	52	Veregen .....	113	Vitrakvi .....	74
		Verelan .....	97	Vivelle -Dot .....	131

Vivitrol .....	50	Wegovy .....	142	Xifaxan .....	52
Vivjoa .....	67	Welchol .....	101	Xigduo XR .....	88
Vizimpro .....	74	Welireg .....	123	Xiidra .....	143
Vogelxo .....	127	Wellbutrin SR .....	63	Xofluza .....	83
Vogelxo Pump .....	127	Wellbutrin XL .....	63	Xolair .....	136
Vonjo .....	71	Winlevi .....	109	Xolremdi .....	93
Voquezna .....	120	Winrevair .....	150	Xopenex HFA .....	149
Voquezna Dual Pak .....	119	Wixela Inhub .....	152	Xospata .....	74
Voquezna Triple Pak .....	119	Wymzya Fe .....	131	Xpovio .....	75
Voriconazole .....	67	<b>X</b>		Xtampza ER .....	47
Vosevi .....	80	Xaciato .....	52	Xtandi .....	70
Votrient .....	74	Xalatan .....	146	Xulane .....	132
Vowst .....	119	Xalkori .....	74	Xultophy .....	88
Voxzogo .....	122	Xanax .....	84	Xyosted .....	127
Vraylar .....	79	Xanax XR .....	84	Xyrem .....	153
Vtama .....	113	Xarelto .....	92	Xywav .....	153
Vuity .....	146	Xarelto Starter Pack .....	92	<b>Y</b>	
Vumerity .....	107	Xatmep .....	139	YAZ .....	132
VyLibra .....	131	Xcopri .....	62	YF -VAX .....	140
Vyfemla .....	131	Xdemvy .....	144	Yargesa .....	123
Vyndamax .....	122	Xeljanz .....	136	Yasmin 28 .....	132
Vyndaqel .....	122	Xeljanz XR .....	136	Yonsa .....	70
Vytorin .....	101	Xelpros .....	146	Yupelri .....	148
Vyvanse .....	103	Xelstrym .....	103	Yuvafem .....	132
Vyzulta .....	146	Xenazine .....	105	<b>Z</b>	
<b>W</b>		Xerese .....	113	ZTlido .....	50
Wainua .....	122	Xermelo .....	118	Zafemy .....	132
Wakix .....	153	Xgeva .....	142	Zafirlukast .....	148
Warfarin Sodium .....	92	Khance .....	148	Zaleplon .....	153

Zanaflex .....	79	Zilbrysq .....	136	Zovirax .....	80
Zarontin .....	59	Zileuton ER .....	148	Ztalmy .....	60
Zarxio .....	93	Zimhi .....	50	Zubsolv .....	50
Zavesca .....	123	Zioptan .....	146	Zurzuvae .....	63
Zavzpret .....	68	Ziprasidone HCl .....	86	Zyclara Pump .....	113
Zegalogue .....	89	Ziprasidone Mesylate .....	86	Zydelig .....	75
Zegerid .....	121	Zipsor .....	46	Zyflo .....	148
Zejula .....	75	Zirgan .....	79	Zykadia .....	75
Zelapar ODT .....	77	Zithromax .....	56	Zylet .....	143
Zelboraf .....	75	Zithromax Tri -Pak .....	56	Zymfentra .....	139
Zemaira .....	123	Zithromax Z -Pak .....	56	Zypitamag .....	101
Zembrace SymTouch .....	69	Zituvio .....	88	Zyprexa .....	86
Zemdri .....	51	Zocor .....	101	Zyprexa Relprew .....	86
Zemplar .....	142	Zolinza .....	71	Zyprexa Zydis .....	86
Zenatane .....	109	Zolmitriptan .....	69	Zytiga .....	70
Zenpep .....	123	Zolmitriptan ODT .....	69	Zyvox .....	53
Zenzedi .....	103	Zoloft .....	64		
Zepatier .....	80	Zolpidem Tartrate .....	153		
Zeposia .....	107	Zolpidem Tartrate ER .....	153		
Zeposia 7 -Day Starter Pack .....	107	Zomacton .....	126		
Zeposia Starter Kit .....	107	Zomig .....	69		
Zerbaxa .....	54	Zonalon .....	112		
Zestoretic .....	99	Zonegran .....	62		
Zestril .....	95	Zonisade .....	62		
Zetia .....	101	Zonisamide .....	62		
Ziagen .....	82	Zortress .....	139		
Ziana .....	109	Zoryve .....	113		
Zidovudine .....	82	Zosyn .....	55		
Ziextenzo .....	93	Zovia 1/35 .....	132		

## Covered drugs by category

The list below has information about the drugs covered by this plan. If you have trouble finding your drug, turn to the “Covered drugs by name (**Drug index**)” on pages 12-43.

The first column lists the drug name, which may include the dosage form and strength. **Brand name (B)** drugs are listed in **bold** type (for example, **Humalog**) and generic (G) drugs are listed in plain type (for example, Simvastatin). The **(B)** or **(G)** identifier is listed in the “Brand or Generic” column. The information in the “Coverage rules or limits on use” column lists any special requirements for coverage of your drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 154-205.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Analgesics</b>			
<b>Nonsteroidal Anti-inflammatory Drugs</b>			
<b>Arthrotec (Oral Tablet Delayed Release)</b>	B	3	
<b>Cambia (Oral Packet)</b>	B	4	
<b>Celebrex (Oral Capsule)</b>	B	3	QL
Celecoxib (Oral Capsule)	G	1	QL
<b>Daypro (Oral Tablet)</b>	B	3	
<b>Diclofenac Epolamine (External Patch)</b>	B	3	PA; QL
Diclofenac Potassium (Oral Capsule)	G	1	ST
Diclofenac Potassium (Oral Tablet)	G	1	
Diclofenac Potassium (Oral Packet)	G	1	
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	G	1	
Diclofenac Sodium (External Solution)	G	1	PA
Diclofenac Sodium (Oral Tablet Delayed Release)	G	1	
Diclofenac-Misoprostol (Oral Tablet Delayed Release)	G	1	
Diflunisal (Oral Tablet)	G	1	
<b>Elyxyb (Oral Solution)</b>	B	3	PA; QL
Etodolac ER (Oral Tablet Extended Release 24 Hour)	G	1	
Etodolac (Oral Capsule)	G	1	
Etodolac (Oral Tablet Immediate Release)	G	1	
Fenoprofen Calcium (400MG Oral Capsule)	G	1	
Fenoprofen Calcium (Oral Tablet)	G	1	
<b>Flector (External Patch)</b>	B	3	PA; QL
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	
Ibuprofen-Famotidine (Oral Tablet)	G	1	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Indocin (Oral Suspension)</b>	B	4	HRM
<b>Indocin (Rectal Suppository)</b>	B	4	
Indomethacin ER (Oral Capsule Extended Release)	G	1	HRM
Indomethacin (Oral Capsule Immediate Release)	G	1	HRM
Indomethacin (Oral Suspension)	G	1	HRM
Indomethacin (50MG Rectal Suppository)	G	1	
Ketoprofen ER (Oral Capsule Extended Release 24 Hour)	G	1	
Ketoprofen (Oral Capsule Immediate Release)	G	1	
Ketorolac Tromethamine (Oral Tablet)	G	1	HRM
<b>Kiprofen (Oral Capsule)</b>	B	4	
<b>Licart (External Patch 24 Hour)</b>	B	3	PA; QL
<b>Lodine (Oral Tablet)</b>	B	4	
<b>Lofena (Oral Tablet)</b>	B	4	ST
Meclofenamate Sodium (Oral Capsule)	G	1	
Mefenamic Acid (Oral Capsule)	G	1	
Meloxicam (Oral Capsule)	G	1	QL
Meloxicam (Oral Tablet)	G	1	
Nabumetone (Oral Tablet)	G	1	
<b>Nalfon (Oral Tablet)</b>	B	3	
<b>Naprelan (Oral Tablet Extended Release 24 Hour)</b>	B	4	
<b>Naprosyn (Oral Suspension)</b>	B	4	QL
Naproxen DR (Oral Tablet Delayed Release) (Generic EC-Naprosyn)	G	1	
Naproxen (Oral Suspension)	G	1	QL
Naproxen (Oral Tablet Immediate Release)	G	1	
Naproxen (375MG Oral Tablet Delayed Release) (Generic EC-Naprosyn)	G	1	
Naproxen Sodium ER (Oral Tablet Extended Release 24 Hour) (Generic Naprelan)	G	1	
Naproxen Sodium (275MG Oral Tablet Immediate Release, 550MG Oral Tablet Immediate Release)	G	1	
Naproxen-Esomeprazole (Oral Tablet Delayed Release)	G	1	PA
Oxaprozin (Oral Tablet)	G	1	
<b>Pennsaid (External Solution)</b>	B	4	PA
Piroxicam (Oral Capsule)	G	1	
<b>Relafen DS (Oral Tablet)</b>	B	4	ST
<b>Sprix (Nasal Solution)</b>	B	4	
Sulindac (Oral Tablet)	G	1	
<b>Tolectin 600 (Oral Tablet)</b>	B	4	ST

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tolmetin Sodium (Oral Capsule)	G	1	
<b>Vimovo (Oral Tablet Delayed Release)</b>	B	4	PA
<b>Zipsor (Oral Capsule)</b>	B	4	ST
<b>Opioid Analgesics, Long-acting</b>			
<b>Belbuca (150MCG Buccal Film, 300MCG Buccal Film, 450MCG Buccal Film, 600MCG Buccal Film, 75MCG Buccal Film)</b>	B	3	PA; 7D; DL; QL
<b>Belbuca (750MCG Buccal Film, 900MCG Buccal Film)</b>	B	4	PA; 7D; DL; QL
Buprenorphine (Transdermal Patch Weekly)	G	1	7D; DL; QL
<b>Butrans (10MCG/HR Transdermal Patch Weekly, 15MCG/HR Transdermal Patch Weekly, 5MCG/HR Transdermal Patch Weekly, 7.5MCG/HR Transdermal Patch Weekly)</b>	B	3	7D; DL; QL
<b>Butrans (20MCG/HR Transdermal Patch Weekly)</b>	B	4	7D; DL; QL
<b>ConZip (Oral Capsule Extended Release 24 Hour)</b>	B	3	7D; MME; DL; QL
Fentanyl (Transdermal Patch 72 Hour)	G	1	7D; MME; DL; QL
Hydrocodone Bitartrate ER (Oral Capsule Extended Release 12 Hour)	G	1	7D; MME; DL; QL
Hydrocodone Bitartrate ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	G	1	7D; MME; DL; QL
Hydromorphone HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	7D; MME; DL; QL
<b>Hysingla ER (100MG Oral Tablet ER 24 Hour Abuse-Deterrent, 120MG Oral Tablet ER 24 Hour Abuse-Deterrent, 60MG Oral Tablet ER 24 Hour Abuse-Deterrent, 80MG Oral Tablet ER 24 Hour Abuse-Deterrent)</b>	B	4	PA; 7D; MME; DL; QL
<b>Hysingla ER (20MG Oral Tablet ER 24 Hour Abuse-Deterrent, 30MG Oral Tablet ER 24 Hour Abuse-Deterrent, 40MG Oral Tablet ER 24 Hour Abuse-Deterrent)</b>	B	3	PA; 7D; MME; DL; QL
Levorphanol Tartrate (Oral Tablet)	G	1	7D; MME; DL; QL
Methadone HCl (Oral Solution)	G	1	7D; MME; DL; QL
Methadone HCl (Oral Tablet)	G	1	7D; MME; DL; QL
Morphine Sulfate ER Beads (Oral Capsule Extended Release 24 Hour) (Generic Avinza)	G	1	7D; MME; DL; QL
Morphine Sulfate ER (Oral Capsule Extended Release 24 Hour) (Generic Kadian)	G	1	7D; MME; DL; QL
Morphine Sulfate ER (Oral Tablet Extended Release) (Generic MS Contin)	G	1	7D; MME; DL; QL
<b>MS Contin (100MG Oral Tablet Extended Release, 200MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release)</b>	B	4	7D; MME; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>MS Contin (15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release)</b>	B	3	7D; MME; DL; QL
<b>Nucynta ER (100MG Oral Tablet Extended Release 12 Hour, 150MG Oral Tablet Extended Release 12 Hour, 200MG Oral Tablet Extended Release 12 Hour, 250MG Oral Tablet Extended Release 12 Hour)</b>	B	4	PA; 7D; MME; DL; QL
<b>Nucynta ER (50MG Oral Tablet Extended Release 12 Hour)</b>	B	3	PA; 7D; MME; DL; QL
<b>Oxycodone HCl ER (10MG Oral Tablet ER 12 Hour Abuse-Deterrent, 20MG Oral Tablet ER 12 Hour Abuse-Deterrent)</b>	B	3	PA; 7D; MME; DL; QL
<b>OxyContin (10MG Oral Tablet ER 12 Hour Abuse-Deterrent, 15MG Oral Tablet ER 12 Hour Abuse-Deterrent, 20MG Oral Tablet ER 12 Hour Abuse-Deterrent, 30MG Oral Tablet ER 12 Hour Abuse-Deterrent)</b>	B	3	PA; 7D; MME; DL; QL
<b>OxyContin (40MG Oral Tablet ER 12 Hour Abuse-Deterrent, 60MG Oral Tablet ER 12 Hour Abuse-Deterrent, 80MG Oral Tablet ER 12 Hour Abuse-Deterrent)</b>	B	4	PA; 7D; MME; DL; QL
Oxymorphone HCl ER (Oral Tablet Extended Release 12 Hour)	G	1	7D; MME; DL; QL
<b>Tramadol HCl (ER Biphasic) (Oral Capsule Extended Release 24 Hour)</b>	B	3	7D; MME; DL; QL
Tramadol HCl (ER Biphasic) (Oral Tablet Extended Release 24 Hour)	G	1	7D; MME; DL; QL
Tramadol HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	7D; MME; DL; QL
<b>Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)</b>	B	3	7D; MME; DL; QL
<b>Opioid Analgesics, Short-acting</b>			
Acetaminophen-Caffeine-Dihydrocodeine (Oral Capsule)	G	1	7D; MME; DL; QL
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	1	7D; MME; DL; QL
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	1	7D; MME; DL; QL
<b>Allzital (Oral Tablet)</b>	B	3	HRM; QL
Ascomp-Codeine (Oral Capsule)	G	1	HRM; 7D; MME; DL; QL
<b>Bupap (50-300MG Oral Tablet)</b>	B	3	HRM; QL
<b>Butalbital-Acetaminophen (Oral Capsule)</b>	B	3	HRM; QL
Butalbital-Acetaminophen (Oral Tablet)	G	1	HRM; QL
Butalbital-Acetaminophen-Caffeine (Oral Capsule)	G	1	HRM; QL
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	G	1	HRM; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Butalbital-Acetaminophen-Caffeine-Codeine (Oral Capsule)	G	1	HRM; 7D; MME; DL; QL
Butalbital-Aspirin-Caffeine (Oral Capsule)	G	1	HRM; QL
Butalbital-Aspirin-Caffeine-Codeine (Oral Capsule)	G	1	HRM; 7D; MME; DL; QL
Butorphanol Tartrate (Nasal Solution)	G	1	7D; MME; DL; QL
Codeine Sulfate (Oral Tablet)	G	1	7D; MME; DL; QL
<b>Demerol (25MG/ML Injection Solution, 50MG/ML Injection Solution)</b>	B	3	HRM; 7D; DL
<b>Dilaudid (Oral Liquid)</b>	B	3	7D; MME; DL; QL
<b>Dilaudid (2MG Oral Tablet, 4MG Oral Tablet)</b>	B	3	7D; MME; DL; QL
<b>Dilaudid (8MG Oral Tablet)</b>	B	4	7D; MME; DL; QL
Endocet (Oral Tablet)	G	1	7D; MME; DL; QL
<b>Esgic (Oral Tablet)</b>	B	3	HRM; QL
Fentanyl Citrate (1200MCG Buccal Lozenge On A Handle, 1600MCG Buccal Lozenge On A Handle, 200MCG Buccal Lozenge On A Handle, 400MCG Buccal Lozenge On A Handle, 600MCG Buccal Lozenge On A Handle, 800MCG Buccal Lozenge On A Handle)	G	1	PA; DL; QL
<b>Fentanyl Citrate (200MCG Buccal Tablet, 400MCG Buccal Tablet, 600MCG Buccal Tablet, 800MCG Buccal Tablet)</b>	B	4	PA; DL; QL
<b>Fentora (Buccal Tablet)</b>	B	4	PA; DL; QL
<b>Fioricet (Oral Capsule)</b>	B	3	HRM; QL
<b>Fioricet/Codeine (Oral Capsule)</b>	B	4	HRM; 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, 5-300MG Oral Tablet, 5-325MG Oral Tablet, 7.5-300MG Oral Tablet, 7.5-325MG Oral Tablet)	G	1	7D; MME; DL; QL
Hydrocodone-Ibuprofen (Oral Tablet)	G	1	7D; MME; DL; QL
Hydromorphone HCl (Oral Liquid)	G	1	7D; MME; DL; QL
Hydromorphone HCl (Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution)	G	1	7D; DL
Meperidine HCl (Injection Solution)	G	1	HRM; 7D; DL
Meperidine HCl (Oral Solution)	G	1	HRM; 7D; MME; DL; QL
Meperidine HCl (Oral Tablet)	G	1	HRM; 7D; MME; DL; QL



Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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
<b>Nalocet (Oral Tablet)</b>	B	4	7D; MME; DL; QL
<b>Nucynta (100MG Oral Tablet Immediate Release)</b>	B	4	7D; MME; DL; QL
<b>Nucynta (50MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release)</b>	B	3	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
<b>Oxycodone-Acetaminophen (5-325MG/5ML Oral Solution)</b>	B	3	7D; MME; DL; QL
<b>Oxycodone-Acetaminophen (10-300MG Oral Tablet, 5-300MG Oral Tablet, 7.5-300MG Oral Tablet)</b>	B	4	7D; MME; DL; QL
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	1	7D; MME; DL; QL
Oxymorphone HCl (Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Pentazocine-Naloxone HCl (Oral Tablet)	G	1	HRM; 7D; MME; DL; QL
<b>Percocet (Oral Tablet)</b>	B	4	7D; MME; DL; QL
<b>Prolate (Oral Solution)</b>	B	4	7D; MME; DL; QL
<b>Prolate (Oral Tablet)</b>	B	4	7D; MME; DL; QL
<b>Qdolo (Oral Solution)</b>	B	4	ST; 7D; MME; DL; QL
<b>Roxicodone (15MG Oral Tablet)</b>	B	3	7D; MME; DL; QL
<b>Roxicodone (30MG Oral Tablet)</b>	B	4	7D; MME; DL; QL
<b>RoxyBond (Oral Tablet Abuse-Deterrent)</b>	B	4	7D; MME; DL; QL
<b>Seglantis (Oral Tablet)</b>	B	3	ST; 7D; MME; DL; QL
<b>Tencon (Oral Tablet)</b>	B	3	HRM; QL
<b>Tramadol HCl (Oral Solution)</b>	B	3	ST; 7D; MME; DL; QL
Tramadol HCl (100MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Tramadol-Acetaminophen (Oral Tablet)	G	1	7D; MME; DL; QL
<b>Trelix (Oral Capsule)</b>	B	3	7D; MME; DL; QL
<b>Anesthetics</b>			
<b>Local Anesthetics</b>			
Lidocaine (5% External Ointment)	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
Lidocaine (5% External Patch)	G	1	PA; QL
Lidocaine HCl (4% External Solution)	G	1	
Lidocaine Viscous (2% Mouth/Throat Solution)	G	1	
Lidocaine-Prilocaine (External Cream)	G	1	
<b>Lidocan (External Patch)</b>	B	4	PA; QL
<b>Lidoderm (External Patch)</b>	B	4	PA; QL
<b>Pliaglis (External Cream)</b>	B	3	
<b>Tridacaine II (External Patch)</b>	B	4	PA; QL
<b>ZTlido (External Patch)</b>	B	3	PA; QL
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>			
<b>Alcohol Deterrents/Anti-craving</b>			
Acamprosate Calcium (Oral Tablet Delayed Release)	G	1	
Disulfiram (Oral Tablet)	G	1	
Naltrexone HCl (Oral Tablet)	G	1	
<b>Vivitol (Intramuscular Suspension Reconstituted)</b>	B	4	
<b>Opioid Dependence</b>			
Buprenorphine HCl (Tablet Sublingual)	G	1	QL
Buprenorphine HCl-Naloxone HCl (Sublingual Film)	G	1	QL
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	G	1	QL
<b>Lucemyra (Oral Tablet)</b>	B	4	QL
<b>Suboxone (Sublingual Film)</b>	B	3	QL
<b>Zubsolv (Tablet Sublingual)</b>	B	3	QL
<b>Opioid Reversal Agents</b>			
<b>Kloxxado (Nasal Liquid)</b>	B	3	ST
Naloxone HCl (0.4MG/ML Injection Solution)	G	1	
Naloxone HCl (Injection Solution Cartridge)	G	1	
Naloxone HCl (Injection Solution Prefilled Syringe)	G	1	
Naloxone HCl (Nasal Liquid)	G	1	
<b>Opvee (Nasal Solution)</b>	B	3	
<b>Zimhi (Injection Solution Prefilled Syringe)</b>	B	3	ST
<b>Smoking Cessation Agents</b>			
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	G	1	
<b>Nicotrol (Inhalation Inhaler)</b>	B	3	
<b>Nicotrol NS (Nasal Solution)</b>	B	3	
Varenicline Tartrate (Starter) (Oral Tablet Therapy Pack)	G	1	
Varenicline Tartrate (Oral Tablet)	G	1	
<b>Antibacterials</b>			
<b>Aminoglycosides</b>			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Amikacin Sulfate (500MG/2ML Injection Solution)	G	1	
<b>Arikayce (Inhalation Suspension)</b>	B	4	PA
Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	G	1	
Gentamicin Sulfate (40MG/ML Injection Solution)	G	1	
<b>Humatin (Oral Capsule)</b>	B	4	
Neomycin Sulfate (Oral Tablet)	G	1	
Streptomycin Sulfate (Intramuscular Solution Reconstituted)	G	1	
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	G	1	
<b>Zemdri (Intravenous Solution)</b>	B	4	
<b>Antibacterials, Other</b>			
<b>Aemcolo (Oral Tablet Delayed Release)</b>	B	3	PA
<b>Azactam (1GM Injection Solution Reconstituted)</b>	B	3	
<b>Azactam (2GM Injection Solution Reconstituted)</b>	B	4	
Aztreonam (Injection Solution Reconstituted)	G	1	
<b>Cleocin (Oral Capsule)</b>	B	3	
<b>Cleocin (Oral Solution Reconstituted)</b>	B	3	
<b>Cleocin Phosphate (900MG/6ML Injection Solution)</b>	B	3	
<b>Cleocin (Vaginal Cream)</b>	B	3	
<b>Cleocin (Vaginal Suppository)</b>	B	3	
Clindamycin HCl (Oral Capsule)	G	1	
Clindamycin Palmitate HCl (Oral Solution Reconstituted)	G	1	
Clindamycin Phosphate in D5W (Intravenous Solution)	G	1	
Clindamycin Phosphate (900MG/6ML Injection Solution)	G	1	
Clindamycin Phosphate (Vaginal Cream)	G	1	
<b>Clindesse (Vaginal Cream)</b>	B	3	
Colistimethate Sodium (CBA) (Injection Solution Reconstituted)	G	1	
<b>Cubicin RF (500MG Intravenous Solution Reconstituted)</b>	B	4	
<b>Dalvance (Intravenous Solution Reconstituted)</b>	B	4	PA
Daptomycin (Intravenous Solution Reconstituted)	G	1	
<b>Firvanq (Oral Solution Reconstituted)</b>	B	3	
<b>Flagyl (Oral Capsule)</b>	B	3	
Fosfomycin Tromethamine (Oral Packet)	G	1	
<b>Hiprex (Oral Tablet)</b>	B	3	
Linezolid (Intravenous Solution)	G	1	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Linezolid (Oral Suspension Reconstituted)	G	1	QL
Linezolid (Oral Tablet)	G	1	QL
<b>Macrobid (Oral Capsule)</b>	B	3	HRM
<b>Macrochantin (Oral Capsule)</b>	B	3	HRM
Methenamine Hippurate (Oral Tablet)	G	1	
<b>MetroCream (External Cream)</b>	B	3	
<b>Metrogel (External Gel)</b>	B	3	
<b>MetroLotion (External Lotion)</b>	B	3	
Metronidazole (External Cream)	G	1	
Metronidazole (External Gel)	G	1	
Metronidazole (External Lotion)	G	1	
Metronidazole (Intravenous Solution)	G	1	
Metronidazole (Oral Capsule)	G	1	
Metronidazole (Oral Tablet)	G	1	
Metronidazole (Vaginal Gel)	G	1	
Nitrofurantoin Macrocrystal (Oral Capsule) (Generic Macrochantin)	G	1	HRM
Nitrofurantoin Monohydrate (Generic Macrobid)	G	1	HRM
Nitrofurantoin (25MG/5ML Oral Suspension)	G	1	HRM
<b>Noritate (External Cream)</b>	B	4	
Polymyxin B Sulfate (Injection Solution Reconstituted)	G	1	
<b>Sivextro (Intravenous Solution Reconstituted)</b>	B	4	PA
<b>Sivextro (Oral Tablet)</b>	B	4	PA
<b>Solosec (Oral Packet)</b>	B	3	
Tigecycline (Intravenous Solution Reconstituted)	G	1	
Tinidazole (Oral Tablet)	G	1	
Trimethoprim (Oral Tablet)	G	1	
<b>Tygacil (Intravenous Solution Reconstituted)</b>	B	4	
<b>Vancocin (Oral Capsule)</b>	B	4	QL
Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)	G	1	
Vancomycin HCl (Oral Capsule)	G	1	QL
Vancomycin HCl (250MG/5ML Oral Solution Reconstituted, 25MG/ML Oral Solution Reconstituted)	G	1	
<b>Vandazole (Vaginal Gel)</b>	B	3	
<b>Xaciatto (Vaginal Gel)</b>	B	3	
<b>Xifaxan (200MG Oral Tablet)</b>	B	3	PA
<b>Xifaxan (550MG Oral Tablet)</b>	B	4	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Zyvox (600MG/300ML Intravenous Solution)</b>	B	3	
<b>Zyvox (Oral Suspension Reconstituted)</b>	B	4	QL
<b>Zyvox (Oral Tablet)</b>	B	4	QL
<b>Beta-lactam, Cephalosporins</b>			
<b>Avycaz (Intravenous Solution Reconstituted)</b>	B	4	PA
Cefaclor ER (Oral Tablet Extended Release 12 Hour)	G	1	
Cefaclor (Oral Capsule)	G	1	
Cefaclor (Oral Suspension Reconstituted)	G	1	
Cefadroxil (Oral Capsule)	G	1	
Cefadroxil (Oral Suspension Reconstituted)	G	1	
Cefadroxil (Oral Tablet)	G	1	
Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	1	
Cefdinir (Oral Capsule)	G	1	
Cefdinir (Oral Suspension Reconstituted)	G	1	
Cefepime HCl (Injection Solution Reconstituted)	G	1	
Cefepime HCl (2GM Intravenous Solution Reconstituted)	G	1	
Cefixime (Oral Capsule)	G	1	
Cefixime (Oral Suspension Reconstituted)	G	1	
Cefotetan Disodium (Injection Solution Reconstituted)	G	1	
Cefoxitin Sodium (Intravenous Solution Reconstituted)	G	1	
Cefpodoxime Proxetil (Oral Suspension Reconstituted)	G	1	
Cefpodoxime Proxetil (Oral Tablet)	G	1	
Cefprozil (Oral Suspension Reconstituted)	G	1	
Cefprozil (Oral Tablet)	G	1	
Ceftazidime (Injection Solution Reconstituted)	G	1	
Ceftazidime (Intravenous Solution Reconstituted)	G	1	
Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	1	
Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	G	1	
Cefuroxime Axetil (Oral Tablet)	G	1	
Cefuroxime Sodium (Injection Solution Reconstituted)	G	1	
Cefuroxime Sodium (Intravenous Solution Reconstituted)	G	1	
Cephalexin (Oral Capsule)	G	1	
Cephalexin (Oral Suspension Reconstituted)	G	1	

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
Cephalexin (Oral Tablet)	G	1	
Tazicef (Injection Solution Reconstituted)	G	1	
Tazicef (2GM Intravenous Solution Reconstituted, 6GM Intravenous Solution Reconstituted)	G	1	
<b>Teflaro (Intravenous Solution Reconstituted)</b>	B	4	
<b>Zerbaxa (Intravenous Solution Reconstituted)</b>	B	4	PA
<b>Beta-lactam, Penicillins</b>			
Amoxicillin (Oral Capsule)	G	1	
Amoxicillin (Oral Suspension Reconstituted)	G	1	
Amoxicillin (Oral Tablet Immediate Release)	G	1	
Amoxicillin (Oral Tablet Chewable)	G	1	
Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour)	G	1	
Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted)	G	1	
Amoxicillin-Potassium Clavulanate (Oral Tablet Immediate Release)	G	1	
Amoxicillin-Potassium Clavulanate (Oral Tablet Chewable)	G	1	
Ampicillin (Oral Capsule)	G	1	
Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted)	G	1	
Ampicillin Sodium (10GM Intravenous Solution Reconstituted)	G	1	
Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)	G	1	
Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted)	G	1	
<b>Augmentin ES-600 (Oral Suspension Reconstituted)</b>	B	3	
<b>Augmentin (Oral Suspension Reconstituted)</b>	B	4	
<b>Bicillin C-R 900/300 (Intramuscular Suspension)</b>	B	3	
<b>Bicillin C-R (Intramuscular Suspension)</b>	B	3	
<b>Bicillin L-A (Intramuscular Suspension Prefilled Syringe)</b>	B	3	
Dicloxacillin Sodium (Oral Capsule)	G	1	
Nafcillin Sodium (Injection Solution Reconstituted)	G	1	
Nafcillin Sodium (10GM Intravenous Solution Reconstituted)	G	1	
<b>Oxacillin Sodium in Dextrose (Intravenous Solution)</b>	B	3	
Oxacillin Sodium (Injection Solution Reconstituted)	G	1	
Oxacillin Sodium (Intravenous Solution Reconstituted)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Penicillin G Potassium in Dextrose (40000UNIT/ML Intravenous Solution, 60000UNIT/ML Intravenous Solution)</b>	B	3	
Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)	G	1	
Penicillin G Sodium (Injection Solution Reconstituted)	G	1	
Penicillin V Potassium (Oral Solution Reconstituted)	G	1	
Penicillin V Potassium (Oral Tablet)	G	1	
Piperacillin-Tazobactam (2.25 (2-0.25)GM Intravenous Solution Reconstituted, 3.375 (3-0.375)GM Intravenous Solution Reconstituted, 4.5 (4-0.5)GM Intravenous Solution Reconstituted, 40.5 (36-4.5)GM Intravenous Solution Reconstituted)	G	1	
<b>Unasyn (3 (2-1)GM Injection Solution Reconstituted)</b>	B	3	
<b>Unasyn (Intravenous Solution Reconstituted)</b>	B	3	
<b>Zosyn (2-0.25GM/50ML Intravenous Solution)</b>	B	3	
<b>Carbapenems</b>			
Ertapenem Sodium (Injection Solution Reconstituted)	G	1	
Imipenem-Cilastatin (Intravenous Solution Reconstituted)	G	1	
<b>Invanz (1GM Injection Solution Reconstituted)</b>	B	3	
Meropenem (1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted)	G	1	
<b>Primaxin IV (Intravenous Solution Reconstituted)</b>	B	3	
<b>Vabomere (Intravenous Solution Reconstituted)</b>	B	4	
<b>Macrolides</b>			
Azithromycin (Intravenous Solution Reconstituted)	G	1	
Azithromycin (Oral Packet)	G	1	
Azithromycin (Oral Suspension Reconstituted)	G	1	
Azithromycin (Oral Tablet)	G	1	
Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	G	1	
Clarithromycin (Oral Suspension Reconstituted)	G	1	
Clarithromycin (Oral Tablet Immediate Release)	G	1	
<b>Dificid (Oral Suspension Reconstituted)</b>	B	4	
<b>Dificid (Oral Tablet)</b>	B	4	
<b>E.E.S. 400 (Oral Tablet)</b>	B	3	
<b>E.E.S. Granules (Oral Suspension Reconstituted)</b>	B	3	
<b>EryPed 200 (Oral Suspension Reconstituted)</b>	B	3	
<b>EryPed 400 (Oral Suspension Reconstituted)</b>	B	4	
<b>Ery-Tab (Oral Tablet Delayed Release)</b>	B	3	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Erythrocin Lactobionate (Intravenous Solution Reconstituted)</b>	B	3	
Erythromycin Base (Oral Capsule Delayed Release Particles)	G	1	
Erythromycin Base (Oral Tablet Immediate Release)	G	1	
Erythromycin Ethylsuccinate (Oral Suspension Reconstituted)	G	1	
Erythromycin Ethylsuccinate (Oral Tablet)	G	1	
Erythromycin (Oral Tablet Delayed Release)	G	1	
<b>Zithromax (Intravenous Solution Reconstituted)</b>	B	3	
<b>Zithromax (Oral Packet)</b>	B	3	
<b>Zithromax (Oral Suspension Reconstituted)</b>	B	3	
<b>Zithromax (Oral Tablet)</b>	B	3	
<b>Zithromax Tri-Pak (Oral Tablet)</b>	B	3	
<b>Zithromax Z-Pak (Oral Tablet)</b>	B	3	
<b>Quinolones</b>			
<b>Baxdela (Intravenous Solution Reconstituted)</b>	B	4	
<b>Baxdela (Oral Tablet)</b>	B	4	
<b>Cipro (Oral Suspension Reconstituted)</b>	B	3	
<b>Cipro (Oral Tablet Immediate Release)</b>	B	3	
Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	G	1	
Ciprofloxacin in D5W (200MG/100ML Intravenous Solution)	G	1	
Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution)	G	1	
Levofloxacin (Oral Solution)	G	1	
Levofloxacin (Oral Tablet)	G	1	
Moxifloxacin HCl in NaCl (Intravenous Solution)	G	1	
Moxifloxacin HCl (Oral Tablet)	G	1	
Ofloxacin (Oral Tablet)	G	1	
<b>Sulfonamides</b>			
<b>Bactrim DS (Oral Tablet)</b>	B	3	
<b>Bactrim (Oral Tablet)</b>	B	3	
Sulfadiazine (Oral Tablet)	G	1	
Sulfamethoxazole-Trimethoprim (200-40MG/5ML Oral Suspension)	G	1	
Sulfamethoxazole-Trimethoprim (Oral Tablet)	G	1	
<b>Tetracyclines</b>			
Demeclocycline HCl (Oral Tablet)	G	1	



Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Doryx MPC (60MG Oral Tablet Delayed Release)</b>	B	3	
Doxy 100 (Intravenous Solution Reconstituted)	G	1	
Doxycycline Hyclate (Oral Capsule)	G	1	
Doxycycline Hyclate (Oral Tablet Immediate Release)	G	1	
Doxycycline Hyclate (100MG Oral Tablet Delayed Release, 150MG Oral Tablet Delayed Release, 200MG Oral Tablet Delayed Release, 50MG Oral Tablet Delayed Release, 75MG Oral Tablet Delayed Release)	G	1	
<b>Doxycycline Hyclate (80MG Oral Tablet Delayed Release)</b>	B	3	
Doxycycline Monohydrate (Oral Capsule)	G	1	
Doxycycline Monohydrate (Oral Suspension Reconstituted)	G	1	
Doxycycline Monohydrate (Oral Tablet)	G	1	
Doxycycline (Oral Capsule Delayed Release)	G	1	
Minocycline HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Minocycline HCl (Oral Capsule)	G	1	
Minocycline HCl (Oral Tablet Immediate Release)	G	1	
<b>Nuzyra (Intravenous Solution Reconstituted)</b>	B	4	PA
<b>Nuzyra (Oral Tablet)</b>	B	4	PA; QL
<b>Oracea (Oral Capsule Delayed Release)</b>	B	3	
<b>Seysara (Oral Tablet)</b>	B	4	
<b>TARGADOX (Oral Tablet)</b>	B	3	
Tetracycline HCl (Oral Capsule)	G	1	
<b>Anticonvulsants</b>			
<b>Anticonvulsants, Other</b>			
<b>BRIVIACT (Oral Solution)</b>	B	4	PA
<b>BRIVIACT (Oral Tablet)</b>	B	4	PA
<b>Epidiolex (Oral Solution)</b>	B	4	PA
<b>Eprontia (Oral Solution)</b>	B	3	
Felbamate (Oral Suspension)	G	1	
Felbamate (Oral Tablet)	G	1	
<b>Felbatol (Oral Tablet)</b>	B	4	
<b>Fintepla (Oral Solution)</b>	B	4	PA; QL
<b>Fycompa (Oral Suspension)</b>	B	4	QL
<b>Fycompa (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)</b>	B	4	QL
<b>Fycompa (2MG Oral Tablet)</b>	B	3	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Keppra (Oral Solution)</b>	B	4	
<b>Keppra (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)</b>	B	4	
<b>Keppra (250MG Oral Tablet Immediate Release)</b>	B	3	
<b>Keppra XR (Oral Tablet Extended Release 24 Hour)</b>	B	4	
<b>Lamictal ODT (Oral Tablet Dispersible)</b>	B	4	
<b>Lamictal (Oral Tablet Immediate Release)</b>	B	4	
<b>Lamictal (Oral Tablet Chewable)</b>	B	4	
<b>Lamictal Starter (35 Tablets Oral Kit, 49 Tablets Oral Kit)</b>	B	3	
<b>Lamictal Starter (98 Tablets Oral Kit)</b>	B	4	
<b>Lamictal XR (Oral Kit)</b>	B	3	
<b>Lamictal XR (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 250MG Oral Tablet Extended Release 24 Hour, 25MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)</b>	B	4	
Lamotrigine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Lamotrigine ODT (Oral Tablet Dispersible Kit)	G	1	
Lamotrigine (Oral Tablet Immediate Release)	G	1	
Lamotrigine (Oral Tablet Chewable)	G	1	
Lamotrigine ODT (Oral Tablet Dispersible)	G	1	
Lamotrigine Starter Kit-Blue (Oral Kit)	G	1	
Lamotrigine Starter Kit-Green (Oral Kit)	G	1	
Lamotrigine Starter Kit-Orange (Oral Kit)	G	1	
Levetiracetam ER (Oral Tablet Extended Release 24 Hour)	G	1	
Levetiracetam (100MG/ML Oral Solution)	G	1	
Levetiracetam (Oral Tablet Immediate Release)	G	1	
<b>Qudexy XR (100MG Oral Capsule ER 24 Hour Sprinkle, 25MG Oral Capsule ER 24 Hour Sprinkle, 50MG Oral Capsule ER 24 Hour Sprinkle)</b>	B	3	PA
<b>Qudexy XR (150MG Oral Capsule ER 24 Hour Sprinkle, 200MG Oral Capsule ER 24 Hour Sprinkle)</b>	B	4	PA
Roweepra (Oral Tablet Immediate Release)	G	1	
<b>Spritam ODT (Oral Tablet Disintegrating Soluble)</b>	B	3	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	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Subvenite Starter Kit-Orange (Oral Kit)	G	1	
<b>Topamax (100MG Oral Tablet, 200MG Oral Tablet)</b>	B	4	
<b>Topamax (25MG Oral Tablet, 50MG Oral Tablet)</b>	B	3	
<b>Topamax Sprinkle (Oral Capsule Sprinkle)</b>	B	4	
Topiramate ER (Oral Capsule Extended Release 24 Hour Sprinkle)	G	1	PA
Topiramate ER (Oral Capsule Extended Release 24 Hour)	G	1	PA
Topiramate (Oral Capsule Sprinkle Immediate Release)	G	1	
Topiramate (Oral Tablet)	G	1	
<b>Trokendi XR (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour)</b>	B	4	PA
<b>Trokendi XR (25MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)</b>	B	3	PA
Valproic Acid (Oral Capsule)	G	1	
Valproic Acid (250MG/5ML Oral Solution)	G	1	
<b>Xcopri (25MG Oral Tablet)</b>	B	4	PA; QL
<b>Calcium Channel Modifying Agents</b>			
<b>Celontin (Oral Capsule)</b>	B	3	
Ethosuximide (Oral Capsule)	G	1	
Ethosuximide (Oral Solution)	G	1	
Methsuximide (Oral Capsule)	G	1	
<b>Zarontin (Oral Capsule)</b>	B	3	
<b>Zarontin (Oral Solution)</b>	B	3	
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>			
<b>Libervant (Buccal Film)</b>	B	4	PA; QL
<b>Gamma-aminobutyric Acid (GABA) Modulating Agents</b>			
Clobazam (Oral Suspension)	G	1	PA; QL
Clobazam (Oral Tablet)	G	1	PA; QL
<b>Diacomit (Oral Capsule)</b>	B	4	QL
<b>Diacomit (Oral Packet)</b>	B	4	QL
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	G	1	QL
Gabapentin (Oral Capsule)	G	1	
Gabapentin (250MG/5ML Oral Solution)	G	1	
Gabapentin (600MG Oral Tablet, 800MG Oral Tablet)	G	1	
<b>Mysoline (Oral Tablet)</b>	B	4	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Nayzilam (Nasal Solution)</b>	B	3	PA; QL
<b>Neurontin (Oral Capsule)</b>	B	3	
<b>Neurontin (Oral Solution)</b>	B	3	
<b>Neurontin (Oral Tablet)</b>	B	4	
<b>Onfi (Oral Suspension)</b>	B	4	PA; QL
<b>Onfi (Oral Tablet)</b>	B	4	PA; QL
Phenobarbital (Oral Elixir)	G	1	HRM
Phenobarbital (Oral Tablet)	G	1	HRM
Primidone (Oral Tablet)	G	1	
<b>Sabril (Oral Packet)</b>	B	4	PA; QL
<b>Sabril (Oral Tablet)</b>	B	4	PA; QL
<b>Sympazan (10MG Oral Film, 20MG Oral Film)</b>	B	4	PA; QL
<b>Sympazan (5MG Oral Film)</b>	B	3	PA; QL
Tiagabine HCl (Oral Tablet)	G	1	
<b>Valtoco 10MG Dose (Nasal Liquid)</b>	B	3	PA; QL
<b>Valtoco 15MG Dose (Nasal Liquid Therapy Pack)</b>	B	4	PA; QL
<b>Valtoco 20MG Dose (Nasal Liquid Therapy Pack)</b>	B	4	PA; QL
<b>Valtoco 5MG Dose (Nasal Liquid)</b>	B	3	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
<b>Vigafyde (Oral Solution)</b>	B	4	PA
Vigpoder (Oral Packet)	G	1	PA; QL
<b>Ztalmy (Oral Suspension)</b>	B	4	PA
<b>Sodium Channel Agents</b>			
<b>Aptiom (Oral Tablet)</b>	B	4	QL
<b>Banzel (Oral Suspension)</b>	B	4	
<b>Banzel (Oral Tablet)</b>	B	4	
Carbamazepine ER (Oral Capsule Extended Release 12 Hour)	G	1	
Carbamazepine ER (Oral Tablet Extended Release 12 Hour)	G	1	
Carbamazepine (100MG/5ML Oral Suspension)	G	1	
Carbamazepine (Oral Tablet Immediate Release)	G	1	
Carbamazepine (Oral Tablet Chewable)	G	1	
<b>Carbatrol (Oral Capsule Extended Release 12 Hour)</b>	B	3	
<b>Dilantin INFATABS (Oral Tablet Chewable)</b>	B	2	
<b>Dilantin (Oral Capsule)</b>	B	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Dilantin (Oral Suspension)</b>	B	3	
Epitol (Oral Tablet)	G	1	
Lacosamide (10MG/ML Oral Solution)	G	1	QL
Lacosamide (Oral Tablet)	G	1	QL
<b>Motpoly XR (100MG Oral Capsule Extended Release 24 Hour)</b>	B	3	PA; QL
<b>Motpoly XR (150MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour)</b>	B	4	PA; QL
Oxcarbazepine (Oral Suspension)	G	1	
Oxcarbazepine (Oral Tablet)	G	1	
<b>Oxtellar XR (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)</b>	B	3	
<b>Oxtellar XR (600MG Oral Tablet Extended Release 24 Hour)</b>	B	4	
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	
Rufinamide (Oral Tablet)	G	1	
<b>Tegretol (Oral Suspension)</b>	B	3	
<b>Tegretol (Oral Tablet Immediate Release)</b>	B	3	
<b>Tegretol XR (Oral Tablet Extended Release 12 Hour)</b>	B	3	
<b>Trileptal (Oral Suspension)</b>	B	4	
<b>Trileptal (150MG Oral Tablet, 300MG Oral Tablet)</b>	B	3	
<b>Trileptal (600MG Oral Tablet)</b>	B	4	
<b>Vimpat (Oral Solution)</b>	B	4	QL
<b>Vimpat (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet)</b>	B	4	QL
<b>Vimpat (50MG Oral Tablet)</b>	B	3	QL
<b>Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)</b>	B	4	PA; QL
<b>Xcopri (350MG Daily Dose) (150MG &amp; 200MG Oral Tablet Therapy Pack)</b>	B	4	PA; QL
<b>Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet)</b>	B	4	PA; QL
<b>Xcopri (14 x 12.5MG &amp; 14 x 25MG Oral Tablet Therapy Pack)</b>	B	3	PA; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Xcopri (14 x 150MG &amp; 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG &amp; 14 x 100MG Oral Tablet Therapy Pack)</b>	B	4	PA; QL
<b>Zonegran (Oral Capsule)</b>	B	4	
<b>Zonisade (Oral Suspension)</b>	B	4	ST
Zonisamide (Oral Capsule)	G	1	
<b>Antidementia Agents</b>			
<b>Antidementia Agents, Other</b>			
Ergoloid Mesylates (Oral Tablet)	G	1	PA; HRM
<b>Namzaric (Oral Capsule ER 24 Hour Therapy Pack)</b>	B	2	PA; QL
<b>Namzaric (Oral Capsule Extended Release 24 Hour)</b>	B	2	PA; QL
<b>Cholinesterase Inhibitors</b>			
<b>Adlarity (Transdermal Patch Weekly)</b>	B	3	QL
<b>Aricept (Oral Tablet)</b>	B	3	QL
Donepezil HCl (Oral Tablet)	G	1	QL
Donepezil HCl ODT (Oral Tablet Dispersible)	G	1	QL
<b>Exelon (Transdermal Patch 24 Hour)</b>	B	3	ST; QL
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	G	1	
Galantamine Hydrobromide (Oral Solution)	G	1	
Galantamine Hydrobromide (Oral Tablet)	G	1	
Rivastigmine Tartrate (Oral Capsule)	G	1	
Rivastigmine (Transdermal Patch 24 Hour)	G	1	ST; QL
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>			
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	PA; QL
Memantine HCl (Oral Solution)	G	1	PA; QL
Memantine HCl (Oral Tablet)	G	1	PA; QL
Memantine HCl Titration Pak (Oral Tablet)	G	1	PA; QL
<b>Namenda Titration Pak (Oral Tablet)</b>	B	3	PA; QL
<b>Antidepressants</b>			
<b>Antidepressants, Other</b>			
<b>Aplenzin (Oral Tablet Extended Release 24 Hour)</b>	B	4	
<b>Auvelity (Oral Tablet Extended Release)</b>	B	3	
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	G	1	
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	1	
<b>Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour)</b>	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Bupropion HCl (Oral Tablet Immediate Release)	G	1	
Chlordiazepoxide-Amitriptyline (Oral Tablet)	G	1	HRM
Mirtazapine (Oral Tablet)	G	1	
Mirtazapine ODT (Oral Tablet Dispersible)	G	1	
Perphenazine-Amitriptyline (Oral Tablet)	G	1	HRM
<b>Remeron (Oral Tablet)</b>	B	3	
<b>Remeron SolTab (Oral Tablet Dispersible)</b>	B	3	
<b>Wellbutrin SR (Oral Tablet Extended Release 12 Hour)</b>	B	3	
<b>Wellbutrin XL (Oral Tablet Extended Release 24 Hour)</b>	B	4	
<b>Zurzuvae (Oral Capsule)</b>	B	4	PA; QL
<b>Monoamine Oxidase Inhibitors</b>			
<b>Emsam (Transdermal Patch 24 Hour)</b>	B	4	
<b>Marplan (Oral Tablet)</b>	B	3	
<b>Nardil (Oral Tablet)</b>	B	3	
<b>Parnate (Oral Tablet)</b>	B	4	
Phenelzine Sulfate (Oral Tablet)	G	1	
Tranylcypromine Sulfate (Oral Tablet)	G	1	
<b>SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)</b>			
<b>Celexa (Oral Tablet)</b>	B	3	
<b>Citalopram Hydrobromide (Oral Capsule)</b>	B	3	
Citalopram Hydrobromide (Oral Solution)	G	1	
Citalopram Hydrobromide (Oral Tablet)	G	1	
<b>Desvenlafaxine ER (Oral Tablet Extended Release 24 Hour) (Brand Equivalent Khedezla)</b>	B	3	
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	1	
<b>Effexor XR (Oral Capsule Extended Release 24 Hour)</b>	B	3	
Escitalopram Oxalate (Oral Solution)	G	1	
Escitalopram Oxalate (Oral Tablet)	G	1	
<b>Fetzima (Oral Capsule Extended Release 24 Hour)</b>	B	3	ST
<b>Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)</b>	B	3	ST
Fluoxetine HCl (PMDD) (Oral Tablet)	G	1	
Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)	G	1	
Fluoxetine HCl (Oral Capsule Delayed Release)	G	1	
Fluoxetine HCl (20MG/5ML Oral Solution)	G	1	

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
Fluoxetine HCl (Oral Tablet)	G	1	
Fluvoxamine Maleate ER (Oral Capsule Extended Release 24 Hour)	G	1	
Fluvoxamine Maleate (Oral Tablet)	G	1	
<b>Lexapro (Oral Tablet)</b>	B	3	
Nefazodone HCl (Oral Tablet)	G	1	
Paroxetine HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	HRM
Paroxetine HCl (Oral Suspension)	G	1	HRM
Paroxetine HCl (Oral Tablet Immediate Release)	G	1	HRM
Paroxetine Mesylate (Oral Capsule)	G	1	HRM
<b>Paxil CR (Oral Tablet Extended Release 24 Hour)</b>	B	3	HRM
<b>Paxil (Oral Suspension)</b>	B	3	HRM
<b>Paxil (Oral Tablet Immediate Release)</b>	B	3	HRM
<b>Pristiq (Oral Tablet Extended Release 24 Hour)</b>	B	3	
<b>Prozac (10MG Oral Capsule, 20MG Oral Capsule)</b>	B	3	
<b>Prozac (40MG Oral Capsule)</b>	B	4	
<b>Sertraline HCl (Oral Capsule)</b>	B	3	
Sertraline HCl (Oral Concentrate)	G	1	
Sertraline HCl (Oral Tablet)	G	1	
Trazodone HCl (Oral Tablet)	G	1	
<b>Trintellix (Oral Tablet)</b>	B	3	
<b>Venlafaxine Besylate ER (Oral Tablet Extended Release 24 Hour)</b>	B	3	
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	
Venlafaxine HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	
Venlafaxine HCl (Oral Tablet Immediate Release)	G	1	
<b>Viibryd (Oral Tablet)</b>	B	3	
Vilazodone HCl (Oral Tablet)	G	1	
<b>Zoloft (Oral Concentrate)</b>	B	3	
<b>Zoloft (Oral Tablet)</b>	B	3	
<b>Tricyclics</b>			
Amitriptyline HCl (Oral Tablet)	G	1	HRM
Amoxapine (Oral Tablet)	G	1	HRM
<b>Anafranil (Oral Capsule)</b>	B	4	HRM
Clomipramine HCl (Oral Capsule)	G	1	HRM
Desipramine HCl (Oral Tablet)	G	1	HRM
Doxepin HCl (Oral Capsule)	G	1	HRM



Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Doxepin HCl (Oral Concentrate)	G	1	HRM
Imipramine HCl (Oral Tablet)	G	1	HRM
Imipramine Pamoate (Oral Capsule)	G	1	HRM
<b>Norpramin (Oral Tablet)</b>	B	3	HRM
Nortriptyline HCl (Oral Capsule)	G	1	HRM
Nortriptyline HCl (Oral Solution)	G	1	HRM
<b>Pamelor (Oral Capsule)</b>	B	4	HRM
Protriptyline HCl (Oral Tablet)	G	1	HRM
Trimipramine Maleate (Oral Capsule)	G	1	HRM
<b>Antiemetics</b>			
<b>Antiemetics, Other</b>			
<b>Antivert (Oral Tablet)</b>	B	3	HRM
<b>Antivert (Oral Tablet Chewable)</b>	B	3	HRM
<b>Bonjesta (Oral Tablet Extended Release)</b>	B	3	HRM
Compro (Rectal Suppository)	G	1	
<b>Diclegis (Oral Tablet Delayed Release)</b>	B	3	HRM
Doxylamine-Pyridoxine (Oral Tablet Delayed Release)	G	1	HRM
<b>Gimoti (Nasal Solution)</b>	B	4	PA
Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet)	G	1	HRM
Metoclopramide HCl (5MG/5ML Oral Solution)	G	1	
Metoclopramide HCl (Oral Tablet)	G	1	
Metoclopramide HCl ODT (Oral Tablet Dispersible)	G	1	
Perphenazine (Oral Tablet)	G	1	
Prochlorperazine Maleate (Oral Tablet)	G	1	
Prochlorperazine (Rectal Suppository)	G	1	
Promethazine HCl (Oral Solution)	G	1	HRM
Promethazine HCl (Oral Tablet)	G	1	HRM
Promethazine HCl (Rectal Suppository)	G	1	HRM; QL
Promethegan (25MG Rectal Suppository, 50MG Rectal Suppository)	G	1	HRM; QL
<b>Reglan (Oral Tablet)</b>	B	3	
Scopolamine (Transdermal Patch 72 Hour)	G	1	HRM
<b>Transderm-Scop (Transdermal Patch 72 Hour)</b>	B	3	HRM
Trimethobenzamide HCl (Oral Capsule)	G	1	B/D,PA; QL
<b>Emetogenic Therapy Adjuncts</b>			
<b>Anzemet (Oral Tablet)</b>	B	3	B/D,PA; QL
Aprepitant (Oral Therapy Pack, Oral Capsule)	G	1	PA; QL
Dronabinol (Oral Capsule)	G	1	PA

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Emend (Oral Capsule)</b>	B	3	PA; QL
<b>Emend (Oral Suspension Reconstituted)</b>	B	3	PA; QL
<b>Emend Tri-Pack (Oral Capsule)</b>	B	3	PA; QL
Granisetron HCl (Oral Tablet)	G	1	B/D,PA; QL
<b>Marinol (10MG Oral Capsule, 5MG Oral Capsule)</b>	B	4	PA
<b>Marinol (2.5MG Oral Capsule)</b>	B	3	PA
Ondansetron HCl (Oral Solution)	G	1	B/D,PA; QL
Ondansetron HCl (4MG Oral Tablet, 8MG Oral Tablet)	G	1	B/D,PA; QL
Ondansetron ODT (4MG Oral Tablet Dispersible, 8MG Oral Tablet Dispersible)	G	1	B/D,PA; QL
<b>Sancuso (Transdermal Patch)</b>	B	4	QL
<b>Varubi (180MG Dose) (Oral Tablet Therapy Pack)</b>	B	4	B/D,PA; QL
<b>Antifungals</b>			
<b>Antifungals</b>			
<b>Abelcet (Intravenous Suspension)</b>	B	3	B/D,PA
<b>AmBisome (Intravenous Suspension Reconstituted)</b>	B	4	B/D,PA
Amphotericin B (Intravenous Solution Reconstituted)	G	1	B/D,PA
Amphotericin B Liposome (Intravenous Suspension Reconstituted)	G	1	B/D,PA
<b>Ancobon (Oral Capsule)</b>	B	4	PA
<b>Cancidas (Intravenous Solution Reconstituted)</b>	B	4	
Caspofungin Acetate (Intravenous Solution Reconstituted)	G	1	
Clotrimazole (Mouth/Throat Troche)	G	1	
<b>Cresemba (Oral Capsule)</b>	B	4	PA
<b>Diflucan (Oral Suspension Reconstituted)</b>	B	3	
<b>Diflucan (100MG Oral Tablet)</b>	B	3	
<b>Diflucan (200MG Oral Tablet)</b>	B	4	
<b>Eraxis (Intravenous Solution Reconstituted)</b>	B	4	
Fluconazole in Sodium Chloride (200-0.9MG/100ML-% Intravenous Solution, 400-0.9MG/200ML-% Intravenous Solution)	G	1	
Fluconazole (Oral Suspension Reconstituted)	G	1	
Fluconazole (Oral Tablet)	G	1	
Flucytosine (Oral Capsule)	G	1	PA
Griseofulvin Microsize (Oral Suspension)	G	1	
Griseofulvin Microsize (Oral Tablet)	G	1	
Griseofulvin Ultramicrosize (Oral Tablet)	G	1	
<b>Gynazole-1 (Vaginal Cream)</b>	B	3	
Itraconazole (Oral Capsule)	G	1	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Itraconazole (Oral Solution)	G	1	PA
Ketoconazole (Oral Tablet)	G	1	
Micafungin Sodium (Intravenous Solution Reconstituted)	G	1	
Miconazole 3 (Vaginal Suppository)	G	1	
<b>Mycamine (50MG Intravenous Solution Reconstituted)</b>	B	4	
<b>Noxafil (Oral Packet)</b>	B	4	PA; QL
<b>Noxafil (Oral Suspension)</b>	B	4	QL
<b>Noxafil (Oral Tablet Delayed Release)</b>	B	4	PA; QL
Nystatin (Mouth/Throat Suspension)	G	1	
Nystatin (Oral Tablet)	G	1	
Posaconazole (Oral Suspension)	G	1	QL
Posaconazole (Oral Tablet Delayed Release)	G	1	PA; QL
<b>Sporanox (Oral Capsule)</b>	B	4	PA
<b>Sporanox (Oral Solution)</b>	B	3	PA
Terbinafine HCl (Oral Tablet)	G	1	QL
Terconazole (Vaginal Cream)	G	1	
Terconazole (Vaginal Suppository)	G	1	
<b>Tolsura (Oral Capsule)</b>	B	4	PA
<b>Vfend IV (Intravenous Solution Reconstituted)</b>	B	3	PA
<b>Vfend (Oral Suspension Reconstituted)</b>	B	4	QL
<b>Vfend (Oral Tablet)</b>	B	3	QL
<b>Vivjoa (Oral Capsule Therapy Pack)</b>	B	3	PA
Voriconazole (Intravenous Solution Reconstituted)	G	1	PA
Voriconazole (Oral Suspension Reconstituted)	G	1	QL
Voriconazole (Oral Tablet)	G	1	QL
<b>Antigout Agents</b>			
<b>Antigout Agents</b>			
Allopurinol (100MG Oral Tablet, 300MG Oral Tablet)	G	1	
<b>Allopurinol (200MG Oral Tablet)</b>	B	3	ST
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	G	1	
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	G	1	
Colchicine-Probenecid (Oral Tablet)	G	1	
<b>Colcrys (0.6MG Oral Tablet)</b>	B	3	PA
Febuxostat (Oral Tablet)	G	1	ST
<b>Mitigare (Oral Capsule)</b>	B	3	
Probenecid (Oral Tablet)	G	1	
<b>Uloric (Oral Tablet)</b>	B	3	ST

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Antimigraine Agents</b>			
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</b>			
<b>Aimovig (Subcutaneous Solution Auto-Injector)</b>	B	2	PA; QL
<b>Ajovy (Subcutaneous Solution Auto-Injector)</b>	B	3	PA; QL
<b>Ajovy (Subcutaneous Solution Prefilled Syringe)</b>	B	3	PA; QL
<b>Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)</b>	B	3	PA; QL
<b>Emgality (Subcutaneous Solution Auto-Injector)</b>	B	2	PA; QL
<b>Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)</b>	B	2	PA; QL
<b>Nurtec ODT (Oral Tablet Dispersible)</b>	B	4	PA; QL
<b>Qulipta (Oral Tablet)</b>	B	4	PA; QL
<b>Ubrelvy (Oral Tablet)</b>	B	4	PA; QL
<b>Zavzpret (Nasal Solution)</b>	B	4	PA; QL
<b>Ergot Alkaloids</b>			
Dihydroergotamine Mesylate (Nasal Solution)	G	1	PA; QL
Ergotamine-Caffeine (Oral Tablet)	G	1	
<b>Migergot (Rectal Suppository)</b>	B	4	
<b>Migranal (Nasal Solution)</b>	B	4	PA; QL
<b>Trudhesa (Nasal Aerosol Solution)</b>	B	4	PA; QL
<b>Prophylactic</b>			
Timolol Maleate (Oral Tablet)	G	1	
<b>Serotonin (5-HT) Receptor Agonist</b>			
Almotriptan Malate (Oral Tablet)	G	1	QL
Eletriptan Hydrobromide (Oral Tablet)	G	1	QL
<b>Frova (Oral Tablet)</b>	B	4	QL
Frovatriptan Succinate (Oral Tablet)	G	1	QL
<b>Imitrex (Oral Tablet)</b>	B	3	QL
<b>Imitrex STATdose Refill (6MG/0.5ML Subcutaneous Solution Cartridge)</b>	B	4	QL
<b>Imitrex STATdose System (4MG/0.5ML Subcutaneous Solution Auto-Injector)</b>	B	4	QL
<b>Maxalt (Oral Tablet)</b>	B	3	QL
<b>Maxalt-MLT (Oral Tablet Dispersible)</b>	B	3	QL
Naratriptan HCl (Oral Tablet)	G	1	QL
<b>Onzetra Xsail (Nasal Exhaler Powder)</b>	B	4	QL
<b>Relpax (Oral Tablet)</b>	B	3	QL
<b>Reyvow (Oral Tablet)</b>	B	3	PA; QL
Rizatriptan Benzoate (Oral Tablet)	G	1	QL
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	1	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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
Sumatriptan-Naproxen Sodium (Oral Tablet)	G	1	QL
<b>Tosymra (Nasal Solution)</b>	B	3	QL
<b>Treximet (Oral Tablet)</b>	B	4	QL
<b>Zembrace SymTouch (Subcutaneous Solution Auto-Injector)</b>	B	4	QL
Zolmitriptan (5MG Nasal Solution)	G	1	QL
Zolmitriptan (Oral Tablet)	G	1	QL
Zolmitriptan ODT (Oral Tablet Dispersible)	G	1	QL
<b>Zomig (5MG Nasal Solution)</b>	B	3	QL
<b>Zomig (Oral Tablet)</b>	B	4	QL
<b>Antimyasthenic Agents</b>			
<b>Parasympathomimetics</b>			
<b>Mestinon (Oral Solution)</b>	B	4	
<b>Mestinon (Oral Tablet Immediate Release)</b>	B	4	
<b>Mestinon (Oral Tablet Extended Release)</b>	B	4	
Pyridostigmine Bromide ER (Oral Tablet Extended Release)	G	1	
Pyridostigmine Bromide (Oral Solution)	G	1	
Pyridostigmine Bromide (Oral Tablet Immediate Release)	G	1	
<b>Antimycobacterials</b>			
<b>Antimycobacterials, Other</b>			
Dapsone (Oral Tablet)	G	1	
<b>Mycobutin (Oral Capsule)</b>	B	4	
Rifabutin (Oral Capsule)	G	1	
<b>Antituberculars</b>			
Cycloserine (Oral Capsule)	G	1	
Ethambutol HCl (Oral Tablet)	G	1	
Isoniazid (Oral Syrup)	G	1	
Isoniazid (Oral Tablet)	G	1	
<b>Pretomanid (Oral Tablet)</b>	B	3	
<b>Priftin (Oral Tablet)</b>	B	3	
Pyrazinamide (Oral Tablet)	G	1	
Rifampin (Intravenous Solution Reconstituted)	G	1	

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
Rifampin (Oral Capsule)	G	1	
<b>Sirturo (Oral Tablet)</b>	B	4	PA
<b>Trecator (Oral Tablet)</b>	B	3	
<b>Antineoplastics</b>			
<b>Alkylating Agents</b>			
Cyclophosphamide (Oral Capsule)	G	1	B/D,PA
<b>Cyclophosphamide (Oral Tablet)</b>	B	2	B/D,PA
<b>Gleostine (100MG Oral Capsule)</b>	B	4	
<b>Gleostine (10MG Oral Capsule, 40MG Oral Capsule)</b>	B	3	
<b>Matulane (Oral Capsule)</b>	B	4	
<b>Valchlor (External Gel)</b>	B	4	PA; QL
<b>Antiandrogens</b>			
Abiraterone Acetate (Oral Tablet)	G	1	PA
Bicalutamide (Oral Tablet)	G	1	
<b>Casodex (Oral Tablet)</b>	B	4	
<b>Erleada (Oral Tablet)</b>	B	4	PA
<b>Nilandron (Oral Tablet)</b>	B	4	
Nilutamide (Oral Tablet)	G	1	
<b>Nubeqa (Oral Tablet)</b>	B	4	PA
<b>Xtandi (Oral Capsule)</b>	B	4	PA
<b>Xtandi (Oral Tablet)</b>	B	4	PA
<b>Yonsa (Oral Tablet)</b>	B	4	PA
<b>Zytiga (Oral Tablet)</b>	B	4	PA
<b>Antiangiogenic Agents</b>			
Lenalidomide (Oral Capsule)	G	1	PA
<b>Pomalyst (Oral Capsule)</b>	B	4	PA
<b>Revlimid (Oral Capsule)</b>	B	4	PA
<b>Thalomid (Oral Capsule)</b>	B	4	PA; QL
<b>Antiestrogens/Modifiers</b>			
<b>Fareston (Oral Tablet)</b>	B	4	
<b>Orserdu (Oral Tablet)</b>	B	4	PA; QL
<b>Soltamox (Oral Solution)</b>	B	4	
Tamoxifen Citrate (Oral Tablet)	G	1	
Toremifene Citrate (Oral Tablet)	G	1	
<b>Antimetabolites</b>			
<b>Hydrea (Oral Capsule)</b>	B	3	
Hydroxyurea (Oral Capsule)	G	1	
Mercaptopurine (Oral Tablet)	G	1	
<b>Onureg (Oral Tablet)</b>	B	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Purixan (Oral Suspension)</b>	B	4	PA
<b>Antineoplastics, Other</b>			
<b>Akeega (Oral Tablet)</b>	B	4	PA; QL
<b>Droxia (Oral Capsule)</b>	B	3	
<b>Inqovi (Oral Tablet)</b>	B	4	PA; QL
<b>Iwilfin (Oral Tablet)</b>	B	4	PA; QL
<b>Lonsurf (Oral Tablet)</b>	B	4	PA
<b>Lysodren (Oral Tablet)</b>	B	4	
<b>Ogsiveo (Oral Tablet)</b>	B	4	PA; QL
<b>Orgovyx (Oral Tablet)</b>	B	4	PA; QL
<b>Vonjo (Oral Capsule)</b>	B	4	PA; QL
<b>Zolinza (Oral Capsule)</b>	B	4	PA
<b>Aromatase Inhibitors, 3rd Generation</b>			
Anastrozole (Oral Tablet)	G	1	
<b>Arimidex (Oral Tablet)</b>	B	4	
<b>Aromasin (Oral Tablet)</b>	B	4	
Exemestane (Oral Tablet)	G	1	
<b>Femara (Oral Tablet)</b>	B	3	
Letrozole (Oral Tablet)	G	1	
<b>Molecular Target Inhibitors</b>			
<b>Afinitor Disperz (Oral Tablet Soluble)</b>	B	4	PA
<b>Afinitor (Oral Tablet)</b>	B	4	PA
<b>Alecensa (Oral Capsule)</b>	B	4	PA
<b>Alunbrig (Oral Tablet)</b>	B	4	PA; QL
<b>Alunbrig (Oral Tablet Therapy Pack)</b>	B	4	PA; QL
<b>Augtyro (Oral Capsule)</b>	B	4	PA; QL
<b>Ayvakit (Oral Tablet)</b>	B	4	PA; QL
<b>Balversa (Oral Tablet)</b>	B	4	PA; QL
<b>Bosulif (Oral Capsule)</b>	B	4	PA
<b>Bosulif (Oral Tablet)</b>	B	4	PA
<b>Braftovi (Oral Capsule)</b>	B	4	PA
<b>Brukinsa (Oral Capsule)</b>	B	4	PA; QL
<b>Cabometyx (Oral Tablet)</b>	B	4	PA
<b>Calquence (100MG Oral Capsule)</b>	B	4	PA; QL
<b>Calquence (Oral Tablet)</b>	B	4	PA; QL
<b>Caprelsa (Oral Tablet)</b>	B	4	PA
<b>Cometriq (100MG Daily Dose) (Oral Kit)</b>	B	4	PA

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Cometriq (140MG Daily Dose) (Oral Kit)</b>	B	4	PA
<b>Cometriq (60MG Daily Dose) (Oral Kit)</b>	B	4	PA
<b>Copiktra (Oral Capsule)</b>	B	4	PA; QL
<b>Cotellic (Oral Tablet)</b>	B	4	PA
<b>Daurismo (Oral Tablet)</b>	B	4	PA; QL
<b>Erivedge (Oral Capsule)</b>	B	4	PA
Erlotinib HCl (Oral Tablet)	G	1	PA
Everolimus (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	1	PA
Everolimus (Oral Tablet Soluble)	G	1	PA
<b>Fotivda (Oral Capsule)</b>	B	4	PA; QL
<b>Fruzaqla (Oral Capsule)</b>	B	4	PA; QL
<b>Gavreto (Oral Capsule)</b>	B	4	PA; QL
Gefitinib (Oral Tablet)	G	1	PA
<b>Gilotrif (Oral Tablet)</b>	B	4	PA
<b>Gleevec (Oral Tablet)</b>	B	4	PA
<b>Ibrance (Oral Capsule)</b>	B	4	PA
<b>Ibrance (Oral Tablet)</b>	B	4	PA
<b>Iclusig (Oral Tablet)</b>	B	4	PA; QL
<b>IDHIFA (Oral Tablet)</b>	B	4	PA
Imatinib Mesylate (Oral Tablet)	G	1	PA
<b>Imbruvica (Oral Capsule)</b>	B	4	PA; QL
<b>Imbruvica (Oral Suspension)</b>	B	4	PA; QL
<b>Imbruvica (140MG Oral Tablet, 280MG Oral Tablet, 420MG Oral Tablet)</b>	B	4	PA; QL
<b>Inlyta (Oral Tablet)</b>	B	4	PA; QL
<b>Inrebic (Oral Capsule)</b>	B	4	PA; QL
<b>Iressa (Oral Tablet)</b>	B	4	PA
<b>Jakafi (Oral Tablet)</b>	B	4	PA
<b>Jaypirca (Oral Tablet)</b>	B	4	PA; QL
<b>Kisqali (200MG Dose) (Oral Tablet)</b>	B	4	PA
<b>Kisqali (400MG Dose) (Oral Tablet)</b>	B	4	PA
<b>Kisqali (600MG Dose) (Oral Tablet)</b>	B	4	PA
<b>Kisqali Femara (200MG Dose) (200 &amp; 2.5MG Oral Tablet Therapy Pack)</b>	B	4	PA
<b>Kisqali Femara (400MG Dose) (200 &amp; 2.5MG Oral Tablet Therapy Pack)</b>	B	4	PA
<b>Kisqali Femara (600MG Dose) (200 &amp; 2.5MG Oral Tablet Therapy Pack)</b>	B	4	PA
<b>Koselugo (Oral Capsule)</b>	B	4	PA; QL



Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Krazati (Oral Tablet)</b>	B	4	PA; QL
Lapatinib Ditosylate (Oral Tablet)	G	1	PA
<b>Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)</b>	B	4	PA
<b>Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)</b>	B	4	PA
<b>Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)</b>	B	4	PA
<b>Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)</b>	B	4	PA
<b>Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)</b>	B	4	PA
<b>Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)</b>	B	4	PA
<b>Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)</b>	B	4	PA
<b>Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)</b>	B	4	PA
<b>Lorbrena (Oral Tablet)</b>	B	4	PA; QL
<b>Lumakras (Oral Tablet)</b>	B	4	PA; QL
<b>Lynparza (Oral Tablet)</b>	B	4	PA
<b>Lytgobi (12MG Daily Dose) (Oral Tablet Therapy Pack)</b>	B	4	PA; QL
<b>Lytgobi (16MG Daily Dose) (Oral Tablet Therapy Pack)</b>	B	4	PA; QL
<b>Lytgobi (20MG Daily Dose) (Oral Tablet Therapy Pack)</b>	B	4	PA; QL
<b>Mekinist (Oral Solution Reconstituted)</b>	B	4	PA
<b>Mekinist (Oral Tablet)</b>	B	4	PA
<b>Mektovi (Oral Tablet)</b>	B	4	PA
<b>Nerlynx (Oral Tablet)</b>	B	4	PA; QL
<b>Nexavar (Oral Tablet)</b>	B	4	PA
<b>Ninlaro (Oral Capsule)</b>	B	4	PA
<b>Odomzo (Oral Capsule)</b>	B	4	PA
<b>Ojemda (Oral Suspension Reconstituted)</b>	B	4	PA; QL
<b>Ojemda (Oral Tablet)</b>	B	4	PA; QL
<b>Ojjaara (Oral Tablet)</b>	B	4	PA; QL
Pazopanib HCl (Oral Tablet)	G	1	PA
<b>Pemazyre (Oral Tablet)</b>	B	4	PA; QL
<b>Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)</b>	B	4	PA; QL
<b>Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)</b>	B	4	PA; QL
<b>Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)</b>	B	4	PA; QL
<b>Qinlock (Oral Tablet)</b>	B	4	PA; QL
<b>Retevmo (Oral Capsule)</b>	B	4	PA; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Retevmo (Oral Tablet)</b>	B	4	PA; QL
<b>Rezlidhia (Oral Capsule)</b>	B	4	PA; QL
<b>Rozlytrek (Oral Capsule)</b>	B	4	PA; QL
<b>Rozlytrek (Oral Packet)</b>	B	4	PA; QL
<b>Rubraca (Oral Tablet)</b>	B	4	PA
<b>Rydapt (Oral Capsule)</b>	B	4	PA; QL
<b>Scemblix (Oral Tablet)</b>	B	4	PA; QL
Sorafenib Tosylate (Oral Tablet)	G	1	PA
<b>Sprycel (Oral Tablet)</b>	B	4	PA
<b>Stivarga (Oral Tablet)</b>	B	4	PA
Sunitinib Malate (Oral Capsule)	G	1	PA
<b>Sutent (Oral Capsule)</b>	B	4	PA
<b>Tabrecta (Oral Tablet)</b>	B	4	PA; QL
<b>Tafinlar (Oral Capsule)</b>	B	4	PA
<b>Tafinlar (Oral Tablet Soluble)</b>	B	4	PA
<b>Tagrisso (Oral Tablet)</b>	B	4	PA
<b>Talzenna (Oral Capsule)</b>	B	4	PA; QL
<b>Tasigna (Oral Capsule)</b>	B	4	PA
<b>Tazverik (Oral Tablet)</b>	B	4	PA; QL
<b>Tepmetko (Oral Tablet)</b>	B	4	PA; QL
<b>Tibsovo (Oral Tablet)</b>	B	4	PA; QL
Torpenz (Oral Tablet)	G	1	PA
<b>Truqap (Oral Tablet)</b>	B	4	PA; QL
<b>Tukysa (Oral Tablet)</b>	B	4	PA; QL
<b>Turalio (125MG Oral Capsule)</b>	B	4	PA; QL
<b>Tykerb (Oral Tablet)</b>	B	4	PA
<b>Vanflyta (Oral Tablet)</b>	B	4	PA; QL
<b>Venclexta (100MG Oral Tablet, 50MG Oral Tablet)</b>	B	4	PA
<b>Venclexta (10MG Oral Tablet)</b>	B	3	PA
<b>Venclexta Starting Pack (Oral Tablet Therapy Pack)</b>	B	4	PA
<b>Verzenio (Oral Tablet)</b>	B	4	PA
<b>Vittrakvi (Oral Capsule)</b>	B	4	PA; QL
<b>Vittrakvi (Oral Solution)</b>	B	4	PA; QL
<b>Vizimpro (Oral Tablet)</b>	B	4	PA
<b>Votrient (Oral Tablet)</b>	B	4	PA
<b>Xalkori (Oral Capsule)</b>	B	4	PA
<b>Xalkori (Oral Capsule Sprinkle)</b>	B	4	PA
<b>Xospata (Oral Tablet)</b>	B	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)</b>	B	4	PA; QL
<b>Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack)</b>	B	4	PA; QL
<b>Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)</b>	B	4	PA; QL
<b>Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)</b>	B	4	PA; QL
<b>Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)</b>	B	4	PA; QL
<b>Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)</b>	B	4	PA; QL
<b>Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)</b>	B	4	PA; QL
<b>Zejula (Oral Tablet)</b>	B	4	PA
<b>Zelboraf (Oral Tablet)</b>	B	4	PA
<b>Zydelig (Oral Tablet)</b>	B	4	PA
<b>Zykadia (Oral Tablet)</b>	B	4	PA
<b>Retinoids</b>			
Bexarotene (External Gel)	G	1	PA; QL
Bexarotene (Oral Capsule)	G	1	PA
<b>Panretin (External Gel)</b>	B	4	PA
<b>Targretin (External Gel)</b>	B	4	PA; QL
<b>Targretin (Oral Capsule)</b>	B	4	PA
Tretinoin (Oral Capsule)	G	1	
<b>Treatment Adjuncts</b>			
Leucovorin Calcium (Oral Tablet)	G	1	
<b>Mesnex (Oral Tablet)</b>	B	3	
<b>Antiparasitics</b>			
<b>Anthelmintics</b>			
Albendazole (Oral Tablet)	G	1	QL
<b>Biltricide (Oral Tablet)</b>	B	3	
<b>Emverm (Oral Tablet Chewable)</b>	B	4	
Ivermectin (Oral Tablet)	G	1	PA
Praziquantel (Oral Tablet)	G	1	
<b>Stromectol (Oral Tablet)</b>	B	3	PA
<b>Antiprotozoals</b>			
Atovaquone (Oral Suspension)	G	1	QL
Atovaquone-Proguanil HCl (Oral Tablet)	G	1	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Chloroquine Phosphate (Oral Tablet)	G	1	QL
<b>Coartem (Oral Tablet)</b>	B	3	
<b>DARAPRIM (Oral Tablet)</b>	B	4	
Hydroxychloroquine Sulfate (Oral Tablet)	G	1	QL
<b>Impavido (Oral Capsule)</b>	B	4	
<b>Krintafel (Oral Tablet)</b>	B	3	
<b>Lampit (Oral Tablet)</b>	B	3	PA
<b>Malarone (Oral Tablet)</b>	B	3	
Mefloquine HCl (Oral Tablet)	G	1	
<b>Mepron (Oral Suspension)</b>	B	4	QL
<b>Nebupent (Inhalation Solution Reconstituted)</b>	B	3	B/D,PA; QL
Nitazoxanide (Oral Tablet)	G	1	QL
<b>Pentam (Injection Solution Reconstituted)</b>	B	3	
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	1	B/D,PA; QL
Pentamidine Isethionate (Injection Solution Reconstituted)	G	1	
<b>Plaquenil (Oral Tablet)</b>	B	3	QL
Primaquine Phosphate (Oral Tablet)	G	1	
Pyrimethamine (Oral Tablet)	G	1	
<b>Qualaquin (Oral Capsule)</b>	B	3	PA
Quinine Sulfate (Oral Capsule)	G	1	PA
<b>Sovuna (Oral Tablet)</b>	B	3	ST; QL
<b>Antiparkinson Agents</b>			
<b>Anticholinergics</b>			
Benztropine Mesylate (Oral Tablet)	G	1	HRM
Trihexyphenidyl HCl (Oral Solution)	G	1	HRM
Trihexyphenidyl HCl (Oral Tablet)	G	1	HRM
<b>Antiparkinson Agents, Other</b>			
Amantadine HCl (Oral Capsule)	G	1	
Amantadine HCl (Oral Solution)	G	1	
Amantadine HCl (Oral Tablet)	G	1	
Carbidopa-Levodopa-Entacapone (Oral Tablet)	G	1	
<b>Comtan (200MG Oral Tablet)</b>	B	3	
Entacapone (Oral Tablet)	G	1	
<b>Gocovri (Oral Capsule Extended Release 24 Hour)</b>	B	4	PA
<b>Nourianz (Oral Tablet)</b>	B	4	PA; QL
<b>Ongentys (Oral Capsule)</b>	B	3	ST; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Osmolex ER (129MG Oral Tablet Extended Release 24 Hour)</b>	B	3	PA
<b>Stalevo 100 (25-100-200MG Oral Tablet)</b>	B	3	
<b>Stalevo 125 (31.25-125-200MG Oral Tablet)</b>	B	3	
<b>Stalevo 150 (37.5-150-200MG Oral Tablet)</b>	B	4	
<b>Stalevo 200 (50-200-200MG Oral Tablet)</b>	B	4	
<b>Stalevo 50 (12.5-50-200MG Oral Tablet)</b>	B	3	
<b>Stalevo 75 (18.75-75-200MG Oral Tablet)</b>	B	3	
<b>Tasmar (Oral Tablet)</b>	B	4	QL
Tolcapone (Oral Tablet)	G	1	QL
<b>Dopamine Agonists</b>			
<b>Apokyn (Subcutaneous Solution Cartridge)</b>	B	4	PA; QL
Apomorphine HCl (Subcutaneous Solution Cartridge)	G	1	PA; QL
<b>Neupro (Transdermal Patch 24 Hour)</b>	B	3	
Pramipexole Dihydrochloride ER (Oral Tablet Extended Release 24 Hour)	G	1	
Pramipexole Dihydrochloride (Oral Tablet Immediate Release)	G	1	
Ropinirole HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	
Ropinirole HCl (Oral Tablet Immediate Release)	G	1	
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>			
Carbidopa (Oral Tablet)	G	1	
Carbidopa-Levodopa ER (Oral Tablet Extended Release)	G	1	
Carbidopa-Levodopa (Oral Tablet Immediate Release)	G	1	
Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	G	1	
<b>Dhivy (Oral Tablet)</b>	B	3	ST
<b>Duopa (Enteral Suspension)</b>	B	4	PA
<b>Inbrija (Inhalation Capsule)</b>	B	4	PA
<b>Lodosyn (Oral Tablet)</b>	B	4	
<b>Rytary (Oral Capsule Extended Release)</b>	B	3	ST
<b>Sinemet (Oral Tablet Immediate Release)</b>	B	3	
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>			
<b>Azilect (Oral Tablet)</b>	B	4	
Rasagiline Mesylate (Oral Tablet)	G	1	
Selegiline HCl (Oral Capsule)	G	1	
Selegiline HCl (Oral Tablet)	G	1	
<b>Zelapar ODT (Oral Tablet Dispersible)</b>	B	4	
<b>Antipsychotics</b>			

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>1st Generation/Typical</b>			
Chlorpromazine HCl (Oral Concentrate)	G	1	
Chlorpromazine HCl (Oral Tablet)	G	1	
Fluphenazine Decanoate (Injection Solution)	G	1	
Fluphenazine HCl (Injection Solution)	G	1	
Fluphenazine HCl (Oral Concentrate)	G	1	
Fluphenazine HCl (Oral Elixir)	G	1	
Fluphenazine HCl (Oral Tablet)	G	1	
<b>Haldol Decanoate (100MG/ML Intramuscular Solution)</b>	B	3	
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	
<b>2nd Generation/Atypical</b>			
<b>Caplyta (Oral Capsule)</b>	B	4	PA; QL
<b>Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)</b>	B	4	ST; QL
<b>Fanapt Titration Pack (Oral Tablet)</b>	B	3	ST; QL
<b>Invega Hafyera (Intramuscular Suspension Prefilled Syringe)</b>	B	4	
<b>Invega (3MG Oral Tablet Extended Release 24 Hour, 6MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)</b>	B	3	QL
<b>Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe)</b>	B	4	
<b>Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)</b>	B	3	
<b>Invega Trinza (Intramuscular Suspension Prefilled Syringe)</b>	B	4	
<b>Nuplazid (Oral Capsule)</b>	B	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Nuplazid (Oral Tablet)</b>	B	4	PA; QL
Paliperidone ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
<b>Rexulti (Oral Tablet)</b>	B	4	QL
<b>Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)</b>	B	4	QL
<b>Treatment-Resistant</b>			
Clozapine (Oral Tablet)	G	1	
Clozapine ODT (Oral Tablet Dispersible)	G	1	
<b>Clozaril (100MG Oral Tablet, 200MG Oral Tablet)</b>	B	4	
<b>Clozaril (25MG Oral Tablet, 50MG Oral Tablet)</b>	B	3	
<b>Versacloz (Oral Suspension)</b>	B	4	
<b>Antispasticity Agents</b>			
<b>Antispasticity Agents</b>			
<b>Baclofen (10MG/5ML Oral Solution)</b>	B	3	ST
Baclofen (Oral Suspension)	G	1	ST
Baclofen (Oral Tablet)	G	1	
<b>Dantrium (Oral Capsule)</b>	B	3	
Dantrolene Sodium (Oral Capsule)	G	1	
<b>Fleqsuvy (Oral Suspension)</b>	B	4	ST
<b>Lyvispah (Oral Packet)</b>	B	3	ST; QL
<b>Ozobax DS (Oral Solution)</b>	B	4	ST
<b>Sohonos (Oral Capsule)</b>	B	4	PA
Tizanidine HCl (Oral Capsule)	G	1	
Tizanidine HCl (Oral Tablet)	G	1	
<b>Zanaflex (Oral Capsule)</b>	B	3	
<b>Zanaflex (Oral Tablet)</b>	B	3	
<b>Antivirals</b>			
<b>Anti-cytomegalovirus (CMV) Agents</b>			
<b>Livtencity (Oral Tablet)</b>	B	4	PA; QL
<b>Prevymis (Oral Tablet)</b>	B	4	PA; QL
<b>Valcyte (Oral Solution Reconstituted)</b>	B	4	QL
<b>Valcyte (Oral Tablet)</b>	B	4	QL
Valganciclovir HCl (Oral Solution Reconstituted)	G	1	QL
Valganciclovir HCl (Oral Tablet)	G	1	QL
<b>Zirgan (Ophthalmic Gel)</b>	B	3	
<b>Anti-hepatitis B (HBV) Agents</b>			
Adefovir Dipivoxil (Oral Tablet)	G	1	
<b>Baraclude (Oral Solution)</b>	B	3	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Baraclude (Oral Tablet)</b>	B	4	
Entecavir (Oral Tablet)	G	1	
Lamivudine (100MG Oral Tablet)	G	1	
<b>Vemlidy (Oral Tablet)</b>	B	4	
<b>Anti-hepatitis C (HCV) Agents</b>			
<b>Epclusa (Oral Packet)</b>	B	4	PA; QL
<b>Epclusa (Oral Tablet)</b>	B	4	PA; QL
<b>Harvoni (Oral Packet)</b>	B	4	PA; QL
<b>Harvoni (90-400MG Oral Tablet)</b>	B	4	PA; QL
<b>Ledipasvir-Sofosbuvir (Oral Tablet)</b>	B	4	PA; QL
<b>Mavyret (Oral Packet)</b>	B	4	PA; QL
<b>Mavyret (Oral Tablet)</b>	B	4	PA; QL
Ribavirin (Oral Capsule)	G	1	
Ribavirin (Oral Tablet)	G	1	
<b>Sofosbuvir-Velpatasvir (Oral Tablet)</b>	B	4	PA; QL
<b>Sovaldi (Oral Packet)</b>	B	4	PA; QL
<b>Sovaldi (Oral Tablet)</b>	B	4	PA; QL
<b>Vosevi (Oral Tablet)</b>	B	4	PA; QL
<b>Zepatier (Oral Tablet)</b>	B	4	PA; QL
<b>Antiherpetic Agents</b>			
Acyclovir (External Cream)	G	1	
Acyclovir (External Ointment)	G	1	
Acyclovir (Oral Capsule)	G	1	
Acyclovir (Oral Suspension)	G	1	
Acyclovir (Oral Tablet)	G	1	
Acyclovir Sodium (Intravenous Solution)	G	1	B/D,PA
<b>Denavir (External Cream)</b>	B	3	
Famciclovir (Oral Tablet)	G	1	
Penciclovir (External Cream)	G	1	
Valacyclovir HCl (Oral Tablet)	G	1	QL
<b>Valtrex (Oral Tablet)</b>	B	3	QL
<b>Zovirax (External Cream)</b>	B	3	
<b>Zovirax (External Ointment)</b>	B	3	
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>			
<b>Biktarvy (Oral Tablet)</b>	B	4	QL
<b>Dovato (Oral Tablet)</b>	B	4	QL
<b>Genvoya (Oral Tablet)</b>	B	4	QL
<b>Isentress HD (Oral Tablet)</b>	B	4	QL
<b>Isentress (Oral Packet)</b>	B	3	QL



Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>ISENTRESS (Oral Tablet)</b>	B	4	QL
<b>ISENTRESS (100MG Oral Tablet Chewable)</b>	B	3	QL
<b>ISENTRESS (25MG Oral Tablet Chewable)</b>	B	2	QL
<b>JULUCA (Oral Tablet)</b>	B	4	QL
<b>STRIBILD (Oral Tablet)</b>	B	4	QL
<b>TIVICAY (10MG Oral Tablet, 25MG Oral Tablet)</b>	B	3	QL
<b>TIVICAY (50MG Oral Tablet)</b>	B	4	QL
<b>TIVICAY PD (Oral Tablet Soluble)</b>	B	4	QL
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>			
<b>COMPLERA (Oral Tablet)</b>	B	4	QL
<b>DELSTRIGO (Oral Tablet)</b>	B	4	QL
<b>EDURANT (Oral Tablet)</b>	B	4	QL
Efavirenz (Oral Tablet)	G	1	QL
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)	G	1	QL
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)	G	1	QL
Etravirine (Oral Tablet)	G	1	QL
<b>INTELLENCE (100MG Oral Tablet, 200MG Oral Tablet)</b>	B	4	QL
<b>INTELLENCE (25MG Oral Tablet)</b>	B	3	QL
Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour)	G	1	QL
Nevirapine (Oral Suspension)	G	1	QL
Nevirapine (Oral Tablet Immediate Release)	G	1	QL
<b>PIFELTRO (Oral Tablet)</b>	B	4	QL
<b>SYMFI LO (Oral Tablet)</b>	B	4	QL
<b>SYMFI (Oral Tablet)</b>	B	4	QL
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>			
Abacavir Sulfate (Oral Solution)	G	1	QL
Abacavir Sulfate (Oral Tablet)	G	1	QL
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	1	QL
<b>CIMDUO (Oral Tablet)</b>	B	4	QL
<b>COMBIVIR (150-300MG Oral Tablet)</b>	B	4	QL
<b>DESCOVY (Oral Tablet)</b>	B	4	QL
Emtricitabine (Oral Capsule)	G	1	QL
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet)	G	1	QL
<b>EMTRIVA (Oral Capsule)</b>	B	3	QL
<b>EMTRIVA (Oral Solution)</b>	B	3	QL
<b>EPIVIR (Oral Solution)</b>	B	3	QL
<b>EPIVIR (Oral Tablet)</b>	B	3	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Epzicom (Oral Tablet)</b>	B	4	QL
Lamivudine (10MG/ML Oral Solution)	G	1	QL
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet)	G	1	QL
Lamivudine-Zidovudine (Oral Tablet)	G	1	QL
<b>Odefsey (Oral Tablet)</b>	B	4	QL
<b>Retrovir (Oral Capsule)</b>	B	3	QL
<b>Retrovir (Oral Syrup)</b>	B	3	QL
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	1	QL
<b>Triumeq (Oral Tablet)</b>	B	4	QL
<b>Triumeq PD (Oral Tablet Soluble)</b>	B	3	QL
<b>Truvada (Oral Tablet)</b>	B	4	QL
<b>Viread (Oral Powder)</b>	B	4	QL
<b>Viread (Oral Tablet)</b>	B	4	QL
<b>Ziagen (Oral Solution)</b>	B	3	QL
Zidovudine (Oral Capsule)	G	1	QL
Zidovudine (Oral Syrup)	G	1	QL
Zidovudine (Oral Tablet)	G	1	QL
<b>Anti-HIV Agents, Other</b>			
<b>Fuzeon (Subcutaneous Solution Reconstituted)</b>	B	4	QL
Maraviroc (Oral Tablet)	G	1	QL
<b>Rukobia (Oral Tablet Extended Release 12 Hour)</b>	B	4	QL
<b>Selzentry (Oral Solution)</b>	B	4	QL
<b>Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet)</b>	B	4	QL
<b>Selzentry (25MG Oral Tablet)</b>	B	2	QL
<b>Sunlenca (Oral Tablet Therapy Pack)</b>	B	4	QL
<b>Tybost (Oral Tablet)</b>	B	2	QL
<b>Anti-HIV Agents, Protease Inhibitors</b>			
<b>Aptivus (Oral Capsule)</b>	B	4	QL
Atazanavir Sulfate (Oral Capsule)	G	1	QL
Darunavir (Oral Tablet)	G	1	QL
<b>Evotaz (Oral Tablet)</b>	B	4	QL
Fosamprenavir Calcium (Oral Tablet)	G	1	QL
<b>Kaletra (Oral Solution)</b>	B	3	QL
<b>Kaletra (100-25MG Oral Tablet)</b>	B	3	QL
<b>Kaletra (200-50MG Oral Tablet)</b>	B	4	QL
<b>Lexiva (Oral Tablet)</b>	B	4	QL
Lopinavir-Ritonavir (Oral Solution)	G	1	QL
Lopinavir-Ritonavir (Oral Tablet)	G	1	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Norvir (Oral Packet)</b>	B	3	QL
<b>Norvir (Oral Tablet)</b>	B	3	QL
<b>Prezcobix (Oral Tablet)</b>	B	4	QL
<b>Prezista (Oral Suspension)</b>	B	4	QL
<b>Prezista (150MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)</b>	B	4	QL
<b>Prezista (75MG Oral Tablet)</b>	B	3	QL
<b>Reyataz (Oral Capsule)</b>	B	4	QL
<b>Reyataz (Oral Packet)</b>	B	4	QL
Ritonavir (Oral Tablet)	G	1	QL
<b>Symtuza (Oral Tablet)</b>	B	4	QL
<b>Viracept (Oral Tablet)</b>	B	4	QL
<b>Anti-influenza Agents</b>			
Oseltamivir Phosphate (Oral Capsule)	G	1	
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	1	
<b>Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)</b>	B	2	
Rimantadine HCl (Oral Tablet)	G	1	
<b>Tamiflu (Oral Capsule)</b>	B	3	
<b>Tamiflu (Oral Suspension Reconstituted)</b>	B	3	
<b>Xofluza (40MG Dose) (Oral Tablet Therapy Pack)</b>	B	2	QL
<b>Xofluza (80MG Dose) (Oral Tablet Therapy Pack)</b>	B	2	QL
<b>Antiviral, Coronavirus Agents</b>			
<b>Paxlovid (150/100MG) (Oral Tablet Therapy Pack)</b>	B	4	QL
<b>Paxlovid (300/100MG) (Oral Tablet Therapy Pack)</b>	B	4	QL
<b>Anxiolytics</b>			
<b>Anxiolytics, Other</b>			
Bupirone HCl (Oral Tablet)	G	1	
Hydroxyzine HCl (Oral Syrup)	G	1	HRM
Hydroxyzine HCl (Oral Tablet)	G	1	HRM
Hydroxyzine Pamoate (Oral Capsule)	G	1	HRM
Meprobamate (Oral Tablet)	G	1	HRM
<b>Vistaril (25MG Oral Capsule)</b>	B	3	HRM
<b>Benzodiazepines</b>			
Alprazolam ER (Oral Tablet Extended Release 24 Hour)	G	1	PA; QL
Alprazolam Intensol (Oral Concentrate)	G	1	QL
Alprazolam (Oral Tablet Immediate Release)	G	1	QL
Alprazolam ODT (Oral Tablet Dispersible)	G	1	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Ativan (Oral Tablet)</b>	B	4	QL
Chlordiazepoxide HCl (Oral Capsule)	G	1	
Clonazepam (Oral Tablet)	G	1	QL
Clonazepam ODT (Oral Tablet Dispersible)	G	1	QL
Clorazepate Dipotassium (Oral Tablet)	G	1	QL
Diazepam Intensol (Oral Concentrate)	G	1	QL
Diazepam (5MG/5ML Oral Solution)	G	1	
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	1	QL
<b>Klonopin (Oral Tablet)</b>	B	3	QL
Lorazepam Intensol (Oral Concentrate)	G	1	QL
Lorazepam (Oral Tablet)	G	1	QL
<b>Loreev XR (Oral Capsule ER 24 Hour Sprinkle)</b>	B	3	QL
Oxazepam (Oral Capsule)	G	1	
<b>Xanax (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)</b>	B	3	QL
<b>Xanax (2MG Oral Tablet Immediate Release)</b>	B	4	QL
<b>Xanax XR (0.5MG Oral Tablet Extended Release 24 Hour, 1MG Oral Tablet Extended Release 24 Hour, 2MG Oral Tablet Extended Release 24 Hour)</b>	B	3	PA; QL
<b>Xanax XR (3MG Oral Tablet Extended Release 24 Hour)</b>	B	4	PA; QL
<b>Bipolar Agents</b>			
<b>Bipolar Agents, Other</b>			
<b>Abilify Asimtufii (Intramuscular Prefilled Syringe)</b>	B	4	
<b>Abilify Maintena (Intramuscular Prefilled Syringe)</b>	B	4	
<b>Abilify Maintena (Intramuscular Suspension Reconstituted ER)</b>	B	4	
<b>Abilify MyCite Maintenance Kit (15MG Oral Tablet Therapy Pack, 20MG Oral Tablet Therapy Pack, 2MG Oral Tablet Therapy Pack, 30MG Oral Tablet Therapy Pack, 5MG Oral Tablet Therapy Pack)</b>	B	4	ST; QL
<b>Abilify MyCite Starter Kit (10MG Oral Tablet Therapy Pack)</b>	B	4	ST
<b>Abilify (Oral Tablet)</b>	B	3	QL
Aripiprazole (Oral Solution)	G	1	QL
Aripiprazole (Oral Tablet)	G	1	QL
Aripiprazole ODT (Oral Tablet Dispersible)	G	1	QL
<b>Aristada Initio (Intramuscular Prefilled Syringe)</b>	B	4	
<b>Aristada (Intramuscular Prefilled Syringe)</b>	B	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Asenapine Maleate (Tablet Sublingual)	G	1	
<b>Geodon (Intramuscular Solution Reconstituted)</b>	B	3	
<b>Geodon (Oral Capsule)</b>	B	4	QL
<b>Latuda (Oral Tablet)</b>	B	4	QL
Lurasidone HCl (Oral Tablet)	G	1	QL
<b>Lybalvi (Oral Tablet)</b>	B	4	ST; QL
Olanzapine (Intramuscular Solution Reconstituted)	G	1	
Olanzapine (Oral Tablet)	G	1	QL
Olanzapine ODT (Oral Tablet Dispersible)	G	1	QL
Olanzapine-Fluoxetine HCl (Oral Capsule)	G	1	
<b>Perseris (Subcutaneous Prefilled Syringe)</b>	B	4	
Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Quetiapine Fumarate (Oral Tablet Immediate Release)	G	1	QL
<b>Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER)</b>	B	3	ST
<b>Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER)</b>	B	4	ST
<b>Risperdal (Oral Solution)</b>	B	3	
<b>Risperdal (Oral Tablet)</b>	B	3	
Risperidone Microspheres ER (Intramuscular Suspension Reconstituted ER)	G	1	
Risperidone (Oral Solution)	G	1	
Risperidone (Oral Tablet)	G	1	
Risperidone ODT (Oral Tablet Dispersible)	G	1	
<b>Saphris (Tablet Sublingual)</b>	B	3	
<b>Secuado (Transdermal Patch 24 Hour)</b>	B	4	ST; QL
<b>Seroquel (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release, 300MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)</b>	B	3	QL
<b>Seroquel (400MG Oral Tablet Immediate Release)</b>	B	4	QL
<b>Seroquel XR (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)</b>	B	3	QL
<b>Seroquel XR (400MG Oral Tablet Extended Release 24 Hour)</b>	B	4	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Symbyax (Oral Capsule)</b>	B	3	
<b>Uzedly (Subcutaneous Suspension Prefilled Syringe)</b>	B	4	ST
Ziprasidone HCl (Oral Capsule)	G	1	QL
Ziprasidone Mesylate (Intramuscular Solution Reconstituted)	G	1	
<b>Zyprexa (Intramuscular Solution Reconstituted)</b>	B	3	
<b>Zyprexa (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)</b>	B	3	QL
<b>Zyprexa (15MG Oral Tablet, 20MG Oral Tablet)</b>	B	4	QL
<b>Zyprexa Relprevv (210MG Intramuscular Suspension Reconstituted)</b>	B	3	
<b>Zyprexa Zydis (10MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)</b>	B	3	QL
<b>Zyprexa Zydis (15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible)</b>	B	4	QL
<b>Mood Stabilizers</b>			
<b>Depakote ER (Oral Tablet Extended Release 24 Hour)</b>	B	3	
<b>Depakote (Oral Tablet Delayed Release)</b>	B	3	
<b>Depakote Sprinkles (Oral Capsule Delayed Release Sprinkle)</b>	B	3	
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	G	1	
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	G	1	
Divalproex Sodium (Oral Tablet Delayed Release)	G	1	
<b>Equetro (Oral Capsule Extended Release 12 Hour)</b>	B	3	
Lithium Carbonate ER (Oral Tablet Extended Release)	G	1	
Lithium Carbonate (Oral Capsule)	G	1	
Lithium Carbonate (Oral Tablet Immediate Release)	G	1	
Lithium (Oral Solution)	G	1	
<b>Lithobid (Oral Tablet Extended Release)</b>	B	3	
<b>Blood Glucose Regulators</b>			
<b>Antidiabetic Agents</b>			
Acarbose (Oral Tablet)	G	1	
<b>Actoplus Met (Oral Tablet Immediate Release)</b>	B	3	QL
<b>Actos (Oral Tablet)</b>	B	3	QL
<b>Alogliptin Benzoate (Oral Tablet)</b>	B	3	ST; QL
<b>Alogliptin-Metformin HCl (Oral Tablet)</b>	B	3	ST; QL
<b>Alogliptin-Pioglitazone (Oral Tablet)</b>	B	3	ST; QL
<b>Bydureon BCise (Subcutaneous Auto-Injector)</b>	B	3	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)</b>	B	3	PA; QL
<b>Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)</b>	B	3	PA; QL
<b>Cycloset (Oral Tablet)</b>	B	3	PA
<b>Duetact (Oral Tablet)</b>	B	3	HRM; 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
<b>Glucotrol XL (Oral Tablet Extended Release 24 Hour)</b>	B	3	QL
<b>Glumetza (Oral Tablet Extended Release 24 Hour)</b>	B	4	PA; QL
Glyburide Micronized (Oral Tablet)	G	1	HRM; QL
Glyburide (Oral Tablet)	G	1	HRM; QL
Glyburide-Metformin (Oral Tablet)	G	1	HRM; QL
<b>Glyxambi (Oral Tablet)</b>	B	2	QL
<b>Invokamet (Oral Tablet Immediate Release)</b>	B	3	ST; QL
<b>Invokamet XR (Oral Tablet Extended Release 24 Hour)</b>	B	3	ST; QL
<b>Janumet (Oral Tablet Immediate Release)</b>	B	2	QL
<b>Janumet XR (Oral Tablet Extended Release 24 Hour)</b>	B	2	QL
<b>Januvia (Oral Tablet)</b>	B	2	QL
<b>Jentadueto (2.5-1000MG Oral Tablet, 2.5-500MG Oral Tablet)</b>	B	2	QL
<b>Jentadueto XR (Oral Tablet Extended Release 24 Hour)</b>	B	2	QL
<b>Kazano (12.5-1000MG Oral Tablet, 12.5-500MG Oral Tablet)</b>	B	3	ST; QL
<b>Liraglutide (Subcutaneous Solution Pen-Injector)</b>	B	3	PA; QL
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour, 500MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	G	1	PA; QL
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour, 500MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	G	1	PA; QL
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	1	QL
Metformin HCl (Oral Solution)	G	1	QL
Metformin HCl (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 850MG Oral Tablet Immediate Release)	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
Miglitol (Oral Tablet)	G	1	
<b>Mounjaro (Subcutaneous Solution Pen-Injector)</b>	B	2	PA; QL
Nateglinide (Oral Tablet)	G	1	QL
<b>Nesina (12.5MG Oral Tablet, 25MG Oral Tablet, 6.25MG Oral Tablet)</b>	B	3	ST; QL
<b>Oseni (12.5-30MG Oral Tablet, 25-15MG Oral Tablet, 25-30MG Oral Tablet, 25-45MG Oral Tablet)</b>	B	3	ST; QL
<b>Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (2MG/3ML Subcutaneous Solution Pen-Injector)</b>	B	2	PA; QL
<b>Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector)</b>	B	2	PA; QL
<b>Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector)</b>	B	2	PA; QL
Pioglitazone HCl (Oral Tablet)	G	1	QL
Pioglitazone HCl-Glimepiride (Oral Tablet)	G	1	HRM; QL
Pioglitazone HCl-Metformin HCl (Oral Tablet)	G	1	QL
<b>Qtern (Oral Tablet)</b>	B	3	ST; QL
Repaglinide (Oral Tablet)	G	1	QL
<b>Rybelsus (Oral Tablet)</b>	B	2	PA; QL
Saxagliptin HCl (Oral Tablet)	G	1	QL
Saxagliptin-Metformin ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
<b>Segluromet (Oral Tablet)</b>	B	3	ST; QL
<b>Sitagliptin (Oral Tablet)</b>	B	3	ST; QL
<b>Soliqua (Subcutaneous Solution Pen-Injector)</b>	B	2	QL
<b>Steglujan (Oral Tablet)</b>	B	3	ST; QL
<b>SymlinPen 120 (Subcutaneous Solution Pen-Injector)</b>	B	4	PA
<b>SymlinPen 60 (Subcutaneous Solution Pen-Injector)</b>	B	4	PA
<b>Synjardy (Oral Tablet Immediate Release)</b>	B	2	QL
<b>Synjardy XR (Oral Tablet Extended Release 24 Hour)</b>	B	2	QL
<b>Tradjenta (Oral Tablet)</b>	B	2	QL
<b>Trijardy XR (Oral Tablet Extended Release 24 Hour)</b>	B	2	QL
<b>Trulicity (Subcutaneous Solution Pen-Injector)</b>	B	2	PA; QL
<b>Victoza (Subcutaneous Solution Pen-Injector)</b>	B	3	PA; QL
<b>Xigduo XR (Oral Tablet Extended Release 24 Hour)</b>	B	2	QL
<b>Xultophy (Subcutaneous Solution Pen-Injector)</b>	B	3	ST; QL
<b>Zituvio (Oral Tablet)</b>	B	3	ST; QL
<b>Glycemic Agents</b>			
<b>Baqsimi One Pack (Nasal Powder)</b>	B	2	
Diazoxide (Oral Suspension)	G	1	



Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Glucagon (Injection Kit) (Lilly)	G	1	
<b>Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector)</b>	B	2	
<b>Gvoke Kit (Subcutaneous Solution)</b>	B	2	
<b>Gvoke PFS (1MG/0.2ML Subcutaneous Solution Prefilled Syringe)</b>	B	2	
<b>Proglycem (Oral Suspension)</b>	B	4	
<b>Zegalogue (Subcutaneous Solution Auto-Injector)</b>	B	3	ST
<b>Zegalogue (Subcutaneous Solution Prefilled Syringe)</b>	B	3	ST
<b>Insulins</b>			
<b>Admelog (Injection Solution)</b>	B	3	ST
<b>Admelog SoloStar (Subcutaneous Solution Pen-Injector)</b>	B	3	ST
<b>Afrezza (12UNIT Inhalation Powder, 60x4UNIT &amp; 60x8UNIT &amp; 60x12UNIT Inhalation Powder, 90x4UNIT &amp; 90x8UNIT Inhalation Powder, 90x8UNIT &amp; 90x12UNIT Inhalation Powder)</b>	B	4	PA
<b>Afrezza (4UNIT Inhalation Powder, 8UNIT Inhalation Powder)</b>	B	3	PA
<b>Apidra (Injection Solution)</b>	B	3	ST
<b>Apidra SoloStar (Subcutaneous Solution Pen-Injector)</b>	B	3	ST
<b>Basaglar KwikPen (Subcutaneous Solution Pen-Injector)</b>	B	3	ST
<b>Basaglar Tempo Pen (Subcutaneous Solution Pen-Injector)</b>	B	3	ST
<b>Fiasp FlexTouch (Subcutaneous Solution Pen-Injector)</b>	B	3	ST
<b>Fiasp (Injection Solution)</b>	B	3	ST
<b>Fiasp PenFill (Subcutaneous Solution Cartridge)</b>	B	3	ST
<b>Humalog (Injection Solution)</b>	B	2	
<b>Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)</b>	B	2	
<b>Humalog KwikPen (Subcutaneous Solution Pen-Injector)</b>	B	2	
<b>Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)</b>	B	2	
<b>Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)</b>	B	2	
<b>Humalog Mix 75/25 (Subcutaneous Suspension)</b>	B	2	
<b>Humalog (Subcutaneous Solution Cartridge)</b>	B	2	
<b>Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)</b>	B	2	

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

<b>Drug name</b>	<b>Brand or Generic</b>	<b>Drug tier</b>	<b>Coverage rules or limits on use</b>
<b>Humulin 70/30 (Subcutaneous Suspension)</b>	B	2	
<b>Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)</b>	B	2	
<b>Humulin N (Subcutaneous Suspension)</b>	B	2	
<b>Humulin R (Injection Solution)</b>	B	2	
<b>Humulin R U-500 (Concentrated) (Subcutaneous Solution)</b>	B	2	
<b>Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)</b>	B	2	
<b>Insulin Aspart FlexPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent NovoLog)</b>	B	3	ST
<b>Insulin Aspart (Injection Solution) (Brand Equivalent NovoLog)</b>	B	3	ST
<b>Insulin Aspart PenFill (Subcutaneous Solution Cartridge) (Brand Equivalent NovoLog)</b>	B	3	ST
<b>Insulin Aspart Prot &amp; Aspart FlexPen (Subcutaneous Suspension Pen-Injector) (Brand Equivalent NovoLog)</b>	B	3	ST
<b>Insulin Aspart Prot &amp; Aspart (Subcutaneous Suspension) (Brand Equivalent NovoLog)</b>	B	3	ST
<b>Insulin Degludec FlexTouch (Subcutaneous Solution Pen-Injector)</b>	B	3	ST
<b>Insulin Degludec (Subcutaneous Solution)</b>	B	3	ST
<b>Insulin Glargine Max SoloStar (Subcutaneous Solution Pen-Injector)</b>	B	3	ST
<b>Insulin Glargine Solostar (300UNIT/ML Subcutaneous Solution Pen-Injector)</b>	B	3	ST
<b>Insulin Glargine-yfgn (Subcutaneous Solution)</b>	B	3	ST
<b>Insulin Glargine-yfgn (Subcutaneous Solution Pen-Injector)</b>	B	3	ST
<b>Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)</b>	B	2	
<b>Insulin Lispro (Injection Solution) (Brand Equivalent Humalog)</b>	B	2	
<b>Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)</b>	B	2	
<b>Insulin Lispro Prot &amp; Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog)</b>	B	2	
<b>Lantus SoloStar (Subcutaneous Solution Pen-Injector)</b>	B	2	
<b>Lantus (Subcutaneous Solution)</b>	B	2	
<b>Lyumjev (Injection Solution)</b>	B	2	
<b>Lyumjev KwikPen (Subcutaneous Solution Pen-Injector)</b>	B	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Novolin 70/30 FlexPen (Subcutaneous Suspension Pen-Injector)</b>	B	2	
<b>Novolin 70/30 (Subcutaneous Suspension)</b>	B	2	
<b>Novolin N FlexPen (Subcutaneous Suspension Pen-Injector)</b>	B	2	
<b>Novolin N (Subcutaneous Suspension)</b>	B	2	
<b>Novolin R FlexPen (Injection Solution Pen-Injector)</b>	B	2	
<b>Novolin R (Injection Solution)</b>	B	2	
<b>NovoLog FlexPen (Subcutaneous Solution Pen-Injector)</b>	B	2	
<b>NovoLog (Injection Solution)</b>	B	2	
<b>NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector)</b>	B	2	
<b>NovoLog Mix 70/30 (Subcutaneous Suspension)</b>	B	2	
<b>NovoLog PenFill (Subcutaneous Solution Cartridge)</b>	B	2	
<b>Semglee (yfgn) (Subcutaneous Solution)</b>	B	3	ST
<b>Semglee (yfgn) (Subcutaneous Solution Pen-Injector)</b>	B	3	ST
<b>Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)</b>	B	2	
<b>Toujeo SoloStar (Subcutaneous Solution Pen-Injector)</b>	B	2	
<b>Tresiba FlexTouch (Subcutaneous Solution Pen-Injector)</b>	B	2	
<b>Tresiba (Subcutaneous Solution)</b>	B	2	
<b>Blood Products and Modifiers</b>			
<b>Anticoagulants</b>			
<b>Arixtra (Subcutaneous Solution)</b>	B	4	
Dabigatran Etexilate Mesylate (Oral Capsule)	G	1	QL
<b>Eliquis (Oral Tablet)</b>	B	2	QL
<b>Eliquis Starter Pack (Oral Tablet)</b>	B	2	QL
Enoxaparin Sodium (Injection Solution Prefilled Syringe)	G	1	
Fondaparinux Sodium (Subcutaneous Solution)	G	1	
<b>Fragmin (95000UNIT/3.8ML Subcutaneous Solution)</b>	B	4	
<b>Fragmin (Subcutaneous Solution Prefilled Syringe)</b>	B	4	
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	

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
Lovenox (100MG/ML Injection Solution Prefilled Syringe, 120MG/0.8ML Injection Solution Prefilled Syringe, 150MG/ML Injection Solution Prefilled Syringe)	B	4	
Lovenox (30MG/0.3ML Injection Solution Prefilled Syringe, 40MG/0.4ML Injection Solution Prefilled Syringe, 60MG/0.6ML Injection Solution Prefilled Syringe, 80MG/0.8ML Injection Solution Prefilled Syringe)	B	3	
Pradaxa (Oral Capsule)	B	3	ST; QL
Pradaxa (Oral Packet)	B	4	PA; QL
Savaysa (Oral Tablet)	B	3	ST; QL
Warfarin Sodium (Oral Tablet)	G	1	
Xarelto (Oral Suspension Reconstituted)	B	2	QL
Xarelto (Oral Tablet)	B	2	QL
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	2	QL
<b>Blood Products and Modifiers, Other</b>			
Agrylin (Oral Capsule)	B	3	
Alvaiz (Oral Tablet)	B	4	PA; QL
Anagrelide HCl (Oral Capsule)	G	1	
Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution)	B	4	PA
Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution)	B	3	PA
Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe)	B	4	PA
Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe)	B	3	PA
Epogen (Injection Solution)	B	3	PA
Fabhalta (Oral Capsule)	B	4	PA; QL
Fulphila (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Fylnetra (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Granix (Subcutaneous Solution)	B	4	ST
Granix (Subcutaneous Solution Prefilled Syringe)	B	4	ST
Leukine (Injection Solution Reconstituted)	B	4	PA
Mulpleta (Oral Tablet)	B	4	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Neulasta (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA
<b>Neupogen (Injection Solution)</b>	B	4	ST
<b>Neupogen (Injection Solution Prefilled Syringe)</b>	B	4	ST
<b>Nivestym (Injection Solution)</b>	B	4	ST
<b>Nivestym (Injection Solution Prefilled Syringe)</b>	B	4	ST
<b>Nyvepria (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA
<b>Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)</b>	B	3	PA
<b>Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution)</b>	B	4	PA
<b>Promacta (Oral Packet)</b>	B	4	PA; QL
<b>Promacta (Oral Tablet)</b>	B	4	PA; QL
<b>Releuko (Subcutaneous Solution Prefilled Syringe)</b>	B	4	ST
<b>Retacrit (Injection Solution)</b>	B	3	PA
<b>Siklos (1000MG Oral Tablet)</b>	B	4	PA
<b>Siklos (100MG Oral Tablet)</b>	B	3	PA
<b>Stimufend (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA
<b>Udenyca (Subcutaneous Solution Auto-Injector)</b>	B	4	PA
<b>Udenyca (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA
<b>Xolremdi (Oral Capsule)</b>	B	4	PA; QL
<b>Zarxio (Injection Solution Prefilled Syringe)</b>	B	4	
<b>Ziextenzo (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA
<b>Hemostasis Agents</b>			
Tranexamic Acid (Oral Tablet)	G	1	
<b>Platelet Modifying Agents</b>			
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	1	QL
<b>Brilinta (Oral Tablet)</b>	B	2	QL
<b>Cablivi (Injection Kit)</b>	B	4	PA; QL
Cilostazol (Oral Tablet)	G	1	
Clopidogrel Bisulfate (75MG Oral Tablet)	G	1	
Dipyridamole (Oral Tablet)	G	1	HRM
<b>Doptelet (Oral Tablet)</b>	B	4	PA; QL
<b>Effient (Oral Tablet)</b>	B	3	
<b>Plavix (Oral Tablet)</b>	B	3	
Prasugrel HCl (Oral Tablet)	G	1	
<b>Tavalisse (Oral Tablet)</b>	B	4	PA; QL
<b>Cardiovascular Agents</b>			

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Alpha-adrenergic Agonists</b>			
<b>Clonidine HCl ER (0.17MG Oral Tablet Extended Release 24 Hour)</b>	B	3	ST
Clonidine HCl (Oral Tablet Immediate Release)	G	1	
Clonidine (Transdermal Patch Weekly)	G	1	
Droxidopa (Oral Capsule)	G	1	PA; QL
Guanfacine HCl (Oral Tablet Immediate Release)	G	1	HRM; QL
Midodrine HCl (Oral Tablet)	G	1	
<b>Nexiclon XR (Oral Tablet Extended Release 24 Hour)</b>	B	3	ST
<b>Northera (Oral Capsule)</b>	B	4	PA; QL
<b>Alpha-adrenergic Blocking Agents</b>			
<b>Cardura (Oral Tablet Immediate Release)</b>	B	3	
<b>Dibenzyliline (Oral Capsule)</b>	B	4	
Doxazosin Mesylate (Oral Tablet)	G	1	
Phenoxybenzamine HCl (Oral Capsule)	G	1	
Prazosin HCl (Oral Capsule)	G	1	
<b>Angiotensin II Receptor Antagonists</b>			
<b>Atacand (Oral Tablet)</b>	B	3	
<b>Avapro (Oral Tablet)</b>	B	3	
<b>Benicar (Oral Tablet)</b>	B	3	QL
Candesartan Cilexetil (Oral Tablet)	G	1	
<b>Cozaar (Oral Tablet)</b>	B	3	
<b>Diovan (Oral Tablet)</b>	B	3	QL
<b>Edarbi (Oral Tablet)</b>	B	3	QL
Irbesartan (Oral Tablet)	G	1	
Losartan Potassium (Oral Tablet)	G	1	
<b>Micardis (Oral Tablet)</b>	B	3	QL
Olmесartan Medoxomil (Oral Tablet)	G	1	QL
Telmisartan (Oral Tablet)	G	1	QL
<b>Valsartan (Oral Solution)</b>	B	4	ST; QL
Valsartan (Oral Tablet)	G	1	QL
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>			
<b>Altace (Oral Capsule)</b>	B	3	
Benazepril HCl (Oral Tablet)	G	1	
Captopril (Oral Tablet)	G	1	QL
Enalapril Maleate (Oral Solution)	G	1	
Enalapril Maleate (Oral Tablet)	G	1	QL
Fosinopril Sodium (Oral Tablet)	G	1	
Lisinopril (Oral Tablet)	G	1	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Lotensin (Oral Tablet)</b>	B	3	
Moexipril HCl (Oral Tablet)	G	1	
Perindopril Erbumine (Oral Tablet)	G	1	
<b>Qbrelis (Oral Solution)</b>	B	4	QL
Quinapril HCl (Oral Tablet)	G	1	
Ramipril (Oral Capsule)	G	1	
Trandolapril (Oral Tablet)	G	1	
<b>Vasotec (10MG Oral Tablet, 20MG Oral Tablet)</b>	B	4	QL
<b>Vasotec (2.5MG Oral Tablet, 5MG Oral Tablet)</b>	B	3	QL
<b>Zestril (Oral Tablet)</b>	B	3	QL
<b>Antiarrhythmics</b>			
Amiodarone HCl (Oral Tablet)	G	1	
<b>Betapace AF (120MG Oral Tablet, 160MG Oral Tablet)</b>	B	4	
<b>Betapace AF (80MG Oral Tablet)</b>	B	3	
Disopyramide Phosphate (Oral Capsule)	G	1	HRM
Dofetilide (Oral Capsule)	G	1	QL
Flecainide Acetate (Oral Tablet)	G	1	
Mexiletine HCl (Oral Capsule)	G	1	
<b>Multaq (Oral Tablet)</b>	B	2	
<b>Norpace CR (Oral Capsule Extended Release 12 Hour)</b>	B	3	HRM
<b>Norpace (Oral Capsule Immediate Release)</b>	B	3	HRM
<b>Pacerone (Oral Tablet)</b>	B	3	
Propafenone HCl ER (Oral Capsule Extended Release 12 Hour)	G	1	
Propafenone HCl (Oral Tablet)	G	1	
Quinidine Gluconate ER (Oral Tablet Extended Release)	G	1	
Quinidine Sulfate (Oral Tablet)	G	1	
Sorine (120MG Oral Tablet, 160MG Oral Tablet)	G	1	
Sotalol HCl (AF) (Oral Tablet)	G	1	
Sotalol HCl (Oral Tablet)	G	1	
<b>Sotylize (Oral Solution)</b>	B	3	PA
<b>Tikosyn (Oral Capsule)</b>	B	3	QL
<b>Beta-adrenergic Blocking Agents</b>			
Acebutolol HCl (Oral Capsule)	G	1	
Atenolol (Oral Tablet)	G	1	
Betaxolol HCl (Oral Tablet)	G	1	
Bisoprolol Fumarate (Oral Tablet)	G	1	
<b>Bystolic (Oral Tablet)</b>	B	3	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Carvedilol (Oral Tablet)	G	1	
Carvedilol Phosphate ER (Oral Capsule Extended Release 24 Hour)	G	1	QL
<b>Inderal LA (Oral Capsule Extended Release 24 Hour)</b>	B	4	
<b>InnoPran XL (Oral Capsule Extended Release 24 Hour)</b>	B	4	
Labetalol HCl (Oral Tablet)	G	1	
<b>Lopressor (Oral Tablet)</b>	B	3	
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	G	1	
Metoprolol Tartrate (Oral Tablet)	G	1	
Nadolol (Oral Tablet)	G	1	
Nebivolol HCl (Oral Tablet)	G	1	QL
Pindolol (Oral Tablet)	G	1	
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	
Propranolol HCl (Oral Solution)	G	1	
Propranolol HCl (Oral Tablet)	G	1	
<b>Tenormin (Oral Tablet)</b>	B	3	
<b>Toprol XL (Oral Tablet Extended Release 24 Hour)</b>	B	3	
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>			
Amlodipine Besylate (Oral Tablet)	G	1	
Felodipine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Isradipine (Oral Capsule)	G	1	
<b>Katerzia (Oral Suspension)</b>	B	3	ST
Nicardipine HCl (Oral Capsule)	G	1	
Nifedipine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	G	1	
Nifedipine (Oral Capsule)	G	1	HRM
Nimodipine (Oral Capsule)	G	1	
Nisoldipine ER (Oral Tablet Extended Release 24 Hour)	G	1	
<b>Norliqva (Oral Solution)</b>	B	3	ST
<b>Norvasc (Oral Tablet)</b>	B	3	
<b>Nymalize (Oral Solution)</b>	B	4	
<b>Procardia XL (Oral Tablet Extended Release 24 Hour)</b>	B	3	
<b>Sular (Oral Tablet Extended Release 24 Hour)</b>	B	3	
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>			
<b>Cardizem CD (120MG Oral Capsule Extended Release 24 Hour)</b>	B	3	



Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Cardizem CD (180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour, 360MG Oral Capsule Extended Release 24 Hour)</b>	B	4	
<b>Cardizem LA (Oral Tablet Extended Release 24 Hour)</b>	B	3	
<b>Cardizem (120MG Oral Tablet Immediate Release, 60MG Oral Tablet Immediate Release)</b>	B	4	
<b>Cardizem (30MG Oral Tablet Immediate Release)</b>	B	3	
Cartia XT (Oral Capsule Extended Release 24 Hour)	G	1	
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour)	G	1	
Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	G	1	
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour)	G	1	
Diltiazem HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	
Diltiazem HCl (Oral Tablet Immediate Release)	G	1	
Dilt-XR (Oral Capsule Extended Release 24 Hour)	G	1	
Matzim LA (Oral Tablet Extended Release 24 Hour)	G	1	
Tiadyt ER (Oral Capsule Extended Release 24 Hour)	G	1	
<b>Tiazac (Oral Capsule Extended Release 24 Hour)</b>	B	3	
Verapamil HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	
Verapamil HCl ER (Oral Tablet Extended Release)	G	1	
Verapamil HCl (Oral Tablet Immediate Release)	G	1	
<b>Verelan (Oral Capsule Extended Release 24 Hour)</b>	B	3	
<b>Verelan PM (Oral Capsule Extended Release 24 Hour)</b>	B	3	
<b>Cardiovascular Agents, Other</b>			
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	G	1	
Acetazolamide (Oral Tablet)	G	1	
Aliskiren Fumarate (Oral Tablet)	G	1	
Amiloride-Hydrochlorothiazide (Oral Tablet)	G	1	
Amlodipine-Atorvastatin (Oral Tablet)	G	1	
Amlodipine-Benazepril (Oral Capsule)	G	1	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Amlodipine-Olmesartan (Oral Tablet)	G	1	QL
Amlodipine-Valsartan (Oral Tablet)	G	1	QL
Amlodipine-Valsartan-HCTZ (Oral Tablet)	G	1	
<b>Aspruzyo Sprinkle (Oral Packet)</b>	B	3	ST; QL
<b>Atacand HCT (Oral Tablet)</b>	B	3	
Atenolol-Chlorthalidone (Oral Tablet)	G	1	
<b>Avalide (Oral Tablet)</b>	B	3	
<b>Azor (Oral Tablet)</b>	B	3	QL
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	1	
<b>Benicar HCT (Oral Tablet)</b>	B	3	QL
<b>BiDil (Oral Tablet)</b>	B	3	
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	1	QL
<b>Caduet (Oral Tablet)</b>	B	3	
<b>Camzyos (Oral Capsule)</b>	B	4	PA; QL
Candesartan Cilexetil-HCTZ (Oral Tablet)	G	1	
<b>Corlanor (Oral Solution)</b>	B	3	PA; QL
<b>Corlanor (Oral Tablet)</b>	B	3	PA; QL
<b>Demser (Oral Capsule)</b>	B	4	
Digoxin (Oral Solution)	G	1	HRM
Digoxin (Oral Tablet)	G	1	HRM
<b>Diovan HCT (Oral Tablet)</b>	B	3	QL
<b>Edarbyclor (Oral Tablet)</b>	B	3	QL
Enalapril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
<b>Entresto (Oral Capsule Sprinkle)</b>	B	2	QL
<b>Entresto (Oral Tablet)</b>	B	2	QL
<b>Exforge HCT (Oral Tablet)</b>	B	3	
<b>Exforge (Oral Tablet)</b>	B	3	QL
<b>Filspari (Oral Tablet)</b>	B	4	PA; QL
Fosinopril Sodium-HCTZ (Oral Tablet)	G	1	
<b>Hyzaar (Oral Tablet)</b>	B	3	
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	1	
Isosorbide Dinitrate-Hydralazine (Oral Tablet)	G	1	
Ivabradine HCl (Oral Tablet)	G	1	PA; QL
<b>Lanoxin (Oral Tablet)</b>	B	3	HRM
Lisinopril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
<b>Lodoco (Oral Tablet)</b>	B	3	PA
Losartan Potassium-HCTZ (Oral Tablet)	G	1	
<b>Lotrel (Oral Capsule)</b>	B	3	
Metoprolol-Hydrochlorothiazide (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Metyrosine (Oral Capsule)	G	1	
<b>Micardis HCT (Oral Tablet)</b>	B	3	QL
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	1	QL
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	G	1	QL
Pentoxifylline ER (Oral Tablet Extended Release)	G	1	
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	1	
Spiroinolactone-HCTZ (Oral Tablet)	G	1	
<b>Tekturna (Oral Tablet)</b>	B	3	
Telmisartan-Amlodipine (Oral Tablet)	G	1	QL
Telmisartan-HCTZ (Oral Tablet)	G	1	QL
<b>Tenoretic 100 (Oral Tablet)</b>	B	3	
<b>Tenoretic 50 (Oral Tablet)</b>	B	3	
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	G	1	
Triamterene-HCTZ (Oral Capsule)	G	1	
Triamterene-HCTZ (Oral Tablet)	G	1	
<b>Tribenzor (Oral Tablet)</b>	B	3	QL
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	1	QL
<b>Vaseretic (Oral Tablet)</b>	B	3	QL
<b>Vecamyl (Oral Tablet)</b>	B	4	PA
<b>Zestoretic (Oral Tablet)</b>	B	3	QL
<b>Diuretics, Loop</b>			
Bumetanide (Injection Solution)	G	1	
Bumetanide (Oral Tablet)	G	1	
<b>Edecrin (Oral Tablet)</b>	B	4	QL
Ethacrynic Acid (Oral Tablet)	G	1	QL
<b>Furoscix (Subcutaneous Cartridge Kit)</b>	B	4	PA
Furosemide (Injection Solution)	G	1	B/D,PA
Furosemide (Oral Solution)	G	1	
Furosemide (Oral Tablet)	G	1	
<b>Lasix (Oral Tablet)</b>	B	3	
<b>Soanz (Oral Tablet)</b>	B	3	PA
Torseamide (Oral Tablet)	G	1	
<b>Diuretics, Potassium-sparing</b>			
Amiloride HCl (Oral Tablet)	G	1	
<b>Dyrenium (Oral Capsule)</b>	B	3	
Triamterene (Oral Capsule)	G	1	
<b>Diuretics, Thiazide</b>			

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Chlorthalidone (Oral Tablet)	G	1	
<b>Diuril (Oral Suspension)</b>	B	3	
Hydrochlorothiazide (Oral Capsule)	G	1	
Hydrochlorothiazide (Oral Tablet)	G	1	
Indapamide (Oral Tablet)	G	1	
Metolazone (Oral Tablet)	G	1	
<b>Thalitone (Oral Tablet)</b>	B	3	
<b>Dyslipidemics, Fibric Acid Derivatives</b>			
Fenofibrate Micronized (130MG Oral Capsule, 134MG Oral Capsule, 200MG Oral Capsule, 43MG Oral Capsule, 67MG Oral Capsule)	G	1	
Fenofibrate (150MG Oral Capsule, 50MG Oral Capsule)	G	1	
Fenofibrate (Oral Tablet)	G	1	
Fenofibric Acid (Oral Capsule Delayed Release)	G	1	
<b>Fenoglide (120MG Oral Tablet)</b>	B	4	
<b>Fenoglide (40MG Oral Tablet)</b>	B	3	
Gemfibrozil (Oral Tablet)	G	1	
<b>Lipofen (Oral Capsule)</b>	B	3	
<b>Lopid (Oral Tablet)</b>	B	3	
<b>Tricor (Oral Tablet)</b>	B	3	
<b>Trilipix (Oral Capsule Delayed Release)</b>	B	3	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>			
<b>Altoprev (Oral Tablet Extended Release 24 Hour)</b>	B	4	
<b>Atorvaliq (Oral Suspension)</b>	B	3	PA
Atorvastatin Calcium (Oral Tablet)	G	1	
<b>Crestor (Oral Tablet)</b>	B	3	QL
<b>Ezallor Sprinkle (Oral Capsule Sprinkle)</b>	B	3	QL
<b>FloLipid (Oral Suspension)</b>	B	3	QL
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	G	1	
Fluvastatin Sodium (Oral Capsule)	G	1	
<b>Lescol XL (Oral Tablet Extended Release 24 Hour)</b>	B	3	
<b>Lipitor (Oral Tablet)</b>	B	3	
<b>Livalo (Oral Tablet)</b>	B	2	QL
Lovastatin (Oral Tablet)	G	1	
Pitavastatin Calcium (Oral Tablet)	G	1	QL
Pravastatin Sodium (Oral Tablet)	G	1	
Rosuvastatin Calcium (Oral Tablet)	G	1	QL
Simvastatin (Oral Tablet)	G	1	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Zocor (Oral Tablet)</b>	B	3	QL
<b>Zypitamag (Oral Tablet)</b>	B	3	ST; QL
<b>Dyslipidemics, Other</b>			
Cholestyramine Light (Oral Packet)	G	1	
Cholestyramine (Oral Packet)	G	1	
Colesevelam HCl (Oral Packet)	G	1	
Colesevelam HCl (Oral Tablet)	G	1	
<b>Colestid (Oral Tablet)</b>	B	3	
Colestipol HCl (Oral Packet)	G	1	
Colestipol HCl (Oral Tablet)	G	1	
Ezetimibe (Oral Tablet)	G	1	
Ezetimibe-Simvastatin (Oral Tablet)	G	1	
<b>Juxtapid (Oral Capsule)</b>	B	4	PA
<b>Lovaza (Oral Capsule)</b>	B	3	
<b>Nexletol (Oral Tablet)</b>	B	2	PA; QL
<b>Nexlizet (Oral Tablet)</b>	B	2	PA; QL
Niacin (Antihyperlipidemic) (Oral Tablet Immediate Release)	G	1	
Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release)	G	1	
Niacor (Oral Tablet)	G	1	
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	G	1	
<b>Praluent (Subcutaneous Solution Auto-Injector)</b>	B	3	PA; QL
Prevalite (Oral Packet)	G	1	
<b>Questran Light (Oral Powder)</b>	B	3	
<b>Questran (Oral Powder)</b>	B	3	
<b>Repatha Pushtronex System (Subcutaneous Solution Cartridge)</b>	B	2	PA; QL
<b>Repatha (Subcutaneous Solution Prefilled Syringe)</b>	B	2	PA; QL
<b>Repatha SureClick (Subcutaneous Solution Auto-Injector)</b>	B	2	PA; QL
<b>Vascepa (Oral Capsule)</b>	B	1	
<b>Vytorin (Oral Tablet)</b>	B	3	
<b>Welchol (Oral Packet)</b>	B	3	
<b>Welchol (Oral Tablet)</b>	B	3	
<b>Zetia (Oral Tablet)</b>	B	3	
<b>Mineralocorticoid Receptor Antagonists</b>			
<b>Aldactone (Oral Tablet)</b>	B	3	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>CaroSpir (Oral Suspension)</b>	B	3	
Eplerenone (Oral Tablet)	G	1	
<b>Inspra (Oral Tablet)</b>	B	3	
<b>Kerendia (Oral Tablet)</b>	B	3	PA; QL
Spironolactone (Oral Suspension)	G	1	
Spironolactone (Oral Tablet)	G	1	
<b>Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)</b>			
<b>Farxiga (Oral Tablet)</b>	B	2	QL
<b>Inpefa (Oral Tablet)</b>	B	3	ST; QL
<b>Invokana (Oral Tablet)</b>	B	3	ST; QL
<b>Jardiance (Oral Tablet)</b>	B	2	QL
<b>Steglatro (Oral Tablet)</b>	B	3	ST; QL
<b>Vasodilators, Direct-acting Arterial</b>			
Hydralazine HCl (Oral Tablet)	G	1	
Minoxidil (Oral Tablet)	G	1	
<b>Vasodilators, Direct-acting Arterial/Venous</b>			
<b>Isordil Titradoso (Oral Tablet)</b>	B	4	
Isosorbide Dinitrate (Oral Tablet Immediate Release)	G	1	
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour)	G	1	
Isosorbide Mononitrate (Oral Tablet Immediate Release)	G	1	
<b>Nitro-Bid (Transdermal Ointment)</b>	B	3	
<b>Nitro-Dur (0.1MG/HR Transdermal Patch 24 Hour, 0.2MG/HR Transdermal Patch 24 Hour, 0.4MG/HR Transdermal Patch 24 Hour, 0.6MG/HR Transdermal Patch 24 Hour)</b>	B	3	
<b>Nitro-Dur (0.3MG/HR Transdermal Patch 24 Hour, 0.8MG/HR Transdermal Patch 24 Hour)</b>	B	4	
Nitroglycerin (Rectal Ointment)	G	1	QL
Nitroglycerin (Tablet Sublingual)	G	1	
Nitroglycerin (Transdermal Patch 24 Hour)	G	1	
Nitroglycerin (Translingual Solution)	G	1	
<b>Nitrolingual (Translingual Solution)</b>	B	3	
<b>Nitrostat (Tablet Sublingual)</b>	B	3	
<b>Rectiv (Rectal Ointment)</b>	B	3	QL
<b>Verquvo (Oral Tablet)</b>	B	2	PA; QL
<b>Central Nervous System Agents</b>			
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>			
<b>Adderall (20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)</b>	B	3	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Adderall XR (Oral Capsule Extended Release 24 Hour)</b>	B	3	QL
<b>Adzenys XR-ODT (Oral Tablet Extended Release Dispersible)</b>	B	3	QL
Amphetamine Sulfate (Oral Tablet)	G	1	
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	1	QL
Amphetamine-Dextroamphetamine (Oral Tablet)	G	1	QL
Amphetamine-Dextroamphetamine 3-Bead ER (Oral Capsule Extended Release 24 Hour)	G	1	QL
<b>Azstarys (Oral Capsule)</b>	B	3	QL
<b>Dexedrine (10MG Oral Capsule Extended Release 24 Hour)</b>	B	4	QL
Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)	G	1	QL
Dextroamphetamine Sulfate (Oral Solution)	G	1	
Dextroamphetamine Sulfate (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	1	QL
<b>Dyanavel XR (Oral Suspension Extended Release)</b>	B	3	QL
<b>Dyanavel XR (Oral Tablet Chewable Extended Release)</b>	B	3	QL
<b>Evekeo (Oral Tablet)</b>	B	3	
Lisdexamfetamine Dimesylate (Oral Capsule)	G	1	
Lisdexamfetamine Dimesylate (Oral Tablet Chewable)	G	1	
Methamphetamine HCl (Oral Tablet)	G	1	PA; QL
<b>Mydayis (Oral Capsule Extended Release 24 Hour)</b>	B	3	QL
<b>ProCentra (Oral Solution)</b>	B	3	
<b>Vyvanse (Oral Capsule)</b>	B	3	
<b>Vyvanse (Oral Tablet Chewable)</b>	B	3	
<b>Xelstrym (Transdermal Patch)</b>	B	3	QL
<b>Zenzedi (Oral Tablet)</b>	B	3	QL
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>			
<b>Aptensio XR (Oral Capsule Extended Release 24 Hour)</b>	B	3	QL
Atomoxetine HCl (Oral Capsule)	G	1	
Clonidine HCl ER (0.1MG Oral Tablet Extended Release 12 Hour)	G	1	PA
<b>Concerta (Oral Tablet Extended Release)</b>	B	3	QL
<b>Cotempla XR-ODT (Oral Tablet Extended Release Dispersible)</b>	B	3	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Daytrana (Transdermal Patch)</b>	B	3	QL
Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	
Dexmethylphenidate HCl (Oral Tablet)	G	1	QL
<b>Focalin (Oral Tablet)</b>	B	3	QL
<b>Focalin XR (Oral Capsule Extended Release 24 Hour)</b>	B	3	
Guanfacine HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	HRM
<b>Intuniv (Oral Tablet Extended Release 24 Hour)</b>	B	3	HRM
<b>Jornay PM (Oral Capsule Extended Release 24 Hour)</b>	B	3	QL
<b>Metadate CD (Oral Capsule Extended Release)</b>	B	3	QL
<b>Methylin (Oral Solution)</b>	B	3	QL
Methylphenidate HCl CD (Oral Capsule Extended Release) (Generic Metadate CD)	G	1	QL
Methylphenidate HCl LA (Oral Capsule Extended Release 24 Hour) (Generic Ritalin LA)	G	1	QL
Methylphenidate HCl ER Osmotic Release (18MG Oral Tablet Extended Release, 27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release, 54MG Oral Tablet Extended Release, 72MG Oral Tablet Extended Release)	G	1	QL
<b>Methylphenidate HCl ER Osmotic (45MG Oral Tablet Extended Release, 63MG Oral Tablet Extended Release) (Generic Relexxii)</b>	B	3	QL
Methylphenidate HCl ER (XR) (Oral Capsule Extended Release 24 Hour) (Brand Equivalent Aptensio XR)	G	1	QL
Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release)	G	1	QL
Methylphenidate HCl ER (18MG Oral Tablet Extended Release 24 Hour, 27MG Oral Tablet Extended Release 24 Hour, 36MG Oral Tablet Extended Release 24 Hour, 54MG Oral Tablet Extended Release 24 Hour)	G	1	QL
Methylphenidate HCl (Oral Solution)	G	1	QL
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	G	1	QL
Methylphenidate HCl (Oral Tablet Chewable)	G	1	QL
Methylphenidate (Transdermal Patch)	G	1	QL
<b>Qelbree (Oral Capsule Extended Release 24 Hour)</b>	B	3	QL
<b>QuilliChew ER (Oral Tablet Chewable Extended Release)</b>	B	3	QL
<b>Quillivant XR (Oral Suspension Reconstituted)</b>	B	3	QL



Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Relexxii (18MG Oral Tablet Extended Release, 27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release, 45MG Oral Tablet Extended Release, 63MG Oral Tablet Extended Release)</b>	B	3	QL
<b>Ritalin LA (Oral Capsule Extended Release 24 Hour)</b>	B	3	QL
<b>Ritalin (Oral Tablet)</b>	B	3	QL
<b>Strattera (Oral Capsule)</b>	B	3	
<b>Central Nervous System, Other</b>			
<b>Austedo (Oral Tablet)</b>	B	4	PA; QL
<b>Austedo XR (Oral Tablet Extended Release 24 Hour)</b>	B	4	PA; QL
<b>Austedo XR Patient Titration (Oral Tablet Extended Release Therapy Pack)</b>	B	4	PA; QL
<b>Firdapse (Oral Tablet)</b>	B	4	PA; QL
Gabapentin (Once-Daily) (Oral Tablet)	G	1	PA
<b>Gralise (Oral Tablet)</b>	B	3	PA
<b>Horizant (Oral Tablet Extended Release)</b>	B	3	PA
<b>Ingrezza (Oral Capsule)</b>	B	4	PA; QL
<b>Ingrezza (Oral Capsule Sprinkle)</b>	B	4	PA; QL
<b>Ingrezza (Oral Capsule Therapy Pack)</b>	B	4	PA; QL
<b>Nuedexta (Oral Capsule)</b>	B	4	PA; QL
<b>Radicava ORS Starter Kit (Oral Suspension)</b>	B	4	PA; QL
Riluzole (Oral Tablet)	G	1	
<b>Skyclarys (Oral Capsule)</b>	B	4	PA; QL
<b>Teglutik (Oral Suspension)</b>	B	4	PA
Tetrabenazine (Oral Tablet)	G	1	PA
<b>Veozah (Oral Tablet)</b>	B	3	PA; QL
<b>Xenazine (Oral Tablet)</b>	B	4	PA
<b>Fibromyalgia Agents</b>			
<b>Cymbalta (Oral Capsule Delayed Release Particles)</b>	B	3	QL
<b>Drizalma Sprinkle (Oral Capsule Delayed Release Sprinkle)</b>	B	3	ST; QL
Duloxetine HCl (Oral Capsule Delayed Release Particles)	G	1	QL
<b>Lyrica CR (165MG Oral Tablet Extended Release 24 Hour)</b>	B	4	PA; QL
<b>Lyrica CR (330MG Oral Tablet Extended Release 24 Hour, 82.5MG Oral Tablet Extended Release 24 Hour)</b>	B	3	PA; QL
<b>Lyrica (Oral Capsule)</b>	B	3	ST; QL
<b>Lyrica (Oral Solution)</b>	B	3	ST; QL
Pregabalin ER (Oral Tablet Extended Release 24 Hour)	G	1	PA; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Pregabalin (Oral Capsule)	G	1	QL
Pregabalin (Oral Solution)	G	1	QL
<b>Savella (Oral Tablet)</b>	B	2	
<b>Savella Titration Pack (Oral Tablet)</b>	B	2	
<b>Multiple Sclerosis Agents</b>			
<b>Ampyra (Oral Tablet Extended Release 12 Hour)</b>	B	4	ST; QL
<b>Aubagio (Oral Tablet)</b>	B	4	QL
<b>Avonex Pen (Intramuscular Auto-Injector Kit)</b>	B	4	
<b>Avonex Prefilled (Intramuscular Prefilled Syringe Kit)</b>	B	4	
<b>Bafiertam (Oral Capsule Delayed Release)</b>	B	4	ST; QL
<b>Betaseron (Subcutaneous Kit)</b>	B	4	
<b>Copaxone (Subcutaneous Solution Prefilled Syringe)</b>	B	4	
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	1	QL
Dimethyl Fumarate (Oral Capsule Delayed Release)	G	1	QL
Dimethyl Fumarate Starter Pack (Oral Capsule Delayed Release Therapy Pack)	G	1	QL
Fingolimod HCl (Oral Capsule)	G	1	QL
<b>Gilenya (Oral Capsule)</b>	B	4	QL
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	G	1	
Glatopa (Subcutaneous Solution Prefilled Syringe)	G	1	
<b>Kesimpta (Subcutaneous Solution Auto-Injector)</b>	B	4	
<b>Mavenclad (10 Tabs) (Oral Tablet Therapy Pack)</b>	B	4	PA
<b>Mavenclad (4 Tabs) (Oral Tablet Therapy Pack)</b>	B	4	PA
<b>Mavenclad (5 Tabs) (Oral Tablet Therapy Pack)</b>	B	4	PA
<b>Mavenclad (6 Tabs) (Oral Tablet Therapy Pack)</b>	B	4	PA
<b>Mavenclad (7 Tabs) (Oral Tablet Therapy Pack)</b>	B	4	PA
<b>Mavenclad (8 Tabs) (Oral Tablet Therapy Pack)</b>	B	4	PA
<b>Mavenclad (9 Tabs) (Oral Tablet Therapy Pack)</b>	B	4	PA
<b>Mayzent (Oral Tablet)</b>	B	4	QL
<b>Mayzent Starter Pack (Oral Tablet Therapy Pack)</b>	B	3	QL
<b>Plegridy (Subcutaneous Solution Pen-Injector)</b>	B	4	QL
<b>Plegridy (Subcutaneous Solution Prefilled Syringe)</b>	B	4	QL
<b>Ponvory (Oral Tablet)</b>	B	4	QL
<b>Ponvory Starter Pack (Oral Tablet Therapy Pack)</b>	B	4	QL
<b>Rebif Rebidose (Subcutaneous Solution Auto-Injector)</b>	B	4	ST
<b>Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)</b>	B	4	ST
<b>Rebif (Subcutaneous Solution Prefilled Syringe)</b>	B	4	ST

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)</b>	B	4	ST
<b>Tascenso ODT (Oral Tablet Dispersible)</b>	B	4	QL
<b>Tecfidera (Oral Capsule Delayed Release)</b>	B	4	QL
<b>Tecfidera (Oral Capsule Delayed Release Therapy Pack)</b>	B	4	QL
Teriflunomide (Oral Tablet)	G	1	QL
<b>Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)</b>	B	4	ST; QL
<b>Zeposia 7-Day Starter Pack (Oral Capsule Therapy Pack)</b>	B	4	PA; QL
<b>Zeposia (Oral Capsule)</b>	B	4	PA; QL
<b>Zeposia Starter Kit (Oral Capsule Therapy Pack)</b>	B	4	PA; QL
<b>Dental and Oral Agents</b>			
<b>Dental and Oral Agents</b>			
Cevimeline HCl (Oral Capsule)	G	1	ST
Chlorhexidine Gluconate (Mouth Solution)	G	1	
<b>Evoxac (Oral Capsule)</b>	B	3	ST
Kourzeq (Mouth/Throat Paste)	G	1	
Periogard (Mouth Solution)	G	1	
Pilocarpine HCl (Oral Tablet)	G	1	
<b>Salagen (Oral Tablet)</b>	B	3	
Triamcinolone Acetonide (Dental Paste)	G	1	
<b>Dermatological Agents</b>			
<b>Acne and Rosacea Agents</b>			
<b>Absorica LD (Oral Capsule)</b>	B	4	PA
<b>Absorica (Oral Capsule)</b>	B	4	PA
<b>Acanya (External Gel)</b>	B	3	
Accutane (10MG Oral Capsule, 20MG Oral Capsule, 40MG Oral Capsule)	G	1	PA
Acitretin (Oral Capsule)	G	1	
Adapalene (External Cream)	G	1	
Adapalene (0.3% External Gel)	G	1	
<b>Adapalene (External Pad)</b>	B	4	
Adapalene-Benzoyl Peroxide (0.1-2.5% External Gel)	G	1	
Adapalene-Benzoyl Peroxide (0.3-2.5% External Gel)	G	1	ST
<b>Aklief (External Cream)</b>	B	3	PA
<b>Altreno (External Lotion)</b>	B	3	PA
Amnesteem (Oral Capsule)	G	1	PA

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Arazlo (External Lotion)</b>	B	3	PA; QL
<b>Atralin (External Gel)</b>	B	3	PA
Azelaic Acid (External Gel)	G	1	QL
<b>Azelex (External Cream)</b>	B	3	QL
<b>Benzamycin (External Gel)</b>	B	3	
Benzoyl Peroxide-Erythromycin (External Gel)	G	1	
<b>Bimzelx (Subcutaneous Solution Auto-Injector)</b>	B	4	PA; QL
<b>Bimzelx (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA; QL
Brimonidine Tartrate (External Gel)	G	1	
<b>Cabtreo (External Gel)</b>	B	3	ST
Claravis (Oral Capsule)	G	1	PA
Clindamycin Phosphate-Benzoyl Peroxide (1.2-3.75% External Gel)	G	1	ST
Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel, 1.2-2.5% External Gel, 1.2-5% External Gel)	G	1	
Clindamycin-Tretinoin (External Gel)	G	1	PA
<b>Differin (External Cream)</b>	B	3	
<b>Differin (0.3% External Gel)</b>	B	3	
<b>Differin (External Lotion)</b>	B	3	
<b>Epiduo (External Gel)</b>	B	3	
<b>Epiduo Forte (External Gel)</b>	B	3	ST
<b>Epsolay (External Cream)</b>	B	3	PA
<b>Fabior (External Foam)</b>	B	3	PA; QL
<b>Finacea (External Foam)</b>	B	3	QL
<b>Finacea (External Gel)</b>	B	3	QL
Isotretinoin (Oral Capsule)	G	1	PA
<b>Mirvaso (External Gel)</b>	B	3	
Neuac (External Gel)	G	1	
<b>Onexton (External Gel)</b>	B	3	ST
<b>Retin-A (External Cream)</b>	B	3	PA
<b>Retin-A (External Gel)</b>	B	3	PA
<b>Retin-A Micro (External Gel)</b>	B	3	PA
<b>Retin-A Micro Pump (0.06% External Gel, 0.08% External Gel)</b>	B	3	PA
Tazarotene (0.1% External Cream)	G	1	PA; QL
<b>Tazarotene (External Foam)</b>	B	3	PA; QL
Tazarotene (External Gel)	G	1	PA; QL
<b>Tazorac (External Cream)</b>	B	3	PA; QL
<b>Tazorac (External Gel)</b>	B	3	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tretinoin (External Cream)	G	1	PA
Tretinoin (External Gel)	G	1	PA
Tretinoin Microsphere (0.04% External Gel, 0.1% External Gel)	G	1	PA
Tretinoin Microsphere Pump (0.08% External Gel)	G	1	PA
<b>Twynéo (External Cream)</b>	B	3	ST
<b>Veltin (1.2-0.025% External Gel)</b>	B	3	PA
<b>Winlevi (External Cream)</b>	B	3	PA
Zenatane (Oral Capsule)	G	1	PA
<b>Ziana (External Gel)</b>	B	3	PA
<b>Dermatitis and Pruritus Agents</b>			
<b>Adbry (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA; QL
<b>Ala Scalp (External Lotion)</b>	B	3	
Ala-Cort (External Cream)	G	1	
Alclometasone Dipropionate (External Cream)	G	1	
Alclometasone Dipropionate (External Ointment)	G	1	
Amcinonide (External Cream)	G	1	
Amcinonide (External Ointment)	G	1	
Ammonium Lactate (External Cream)	G	1	
Ammonium Lactate (External Lotion)	G	1	
<b>ApexiCon E (External Cream)</b>	B	3	QL
Betamethasone Dipropionate Aug (External Cream)	G	1	
Betamethasone Dipropionate Aug (External Gel)	G	1	
Betamethasone Dipropionate Aug (External Lotion)	G	1	
Betamethasone Dipropionate Aug (External Ointment)	G	1	
Betamethasone Dipropionate (External Cream)	G	1	
Betamethasone Dipropionate (External Lotion)	G	1	
Betamethasone Dipropionate (External Ointment)	G	1	
Betamethasone Valerate (External Cream)	G	1	
Betamethasone Valerate (External Foam)	G	1	
Betamethasone Valerate (External Lotion)	G	1	
Betamethasone Valerate (External Ointment)	G	1	
<b>Bryhali (External Lotion)</b>	B	3	
Clobetasol Propionate Emollient Base (External Cream)	G	1	
Clobetasol Propionate Emulsion (External Foam)	G	1	QL
Clobetasol Propionate (External Cream)	G	1	
Clobetasol Propionate (External Foam)	G	1	QL
Clobetasol Propionate (External Gel)	G	1	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Clobetasol Propionate (External Liquid Spray)	G	1	QL
Clobetasol Propionate (External Lotion)	G	1	QL
Clobetasol Propionate (External Ointment)	G	1	
Clobetasol Propionate (External Shampoo)	G	1	
Clobetasol Propionate (External Solution)	G	1	
<b>Clobex (External Lotion)</b>	B	4	QL
<b>Clobex (External Shampoo)</b>	B	4	
<b>Clobex Spray (External Liquid)</b>	B	3	QL
Clocortolone Pivalate (External Cream)	G	1	
Clodan (External Shampoo)	G	1	
<b>Cordran (0.05% External Cream)</b>	B	4	
<b>Cordran (0.05% External Lotion)</b>	B	4	QL
<b>Cordran (External Tape)</b>	B	3	
<b>Derma-Smoothe/FS Scalp (External Oil)</b>	B	3	
Desonide (External Cream)	G	1	QL
Desonide (External Gel)	G	1	ST; QL
Desonide (External Lotion)	G	1	QL
Desonide (External Ointment)	G	1	QL
<b>DesOwen (External Cream)</b>	B	3	QL
Desoximetasone (External Cream)	G	1	QL
Desoximetasone (External Gel)	G	1	
Desoximetasone (External Liquid)	G	1	
Desoximetasone (External Ointment)	G	1	
Diflorasone Diacetate (External Cream)	G	1	QL
Diflorasone Diacetate (External Ointment)	G	1	ST; QL
<b>Diprolene (External Ointment)</b>	B	3	
Doxepin HCl (External Cream)	G	1	PA; QL
<b>Elidel (External Cream)</b>	B	3	ST; QL
<b>Eucrisa (External Ointment)</b>	B	3	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 (External Cream)	G	1	QL
Fluocinonide (External Gel)	G	1	QL
Fluocinonide (External Ointment)	G	1	QL
Fluocinonide (External Solution)	G	1	QL
Flurandrenolide (External Cream)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Flurandrenolide (External Lotion)	G	1	QL
Fluticasone Propionate (External Cream)	G	1	
Fluticasone Propionate (External Lotion)	G	1	
Fluticasone Propionate (External Ointment)	G	1	
Halcinonide (External Cream)	G	1	
Halobetasol Propionate (External Cream)	G	1	
Halobetasol Propionate (External Foam)	G	1	
Halobetasol Propionate (External Ointment)	G	1	
<b>Halog (External Cream)</b>	B	3	
<b>Halog (External Ointment)</b>	B	3	
<b>Halog (External Solution)</b>	B	3	
Hydrocortisone Butyrate (External Cream)	G	1	
Hydrocortisone Butyrate (External Lotion)	G	1	QL
Hydrocortisone Butyrate (External Ointment)	G	1	
Hydrocortisone Butyrate (External Solution)	G	1	
Hydrocortisone (1% External Cream)	G	1	
<b>Hydrocortisone (2% External Lotion)</b>	B	1	
Hydrocortisone (2.5% External Lotion)	G	1	
Hydrocortisone (1% External Ointment, 2.5% External Ointment)	G	1	
Hydrocortisone Valerate (External Cream)	G	1	
Hydrocortisone Valerate (External Ointment)	G	1	
<b>Hyftor (External Gel)</b>	B	4	PA
<b>Kenalog (External Aerosol Solution)</b>	B	4	
<b>Lexette (External Foam)</b>	B	3	
<b>Locoid (External Lotion)</b>	B	4	QL
<b>Locoid Lipocream (External Cream)</b>	B	3	
Mometasone Furoate (External Cream)	G	1	
Mometasone Furoate (External Ointment)	G	1	
Mometasone Furoate (External Solution)	G	1	
<b>Opzelura (External Cream)</b>	B	4	PA; QL
<b>Pandel (External Cream)</b>	B	3	
Pimecrolimus (External Cream)	G	1	ST; QL
<b>Prudoxin (External Cream)</b>	B	3	PA; QL
Selenium Sulfide (External Lotion)	G	1	
<b>Synalar (External Cream)</b>	B	3	
<b>Synalar (External Ointment)</b>	B	3	
Tacrolimus (External Ointment)	G	1	ST

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Texacort (External Solution)</b>	B	3	
<b>Topicort (External Cream)</b>	B	3	QL
<b>Topicort (External Gel)</b>	B	3	
<b>Topicort (0.05% External Ointment)</b>	B	3	
<b>Topicort Spray (External Liquid)</b>	B	3	
Tovet (External Foam)	G	1	QL
Triamcinolone Acetonide (External Cream)	G	1	
Triamcinolone Acetonide (External Lotion)	G	1	
Triamcinolone Acetonide (External Ointment)	G	1	
Triderm (External Cream)	G	1	
<b>Ultravate (External Lotion)</b>	B	4	
<b>Vanos (External Cream)</b>	B	4	QL
<b>Verdeso (0.05% External Foam)</b>	B	4	ST; QL
<b>Zonalon (External Cream)</b>	B	3	PA; QL
<b>Zoryve (0.15% External Cream)</b>	B	3	PA
<b>Dermatological Agents, Other</b>			
Calcipotriene (External Cream)	G	1	QL
<b>Calcipotriene (External Foam)</b>	B	4	
Calcipotriene (External Ointment)	G	1	QL
Calcipotriene (External Solution)	G	1	
Calcipotriene-Betamethasone (External Ointment)	G	1	
Calcipotriene-Betamethasone (External Suspension)	G	1	
Calcitriol (External Ointment)	G	1	
<b>Carac (External Cream)</b>	B	4	
Clotrimazole-Betamethasone (External Cream)	G	1	QL
Clotrimazole-Betamethasone (External Lotion)	G	1	
<b>Condylox (External Gel)</b>	B	3	
Diclofenac Sodium (3% External Gel)	G	1	PA; QL
<b>Duobrii (External Lotion)</b>	B	4	PA
<b>Efudex (External Cream)</b>	B	3	QL
<b>Enstilar (External Foam)</b>	B	4	PA
<b>Filsuvez (External Gel)</b>	B	4	PA
Fluorouracil (External Cream)	G	1	QL
Fluorouracil (External Solution)	G	1	
Hydrocortisone Acetate-Pramoxine (1-1% External Cream)	G	1	
Imiquimod (5% External Cream)	G	1	QL
Imiquimod Pump (3.75% External Cream)	G	1	PA
<b>Klisyri (External Ointment)</b>	B	4	PA; QL



Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Methoxsalen Rapid (Oral Capsule)	G	1	
<b>Neo-Synalar (External Cream)</b>	B	3	
Nystatin-Triamcinolone (External Cream)	G	1	
Nystatin-Triamcinolone (External Ointment)	G	1	
Podofilox (External Gel)	G	1	
Podofilox (External Solution)	G	1	
<b>Proctofoam HC (External Foam)</b>	B	3	
<b>Regranex (External Gel)</b>	B	4	PA
<b>Santyl (External Ointment)</b>	B	3	
<b>Silvadene (External Cream)</b>	B	3	
Silver Sulfadiazine (External Cream)	G	1	
<b>Sorilux (External Foam)</b>	B	4	
<b>SSD (External Cream)</b>	B	1	
<b>Taclonex (External Suspension)</b>	B	4	
<b>Vectical (External Ointment)</b>	B	4	
<b>Veregen (External Ointment)</b>	B	4	
<b>Vtama (External Cream)</b>	B	4	PA
<b>Xerese (External Cream)</b>	B	4	PA
<b>Zoryve (0.3% External Cream)</b>	B	3	PA
<b>Zoryve (External Foam)</b>	B	3	PA
<b>Zyclara Pump (External Cream)</b>	B	4	PA
<b>Pediculicides/Scabicides</b>			
<b>Crotan (External Lotion)</b>	B	4	QL
Ivermectin (External Cream)	G	1	QL
Malathion (External Lotion)	G	1	
<b>Natroba (External Suspension)</b>	B	3	
<b>Ovide (External Lotion)</b>	B	3	
Permethrin (External Cream)	G	1	
<b>Soolantra (External Cream)</b>	B	3	QL
Spinosad (External Suspension)	G	1	
<b>Topical Anti-infectives</b>			
<b>Aczone (External Gel)</b>	B	3	
<b>Altabax (1% External Ointment)</b>	B	3	
Ciclopirox (External Gel)	G	1	
Ciclopirox (External Shampoo)	G	1	
Ciclopirox (External Solution)	G	1	
Ciclopirox Olamine (External Cream)	G	1	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ciclopirox Olamine (External Suspension)	G	1	
<b>Cleocin-T (External Lotion)</b>	B	3	QL
Clindacin ETZ (External Swab)	G	1	QL
Clindacin (External Foam)	G	1	
<b>Clindagel (External Gel)</b>	B	4	QL
Clindamycin Phosphate (External Foam)	G	1	
Clindamycin Phosphate (External Gel)	G	1	QL
Clindamycin Phosphate (External Lotion)	G	1	QL
Clindamycin Phosphate (External Solution)	G	1	QL
Clindamycin Phosphate (External Swab)	G	1	QL
Clotrimazole (External Cream)	G	1	
Clotrimazole (External Solution)	G	1	
Dapsone (External Gel)	G	1	
Econazole Nitrate (External Cream)	G	1	QL
<b>Ertaczo (External Cream)</b>	B	4	
Ery (External Pad)	G	1	
<b>Erygel (External Gel)</b>	B	3	
Erythromycin (External Gel)	G	1	
Erythromycin (External Solution)	G	1	
Gentamicin Sulfate (External Cream)	G	1	
Gentamicin Sulfate (External Ointment)	G	1	
<b>Jublia (External Solution)</b>	B	3	
Ketoconazole (External Cream)	G	1	QL
Ketoconazole (External Foam)	G	1	QL
Ketoconazole (External Shampoo)	G	1	
Ketodan (External Foam)	G	1	QL
<b>Klaron (External Lotion)</b>	B	3	PA
<b>Loprox (1% External Shampoo)</b>	B	3	
<b>Luliconazole (External Cream)</b>	B	3	QL
<b>Luzu (External Cream)</b>	B	3	QL
Mafenide Acetate (External Packet)	G	1	
Mupirocin Calcium (External Cream)	G	1	
Mupirocin (External Ointment)	G	1	QL
Naftifine HCl (External Cream)	G	1	
Naftifine HCl (External Gel)	G	1	
<b>Naftin (2% External Gel)</b>	B	3	
Nyamyc (External Powder)	G	1	QL
Nystatin (External Cream)	G	1	
Nystatin (External Ointment)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Nystatin (External Powder)	G	1	QL
Nystop (External Powder)	G	1	QL
Oxiconazole Nitrate (External Cream)	G	1	QL
<b>Oxistat (External Lotion)</b>	B	3	QL
Sulfacetamide Sodium (Acne) (External Lotion)	G	1	PA
<b>Sulfamylon (External Cream)</b>	B	3	
Tavaborole (External Solution)	G	1	
<b>Electrolytes/Minerals/Metals/Vitamins</b>			
<b>Electrolyte/Mineral Replacement</b>			
<b>Carbaglu (Oral Tablet Soluble)</b>	B	4	
Carglumic Acid (Oral Tablet Soluble)	G	1	
<b>Clinimix E/Dextrose (2.75/5) (Intravenous Solution)</b>	B	3	B/D,PA
<b>Clinimix E/Dextrose (4.25/10) (Intravenous Solution)</b>	B	3	B/D,PA
<b>Clinimix E/Dextrose (4.25/5) (Intravenous Solution)</b>	B	3	B/D,PA
<b>Clinimix E/Dextrose (5/15) (Intravenous Solution)</b>	B	3	B/D,PA
<b>Clinimix E/Dextrose (5/20) (Intravenous Solution)</b>	B	3	B/D,PA
<b>Clinimix/Dextrose (4.25/10) (Intravenous Solution)</b>	B	3	B/D,PA
<b>Clinimix/Dextrose (4.25/5) (Intravenous Solution)</b>	B	3	B/D,PA
<b>Clinimix/Dextrose (5/15) (Intravenous Solution)</b>	B	3	B/D,PA
<b>Clinimix/Dextrose (5/20) (Intravenous Solution)</b>	B	3	B/D,PA
<b>Clinisol SF (Intravenous Solution)</b>	B	3	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
<b>Endari (Oral Packet)</b>	B	4	PA
<b>Intralipid (Intravenous Emulsion)</b>	B	3	B/D,PA
<b>Isolyte-P in D5W (Intravenous Solution)</b>	B	3	
<b>Isolyte-S pH 7.4 (Intravenous Solution)</b>	B	3	
KCl in Dextrose-NaCl (Intravenous Solution)	G	1	
KCl-Lactated Ringers-D5W (Intravenous Solution)	G	1	
<b>Klor-Con 10 (Oral Tablet Extended Release)</b>	B	1	
Klor-Con M10 (Oral Tablet Extended Release)	G	1	
Klor-Con M15 (Oral Tablet Extended Release)	G	1	
Klor-Con M20 (Oral Tablet Extended Release)	G	1	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Klor-Con (Oral Packet)	G	1	
<b>Klor-Con 8 (Oral Tablet Extended Release)</b>	B	1	
L-Glutamine (Oral Packet)	G	1	PA
Magnesium Sulfate (Injection Solution)	G	1	
Multiple Electrolytes Type 1 pH 5.5 (Intravenous Solution)	G	1	
<b>Nutrilipid (Intravenous Emulsion)</b>	B	3	B/D,PA
<b>Plasma-Lyte 148 (Intravenous Solution)</b>	B	3	
<b>Plasma-Lyte A (Intravenous Solution)</b>	B	3	
<b>Plenamaine (Intravenous Solution)</b>	B	3	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	
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
<b>Premasol (Intravenous Solution)</b>	B	4	B/D,PA
<b>Prosol (Intravenous Solution)</b>	B	3	B/D,PA
Sodium Chloride (0.45% Intravenous Solution)	G	1	
Sodium Chloride (0.9% Intravenous Solution, 3% Intravenous Solution, 5% Intravenous Solution)	G	1	B/D,PA
Sodium Chloride (Irrigation Solution)	G	1	
Sodium Fluoride (Oral Tablet)	G	1	
<b>TPN Electrolytes (Intravenous Concentrate)</b>	B	3	
<b>Travasol (Intravenous Solution)</b>	B	3	B/D,PA
<b>TrophAmine (Intravenous Solution)</b>	B	3	B/D,PA
<b>Urocit-K 10 (Oral Tablet Extended Release)</b>	B	3	
<b>Urocit-K 15 (Oral Tablet Extended Release)</b>	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Urocit-K 5 (5 MEQ(540 MG) Oral Tablet Extended Release)</b>	B	3	
<b>Electrolyte/Mineral/Metal Modifiers</b>			
<b>Chemet (Oral Capsule)</b>	B	4	
<b>Cuvrior (Oral Tablet)</b>	B	4	PA; QL
Deferasirox Granules (Oral Packet)	G	1	PA
Deferasirox (Oral Tablet) (Generic Jadenu)	G	1	PA
Deferasirox (Oral Tablet Soluble) (Generic Exjade)	G	1	PA
Deferiprone (Oral Tablet)	G	1	PA
<b>Exjade (Oral Tablet Soluble)</b>	B	4	PA
<b>Ferriprox (Oral Solution)</b>	B	4	PA
<b>Ferriprox (Oral Tablet)</b>	B	4	PA
<b>Ferriprox Twice-A-Day (Oral Tablet)</b>	B	4	PA
<b>Jadenu (Oral Tablet)</b>	B	4	PA
<b>Jadenu Sprinkle (Oral Packet)</b>	B	4	PA
<b>Jynarque (Oral Tablet)</b>	B	4	PA
<b>Jynarque (Oral Tablet Therapy Pack)</b>	B	4	PA; QL
<b>Samsca (Oral Tablet)</b>	B	4	PA
<b>Syprine (Oral Capsule)</b>	B	4	PA; QL
Tolvaptan (Oral Tablet)	G	1	PA
Trientine HCl (Oral Capsule)	G	1	PA; QL
<b>Potassium Binders</b>			
<b>Kionex (Oral Suspension)</b>	B	3	
<b>Lokelma (Oral Packet)</b>	B	3	QL
Sodium Polystyrene Sulfonate (Oral Powder)	G	1	
<b>SPS (Oral Suspension)</b>	B	3	
<b>Veltassa (16.8GM Oral Packet, 25.2GM Oral Packet, 8.4GM Oral Packet)</b>	B	3	QL
<b>Vitamins</b>			
Prenatal (27-1MG Oral Tablet)	G	1	
<b>Gastrointestinal Agents</b>			
<b>Anti-Constipation Agents</b>			
<b>Amitiza (Oral Capsule)</b>	B	3	QL
Constulose (Oral Solution)	G	3	
Enulose (Oral Solution)	G	1	
Generlac (Oral Solution)	G	1	
<b>Ibsrela (Oral Tablet)</b>	B	4	PA; QL
<b>Kristalose (Oral Packet)</b>	B	3	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Lactulose (Oral Packet)	G	1	
Lactulose (10GM/15ML Oral Solution)	G	1	
<b>Linzess (Oral Capsule)</b>	B	2	QL
Lubiprostone (Oral Capsule)	G	1	QL
<b>Motegrity (Oral Tablet)</b>	B	3	QL
<b>Movantik (Oral Tablet)</b>	B	2	QL
<b>Relistor (Oral Tablet)</b>	B	4	PA
<b>Relistor (Subcutaneous Solution)</b>	B	4	PA
<b>Symproic (Oral Tablet)</b>	B	3	PA; QL
<b>Trulance (Oral Tablet)</b>	B	2	
<b>Anti-Diarrheal Agents</b>			
Alosetron HCl (Oral Tablet)	G	1	PA
Diphenoxylate-Atropine (Oral Liquid)	G	1	HRM
Diphenoxylate-Atropine (Oral Tablet)	G	1	HRM
<b>Lomotil (Oral Tablet)</b>	B	3	HRM
Loperamide HCl (Oral Capsule)	G	1	
<b>Lotronex (Oral Tablet)</b>	B	4	PA
<b>Mytesi (Oral Tablet Delayed Release)</b>	B	4	PA
<b>Viberzi (Oral Tablet)</b>	B	4	PA; QL
<b>Xermelo (Oral Tablet)</b>	B	4	PA; QL
<b>Antispasmodics, Gastrointestinal</b>			
Chlordiazepoxide-Clidinium (Oral Capsule)	G	1	HRM
<b>Cuvposa (Oral Solution)</b>	B	3	PA
Dicyclomine HCl (Oral Capsule)	G	1	HRM
Dicyclomine HCl (Oral Solution)	G	1	HRM
Dicyclomine HCl (Oral Tablet)	G	1	HRM
<b>Glycate (Oral Tablet)</b>	B	3	PA
Glycopyrrolate (Oral Solution) (Generic Cuvposa)	G	1	PA
<b>Glycopyrrolate (1.5MG Oral Tablet)</b>	B	4	PA
Glycopyrrolate (1MG Oral Tablet, 2MG Oral Tablet)	G	1	PA
Methscopolamine Bromide (Oral Tablet)	G	1	HRM
<b>Robinul (Oral Tablet)</b>	B	3	PA
<b>Robinul-Forte (Oral Tablet)</b>	B	4	PA
<b>Gastrointestinal Agents, Other</b>			
Amoxicillin-Clarithromycin-Lansoprazole (Oral Therapy Pack)	G	1	
Bismuth Subcitrate/Metronidazole/Tetracycline	G	1	
<b>Bylvy (Pellets) (Oral Capsule Sprinkle)</b>	B	4	PA
<b>Bylvy (Oral Capsule)</b>	B	4	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Chenodal (Oral Tablet)</b>	B	4	PA
<b>Clenpiq (Oral Solution)</b>	B	2	
<b>Gattex (Subcutaneous Kit)</b>	B	4	PA
GaviLyte-C (Oral Solution Reconstituted)	G	1	
GaviLyte-G (Oral Solution Reconstituted)	G	1	
GaviLyte-N with Flavor Pack (Oral Solution Reconstituted)	G	1	
<b>GoLYTELY (Oral Solution Reconstituted)</b>	B	3	
<b>Helidac Therapy (Oral)</b>	B	4	
<b>Livmarli (9.5MG/ML Oral Solution)</b>	B	4	PA
<b>MoviPrep (Oral Solution Reconstituted)</b>	B	3	
<b>Myalept (Subcutaneous Solution Reconstituted)</b>	B	4	PA
Sodium Sulfate-Potassium Sulfate-Magnesium Sulfate (Oral Solution)	G	1	
<b>Ocaliva (Oral Tablet)</b>	B	4	PA; QL
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	G	1	
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	G	1	
PEG-3350/Electrolytes/Ascorbat (Oral Solution Reconstituted) (Generic MoviPrep)	G	1	
<b>Plenvu (Oral Solution Reconstituted)</b>	B	3	
<b>Pylera (Oral Capsule)</b>	B	3	
<b>Reltone (Oral Capsule)</b>	B	4	
<b>Suflave (Oral Solution Reconstituted)</b>	B	3	
<b>Suprep Bowel Prep Kit (Oral Solution)</b>	B	3	
<b>Sutab (Oral Tablet)</b>	B	2	
<b>Talicia (Oral Capsule Delayed Release)</b>	B	3	
<b>Urso 250 (250MG Oral Tablet)</b>	B	3	
<b>Urso Forte (Oral Tablet)</b>	B	3	
<b>Ursodiol (200MG Oral Capsule, 400MG Oral Capsule)</b>	B	4	
Ursodiol (300MG Oral Capsule)	G	1	
Ursodiol (Oral Tablet)	G	1	
<b>Voquezna Dual Pak (Oral Therapy Pack)</b>	B	3	PA
<b>Voquezna Triple Pak (Oral Therapy Pack)</b>	B	3	PA
<b>Vowst (Oral Capsule)</b>	B	4	PA
<b>Histamine2 (H2) Receptor Antagonists</b>			
Cimetidine (Oral Tablet)	G	1	
Famotidine (Oral Suspension Reconstituted)	G	1	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	G	1	
Nizatidine (Oral Capsule)	G	1	
<b>Pepcid (Oral Tablet)</b>	B	3	
<b>Protectants</b>			
<b>Carafate (Oral Suspension)</b>	B	3	
<b>Carafate (Oral Tablet)</b>	B	3	
<b>Cytotec (Oral Tablet)</b>	B	3	
Misoprostol (Oral Tablet)	G	1	
Sucralfate (Oral Suspension)	G	1	
Sucralfate (Oral Tablet)	G	1	
<b>Proton Pump Inhibitors</b>			
<b>Dexilant (Oral Capsule Delayed Release)</b>	B	3	ST; QL
Dexlansoprazole (Oral Capsule Delayed Release)	G	1	ST; QL
Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)	G	1	QL
Esomeprazole Magnesium (Oral Packet)	G	1	
<b>Konvomep (Oral Suspension Reconstituted)</b>	B	3	PA
Lansoprazole (Oral Capsule Delayed Release)	G	1	QL
Lansoprazole ODT (Oral Tablet Delayed Release Dispersible)	G	1	
<b>Nexium (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)</b>	B	3	QL
<b>Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet)</b>	B	3	
Omeprazole (10MG Oral Capsule Delayed Release)	G	1	QL
Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	G	1	
Omeprazole-Sodium Bicarbonate (Oral Capsule)	G	1	PA
Omeprazole-Sodium Bicarbonate (Oral Packet)	G	1	PA
Pantoprazole Sodium (Oral Packet)	G	1	ST
Pantoprazole Sodium (Oral Tablet Delayed Release)	G	1	QL
<b>Prevacid (Oral Capsule Delayed Release)</b>	B	3	QL
<b>Prevacid SoluTab (Oral Tablet Delayed Release Dispersible)</b>	B	3	
<b>Prilosec (Oral Packet)</b>	B	3	PA
<b>Protonix (Oral Packet)</b>	B	3	ST
<b>Protonix (Oral Tablet Delayed Release)</b>	B	3	QL
Rabeprazole Sodium (Oral Tablet Delayed Release)	G	1	
<b>Voquezna (Oral Tablet)</b>	B	3	PA; QL



Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Zegerid (Oral Capsule)</b>	B	4	PA
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>			
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>			
<b>Aralast NP (1000MG Intravenous Solution Reconstituted)</b>	B	4	PA
Betaine (Oral Powder)	G	1	
<b>Buphenyl (Oral Powder)</b>	B	4	
<b>Buphenyl (Oral Tablet)</b>	B	4	
<b>Carnitor (Oral Solution)</b>	B	3	
<b>Carnitor (Oral Tablet)</b>	B	3	
<b>Cerdelga (Oral Capsule)</b>	B	4	PA
<b>Cholbam (Oral Capsule)</b>	B	4	PA
<b>Creon (Oral Capsule Delayed Release Particles)</b>	B	2	
Cromolyn Sodium (Oral Concentrate)	G	1	
<b>Cystadane (Oral Powder)</b>	B	4	
<b>Cystagon (Oral Capsule)</b>	B	3	
<b>Daybue (Oral Solution)</b>	B	4	PA; QL
<b>Dojolvi (Oral Liquid)</b>	B	4	PA
<b>Evrystdi (Oral Solution Reconstituted)</b>	B	4	PA; QL
<b>Galafold (Oral Capsule)</b>	B	4	
<b>Gastrocrom (Oral Concentrate)</b>	B	4	
<b>Glassia (Intravenous Solution)</b>	B	4	PA
<b>Javygtor (Oral Packet)</b>	B	4	
<b>Javygtor (Oral Tablet)</b>	B	4	
<b>Keveyis (Oral Tablet)</b>	B	4	PA; QL
<b>Kuvan (Oral Packet)</b>	B	4	
<b>Kuvan (Oral Tablet)</b>	B	4	
Levocarnitine (Oral Solution)	G	1	
Levocarnitine (Oral Tablet)	G	1	
Miglustat (Oral Capsule)	G	1	PA
Nitisinone (Oral Capsule)	G	1	
<b>Nityr (Oral Tablet)</b>	B	4	
<b>Olpruva (2GM Dose) (Oral Therapy Pack)</b>	B	4	QL
<b>Olpruva (3GM Dose) (Oral Therapy Pack)</b>	B	4	QL
<b>Olpruva (4GM Dose) (Oral Therapy Pack)</b>	B	4	QL
<b>Olpruva (5GM Dose) (Oral Therapy Pack)</b>	B	4	QL
<b>Olpruva (6GM Dose) (Oral Therapy Pack)</b>	B	4	QL
<b>Olpruva (6.67GM Dose) (Oral Therapy Pack)</b>	B	4	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Orfadin (Oral Capsule)	B	4	
Orfadin (Oral Suspension)	B	4	
Ormalvi (Oral Tablet)	B	4	PA; QL
Oxbryta (Oral Tablet)	B	4	PA; QL
Oxbryta (Oral Tablet Soluble)	B	4	PA; QL
Palynziq (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Pancreaze (10500-35500UNIT Oral Capsule Delayed Release Particles, 16800-56800UNIT Oral Capsule Delayed Release Particles, 2600-8800UNIT Oral Capsule Delayed Release Particles, 4200-14200UNIT Oral Capsule Delayed Release Particles)	B	3	ST
Pancreaze (21000-54700UNIT Oral Capsule Delayed Release Particles, 37000-97300UNIT Oral Capsule Delayed Release Particles)	B	4	ST
Pertzye (16000-57500UNIT Oral Capsule Delayed Release Particles, 24000-86250UNIT Oral Capsule Delayed Release Particles)	B	4	ST
Pertzye (4000-14375UNIT Oral Capsule Delayed Release Particles, 8000-28750UNIT Oral Capsule Delayed Release Particles)	B	3	ST
Pheburane (Oral Pellet)	B	4	
Procysbi (Oral Packet)	B	4	
Prolastin-C (Intravenous Solution)	B	4	PA
Pyrukynd (Oral Tablet)	B	4	PA; QL
Pyrukynd Taper Pack (Oral Tablet Therapy Pack)	B	4	PA; QL
Ravicti (Oral Liquid)	B	4	
Revcovi (Intramuscular Solution)	B	4	PA
Rivfloza (Subcutaneous Solution)	B	4	PA; QL
Rivfloza (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Sapropterin Dihydrochloride (Oral Packet)	G	1	
Sapropterin Dihydrochloride (Oral Tablet)	G	1	
Sodium Phenylbutyrate (Oral Powder)	G	1	
Sodium Phenylbutyrate (Oral Tablet)	G	1	
Sucraid (Oral Solution)	B	4	
Tegsedi (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Viokace (10440-39150UNIT Oral Tablet)	B	3	ST
Viokace (20880-78300UNIT Oral Tablet)	B	4	ST
Voxzogo (Subcutaneous Solution Reconstituted)	B	4	PA; QL
Vyndamax (Oral Capsule)	B	4	PA; QL
Vyndaqel (Oral Capsule)	B	4	PA; QL
Wainua (Subcutaneous Solution Auto-Injector)	B	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Welireg (Oral Tablet)</b>	B	4	PA; QL
Yargesa (Oral Capsule)	G	1	PA
<b>Zavesca (Oral Capsule)</b>	B	4	PA
<b>Zemaira (1000MG Intravenous Solution Reconstituted)</b>	B	4	PA
<b>Zenpep (Oral Capsule Delayed Release Particles)</b>	B	2	
<b>Genitourinary Agents</b>			
<b>Antispasmodics, Urinary</b>			
Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
<b>Detrol LA (Oral Capsule Extended Release 24 Hour)</b>	B	3	
<b>Detrol (Oral Tablet)</b>	B	3	
Fesoterodine Fumarate ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Flavoxate HCl (Oral Tablet)	G	1	
<b>Gemtesa (Oral Tablet)</b>	B	3	
<b>Myrbetriq (Oral Suspension Reconstituted ER)</b>	B	2	
<b>Myrbetriq (Oral Tablet Extended Release 24 Hour)</b>	B	1	
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	G	1	
Oxybutynin Chloride (Oral Solution)	G	1	
Oxybutynin Chloride (5MG Oral Tablet Immediate Release)	G	1	
<b>Oxytrol (Transdermal Patch Twice Weekly)</b>	B	3	
Solifenacin Succinate (Oral Tablet)	G	1	QL
Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour)	G	1	
Tolterodine Tartrate (Oral Tablet)	G	1	
<b>Toviaz (Oral Tablet Extended Release 24 Hour)</b>	B	3	ST; QL
Trospium Chloride ER (Oral Capsule Extended Release 24 Hour)	G	1	
Trospium Chloride (Oral Tablet)	G	1	
<b>Vesicare LS (Oral Suspension)</b>	B	3	PA; QL
<b>Vesicare (Oral Tablet)</b>	B	3	QL
<b>Benign Prostatic Hypertrophy Agents</b>			
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	
<b>Cardura XL (Oral Tablet Extended Release 24 Hour)</b>	B	3	QL
<b>Cialis (2.5MG Oral Tablet, 5MG Oral Tablet)</b>	B	3	PA; QL
Dutasteride (Oral Capsule)	G	1	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Dutasteride-Tamsulosin HCl (Oral Capsule)	G	1	
<b>Entadfi (Oral Capsule)</b>	B	3	ST; QL
Finasteride (5MG Oral Tablet) (Generic Proscar)	G	1	
<b>Flomax (Oral Capsule)</b>	B	3	
<b>Proscar (Oral Tablet)</b>	B	3	
<b>Rapaflo (Oral Capsule)</b>	B	3	QL
Silodosin (Oral Capsule)	G	1	QL
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	G	1	PA; QL
Tamsulosin HCl (Oral Capsule)	G	1	
Terazosin HCl (Oral Capsule)	G	1	
<b>Uroxatral (Oral Tablet Extended Release 24 Hour)</b>	B	3	
<b>Genitourinary Agents, Other</b>			
Bethanechol Chloride (Oral Tablet)	G	1	
<b>Cuprimine (Oral Capsule)</b>	B	4	PA
<b>Depen Titratabs (Oral Tablet)</b>	B	4	
<b>Elmiron (Oral Capsule)</b>	B	3	
<b>Lithostat (Oral Tablet)</b>	B	3	
Penicillamine (Oral Capsule)	G	1	PA
Penicillamine (Oral Tablet)	G	1	
<b>Phexxi (Vaginal Gel)</b>	B	3	
<b>Thiola EC (Oral Tablet Delayed Release)</b>	B	4	
<b>Thiola (Oral Tablet Immediate Release)</b>	B	4	
Tiopronin (Oral Tablet Immediate Release)	G	1	
Tiopronin (Oral Tablet Delayed Release)	G	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>			
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>			
<b>Acthar Gel (Subcutaneous Auto-Injector)</b>	B	4	PA
<b>Acthar (Injection Gel)</b>	B	4	PA
<b>Agamree (Oral Suspension)</b>	B	4	PA; QL
<b>Alkindi Sprinkle (0.5MG Oral Capsule Sprinkle)</b>	B	3	
<b>Alkindi Sprinkle (1MG Oral Capsule Sprinkle, 2MG Oral Capsule Sprinkle, 5MG Oral Capsule Sprinkle)</b>	B	4	
<b>Cortef (Oral Tablet)</b>	B	3	
<b>Cortrophin (Injection Gel)</b>	B	4	PA
Deflazacort (Oral Suspension)	G	1	PA
Deflazacort (Oral Tablet)	G	1	PA
<b>Dexabliss (Oral Tablet Therapy Pack)</b>	B	3	
Dexamethasone (Oral Solution)	G	1	
Dexamethasone (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Dexamethasone (Oral Tablet Therapy Pack)	G	1	
<b>Emflaza (Oral Suspension)</b>	B	4	PA
<b>Emflaza (Oral Tablet)</b>	B	4	PA
Fludrocortisone Acetate (Oral Tablet)	G	1	
<b>Hemady (Oral Tablet)</b>	B	3	
Hydrocortisone (Oral Tablet)	G	1	
<b>Medrol (Oral Tablet)</b>	B	3	
<b>Medrol (Oral Tablet Therapy Pack)</b>	B	3	
Methylprednisolone (Oral Tablet)	G	1	
Methylprednisolone (Oral Tablet Therapy Pack)	G	1	
<b>Orapred ODT (Oral Tablet Dispersible)</b>	B	3	
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, 6.7MG/5ML Oral Solution)	G	1	
Prednisolone Sodium Phosphate ODT (Oral Tablet Dispersible)	G	1	
Prednisone Intensol (Oral Concentrate)	G	1	
Prednisone (5MG/5ML Oral Solution)	G	1	
Prednisone (Oral Tablet)	G	1	
Prednisone (Oral Tablet Therapy Pack)	G	1	
<b>Rayos (Oral Tablet Delayed Release)</b>	B	4	PA
<b>TaperDex 12-Day (Oral Tablet Therapy Pack)</b>	B	3	
<b>TaperDex 6-Day (Oral Tablet Therapy Pack)</b>	B	3	
<b>TaperDex 7-Day (Oral Tablet Therapy Pack)</b>	B	3	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>			
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>			
<b>DDAVP (Oral Tablet)</b>	B	3	
Desmopressin Acetate (Oral Tablet)	G	1	
Desmopressin Acetate Spray (Nasal Solution)	G	1	
<b>Egrifta SV (2MG Subcutaneous Solution Reconstituted)</b>	B	4	PA
<b>Genotropin MiniQuick (0.2MG Subcutaneous Prefilled Syringe)</b>	B	3	PA

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>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>	B	4	PA
<b>Genotropin (12MG Subcutaneous Cartridge)</b>	B	4	PA
<b>Genotropin (5MG Subcutaneous Cartridge)</b>	B	3	PA
<b>Humatrope (Injection Cartridge)</b>	B	4	PA
<b>Increlex (Subcutaneous Solution)</b>	B	4	PA
<b>Ngenla (Subcutaneous Solution Pen-Injector)</b>	B	4	PA
<b>Norditropin FlexPro (Subcutaneous Solution Pen-Injector)</b>	B	4	PA
<b>Omnitrope (10MG/1.5ML Subcutaneous Solution Cartridge)</b>	B	4	PA
<b>Omnitrope (5MG/1.5ML Subcutaneous Solution Cartridge)</b>	B	3	PA
<b>Omnitrope (Subcutaneous Solution Reconstituted)</b>	B	4	PA
<b>Serostim (Subcutaneous Solution Reconstituted)</b>	B	4	PA
<b>Skytrofa (Subcutaneous Cartridge)</b>	B	4	PA
<b>Sogroya (Subcutaneous Solution Pen-Injector)</b>	B	4	PA
<b>Zomacton (Subcutaneous Solution Reconstituted)</b>	B	3	PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>			
<b>Androgens</b>			
<b>AndroGel Pump (Transdermal Gel)</b>	B	3	
<b>Aveed (Intramuscular Solution)</b>	B	3	PA
Danazol (Oral Capsule)	G	1	
<b>Depo-Testosterone (Intramuscular Solution)</b>	B	3	
<b>Jatenzo (158MG Oral Capsule, 198MG Oral Capsule)</b>	B	3	PA
<b>Jatenzo (237MG Oral Capsule)</b>	B	4	PA
<b>Methitest (Oral Tablet)</b>	B	4	PA
Methyltestosterone (Oral Capsule)	G	1	PA
<b>Testim (Transdermal Gel)</b>	B	3	
Testosterone Cypionate (Intramuscular Solution)	G	1	
Testosterone Enanthate (Intramuscular Solution)	G	1	
Testosterone Pump (2% Transdermal Gel, 1% Transdermal Gel, 1.62% Transdermal Gel), Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 25MG/2.5GM 1% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel, 50MG/5GM 1% Transdermal Gel)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Testosterone (Transdermal Solution)	G	1	
<b>Tlando (Oral Capsule)</b>	B	3	PA
<b>Vogelxo Pump (Transdermal Gel)</b>	B	3	
<b>Vogelxo (Transdermal Gel)</b>	B	3	
<b>Xyosted (Subcutaneous Solution Auto-Injector)</b>	B	3	PA
<b>Estrogens</b>			
<b>Activella (Oral Tablet)</b>	B	3	HRM
Altavera (Oral Tablet)	G	1	
Alyacen 1/35 (Oral Tablet)	G	1	
Amethia (Oral Tablet)	G	1	
<b>Angeliq (Oral Tablet)</b>	B	3	HRM
<b>Anovera (Vaginal Ring)</b>	B	3	QL
Apri (Oral Tablet)	G	1	
Aranelle (Oral Tablet)	G	1	
Ashlyna (Oral Tablet)	G	1	
Aubra EQ (Oral Tablet)	G	1	
Aviane (Oral Tablet)	G	1	
Azurette (Oral Tablet)	G	1	
<b>Balcoltra (Oral Tablet)</b>	B	3	
Balziva (Oral Tablet)	G	1	
<b>Beyaz (Oral Tablet)</b>	B	3	
<b>Bijuva (Oral Capsule)</b>	B	3	HRM
Blisovi 24 Fe (Oral Tablet)	G	1	
Blisovi Fe 1.5/30 (Oral Tablet)	G	1	
Briellyn (Oral Tablet)	G	1	
<b>Camrese Lo (Oral Tablet)</b>	B	1	
<b>Climara Pro (Transdermal Patch Weekly)</b>	B	3	HRM
<b>Climara (Transdermal Patch Weekly)</b>	B	3	HRM; QL
<b>CombiPatch (Transdermal Patch Twice Weekly)</b>	B	3	HRM
Cryselle-28 (Oral Tablet)	G	1	
Cyred EQ (Oral Tablet)	G	1	
<b>Delestrogen (10MG/ML Intramuscular Oil, 20MG/ML Intramuscular Oil)</b>	B	3	
<b>Depo-Estradiol (Intramuscular Oil)</b>	B	3	
Desogestrel-Ethinyl Estradiol (Oral Tablet)	G	1	
<b>Divigel (Transdermal Gel)</b>	B	3	HRM
Dolishale (Oral Tablet)	G	1	
Dotti (Transdermal Patch Twice Weekly)	G	1	HRM; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Drospirenone-Ethinyl Estradiol (Oral Tablet)	G	1	
Drospirenone-Ethinyl Estradiol-Levomefolate (3-0.02-0.451MG Oral Tablet)	G	1	
<b>Duavee (Oral Tablet)</b>	B	3	HRM
<b>Elestrin (Transdermal Gel)</b>	B	3	HRM
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	
<b>Estrace (Oral Tablet)</b>	B	3	HRM
<b>Estrace (Vaginal Cream)</b>	B	3	
Estradiol (Oral Tablet)	G	1	HRM
Estradiol (Transdermal Gel)	G	1	HRM
Estradiol (Transdermal Patch Twice Weekly)	G	1	HRM; QL
Estradiol (Transdermal Patch Weekly)	G	1	HRM; QL
Estradiol (Vaginal Cream)	G	1	
Estradiol (Vaginal Tablet)	G	1	
Estradiol Valerate (Intramuscular Oil)	G	1	
Estradiol-Norethindrone Acetate (Oral Tablet)	G	1	HRM
<b>Estring (Vaginal Ring)</b>	B	3	
Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet)	G	1	
Etonogestrel-Ethinyl Estradiol (Vaginal Ring)	G	1	
<b>Evamist (Transdermal Solution)</b>	B	3	HRM
Falmina (Oral Tablet)	G	1	
<b>Femring (Vaginal Ring)</b>	B	3	
Finzala (Oral Tablet Chewable)	G	1	
Fyavolv (Oral Tablet)	G	1	HRM
Gemmily (Oral Capsule)	G	1	
Hailey 24 Fe (Oral Tablet)	G	1	
Haloette (Vaginal Ring)	G	1	
Iclevia (Oral Tablet)	G	1	
<b>Imvexy Maintenance Pack (Vaginal Insert)</b>	B	2	PA
<b>Imvexy Starter Pack (Vaginal Insert)</b>	B	2	PA
Introvale (Oral Tablet)	G	1	
Isibloom (Oral Tablet)	G	1	
Jasmiel (Oral Tablet)	G	1	
Jinteli (Oral Tablet)	G	1	HRM
Joyeaux (Oral Tablet)	G	1	



Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
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	
Kaitlib Fe (Oral Tablet Chewable)	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	
Layolis Fe (Oral Tablet Chewable)	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	
<b>Levora 0.15/30 (28) (Oral Tablet)</b>	B	1	
<b>Lo Loestrin Fe (Oral Tablet)</b>	B	3	
<b>Loestrin 1.5/30 (21) (Oral Tablet)</b>	B	3	
<b>Loestrin 1/20 (21) (Oral Tablet)</b>	B	3	
<b>Loestrin Fe 1.5/30 (Oral Tablet)</b>	B	3	
<b>Loestrin Fe 1/20 (Oral Tablet)</b>	B	3	
Loryna (Oral Tablet)	G	1	
Low-Ogestrel (Oral Tablet)	G	1	
Lutera (Oral Tablet)	G	1	
Lyllana (Transdermal Patch Twice Weekly)	G	1	HRM; QL
Marlissa (Oral Tablet)	G	1	
<b>Menest (Oral Tablet)</b>	B	3	HRM
<b>Menostar (Transdermal Patch Weekly)</b>	B	3	HRM; QL
Merzee (Oral Capsule)	G	1	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Mibelas 24 Fe (Oral Tablet Chewable)	G	1	
Microgestin 1.5/30 (Oral Tablet)	G	1	
Microgestin 1/20 (Oral Tablet)	G	1	
Microgestin 24 Fe (Oral Tablet)	G	1	
Microgestin Fe 1.5/30 (Oral Tablet)	G	1	
Microgestin Fe 1/20 (Oral Tablet)	G	1	
Mili (Oral Tablet)	G	1	
Mimvey (Oral Tablet)	G	1	HRM
<b>Minivelle (Transdermal Patch Twice Weekly)</b>	B	3	HRM; QL
<b>Natazia (Oral Tablet)</b>	B	3	
Necon 0.5/35 (28) (Oral Tablet)	G	1	
<b>Nextstellis (Oral Tablet)</b>	B	3	
Nikki (Oral Tablet)	G	1	
Norelgestromin-Ethinyl Estradiol (Transdermal Patch Weekly)	G	1	
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG(24) Oral Capsule)	G	1	
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG Oral Tablet)	G	1	
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG Oral Tablet Chewable)	G	1	
Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet)	G	1	
Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)	G	1	HRM
Norethindrone-Ethinyl Estradiol-Fe (1-20MG-MCG/1-30MG-MCG/1-35MG-MCG Oral Tablet)	G	1	
Norethindrone Acetate-Ethinyl Estradiol-Fe (0.4-35MG-MCG Oral Tablet Chewable, 0.8-25MG-MCG Oral Tablet Chewable)	G	1	
Norgestimate-Ethinyl Estradiol (Oral Tablet)	G	1	
Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)	G	1	
Nortrel 0.5/35 (28) (Oral Tablet)	G	1	
Nortrel 1/35 (21) (Oral Tablet)	G	1	
Nortrel 1/35 (28) (Oral Tablet)	G	1	
Nortrel 7/7/7 (Oral Tablet)	G	1	
<b>NuvaRing (Vaginal Ring)</b>	B	3	
Nylia 1/35 (Oral Tablet)	G	1	
Nylia 7/7/7 (Oral Tablet)	G	1	
Nymyo (Oral Tablet)	G	1	
Ocella (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Pimtreea (Oral Tablet)	G	1	
Portia-28 (Oral Tablet)	G	1	
<b>Premarin (Oral Tablet)</b>	B	3	HRM; QL
<b>Premarin (Vaginal Cream)</b>	B	2	
<b>Premphase (Oral Tablet)</b>	B	3	HRM; QL
<b>Prempro (Oral Tablet)</b>	B	3	HRM; QL
<b>Quartette (Oral Tablet)</b>	B	3	
Reclipsen (Oral Tablet)	G	1	
<b>Rivelsa (Oral Tablet)</b>	B	1	
<b>Safyral (Oral Tablet)</b>	B	3	
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	
Tri-Estarylla (Oral Tablet)	G	1	
Tri-Legest Fe (Oral Tablet)	G	1	
Tri-Lo-Estarylla (Oral Tablet)	G	1	
Tri-Lo-Sprintec (Oral Tablet)	G	1	
Tri-Mili (Oral Tablet)	G	1	
Tri-Nymyo (Oral Tablet)	G	1	
Tri-Sprintec (Oral Tablet)	G	1	
Trivora (28) (Oral Tablet)	G	1	
Tri-VyLibra Lo (Oral Tablet)	G	1	
Tri-VyLibra (Oral Tablet)	G	1	
Turqoz (Oral Tablet)	G	1	
Tydemy (Oral Tablet)	G	1	
<b>Vagifem (Vaginal Tablet)</b>	B	3	
Velivet (Oral Tablet)	G	1	
Vestura (Oral Tablet)	G	1	
Vienva (Oral Tablet)	G	1	
<b>Vivelle-Dot (Transdermal Patch Twice Weekly)</b>	B	3	HRM; QL
Vyfemla (Oral Tablet)	G	1	
VyLibra (Oral Tablet)	G	1	
Wymzya Fe (Oral Tablet Chewable)	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
Xulane (Transdermal Patch Weekly)	G	1	
<b>Yasmin 28 (Oral Tablet)</b>	B	3	
<b>YAZ (Oral Tablet)</b>	B	3	
Yuvaferm (Vaginal Tablet)	G	1	
Zafemy (Transdermal Patch Weekly)	G	1	
Zovia 1/35 (28) (Oral Tablet)	G	1	
<b>Progestins</b>			
Camila (Oral Tablet)	G	1	
<b>Crinone (Vaginal Gel)</b>	B	3	PA
Deblitane (Oral Tablet)	G	1	
<b>Depo-Provera (Intramuscular Suspension)</b>	B	3	
<b>Depo-Provera (Intramuscular Suspension Prefilled Syringe)</b>	B	3	
<b>Depo-SubQ Provera 104 (Subcutaneous Suspension Prefilled Syringe)</b>	B	2	
Errin (Oral Tablet)	G	1	
Heather (Oral Tablet)	G	1	
Incassia (Oral Tablet)	G	1	
<b>Intrarosa (Vaginal Insert)</b>	B	3	PA; QL
<b>Kyleena (Intrauterine Device)</b>	B	3	
<b>Liletta (52MG) (Intrauterine Device)</b>	B	2	
Lyleq (Oral Tablet)	G	1	
Lyza (Oral Tablet)	G	1	
Medroxyprogesterone Acetate (Intramuscular Suspension)	G	1	
Medroxyprogesterone Acetate (Intramuscular Suspension Prefilled Syringe)	G	1	
Medroxyprogesterone Acetate (Oral Tablet)	G	1	
Megestrol Acetate (40MG/ML Oral Suspension, 625MG/5ML Oral Suspension)	G	1	HRM
Megestrol Acetate (Oral Tablet)	G	1	HRM
<b>Mirena (52MG) (Intrauterine Device)</b>	B	3	
<b>Nexplanon (Subcutaneous Implant)</b>	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	
<b>Prometrium (Oral Capsule)</b>	B	3	
<b>Provera (Oral Tablet)</b>	B	3	
Sharobel (Oral Tablet)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Skyla (Intrauterine Device)</b>	B	3	
<b>Selective Estrogen Receptor Modifying Agents</b>			
<b>Evista (Oral Tablet)</b>	B	3	
<b>Osphena (Oral Tablet)</b>	B	2	PA; QL
Raloxifene HCl (Oral Tablet)	G	1	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>			
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>			
<b>Cytomel (Oral Tablet)</b>	B	3	
<b>Ermeza (Oral Solution)</b>	B	3	
<b>Euthyrox (Oral Tablet)</b>	B	1	
<b>Levothyroxine Sodium (Oral Capsule)</b>	B	3	
Levothyroxine Sodium (Oral Tablet)	G	1	
<b>Levoxyl (Oral Tablet)</b>	B	1	
Liothyronine Sodium (Oral Tablet)	G	1	
<b>Synthroid (Oral Tablet)</b>	B	2	
<b>Thyquidity (Oral Solution)</b>	B	3	
<b>Tirosint (Oral Capsule)</b>	B	3	
<b>Tirosint-SOL (Oral Solution)</b>	B	3	
<b>Unithroid (Oral Tablet)</b>	B	1	
<b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>			
<b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>			
Bromocriptine Mesylate (Oral Capsule)	G	1	
Bromocriptine Mesylate (Oral Tablet)	G	1	
Cabergoline (Oral Tablet)	G	1	
<b>Eligard (Subcutaneous Kit)</b>	B	3	PA; QL
<b>Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)</b>	B	4	PA; QL
<b>Firmagon (80MG Subcutaneous Solution Reconstituted)</b>	B	3	PA; QL
<b>Isturisa (Oral Tablet)</b>	B	4	PA
<b>Korlym (Oral Tablet)</b>	B	4	PA
<b>Leuprolide Acetate (3 Month) (Intramuscular Injectable)</b>	B	3	PA; QL
Leuprolide Acetate (Subcutaneous Injection Kit)	G	1	PA; QL
<b>Lupron Depot (1-Month) (Intramuscular Kit)</b>	B	3	PA; QL
<b>Lupron Depot (3-Month) (Intramuscular Kit)</b>	B	3	PA; QL
<b>Lupron Depot (4-Month) (Intramuscular Kit)</b>	B	3	PA; QL
<b>Lupron Depot (6-Month) (Intramuscular Kit)</b>	B	3	PA; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Lupron Depot-Ped (1-Month) (7.5MG Intramuscular Kit)</b>	B	4	PA; QL
<b>Lupron Depot-Ped (3-Month) (11.25MG Intramuscular Kit)</b>	B	4	PA; QL
<b>Lupron Depot-Ped (6-Month) (Intramuscular Kit)</b>	B	4	PA; QL
Mifepristone (300MG Oral Tablet)	G	1	PA
<b>Mycapssa (Oral Capsule Delayed Release)</b>	B	4	PA; QL
<b>Myfembree (Oral Tablet)</b>	B	4	PA; QL
Octreotide Acetate (Injection Solution)	G	1	PA
<b>Oriahnn (Oral Capsule Therapy Pack)</b>	B	3	PA; QL
<b>Orilissa (Oral Tablet)</b>	B	4	PA; QL
<b>Parlodel (Oral Capsule)</b>	B	3	
<b>Parlodel (Oral Tablet)</b>	B	3	
<b>Recorlev (Oral Tablet)</b>	B	4	PA; QL
<b>Sandostatin (100MCG/ML Injection Solution)</b>	B	4	PA
<b>Sandostatin (500MCG/ML Injection Solution, 50MCG/ML Injection Solution)</b>	B	3	PA
<b>Signifor (Subcutaneous Solution)</b>	B	4	PA
<b>Somavert (Subcutaneous Solution Reconstituted)</b>	B	4	PA; QL
<b>Synarel (Nasal Solution)</b>	B	4	QL
<b>Trelstar Mixject (Intramuscular Suspension Reconstituted)</b>	B	3	PA; QL
<b>Hormonal Agents, Suppressant (Thyroid)</b>			
<b>Antithyroid Agents</b>			
Methimazole (Oral Tablet)	G	1	
Propylthiouracil (Oral Tablet)	G	1	
<b>Immunological Agents</b>			
<b>Angioedema Agents</b>			
<b>Berinert (Intravenous Kit)</b>	B	4	PA
<b>Cinryze (Intravenous Solution Reconstituted)</b>	B	4	PA
<b>Firazyr (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA; QL
<b>Haegarda (Subcutaneous Solution Reconstituted)</b>	B	4	PA
Icatibant Acetate (Subcutaneous Solution Prefilled Syringe)	G	1	PA; QL
<b>Orladeyo (Oral Capsule)</b>	B	4	PA; QL
<b>Ruconest (Intravenous Solution Reconstituted)</b>	B	4	PA
Sajazir (Subcutaneous Solution Prefilled Syringe)	G	4	PA; QL
<b>Takhzyro (Subcutaneous Solution)</b>	B	4	PA
<b>Takhzyro (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA
<b>Immunoglobulins</b>			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>BIVIGAM (5GM/50ML Intravenous Solution)</b>	B	4	PA
<b>Gammagard (2.5GM/25ML Injection Solution)</b>	B	4	PA
<b>Gammagard S/D Less IgA (Intravenous Solution Reconstituted)</b>	B	4	PA
<b>Gammaked (1GM/10ML Injection Solution)</b>	B	4	PA
<b>Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)</b>	B	4	PA
<b>Gamunex-C (1GM/10ML Injection Solution)</b>	B	4	PA
<b>Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)</b>	B	4	PA
<b>Panzyga (Intravenous Solution)</b>	B	4	PA
<b>Privigen (20GM/200ML Intravenous Solution)</b>	B	4	PA
<b>Immunological Agents, Other</b>			
<b>Arcalyst (Subcutaneous Solution Reconstituted)</b>	B	4	PA
<b>Benlysta (Subcutaneous Solution Auto-Injector)</b>	B	4	PA
<b>Benlysta (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA
<b>Cibinqo (Oral Tablet)</b>	B	4	PA; QL
<b>Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA; QL
<b>Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)</b>	B	4	PA; QL
<b>Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA; QL
<b>Cosentyx UnoReady (Subcutaneous Solution Auto-Injector)</b>	B	4	PA; QL
<b>Dupixent (Subcutaneous Solution Pen-Injector)</b>	B	4	PA
<b>Dupixent (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA
<b>Entyvio (Subcutaneous Solution Pen-Injector)</b>	B	4	PA; QL
<b>Grastek (Tablet Sublingual)</b>	B	2	PA
<b>Ilumya (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA; QL
<b>Joenja (Oral Tablet)</b>	B	4	PA; QL
<b>Kevzara (Subcutaneous Solution Auto-Injector)</b>	B	4	PA; QL
<b>Kevzara (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA; QL
<b>Kineret (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA
<b>Litfulo (Oral Capsule)</b>	B	4	PA; QL
<b>Odactra (Tablet Sublingual)</b>	B	3	PA
<b>Olumiant (Oral Tablet)</b>	B	4	PA; QL
<b>OmvoH (Subcutaneous Solution Auto-Injector)</b>	B	4	PA; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Omvoh (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA; QL
<b>Orencia ClickJect (Subcutaneous Solution Auto-Injector)</b>	B	4	PA; QL
<b>Orencia (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA; QL
<b>Otezla (Oral Tablet)</b>	B	4	PA; QL
<b>Otezla (Oral Tablet Therapy Pack)</b>	B	4	PA; QL
<b>Ridaura (Oral Capsule)</b>	B	4	
<b>Rinvoq (Oral Tablet Extended Release 24 Hour)</b>	B	4	PA; QL
<b>Siliq (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA; QL
<b>Skyrizi Pen (Subcutaneous Solution Auto-Injector)</b>	B	4	PA; QL
<b>Skyrizi (Subcutaneous Solution Cartridge)</b>	B	4	PA; QL
<b>Skyrizi (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA; QL
<b>Sotyktu (Oral Tablet)</b>	B	4	PA; QL
<b>Spevigo (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA; QL
<b>Stelara (Subcutaneous Solution)</b>	B	4	PA; QL
<b>Stelara (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA; QL
<b>Taltz (Subcutaneous Solution Auto-Injector)</b>	B	4	PA; QL
<b>Taltz (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA; QL
<b>Tavneos (Oral Capsule)</b>	B	4	PA; QL
<b>Tremfya (Subcutaneous Solution Pen-Injector)</b>	B	4	PA; QL
<b>Tremfya (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA; QL
<b>Tyenne (Subcutaneous Solution Auto-Injector)</b>	B	4	PA; QL
<b>Tyenne (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA; QL
<b>Velsipity (Oral Tablet)</b>	B	4	PA; QL
<b>Xeljanz (Oral Solution)</b>	B	4	PA; QL
<b>Xeljanz (Oral Tablet Immediate Release)</b>	B	4	PA; QL
<b>Xeljanz XR (Oral Tablet Extended Release 24 Hour)</b>	B	4	PA; QL
<b>Xolair (Subcutaneous Solution Auto-Injector)</b>	B	4	PA
<b>Xolair (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA
<b>Xolair (Subcutaneous Solution Reconstituted)</b>	B	4	PA
<b>Zilbrysq (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA
<b>Immunostimulants</b>			
<b>Actimmune (Subcutaneous Solution)</b>	B	4	
<b>Besremi (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA
<b>Pegasys (Subcutaneous Solution)</b>	B	4	PA
<b>Pegasys (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA
<b>Immunosuppressants</b>			
<b>Adalimumab-aaty (1 Pen) (80MG/0.8ML Subcutaneous Auto-Injector Kit)</b>	B	4	PA



Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Adalimumab-aaty (2 Pen) (Subcutaneous Auto-Injector Kit)</b>	B	4	PA
<b>Adalimumab-aaty (2 Syringe) (Subcutaneous Prefilled Syringe Kit)</b>	B	4	PA
<b>Adalimumab-adbm (2 Pen) (Subcutaneous Auto-Injector Kit) (Boehringer Ingelheim)</b>	B	4	PA; QL
<b>Adalimumab-adbm (2 Syringe) (Subcutaneous Prefilled Syringe Kit) (Boehringer Ingelheim)</b>	B	4	PA; QL
<b>Adalimumab-adbm (Crohn's Disease/Ulcerative Colitis/Hidradenitis Suppurativa Starter) (Subcutaneous Auto-Injector Kit) (Boehringer Ingelheim)</b>	B	4	PA
<b>Adalimumab-adbm (Psoriasis/Uveitis Starter) (Subcutaneous Auto-Injector Kit) (Boehringer Ingelheim)</b>	B	4	PA
<b>Arava (Oral Tablet)</b>	B	4	
<b>Astagraf XL (Oral Capsule Extended Release 24 Hour)</b>	B	3	B/D,PA
<b>Azasan (Oral Tablet)</b>	B	3	B/D,PA
Azathioprine (Oral Tablet)	G	1	B/D,PA
<b>Cellcept (Oral Capsule)</b>	B	4	B/D,PA
<b>Cellcept (Oral Suspension Reconstituted)</b>	B	4	B/D,PA
<b>Cellcept (Oral Tablet)</b>	B	4	B/D,PA
<b>Cimzia (2 Syringe) (Subcutaneous Prefilled Syringe Kit)</b>	B	4	PA; QL
<b>Cimzia (Subcutaneous Kit)</b>	B	4	PA; 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
<b>Enbrel Mini (Subcutaneous Solution Cartridge)</b>	B	4	PA; QL
<b>Enbrel (Subcutaneous Solution)</b>	B	4	PA; QL
<b>Enbrel (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA; QL
<b>Enbrel SureClick (Subcutaneous Solution Auto-Injector)</b>	B	4	PA; QL
<b>Envarsus XR (Oral Tablet Extended Release 24 Hour)</b>	B	3	B/D,PA
Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet, 1MG Oral Tablet)	G	1	B/D,PA
Gengraf (Oral Capsule)	G	1	B/D,PA
Gengraf (Oral Solution)	G	1	B/D,PA
<b>Humira (2 Pen) (Subcutaneous Pen-Injector Kit) (AbbVie)</b>	B	4	PA; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Humira (2 Syringe) (Subcutaneous Prefilled Syringe Kit) (AbbVie)</b>	B	4	PA; QL
<b>Humira Pen Crohn's Disease/Ulcerative Colitis/Hidradenitis Suppurativa Starter (Subcutaneous Pen-Injector Kit) (AbbVie)</b>	B	4	PA
<b>Humira Pen-Pediatric Ulcerative Colitis Starter (80MG/0.8ML Subcutaneous Pen-Injector Kit) (AbbVie)</b>	B	4	PA
<b>Humira Pen Psoriasis/Uveitis Starter (40MG/0.4ML &amp; 80MG/0.8ML Subcutaneous Pen-Injector Kit) (AbbVie)</b>	B	4	PA; QL
<b>Imuran (Oral Tablet)</b>	B	3	B/D,PA
<b>Jylamvo (Oral Solution)</b>	B	4	PA
Leflunomide (Oral Tablet)	G	1	
<b>Lupkynis (Oral Capsule)</b>	B	4	PA; QL
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	G	1	
Methotrexate Sodium (50MG/2ML Injection Solution)	G	1	
Methotrexate Sodium (Oral Tablet)	G	1	
Mycophenolate Mofetil (Oral Capsule)	G	1	B/D,PA
Mycophenolate Mofetil (Oral Suspension Reconstituted)	G	1	B/D,PA
Mycophenolate Mofetil (Oral Tablet)	G	1	B/D,PA
Mycophenolate Sodium (Oral Tablet Delayed Release)	G	1	B/D,PA
<b>Myfortic (180MG Oral Tablet Delayed Release)</b>	B	3	B/D,PA
<b>Myfortic (360MG Oral Tablet Delayed Release)</b>	B	4	B/D,PA
<b>Myhibbin (Oral Suspension)</b>	B	4	B/D,PA
<b>Neoral (Oral Capsule)</b>	B	3	B/D,PA
<b>Neoral (Oral Solution)</b>	B	3	B/D,PA
<b>Otrexup (Subcutaneous Solution Auto-Injector)</b>	B	3	PA
<b>Prograf (0.5MG Oral Capsule, 1MG Oral Capsule)</b>	B	3	B/D,PA
<b>Prograf (5MG Oral Capsule)</b>	B	4	B/D,PA
<b>Prograf (Oral Packet)</b>	B	3	B/D,PA
<b>Rapamune (Oral Solution)</b>	B	4	B/D,PA
<b>Rapamune (1MG Oral Tablet, 2MG Oral Tablet)</b>	B	4	B/D,PA
<b>Rasuvo (Subcutaneous Solution Auto-Injector)</b>	B	3	PA
<b>Rezurock (Oral Tablet)</b>	B	4	PA; QL
<b>Sandimmune (100MG Oral Capsule)</b>	B	4	B/D,PA
<b>Sandimmune (25MG Oral Capsule)</b>	B	3	B/D,PA
<b>Simponi (Subcutaneous Solution Auto-Injector)</b>	B	4	PA; QL
<b>Simponi (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA; QL
Sirolimus (Oral Solution)	G	1	B/D,PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Sirolimus (Oral Tablet)	G	1	B/D,PA
Tacrolimus (Oral Capsule)	G	1	B/D,PA
<b>Trexall (Oral Tablet)</b>	B	3	
<b>Xatmep (Oral Solution)</b>	B	3	PA
<b>Zortress (Oral Tablet)</b>	B	4	B/D,PA
<b>Zymfentra (2 Pen) (Subcutaneous Auto-Injector Kit)</b>	B	4	PA
<b>Zymfentra (2 Syringe) (Subcutaneous Prefilled Syringe Kit)</b>	B	4	PA
<b>Vaccines</b>			
<b>Abrysvo (Intramuscular Solution Reconstituted)</b>	B	2	PA; QL
<b>ActHIB (Intramuscular Solution Reconstituted)</b>	B	2	QL
<b>Adacel (Intramuscular Suspension)</b>	B	2	QL
<b>Arexvy (Intramuscular Suspension Reconstituted)</b>	B	2	PA; QL
<b>BCG Vaccine (Injection Solution Reconstituted)</b>	B	2	QL
<b>Bexsero (Intramuscular Suspension Prefilled Syringe)</b>	B	2	PA; QL
<b>Boostrix (5-2.5-18.5LF-MCG/0.5 Intramuscular Suspension)</b>	B	2	QL
<b>Boostrix (Intramuscular Suspension Prefilled Syringe)</b>	B	2	QL
<b>Daptacel (Intramuscular Suspension)</b>	B	2	QL
<b>Diphtheria-Tetanus Toxoids DT (25-5LFU/0.5ML Intramuscular Suspension)</b>	B	2	QL
<b>Engerix-B (Injection Suspension)</b>	B	2	B/D,PA; QL
<b>Engerix-B (Injection Suspension Prefilled Syringe)</b>	B	2	B/D,PA; QL
<b>Gardasil 9 (Intramuscular Suspension)</b>	B	2	QL
<b>Gardasil 9 (Intramuscular Suspension Prefilled Syringe)</b>	B	2	QL
<b>Havrix (Intramuscular Suspension)</b>	B	2	QL
<b>Hepelisav-B (Intramuscular Solution Prefilled Syringe)</b>	B	2	B/D,PA; QL
<b>Hiberix (Injection Solution Reconstituted)</b>	B	2	QL
<b>Imovax Rabies (Intramuscular Suspension Reconstituted)</b>	B	2	B/D,PA; QL
<b>Infanrix (Intramuscular Suspension)</b>	B	2	QL
<b>IPOL (Injection)</b>	B	2	QL
<b>Ixchiq (Intramuscular Solution Reconstituted)</b>	B	2	QL
<b>Ixiaro (Intramuscular Suspension)</b>	B	2	QL
<b>Jynneos (Subcutaneous Suspension)</b>	B	2	QL
<b>Kinrix (Intramuscular Suspension Prefilled Syringe)</b>	B	2	QL
<b>Menactra (Intramuscular Solution)</b>	B	2	PA; QL
<b>MenQuadfi (Intramuscular Solution)</b>	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
<b>Menveo (Intramuscular Solution Reconstituted)</b>	B	2	PA; QL
<b>M-M-R II (Injection Solution Reconstituted)</b>	B	2	QL
<b>MResvia (Intramuscular Suspension Prefilled Syringe)</b>	B	2	PA; QL
<b>Pediarix (Intramuscular Suspension Prefilled Syringe)</b>	B	2	QL
<b>Pedvax HIB (Intramuscular Suspension)</b>	B	2	QL
<b>Penbraya (Intramuscular Suspension Reconstituted)</b>	B	2	PA; QL
<b>Pentacel (Intramuscular Suspension Reconstituted)</b>	B	2	QL
<b>PreHevbrio (Intramuscular Suspension)</b>	B	2	B/D,PA; QL
<b>Priorix (Subcutaneous Suspension Reconstituted)</b>	B	2	QL
<b>ProQuad (Subcutaneous Suspension Reconstituted)</b>	B	2	QL
<b>Quadracel (Intramuscular Suspension)</b>	B	2	QL
<b>Quadracel (Intramuscular Suspension Prefilled Syringe)</b>	B	2	QL
<b>RabAvert (Intramuscular Suspension Reconstituted)</b>	B	2	B/D,PA; QL
<b>Recombivax HB (Injection Suspension)</b>	B	2	B/D,PA; QL
<b>Recombivax HB (Injection Suspension Prefilled Syringe)</b>	B	2	B/D,PA; QL
<b>Rotarix (Oral Suspension)</b>	B	2	QL
<b>Rotarix (Oral Suspension Reconstituted)</b>	B	2	QL
<b>RotaTeq (Oral Solution)</b>	B	2	QL
<b>Shingrix (Intramuscular Suspension Reconstituted)</b>	B	2	PA; QL
<b>TDVAX (Intramuscular Suspension)</b>	B	2	QL
<b>Tenivac (Intramuscular Injectable)</b>	B	2	QL
<b>Ticovac (Intramuscular Suspension Prefilled Syringe)</b>	B	2	QL
<b>Trumenba (Intramuscular Suspension Prefilled Syringe)</b>	B	2	PA; QL
<b>Twinrix (Intramuscular Suspension Prefilled Syringe)</b>	B	2	QL
<b>Typhim VI (Intramuscular Solution)</b>	B	2	QL
<b>Typhim VI (Intramuscular Solution Prefilled Syringe)</b>	B	2	QL
<b>Vaqta (Intramuscular Suspension)</b>	B	2	QL
<b>Varivax (Subcutaneous Injectable)</b>	B	2	QL
<b>Vaxchora (Oral Suspension Reconstituted)</b>	B	2	PA; QL
<b>YF-VAX (Subcutaneous Injectable)</b>	B	2	QL
<b>Inflammatory Bowel Disease Agents</b>			
<b>Aminosalicylates</b>			
<b>Apriso (Oral Capsule Extended Release 24 Hour)</b>	B	1	QL
<b>Azulfidine EN-tabs (Oral Tablet Delayed Release)</b>	B	3	
<b>Azulfidine (Oral Tablet Immediate Release)</b>	B	3	
<b>Balsalazide Disodium (Oral Capsule)</b>	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Canasa (Rectal Suppository)</b>	B	4	QL
<b>Colazal (Oral Capsule)</b>	B	4	
<b>Delzicol (Oral Capsule Delayed Release)</b>	B	3	
<b>Dipentum (Oral Capsule)</b>	B	4	
<b>Lialda (Oral Tablet Delayed Release)</b>	B	3	ST; QL
Mesalamine ER (500MG Oral Capsule Extended Release) (Generic Pentasa)	G	1	QL
Mesalamine (400MG Oral Capsule Delayed Release) (Generic Delzicol)	G	1	
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda), Mesalamine (800MG Oral Tablet Delayed Release) (Generic Asacol)	G	1	QL
Mesalamine (Rectal Enema)	G	1	
Mesalamine (Rectal Suppository)	G	1	QL
<b>Pentasa (Oral Capsule Extended Release)</b>	B	3	QL
<b>Rowasa (Rectal Kit)</b>	B	4	
Sulfasalazine (Oral Tablet Immediate Release)	G	1	
Sulfasalazine (Oral Tablet Delayed Release)	G	1	
<b>Glucocorticoids</b>			
<b>Anusol-HC (External Cream)</b>	B	3	
Budesonide ER (Oral Tablet Extended Release 24 Hour)	G	1	ST
Budesonide (Oral Capsule Delayed Release Particles)	G	1	
Budesonide (2MG Rectal Foam)	G	1	
Hydrocortisone (Perianal) (2.5% External Cream)	G	1	
Hydrocortisone (Rectal Enema)	G	1	
Procto-Med HC (External Cream)	G	1	
Proctosol HC (External Cream)	G	3	
Proctozone-HC (External Cream)	G	3	
<b>Tarpeyo (Oral Capsule Delayed Release)</b>	B	4	PA; QL
<b>Uceris (Oral Tablet Extended Release 24 Hour)</b>	B	4	ST
<b>Uceris (Rectal Foam)</b>	B	3	
<b>Metabolic Bone Disease Agents</b>			
<b>Metabolic Bone Disease Agents</b>			
<b>Actonel (Oral Tablet)</b>	B	3	
Alendronate Sodium (Oral Solution)	G	1	
Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet)	G	1	
<b>Atelvia (Oral Tablet Delayed Release)</b>	B	3	
<b>Binosto (Oral Tablet Effervescent)</b>	B	3	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Calcitonin Salmon (Nasal Solution)	G	1	
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
<b>Evenity (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA; QL
<b>Forteo (Subcutaneous Solution Pen-Injector)</b>	B	4	PA
<b>Fosamax (Oral Tablet)</b>	B	3	
<b>Fosamax Plus D (Oral Tablet)</b>	B	3	
Ibandronate Sodium (Oral Tablet)	G	1	
Paricalcitol (Oral Capsule)	G	1	B/D,PA
<b>Prolia (Subcutaneous Solution Prefilled Syringe)</b>	B	3	QL
<b>Rayaldee (Oral Capsule Extended Release)</b>	B	4	QL
Risedronate Sodium (Oral Tablet Immediate Release)	G	1	
Risedronate Sodium (Oral Tablet Delayed Release)	G	1	
<b>Rocaltrol (Oral Capsule)</b>	B	3	B/D,PA
<b>Rocaltrol (Oral Solution)</b>	B	3	B/D,PA
<b>Sensipar (30MG Oral Tablet)</b>	B	3	B/D,PA; QL
<b>Sensipar (60MG Oral Tablet, 90MG Oral Tablet)</b>	B	4	B/D,PA; QL
<b>Teriparatide (Recombinant) (620MCG/2.48ML Subcutaneous Solution Pen-Injector)</b>	B	4	PA
<b>Tymlos (Subcutaneous Solution Pen-Injector)</b>	B	4	PA
<b>Xgeva (Subcutaneous Solution)</b>	B	4	PA
<b>Zemplar (Oral Capsule)</b>	B	3	B/D,PA
<b>Miscellaneous Therapeutic Agents</b>			
<b>Miscellaneous Therapeutic Agents</b>			
<b>Alcohol Prep Pads</b>	B	2	
<b>Gauze (Non-medicated 2X2 Pad)</b>	B	2	
<b>Insulin Syringes, Needles</b>	B	2	
<b>Rezdiffra (Oral Tablet)</b>	B	4	PA; QL
<b>Vijoice (Oral Packet)</b>	B	4	PA; QL
<b>Vijoice (Oral Tablet Therapy Pack)</b>	B	4	PA; QL
<b>Wegovy (Subcutaneous Solution Auto-Injector)</b>	B	4	PA; QL
<b>Ophthalmic Agents</b>			
<b>Ophthalmic Agents, Other</b>			
Atropine Sulfate (1% Ophthalmic Solution)	G	1	
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	G	1	
Brimonidine Tartrate-Timolol (Ophthalmic Solution)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Cequa (Ophthalmic Solution)</b>	B	3	PA; QL
<b>Combigan (Ophthalmic Solution)</b>	B	2	
<b>Cosopt (Ophthalmic Solution)</b>	B	3	
<b>Cosopt PF (Ophthalmic Solution)</b>	B	3	
Cyclosporine (0.05% Ophthalmic Emulsion)	G	1	QL
<b>Cystadrops (Ophthalmic Solution)</b>	B	4	
<b>Cystaran (Ophthalmic Solution)</b>	B	4	
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	G	1	
Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution)	G	1	
<b>Enspryng (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA
<b>Maxitrol (Ophthalmic Ointment)</b>	B	3	
<b>Maxitrol (0.1% Ophthalmic Suspension)</b>	B	3	
<b>Miebo (Ophthalmic Solution)</b>	B	3	QL
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	G	1	
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	G	1	
Neomycin-Polymyxin-HC (Ophthalmic Suspension)	G	1	
Neo-Polycin HC (Ophthalmic Ointment)	G	1	
<b>Oxervate (Ophthalmic Solution)</b>	B	4	PA; QL
<b>Restasis MultiDose (Ophthalmic Emulsion)</b>	B	2	QL
<b>Restasis Single-Use Vials (Ophthalmic Emulsion)</b>	B	2	QL
<b>Rocklatan (Ophthalmic Solution)</b>	B	2	ST
Sulfacetamide-Prednisolone (Ophthalmic Solution)	G	1	
<b>TobraDex (Ophthalmic Ointment)</b>	B	2	
Tobramycin-Dexamethasone (Ophthalmic Suspension)	G	1	
<b>Tyrvaya (Nasal Solution)</b>	B	3	QL
<b>Veveye (Ophthalmic Solution)</b>	B	4	PA; QL
<b>Xiidra (Ophthalmic Solution)</b>	B	3	QL
<b>Zylet (Ophthalmic Suspension)</b>	B	3	
<b>Ophthalmic Anti-allergy Agents</b>			
<b>Alomide (Ophthalmic Solution)</b>	B	3	
Azelastine HCl (Ophthalmic Solution)	G	1	
Bepotastine Besilate (Ophthalmic Solution)	G	1	
<b>Bepreve (Ophthalmic Solution)</b>	B	3	
Cromolyn Sodium (Ophthalmic Solution)	G	1	
Epinastine HCl (Ophthalmic Solution)	G	1	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Ophthalmic Anti-Infectives</b>			
<b>Azasite (Ophthalmic Solution)</b>	B	3	
Bacitracin (Ophthalmic Ointment)	G	1	QL
Bacitracin-Polymyxin B (Ophthalmic Ointment)	G	1	
<b>Besivance (Ophthalmic Suspension)</b>	B	3	
<b>Ciloxan (Ophthalmic Ointment)</b>	B	3	
Ciprofloxacin HCl (Ophthalmic Solution)	G	1	
Erythromycin (Ophthalmic Ointment)	G	1	
Gatifloxacin (Ophthalmic Solution)	G	1	
Gentamicin Sulfate (Ophthalmic Solution)	G	1	
Levofloxacin (0.5% Ophthalmic Solution)	G	1	
Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox)	G	1	
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)	G	1	
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	G	1	
Neo-Polycin (Ophthalmic Ointment)	G	1	
<b>Ocuflox (Ophthalmic Solution)</b>	B	3	
Ofloxacin (Ophthalmic Solution)	G	1	
Polycin (Ophthalmic Ointment)	G	1	
Polymyxin B-Trimethoprim (Ophthalmic Solution)	G	1	
Sulfacetamide Sodium (Ophthalmic Ointment)	G	1	
Sulfacetamide Sodium (Ophthalmic Solution)	G	1	
Tobramycin (Ophthalmic Solution)	G	1	
<b>Tobrex (Ophthalmic Ointment)</b>	B	3	
Trifluridine (Ophthalmic Solution)	G	1	
<b>Vigamox (Ophthalmic Solution)</b>	B	3	
<b>Xdemvy (Ophthalmic Solution)</b>	B	3	QL
<b>Ophthalmic Anti-inflammatories</b>			
<b>Acular LS (Ophthalmic Solution)</b>	B	3	
<b>Acular (Ophthalmic Solution)</b>	B	3	
<b>Acuvail (Ophthalmic Solution)</b>	B	3	ST
<b>Alrex (Ophthalmic Suspension)</b>	B	3	
Bromfenac Sodium (Once-Daily) (Ophthalmic Solution)	G	1	
Bromfenac Sodium (Ophthalmic Solution)	G	1	
<b>BromSite (Ophthalmic Solution)</b>	B	3	
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	G	1	
Diclofenac Sodium (Ophthalmic Solution)	G	1	



Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Difluprednate (Ophthalmic Emulsion)	G	1	
<b>Durezol (Ophthalmic Emulsion)</b>	B	3	
<b>Eysuvis (Ophthalmic Suspension)</b>	B	3	PA
<b>Flarex (Ophthalmic Suspension)</b>	B	3	
Fluorometholone (Ophthalmic Suspension)	G	1	
Flurbiprofen Sodium (Ophthalmic Solution)	G	1	
<b>FML Forte (Ophthalmic Suspension)</b>	B	3	
<b>FML Liquifilm (Ophthalmic Suspension)</b>	B	3	
<b>Ilevro (Ophthalmic Suspension)</b>	B	3	ST
<b>Inveltys (Ophthalmic Suspension)</b>	B	3	
Ketorolac Tromethamine (Ophthalmic Solution)	G	1	
<b>Lotemax (Ophthalmic Gel)</b>	B	3	
<b>Lotemax (Ophthalmic Ointment)</b>	B	3	
<b>Lotemax (Ophthalmic Suspension)</b>	B	3	
<b>Lotemax SM (Ophthalmic Gel)</b>	B	3	
Loteprednol Etabonate (Ophthalmic Gel)	G	1	
Loteprednol Etabonate (Ophthalmic Suspension)	G	1	
<b>Maxidex (Ophthalmic Suspension)</b>	B	3	
<b>Nevanac (Ophthalmic Suspension)</b>	B	3	ST
<b>Pred Forte (Ophthalmic Suspension)</b>	B	3	
<b>Pred Mild (Ophthalmic Suspension)</b>	B	3	
Prednisolone Acetate (Ophthalmic Suspension)	G	1	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	G	1	
<b>Prolensa (Ophthalmic Solution)</b>	B	3	
<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>			
Betaxolol HCl (Ophthalmic Solution)	G	1	
<b>Betimol (Ophthalmic Solution)</b>	B	3	
<b>Betoptic-S (Ophthalmic Suspension)</b>	B	3	
Carteolol HCl (Ophthalmic Solution)	G	1	
<b>Istalol (Ophthalmic Solution)</b>	B	3	
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	

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
Timolol Maleate PF (Ophthalmic Solution) (Generic Timoptic Ocudose)	G	1	
<b>Timoptic Ocudose (Ophthalmic Solution)</b>	B	3	
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>			
<b>Alphagan P (0.1% Ophthalmic Solution)</b>	B	2	
<b>Alphagan P (0.15% Ophthalmic Solution)</b>	B	3	
Apraclonidine HCl (Ophthalmic Solution)	G	1	
<b>Azopt (Ophthalmic Suspension)</b>	B	3	
Brimonidine Tartrate (Ophthalmic Solution)	G	1	
Brinzolamide (Ophthalmic Suspension)	G	1	
Dorzolamide HCl (Ophthalmic Solution)	G	1	
<b>Iopidine (Ophthalmic Solution)</b>	B	3	
Methazolamide (Oral Tablet)	G	1	
<b>Phospholine Iodide (Ophthalmic Solution Reconstituted)</b>	B	4	
Pilocarpine HCl (Ophthalmic Solution)	G	1	
<b>Rhopressa (Ophthalmic Solution)</b>	B	2	ST
<b>Simbrinza (Ophthalmic Suspension)</b>	B	2	
<b>Vuity (Ophthalmic Solution)</b>	B	3	PA; QL
<b>Ophthalmic Prostaglandin and Prostanamide Analogs</b>			
Bimatoprost (Ophthalmic Solution)	G	1	
<b>Iyuzeh (Ophthalmic Solution)</b>	B	3	ST
Latanoprost (Ophthalmic Solution)	G	1	
<b>Lumigan (Ophthalmic Solution)</b>	B	2	
Tafluprost (PF) (Ophthalmic Solution)	G	1	
<b>Travatan Z (Ophthalmic Solution)</b>	B	3	
Travoprost (BAK Free) (Ophthalmic Solution)	G	1	
<b>Vyzulta (Ophthalmic Solution)</b>	B	3	
<b>Xalatan (Ophthalmic Solution)</b>	B	3	
<b>Xelpros (Ophthalmic Emulsion)</b>	B	3	ST
<b>Zioptan (Ophthalmic Solution)</b>	B	3	
<b>Otic Agents</b>			
<b>Otic Agents</b>			
Acetic Acid (Otic Solution)	G	1	
<b>Cipro HC (Otic Suspension)</b>	B	3	
Ciprofloxacin-Dexamethasone (Otic Suspension)	G	1	
<b>DermOtic (Otic Oil)</b>	B	3	
Flac (Otic Oil)	G	1	
Fluocinolone Acetonide (Otic Oil)	G	1	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Hydrocortisone-Acetic Acid (Otic Solution)	G	1	
Neomycin-Polymyxin-HC (1% Otic Solution)	G	1	
Neomycin-Polymyxin-HC (Otic Suspension)	G	1	
Ofloxacin (Otic Solution)	G	1	
<b>Respiratory Tract/Pulmonary Agents</b>			
<b>Antihistamines</b>			
Azelastine HCl (0.1% Nasal Solution)	G	1	
Carbinoxamine Maleate (Oral Solution)	G	1	HRM
Carbinoxamine Maleate (Oral Tablet)	G	1	HRM
Cetirizine HCl (5MG/5ML Oral Solution)	G	1	
<b>Clarinet (Oral Tablet)</b>	B	3	
Clemastine Fumarate (Oral Syrup)	G	1	HRM
Clemastine Fumarate (Oral Tablet)	G	1	HRM
Cyproheptadine HCl (Oral Syrup)	G	1	HRM
Cyproheptadine HCl (Oral Tablet)	G	1	HRM
Desloratadine (Oral Tablet)	G	1	
Desloratadine ODT (Oral Tablet Dispersible)	G	1	
<b>Dymista (Nasal Suspension)</b>	B	1	
Levocetirizine Dihydrochloride (Oral Solution)	G	1	
Levocetirizine Dihydrochloride (Oral Tablet)	G	1	
Olopatadine HCl (Nasal Solution)	G	1	
<b>Ryaltris (Nasal Suspension)</b>	B	2	
<b>RyClora (Oral Solution)</b>	B	3	HRM
RyVent (Oral Tablet)	G	1	HRM
<b>Anti-inflammatories, Inhaled Corticosteroids</b>			
<b>Alvesco (Inhalation Aerosol Solution)</b>	B	3	ST; QL
<b>Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	B	2	QL
<b>Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated)</b>	B	3	ST; QL
<b>Asmanex (30 Metered Doses) (Inhalation Aerosol Powder Breath Activated)</b>	B	3	ST; QL
<b>Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated)</b>	B	3	ST; QL
<b>Asmanex HFA (Inhalation Aerosol)</b>	B	3	ST; QL
Budesonide (Inhalation Suspension)	G	1	B/D,PA
Flunisolide (Nasal Solution)	G	1	
Fluticasone Propionate (Nasal Suspension)	G	1	
Mometasone Furoate (Nasal Suspension)	G	1	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Omnaris (Nasal Suspension)</b>	B	3	ST
<b>Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated)</b>	B	3	ST
<b>Pulmicort (Inhalation Suspension)</b>	B	3	B/D,PA
<b>Qnasl Childrens (Nasal Aerosol Solution)</b>	B	3	ST
<b>Qnasl (Nasal Aerosol Solution)</b>	B	3	ST
<b>Qvar RediHaler (Inhalation Aerosol Breath Activated)</b>	B	2	QL
<b>Khance (Nasal Exhaler Suspension)</b>	B	3	
<b>Antileukotrienes</b>			
Montelukast Sodium (Oral Packet)	G	1	QL
Montelukast Sodium (Oral Tablet)	G	1	QL
Montelukast Sodium (Oral Tablet Chewable)	G	1	QL
<b>Singulair (Oral Packet)</b>	B	3	QL
<b>Singulair (Oral Tablet)</b>	B	3	QL
<b>Singulair (Oral Tablet Chewable)</b>	B	3	QL
Zafirlukast (Oral Tablet)	G	1	
Zileuton ER (Oral Tablet Extended Release 12 Hour)	G	1	ST
<b>Zyflo (Oral Tablet Immediate Release)</b>	B	4	ST
<b>Bronchodilators, Anticholinergic</b>			
<b>Atrovent HFA (Inhalation Aerosol Solution)</b>	B	3	
<b>Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	B	3	ST; QL
Ipratropium Bromide (Inhalation Solution)	G	1	B/D,PA
Ipratropium Bromide (Nasal Solution)	G	1	
<b>Spiriva HandiHaler (Inhalation Capsule)</b>	B	1	QL
<b>Spiriva Respimat (Inhalation Aerosol Solution)</b>	B	2	QL
<b>Tudorza Pressair (Inhalation Aerosol Powder Breath Activated)</b>	B	3	ST
<b>Yupelri (Inhalation Solution)</b>	B	4	B/D,PA; QL
<b>Bronchodilators, Sympathomimetic</b>			
<b>Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Brand Equivalent Ventolin)</b>	B	3	ST
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proair), Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil)	G	1	
Albuterol Sulfate (Inhalation Nebulization Solution)	G	1	B/D,PA
Albuterol Sulfate (Oral Syrup)	G	1	
Albuterol Sulfate (Oral Tablet Immediate Release)	G	1	
Arformoterol Tartrate (Inhalation Nebulization Solution)	G	1	B/D,PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Brovana (Inhalation Nebulization Solution)</b>	B	4	B/D,PA; QL
Epinephrine (Injection Solution Auto-Injector)	G	1	QL
<b>EpiPen 2-Pak (Injection Solution Auto-Injector)</b>	B	3	QL
<b>EpiPen Jr 2-Pak (Injection Solution Auto-Injector)</b>	B	3	QL
Formoterol Fumarate (Inhalation Nebulization Solution)	G	1	B/D,PA; QL
Levalbuterol HCl (Inhalation Nebulization Solution)	G	1	B/D,PA
<b>Levalbuterol Tartrate (Inhalation Aerosol)</b>	B	3	ST
<b>Perforomist (Inhalation Nebulization Solution)</b>	B	3	B/D,PA; QL
<b>ProAir RespiClick (Inhalation Aerosol Powder Breath Activated)</b>	B	3	ST
<b>Serevent Diskus (Inhalation Aerosol Powder Breath Activated)</b>	B	2	QL
<b>Striverdi Respimat (Inhalation Aerosol Solution)</b>	B	3	ST
Terbutaline Sulfate (Oral Tablet)	G	1	
<b>Ventolin HFA (Inhalation Aerosol Solution)</b>	B	2	
<b>Xopenex HFA (Inhalation Aerosol)</b>	B	3	ST
<b>Cystic Fibrosis Agents</b>			
<b>Bethkis (Inhalation Nebulization Solution)</b>	B	4	B/D,PA; QL
<b>Cayston (Inhalation Solution Reconstituted)</b>	B	4	PA
<b>Kalydeco (Oral Packet)</b>	B	4	PA
<b>Kalydeco (Oral Tablet)</b>	B	4	PA
<b>Kitabis Pak (Inhalation Nebulization Solution)</b>	B	4	B/D,PA; QL
<b>Orkambi (Oral Packet)</b>	B	4	PA; QL
<b>Orkambi (Oral Tablet)</b>	B	4	PA; QL
<b>Pulmozyme (Inhalation Solution)</b>	B	4	B/D,PA; QL
<b>Symdeko (Oral Tablet Therapy Pack)</b>	B	4	PA; QL
<b>Tobi (Inhalation Nebulization Solution)</b>	B	4	B/D,PA; QL
<b>Tobi Podhaler (Inhalation Capsule)</b>	B	4	PA; QL
Tobramycin (Inhalation Nebulization Solution)	G	1	B/D,PA; QL
<b>Trikafta (Oral Granule Therapy Pack)</b>	B	4	PA; QL
<b>Trikafta (Oral Therapy Pack)</b>	B	4	PA; QL
<b>Mast Cell Stabilizers</b>			
Cromolyn Sodium (Inhalation Nebulization Solution)	G	1	B/D,PA
<b>Phosphodiesterase Inhibitors, Airways Disease</b>			
<b>Daliresp (Oral Tablet)</b>	B	3	PA
Roflumilast (Oral Tablet)	G	1	PA
<b>Theo-24 (Oral Capsule Extended Release 24 Hour)</b>	B	3	
Theophylline ER (Oral Tablet Extended Release 12 Hour)	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
Theophylline ER (Oral Tablet Extended Release 24 Hour)	G	1	
Theophylline (Oral Solution)	G	1	
<b>Pulmonary Antihypertensives</b>			
<b>Adcirca (Oral Tablet)</b>	B	4	PA
<b>Adempas (Oral Tablet)</b>	B	4	PA
Alyq (Oral Tablet)	G	4	PA
Ambrisentan (Oral Tablet)	G	1	PA; QL
Bosentan (Oral Tablet)	G	1	PA; QL
<b>Letairis (Oral Tablet)</b>	B	4	PA; QL
<b>Liqrev (10MG/ML Oral Suspension)</b>	B	4	PA
<b>Opsumit (Oral Tablet)</b>	B	4	PA
<b>Opsynvi (Oral Tablet)</b>	B	4	PA; QL
<b>Orenitram Month 1 (Oral Tablet Extended Release Therapy Pack)</b>	B	4	PA; QL
<b>Orenitram Month 2 (Oral Tablet Extended Release Therapy Pack)</b>	B	4	PA; QL
<b>Orenitram Month 3 (Oral Tablet Extended Release Therapy Pack)</b>	B	4	PA; QL
<b>Orenitram (0.125MG Oral Tablet Extended Release)</b>	B	3	PA
<b>Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release)</b>	B	4	PA
<b>Revatio (Oral Tablet)</b>	B	4	PA
Sildenafil Citrate (Oral Suspension Reconstituted)	G	1	PA
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	1	PA
Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca)	G	1	PA
<b>Tadliq (Oral Suspension)</b>	B	4	PA
<b>Tracleer (Oral Tablet)</b>	B	4	PA; QL
<b>Tracleer (Oral Tablet Soluble)</b>	B	4	PA; QL
<b>Tyvaso DPI Maintenance Kit (Inhalation Powder)</b>	B	4	PA
<b>Tyvaso DPI Titration Kit (112 x 16MCG &amp; 112 x 32MCG &amp; 28 x 48MCG Inhalation Powder)</b>	B	4	PA
<b>Uptravi (Oral Tablet)</b>	B	4	PA
<b>Uptravi Titration (Oral Tablet Therapy Pack)</b>	B	4	PA; QL
<b>Winrevair (Subcutaneous Kit)</b>	B	4	PA; QL
<b>Pulmonary Fibrosis Agents</b>			
<b>Esbriet (Oral Capsule)</b>	B	4	PA; QL
<b>Esbriet (Oral Tablet)</b>	B	4	PA; QL
<b>Ofev (Oral Capsule)</b>	B	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Pirfenidone (Oral Capsule)	G	1	PA; QL
Pirfenidone (Oral Tablet)	G	1	PA; QL
<b>Respiratory Tract Agents, Other</b>			
Acetylcysteine (Inhalation Solution)	G	1	B/D,PA
<b>Advair Diskus (Inhalation Aerosol Powder Breath Activated)</b>	B	3	ST; QL
<b>Advair HFA (Inhalation Aerosol)</b>	B	3	ST; QL
<b>AirDuo RespiClick 113/14 (Inhalation Aerosol Powder Breath Activated)</b>	B	3	ST; QL
<b>AirDuo RespiClick 232/14 (Inhalation Aerosol Powder Breath Activated)</b>	B	3	ST; QL
<b>AirDuo RespiClick 55/14 (Inhalation Aerosol Powder Breath Activated)</b>	B	3	ST; QL
<b>Airsupra (Inhalation Aerosol)</b>	B	3	ST; QL
<b>Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	B	2	QL
<b>Bevespi Aerosphere (Inhalation Aerosol)</b>	B	3	ST
<b>Breo Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	B	2	QL
<b>Breztri Aerosphere (Inhalation Aerosol)</b>	B	2	QL
<b>Bronchitol (Inhalation Capsule)</b>	B	4	PA; QL
<b>Clarinet-D 12 Hour (Oral Tablet Extended Release 12 Hour)</b>	B	3	
<b>Combivent Respimat (Inhalation Aerosol Solution)</b>	B	2	QL
<b>Duaklir Pressair (Inhalation Aerosol Powder Breath Activated)</b>	B	3	ST; QL
<b>Dulera (Inhalation Aerosol)</b>	B	3	QL
<b>Fasenra Pen (Subcutaneous Solution Auto-Injector)</b>	B	4	PA
<b>Fasenra (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA
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
<b>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>	B	3	ST; QL
Ipratropium-Albuterol (Inhalation Solution)	G	1	B/D,PA
<b>Nucala (Subcutaneous Solution Auto-Injector)</b>	B	4	PA; QL
<b>Nucala (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
<b>Nucala (Subcutaneous Solution Reconstituted)</b>	B	4	PA; QL
Promethazine VC (Oral Syrup)	G	1	HRM
<b>Stiolto Respimat (Inhalation Aerosol Solution)</b>	B	2	
<b>Symbicort (Inhalation Aerosol)</b>	B	1	QL
<b>Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	B	2	QL
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	1	QL
<b>Skeletal Muscle Relaxants</b>			
<b>Skeletal Muscle Relaxants</b>			
<b>Amrix (Oral Capsule Extended Release 24 Hour)</b>	B	4	HRM
Carisoprodol (Oral Tablet)	G	1	HRM; QL
Chlorzoxazone (Oral Tablet)	G	1	HRM
Cyclobenzaprine HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	HRM
Cyclobenzaprine HCl (Oral Tablet)	G	1	HRM
<b>Fexmid (Oral Tablet)</b>	B	3	HRM
Metaxalone (Oral Tablet)	G	1	HRM
Methocarbamol (500MG Oral Tablet, 750MG Oral Tablet)	G	1	HRM
<b>Norgesic Forte (Oral Tablet)</b>	B	4	HRM
<b>Norgesic (Oral Tablet)</b>	B	4	HRM
Orphenadrine Citrate ER (Oral Tablet Extended Release 12 Hour)	G	1	HRM
Orphenadrine-Aspirin-Caffeine (Oral Tablet)	G	1	HRM
<b>Soma (Oral Tablet)</b>	B	3	HRM; QL
<b>Sleep Disorder Agents</b>			
<b>Sleep Promoting Agents</b>			
<b>Ambien CR (Oral Tablet Extended Release)</b>	B	3	HRM; QL
<b>Ambien (Oral Tablet Immediate Release)</b>	B	3	HRM; QL
<b>Belsomra (Oral Tablet)</b>	B	2	QL
<b>DayVigo (Oral Tablet)</b>	B	2	QL
Doxepin HCl (Oral Tablet)	G	1	QL
<b>Edluar (Tablet Sublingual)</b>	B	3	HRM; QL
Estazolam (Oral Tablet)	G	1	HRM; QL
Eszopiclone (Oral Tablet)	G	1	HRM; QL
Flurazepam HCl (Oral Capsule)	G	1	HRM; QL
<b>Halcion (Oral Tablet)</b>	B	3	HRM; QL
<b>Hetlioz LQ (Oral Suspension)</b>	B	4	PA; QL
<b>Hetlioz (Oral Capsule)</b>	B	4	PA; QL
<b>Quviviq (Oral Tablet)</b>	B	3	QL



Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ramelteon (Oral Tablet)	G	1	
<b>Restoril (Oral Capsule)</b>	B	4	HRM; QL
<b>Rozerem (Oral Tablet)</b>	B	3	
<b>Silenor (Oral Tablet)</b>	B	3	QL
Tasimelteon (Oral Capsule)	G	1	PA; QL
Temazepam (Oral Capsule)	G	1	HRM; QL
Triazolam (Oral Tablet)	G	1	HRM; QL
Zaleplon (Oral Capsule)	G	1	HRM; QL
Zolpidem Tartrate ER (Oral Tablet Extended Release)	G	1	HRM; QL
<b>Zolpidem Tartrate (Oral Capsule)</b>	B	3	HRM; QL
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	1	HRM; QL
Zolpidem Tartrate (Tablet Sublingual)	G	1	HRM; QL
<b>Wakefulness Promoting Agents</b>			
Armodafinil (Oral Tablet)	G	1	PA; QL
<b>Lumryz (Oral Packet)</b>	B	4	PA; QL
Modafinil (Oral Tablet)	G	1	PA; QL
<b>Nuvigil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)</b>	B	4	PA; QL
<b>Nuvigil (50MG Oral Tablet)</b>	B	3	PA; QL
<b>Provigil (Oral Tablet)</b>	B	4	PA; QL
<b>Sodium Oxybate (Oral Solution)</b>	B	4	PA; QL
<b>Sunosi (Oral Tablet)</b>	B	3	PA; QL
<b>Wakix (Oral Tablet)</b>	B	4	PA; QL
<b>Xyrem (Oral Solution)</b>	B	4	PA; QL
<b>Xywav (Oral Solution)</b>	B	4	PA; QL

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

## Covered drugs with a quantity limit (QL)

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

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

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

Drug name	Brand or Generic	Quantity limit
Abacavir Sulfate (Oral Solution)	G	Maximum of 32 ml per day
Abacavir Sulfate (Oral Tablet)	G	Maximum of 2 tablets per day
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	Maximum of 1 tablet per day
<b>Abilify MyCite Maintenance Kit (15MG Oral Tablet Therapy Pack, 20MG Oral Tablet Therapy Pack, 2MG Oral Tablet Therapy Pack, 30MG Oral Tablet Therapy Pack, 5MG Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Abilify (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Abrysvo (Intramuscular Solution Reconstituted)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
Acetaminophen-Caffeine-Dihydrocodeine (Oral Capsule)	G	Maximum of 10 capsules per day
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	Maximum of 150 ml per day
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	Maximum of 13 tablets per day
<b>ActHIB (Intramuscular Solution Reconstituted)</b>	<b>B</b>	1 vaccination dose (1 injection) per day
<b>Actoplus Met (Oral Tablet Immediate Release)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>Actos (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Adacel (Intramuscular Suspension)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Adalimumab-adbm (2 Pen) (Subcutaneous Auto-Injector Kit) (Boehringer Ingelheim)</b>	<b>B</b>	Maximum of 4 pens per 28 days
<b>Adalimumab-adbm (2 Syringe) (10MG/0.2ML Subcutaneous Prefilled Syringe Kit, 20MG/0.4ML Subcutaneous Prefilled Syringe Kit) (Boehringer Ingelheim)</b>	<b>B</b>	Maximum of 2 syringes per 28 days
<b>Adalimumab-adbm (2 Syringe) (40MG/0.4ML Subcutaneous Prefilled Syringe Kit, 40MG/0.8ML Subcutaneous Prefilled Syringe Kit) (Boehringer Ingelheim)</b>	<b>B</b>	Maximum of 4 syringes per 28 days

Drug name	Brand or Generic	Quantity limit
<b>Adbry (Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 8 syringes (8 ml) per 28 days
<b>Adderall (20MG Oral Tablet)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>Adderall (5MG Oral Tablet, 7.5MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Adderall XR (Oral Capsule Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 2 capsules per day
<b>Adlarity (Transdermal Patch Weekly)</b>	<b>B</b>	Maximum of 4 patches per 28 days
<b>Advair Diskus (Inhalation Aerosol Powder Breath Activated)</b>	<b>B</b>	Maximum of 1 inhaler (60 blisters) per 30 days
<b>Advair HFA (Inhalation Aerosol)</b>	<b>B</b>	Maximum of 1 inhaler (12 grams) per 30 days
<b>Adzenys XR-ODT (Oral Tablet Extended Release Dispersible)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Agamree (Oral Suspension)</b>	<b>B</b>	Maximum of 200 ml (2 bottles) per 26 days
<b>Aimovig (Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 1 pen (1 ml) per 28 days
<b>AirDuo RespiClick 113/14 (Inhalation Aerosol Powder Breath Activated)</b>	<b>B</b>	Maximum of 1 inhaler per 30 days
<b>AirDuo RespiClick 232/14 (Inhalation Aerosol Powder Breath Activated)</b>	<b>B</b>	Maximum of 1 inhaler per 30 days
<b>AirDuo RespiClick 55/14 (Inhalation Aerosol Powder Breath Activated)</b>	<b>B</b>	Maximum of 1 inhaler per 30 days
<b>Airsupra (Inhalation Aerosol)</b>	<b>B</b>	Maximum of 3 inhalers (32.1 grams) per 30 days
<b>Ajovy (Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 1 pen (1.5 ml) per 28 days
<b>Ajovy (Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 1 syringe (1.5 ml) per 28 days
<b>Akeega (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
Albendazole (Oral Tablet)	<b>G</b>	Maximum of 16 tablets per day
<b>Allzital (Oral Tablet)</b>	<b>B</b>	Maximum of 12 tablets per day
Almotriptan Malate (Oral Tablet)	<b>G</b>	Maximum of 12 tablets per 30 days
<b>Alogliptin Benzoate (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Alogliptin-Metformin HCl (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Alogliptin-Pioglitazone (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
Alprazolam ER (0.5MG Oral Tablet Extended Release 24 Hour, 1MG Oral Tablet Extended Release 24 Hour)	<b>G</b>	Maximum of 1 tablet per day
Alprazolam ER (2MG Oral Tablet Extended Release 24 Hour)	<b>G</b>	Maximum of 5 tablets per day

Drug name	Brand or Generic	Quantity limit
Alprazolam ER (3MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 3 tablets per day
Alprazolam Intensol (Oral Concentrate)	G	Maximum of 10 ml per day
Alprazolam (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Alprazolam (2MG Oral Tablet Immediate Release)	G	Maximum of 5 tablets per day
Alprazolam ODT (0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Alprazolam ODT (2MG Oral Tablet Dispersible)	G	Maximum of 5 tablets per day
<b>Alunbrig (180MG Oral Tablet, 90MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Alunbrig (30MG Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Alunbrig (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 2 packs (60 tablets) per year
<b>Alvaiz (18MG Oral Tablet, 9MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Alvaiz (36MG Oral Tablet, 54MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Alvesco (160MCG/ACT Inhalation Aerosol Solution)</b>	<b>B</b>	Maximum of 2 inhalers (12.2 grams) per 30 days
<b>Alvesco (80MCG/ACT Inhalation Aerosol Solution)</b>	<b>B</b>	Maximum of 1 inhaler (6.1 grams) per 30 days
<b>Ambien CR (Oral Tablet Extended Release)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Ambien (Oral Tablet Immediate Release)</b>	<b>B</b>	Maximum of 1 tablet per day
Ambrisentan (Oral Tablet)	G	Maximum of 1 tablet per day
<b>Amitiza (Oral Capsule)</b>	<b>B</b>	Maximum of 2 capsules per day
Amlodipine-Olmesartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Valsartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 2 capsules per day
Amphetamine-Dextroamphetamine (10MG Oral Tablet, 12.5MG Oral Tablet, 15MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Amphetamine-Dextroamphetamine (20MG Oral Tablet)	G	Maximum of 3 tablets per day
Amphetamine-Dextroamphetamine 3-Bead ER (12.5MG Oral Capsule Extended Release 24 Hour, 25MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 2 capsules per day
Amphetamine-Dextroamphetamine 3-Bead ER (37.5MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
<b>Ampyra (Oral Tablet Extended Release 12 Hour)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Annovera (Vaginal Ring)</b>	<b>B</b>	Maximum of 1 ring per 365 days

Drug name	Brand or Generic	Quantity limit
<b>Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	<b>B</b>	Maximum of 1 inhaler (60 blisters) per 30 days
<b>Anzemet (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>ApexiCon E (External Cream)</b>	<b>B</b>	Maximum of 240 grams per 30 days
<b>Apokyn (Subcutaneous Solution Cartridge)</b>	<b>B</b>	Maximum of 2 ml per day
Apomorphine HCl (Subcutaneous Solution Cartridge)	G	Maximum of 2 ml per day
Aprepitant (125MG Oral Capsule)	G	Maximum of 2 capsules per 28 days
Aprepitant (40MG Oral Capsule, 80MG Oral Capsule)	G	Maximum of 4 capsules per 28 days
Aprepitant (80 & 125MG Oral Capsule Therapy Pack)	G	Maximum of 6 capsules (2 packs) per 28 days
<b>Apriso (Oral Capsule Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 4 capsules per day
<b>Aptensio XR (Oral Capsule Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Aptiom (200MG Oral Tablet, 400MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Aptiom (600MG Oral Tablet, 800MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Aptivus (Oral Capsule)</b>	<b>B</b>	Maximum of 4 capsules per day
<b>Arazlo (External Lotion)</b>	<b>B</b>	Maximum of 45 grams per 30 days
<b>Arexvy (Intramuscular Suspension Reconstituted)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
Arformoterol Tartrate (Inhalation Nebulization Solution)	G	Maximum of 2 vials (4 ml) per day
<b>Aricept (10MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Aricept (23MG Oral Tablet, 5MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
Aripiprazole (1MG/ML Oral Solution)	G	Maximum of 25 ml per day
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Armodafinil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	G	Maximum of 1 tablet per day
Armodafinil (50MG Oral Tablet)	G	Maximum of 2 tablets per day
<b>Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	<b>B</b>	Maximum of 1 inhaler (30 blisters) per 30 days
Ascomp-Codeine (Oral Capsule)	G	Maximum of 6 capsules per day
<b>Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated)</b>	<b>B</b>	Maximum of 1 inhaler per 30 days
<b>Asmanex (30 Metered Doses) (110MCG/ACT Inhalation Aerosol Powder Breath Activated)</b>	<b>B</b>	Maximum of 2 inhalers per 30 days

Drug name	Brand or Generic	Quantity limit
<b>Asmanex (30 Metered Doses) (220MCG/ACT Inhalation Aerosol Powder Breath Activated)</b>	<b>B</b>	Maximum of 1 inhaler per 30 days
<b>Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated)</b>	<b>B</b>	Maximum of 1 inhaler per 30 days
<b>Asmanex HFA (Inhalation Aerosol)</b>	<b>B</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
<b>Aspruzyo Sprinkle (Oral Packet)</b>	<b>B</b>	Maximum of 2 packets 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
<b>Ativan (0.5MG Oral Tablet, 1MG Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Ativan (2MG Oral Tablet)</b>	<b>B</b>	Maximum of 5 tablets per day
Atovaquone (Oral Suspension)	G	Maximum of 14 ml per day
<b>Aubagio (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Augtyro (Oral Capsule)</b>	<b>B</b>	Maximum of 8 capsules per day
<b>Austedo (Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Austedo XR (12MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>Austedo XR (18MG Oral Tablet Extended Release 24 Hour, 30MG Oral Tablet Extended Release 24 Hour, 36MG Oral Tablet Extended Release 24 Hour, 42MG Oral Tablet Extended Release 24 Hour, 48MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Austedo XR (24MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Austedo XR (6MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 7 tablets per day
<b>Austedo XR Patient Titration (12 &amp; 18 &amp; 24 &amp; 30 MG Oral Tablet Extended Release Therapy Pack)</b>	<b>B</b>	Maximum of 2 kits (56 tablets) per year
<b>Austedo XR Patient Titration (6 &amp; 12 &amp; 24MG Oral Tablet Extended Release Therapy Pack)</b>	<b>B</b>	Maximum of 2 packs (84 tablets) per year
<b>Ayvakit (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
Azelaic Acid (External Gel)	G	Maximum of 50 grams per 30 days
<b>Azelex (External Cream)</b>	<b>B</b>	Maximum of 50 grams per 30 days
<b>Azor (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Azstarys (Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
Bacitracin (Ophthalmic Ointment)	G	Maximum of 2 tubes (7 grams) per 28 days
<b>Bafiertam (Oral Capsule Delayed Release)</b>	<b>B</b>	Maximum of 4 capsules per day
<b>Balversa (3MG Oral Tablet)</b>	<b>B</b>	Maximum of 3 tablets per day

Drug name	Brand or Generic	Quantity limit
<b>Balversa (4MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Balversa (5MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>BCG Vaccine (Injection Solution Reconstituted)</b>	<b>B</b>	1 vaccination dose (1 vial) per day
<b>Belbuca (Buccal Film)</b>	<b>B</b>	Maximum of 2 films per day
<b>Belsomra (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Benicar HCT (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Benicar (20MG Oral Tablet, 40MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Benicar (5MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Bethkis (Inhalation Nebulization Solution)</b>	<b>B</b>	Maximum of 2 ampules (8 ml) per day
Bexarotene (External Gel)	G	Maximum of 60 grams per 30 days
<b>Bexsero (Intramuscular Suspension Prefilled Syringe)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Biktarvy (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Bimzelx (Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 2 pens (2 ml) per 28 days
<b>Bimzelx (Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 2 syringes (2 ml) per 28 days
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 2 tablets per day
<b>Boostrix (5-2.5-18.5LF-MCG/0.5 Intramuscular Suspension)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Boostrix (Intramuscular Suspension Prefilled Syringe)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
Bosentan (Oral Tablet)	G	Maximum of 2 tablets per day
<b>Breo Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	<b>B</b>	Maximum of 1 inhaler (60 blisters) per 30 days
<b>Breztri Aerosphere (120 Inhalation Aerosol)</b>	<b>B</b>	Maximum of 1 inhaler (10.7 grams) per 30 days
<b>Brilinta (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Bronchitol (Inhalation Capsule)</b>	<b>B</b>	Maximum of 20 capsules per day
<b>Brovana (Inhalation Nebulization Solution)</b>	<b>B</b>	Maximum of 2 vials (4 ml) per day
<b>Brukinsa (Oral Capsule)</b>	<b>B</b>	Maximum of 4 capsules per day
<b>Bupap (50-300MG Oral Tablet)</b>	<b>B</b>	Maximum of 6 tablets per day
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

Drug name	Brand or Generic	Quantity limit
Buprenorphine (Transdermal Patch Weekly)	G	Maximum of 4 patches per 28 days
<b>Butalbital-Acetaminophen (Oral Capsule)</b>	<b>B</b>	Maximum of 6 capsules per day
Butalbital-Acetaminophen (Oral Tablet)	G	Maximum of 6 tablets per day
Butalbital-Acetaminophen-Caffeine (50-300-40MG Oral Capsule, 50-325-40MG Oral Capsule)	G	Maximum of 6 capsules per day
Butalbital-Acetaminophen-Caffeine (50-325-40MG Oral Tablet)	G	Maximum of 6 tablets per day
Butalbital-Acetaminophen-Caffeine-Codeine (Oral Capsule)	G	Maximum of 6 capsules per day
Butalbital-Aspirin-Caffeine (Oral Capsule)	G	Maximum of 6 capsules per day
Butalbital-Aspirin-Caffeine-Codeine (Oral Capsule)	G	Maximum of 6 capsules per day
Butorphanol Tartrate (Nasal Solution)	G	Maximum of 2 bottles (5 ml) per 30 days
<b>Butrans (Transdermal Patch Weekly)</b>	<b>B</b>	Maximum of 4 patches per 28 days
<b>Bydureon BCise (Subcutaneous Auto-Injector)</b>	<b>B</b>	Maximum of 4 pens (3.4 ml) per 28 days
<b>Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)</b>	<b>B</b>	Maximum of 1 pen (2.4 ml) per 30 days
<b>Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)</b>	<b>B</b>	Maximum of 1 pen (1.2 ml) per 30 days
<b>Bystolic (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Bystolic (20MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Cablivi (Injection Kit)</b>	<b>B</b>	Maximum of 1 kit per day
Calcipotriene (External Cream)	G	Maximum of 120 grams per 30 days
Calcipotriene (External Ointment)	G	Maximum of 120 grams per 30 days
<b>Calquence (100MG Oral Capsule)</b>	<b>B</b>	Maximum of 2 capsules per day
<b>Calquence (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Camzyos (Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Canasa (Rectal Suppository)</b>	<b>B</b>	Maximum of 1 suppository per day
<b>Caplyta (Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
Captopril (100MG Oral Tablet)	G	Maximum of 4 tablets per day
Captopril (12.5MG Oral Tablet, 25MG Oral Tablet)	G	Maximum of 3 tablets per day
Captopril (50MG Oral Tablet)	G	Maximum of 9 tablets per day
<b>Cardura XL (Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 tablet per day
Carisoprodol (Oral Tablet)	G	Maximum of 4 tablets per day



Drug name	Brand or Generic	Quantity limit
Carvedilol Phosphate ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
<b>Celebrex (Oral Capsule)</b>	<b>B</b>	Maximum of 2 capsules per day
Celecoxib (Oral Capsule)	G	Maximum of 2 capsules per day
<b>Cequa (Ophthalmic Solution)</b>	<b>B</b>	Maximum of 2 vials per day
Chloroquine Phosphate (Oral Tablet)	G	Maximum of 2 tablets per day
<b>Cialis (2.5MG Oral Tablet, 5MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Cibinqo (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Cimduo (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Cimzia (2 Syringe) (Subcutaneous Prefilled Syringe Kit)</b>	<b>B</b>	Maximum of 2 kits per 28 days
<b>Cimzia (Subcutaneous Kit)</b>	<b>B</b>	Maximum of 2 kits per 28 days
Cinacalcet HCl (30MG Oral Tablet, 60MG Oral Tablet)	G	Maximum of 2 tablets per day
Cinacalcet HCl (90MG Oral Tablet)	G	Maximum of 4 tablets per day
<b>Cleocin-T (External Lotion)</b>	<b>B</b>	Maximum of 60 ml per 30 days
<b>Climara (Transdermal Patch Weekly)</b>	<b>B</b>	Maximum of 4 patches per 28 days
Clindacin ETZ (External Swab)	G	Maximum of 69 pads per 30 days
<b>Clindagel (External Gel)</b>	<b>B</b>	Maximum of 75 ml 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 Emulsion (External Foam)	G	Maximum of 100 grams per 30 days
Clobetasol Propionate (External Foam)	G	Maximum of 100 grams per 30 days
Clobetasol Propionate (External Liquid Spray)	G	Maximum of 125 ml per 30 days
Clobetasol Propionate (External Lotion)	G	Maximum of 118 ml per 30 days
<b>Clobex (External Lotion)</b>	<b>B</b>	Maximum of 118 ml per 30 days
<b>Clobex Spray (External Liquid)</b>	<b>B</b>	Maximum of 125 ml per 30 days
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Clonazepam (2MG Oral Tablet)	G	Maximum of 10 tablets per day
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Clonazepam ODT (2MG Oral Tablet Dispersible)	G	Maximum of 10 tablets per day

Drug name	Brand or Generic	Quantity limit
Clorazepate Dipotassium (15MG Oral Tablet)	G	Maximum of 6 tablets per day
Clorazepate Dipotassium (3.75MG Oral Tablet)	G	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5MG Oral Tablet)	G	Maximum of 12 tablets per day
Clotrimazole-Betamethasone (External Cream)	G	Maximum of 90 grams per 30 days
Codeine Sulfate (Oral Tablet)	G	Maximum of 6 tablets per day
<b>Combivent Respimat (Inhalation Aerosol Solution)</b>	<b>B</b>	Maximum of 1 inhaler (4 grams) per 20 days
<b>Combivir (150-300MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Complera (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Concerta (18MG Oral Tablet Extended Release)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>Concerta (27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Concerta (54MG Oral Tablet Extended Release)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>ConZip (Oral Capsule Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Copiktra (Oral Capsule)</b>	<b>B</b>	Maximum of 2 capsules per day
<b>Cordran (0.05% External Lotion)</b>	<b>B</b>	Maximum of 240 ml per 30 days
<b>Corlanor (Oral Solution)</b>	<b>B</b>	Maximum of 15 ml per day
<b>Corlanor (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 10 syringes (10 ml) per 30 days
<b>Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 10 pens (10 ml) per 30 days
<b>Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 20 syringes (10 ml) per 30 days
<b>Cosentyx UnoReady (Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 5 pens (10 ml) per 30 days
<b>Cotempla XR-ODT (Oral Tablet Extended Release Dispersible)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Crestor (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Crotan (External Lotion)</b>	<b>B</b>	Maximum of 454 grams per 30 days
<b>Cuvrior (Oral Tablet)</b>	<b>B</b>	Maximum of 10 tablets per day
Cyclosporine (0.05% Ophthalmic Emulsion)	G	Maximum of 2 vials per day
<b>Cymbalta (20MG Oral Capsule Delayed Release Particles)</b>	<b>B</b>	Maximum of 4 capsules per day
<b>Cymbalta (30MG Oral Capsule Delayed Release Particles)</b>	<b>B</b>	Maximum of 3 capsules per day
<b>Cymbalta (60MG Oral Capsule Delayed Release Particles)</b>	<b>B</b>	Maximum of 2 capsules per day
Dabigatran Etextilate 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

Drug name	Brand or Generic	Quantity limit
<b>Daptacel (Intramuscular Suspension)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Darunavir (600MG Oral Tablet)	G	Maximum of 2 tablets per day
Darunavir (800MG Oral Tablet)	G	Maximum of 1 tablet per day
<b>Daurismo (100MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Daurismo (25MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Daybue (Oral Solution)</b>	<b>B</b>	Maximum of 120 ml per day
<b>Daytrana (Transdermal Patch)</b>	<b>B</b>	Maximum of 1 patch per day
<b>DayVigo (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Delstrigo (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Descovy (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
Desonide (External Cream)	G	Maximum of 60 grams per 30 days
Desonide (External Gel)	G	Maximum of 60 grams per 30 days
Desonide (External Lotion)	G	Maximum of 118 ml per 30 days
Desonide (External Ointment)	G	Maximum of 120 grams per 30 days
<b>DesOwen (External Cream)</b>	<b>B</b>	Maximum of 60 grams per 30 days
Desoximetasone (External Cream)	G	Maximum of 100 grams per 30 days
<b>Dexedrine (10MG Oral Capsule Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 6 capsules per day
<b>Dexilant (Oral Capsule Delayed Release)</b>	<b>B</b>	Maximum of 1 capsule per day
Dexlansoprazole (Oral Capsule Delayed Release)	G	Maximum of 1 capsule per day
Dexmethylphenidate HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Dextroamphetamine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 6 capsules per day
Dextroamphetamine Sulfate ER (15MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 4 capsules per day
Dextroamphetamine Sulfate ER (5MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 3 capsules per day
Dextroamphetamine Sulfate (10MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 6 tablets per day
Dextroamphetamine Sulfate (15MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 3 tablets per day
Dextroamphetamine Sulfate (30MG Oral Tablet)	G	Maximum of 2 tablets per day
<b>Diacomit (250MG Oral Capsule)</b>	<b>B</b>	Maximum of 12 capsules per day
<b>Diacomit (500MG Oral Capsule)</b>	<b>B</b>	Maximum of 6 capsules per day
<b>Diacomit (250MG Oral Packet)</b>	<b>B</b>	Maximum of 12 packets per day
<b>Diacomit (500MG Oral Packet)</b>	<b>B</b>	Maximum of 6 packets per day

<b>Drug name</b>	<b>Brand or Generic</b>	<b>Quantity limit</b>
Diazepam Intensol (Oral Concentrate)	G	Maximum of 8 ml per day
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 4 tablets per day
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	G	Maximum of 5 packages per 30 days
<b>Diclofenac Epolamine (External Patch)</b>	<b>B</b>	Maximum of 2 patches per day
Diclofenac Sodium (3% External Gel)	G	Maximum of 100 grams per 30 days
Diflorasone Diacetate (External Cream)	G	Maximum of 240 grams per 30 days
Diflorasone Diacetate (External Ointment)	G	Maximum of 240 grams per 30 days
Dihydroergotamine Mesylate (Nasal Solution)	G	Maximum of 16 vials (16 ml) per 28 days
<b>Dilaudid (Oral Liquid)</b>	<b>B</b>	Maximum of 50 ml per day
<b>Dilaudid (2MG Oral Tablet, 4MG Oral Tablet)</b>	<b>B</b>	Maximum of 8 tablets per day
<b>Dilaudid (8MG Oral Tablet)</b>	<b>B</b>	Maximum of 6 tablets per day
Dimethyl Fumarate (120MG Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Dimethyl Fumarate (240MG Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Dimethyl Fumarate Starter Pack (Oral Capsule Delayed Release Therapy Pack)	G	Maximum of 2 packs (120 capsules) per year
<b>Diovan HCT (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Diovan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Diovan (320MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Diphtheria-Tetanus Toxoids DT (25-5LFU/0.5ML Intramuscular Suspension)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
Dofetilide (125MCG Oral Capsule)	G	Maximum of 6 capsules per day
Dofetilide (250MCG Oral Capsule, 500MCG Oral Capsule)	G	Maximum of 2 capsules per day
Donepezil HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Donepezil HCl (23MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Donepezil HCl ODT (10MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Donepezil HCl ODT (5MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day
<b>Doptelet (Oral Tablet)</b>	<b>B</b>	Maximum of 3 tablets per day
Dotti (Transdermal Patch Twice Weekly)	G	Maximum of 8 patches per 28 days
<b>Dovato (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
Doxepin HCl (External Cream)	G	Maximum of 90 grams per 30 days
Doxepin HCl (Oral Tablet)	G	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
<b>Drizalma Sprinkle (20MG Oral Capsule Delayed Release Sprinkle, 40MG Oral Capsule Delayed Release Sprinkle, 60MG Oral Capsule Delayed Release Sprinkle)</b>	<b>B</b>	Maximum of 2 capsules per day
<b>Drizalma Sprinkle (30MG Oral Capsule Delayed Release Sprinkle)</b>	<b>B</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
<b>Duaklir Pressair (Inhalation Aerosol Powder Breath Activated)</b>	<b>B</b>	Maximum of 1 inhaler per 30 days
<b>Duetact (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Dulera (120 Inhalation Aerosol)</b>	<b>B</b>	Maximum of 1 inhaler (13 grams) per 30 days
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles)	G	Maximum of 4 capsules per day
Duloxetine HCl (30MG Oral Capsule Delayed Release Particles)	G	Maximum of 3 capsules per day
Duloxetine HCl (40MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	G	Maximum of 2 capsules per day
<b>Dyanavel XR (Oral Suspension Extended Release)</b>	<b>B</b>	Maximum of 8 ml per day
<b>Dyanavel XR (Oral Tablet Chewable Extended Release)</b>	<b>B</b>	Maximum of 1 tablet per day
Econazole Nitrate (External Cream)	G	Maximum of 90 grams per 30 days
<b>Edarbi (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Edarbyclor (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Edecrin (Oral Tablet)</b>	<b>B</b>	Maximum of 16 tablets per day
<b>Edluar (Tablet Sublingual)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Edurant (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
Efavirenz (Oral 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
<b>Efudex (External Cream)</b>	<b>B</b>	Maximum of 40 grams per 30 days
Eletriptan Hydrobromide (Oral Tablet)	G	Maximum of 12 tablets per 30 days
<b>Elidel (External Cream)</b>	<b>B</b>	Maximum of 100 grams per 30 days
<b>Eligard (22.5MG Subcutaneous Kit)</b>	<b>B</b>	Maximum of 1 kit per 84 days
<b>Eligard (30MG Subcutaneous Kit)</b>	<b>B</b>	Maximum of 1 kit per 112 days
<b>Eligard (45MG Subcutaneous Kit)</b>	<b>B</b>	Maximum of 1 kit per 168 days
<b>Eligard (7.5MG Subcutaneous Kit)</b>	<b>B</b>	Maximum of 1 kit per 28 days

Drug name	Brand or Generic	Quantity limit
<b>Eliquis (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Eliquis Starter Pack (Oral Tablet)</b>	<b>B</b>	Maximum of 2 packs (148 tablets) per year
<b>Elyxyb (Oral Solution)</b>	<b>B</b>	Maximum of 1 bottle (4.8 ml) per day
<b>Emend (Oral Capsule)</b>	<b>B</b>	Maximum of 4 capsules per 28 days
<b>Emend (Oral Suspension Reconstituted)</b>	<b>B</b>	Maximum of 2 kits per 28 days
<b>Emend Tri-Pack (Oral Capsule)</b>	<b>B</b>	Maximum of 6 capsules (2 packs) per 28 days
<b>Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 3 syringes or pens (3 ml) per 28 days
<b>Emgality (Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 2 syringes or pens (2 ml) per 28 days
<b>Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 2 syringes or pens (2 ml) per 28 days
Emtricitabine (Oral Capsule)	G	Maximum of 1 capsule per day
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
<b>Emtriva (Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Emtriva (Oral Solution)</b>	<b>B</b>	Maximum of 5 bottles (850 ml) per 30 days
Enalapril Maleate (Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (10-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (5-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
<b>Enbrel Mini (Subcutaneous Solution Cartridge)</b>	<b>B</b>	Maximum of 8 cartridges per 28 days
<b>Enbrel (Subcutaneous Solution)</b>	<b>B</b>	Maximum of 8 vials (4 ml) per 28 days
<b>Enbrel (25MG/0.5ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 8 syringes (4 ml) per 28 days
<b>Enbrel (50MG/ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 8 syringes (8 ml) per 28 days
<b>Enbrel SureClick (Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 8 pens per 28 days
Endocet (Oral Tablet)	G	Maximum of 12 tablets per day
<b>Engerix-B (Injection Suspension)</b>	<b>B</b>	1 vaccination dose (1 ml) per day
<b>Engerix-B (10MCG/0.5ML Injection Suspension Prefilled Syringe)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Engerix-B (20MCG/ML Injection Suspension Prefilled Syringe)</b>	<b>B</b>	1 vaccination dose (1 ml) per day
<b>Entadfi (Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day

Drug name	Brand or Generic	Quantity limit
<b>Entresto (Oral Capsule Sprinkle)</b>	<b>B</b>	Maximum of 8 capsules per day
<b>Entresto (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Entyvio (Subcutaneous Solution Pen-Injector)</b>	<b>B</b>	Maximum of 2 pens (1.36 ml) per 28 days
<b>Epclusa (Oral Packet)</b>	<b>B</b>	Maximum of 1 carton (28 packets) per 28 days
<b>Epclusa (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
Epinephrine (Injection Solution Auto-Injector)	G	Maximum of 4 pens (2 boxes) per 30 days
<b>EpiPen 2-Pak (Injection Solution Auto-Injector)</b>	<b>B</b>	Maximum of 4 pens (2 boxes) per 30 days
<b>EpiPen Jr 2-Pak (Injection Solution Auto-Injector)</b>	<b>B</b>	Maximum of 4 pens (2 boxes) per 30 days
<b>Epivir (10MG/ML Oral Solution)</b>	<b>B</b>	Maximum of 32 ml per day
<b>Epivir (150MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Epivir (300MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Epzicom (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Esbriet (Oral Capsule)</b>	<b>B</b>	Maximum of 9 capsules per day
<b>Esbriet (267MG Oral Tablet)</b>	<b>B</b>	Maximum of 6 tablets per day
<b>Esbriet (801MG Oral Tablet)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>Esgic (Oral Tablet)</b>	<b>B</b>	Maximum of 6 tablets per day
Esomeprazole Magnesium (20MG Oral Capsule Delayed Release) (Generic Nexium)	G	Maximum of 3 capsules per day
Esomeprazole Magnesium (40MG Oral Capsule Delayed Release) (Generic Nexium)	G	Maximum of 2 capsules per day
Estazolam (Oral Tablet)	G	Maximum of 1 tablet per day
Estradiol (Transdermal Patch Twice Weekly)	G	Maximum of 8 patches per 28 days
Estradiol (Transdermal Patch Weekly)	G	Maximum of 4 patches per 28 days
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
<b>Eucrisa (External Ointment)</b>	<b>B</b>	Maximum of 100 grams per 30 days
<b>Evenity (Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 2 syringes (2.34 ml) per 28 days
<b>Evotaz (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Evrysdi (Oral Solution Reconstituted)</b>	<b>B</b>	Maximum of 8 ml per day
<b>Exelon (Transdermal Patch 24 Hour)</b>	<b>B</b>	Maximum of 1 patch per day
<b>Exforge (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Ezallor Sprinkle (Oral Capsule Sprinkle)</b>	<b>B</b>	Maximum of 1 capsule per day

Drug name	Brand or Generic	Quantity limit
<b>Fabhalta (Oral Capsule)</b>	<b>B</b>	Maximum of 2 capsules per day
<b>Fabior (External Foam)</b>	<b>B</b>	Maximum of 100 grams per 30 days
<b>Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Fanapt Titration Pack (Oral Tablet)</b>	<b>B</b>	Maximum of 2 packs per year
<b>Farxiga (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
Fentanyl Citrate (1200MCG Buccal Lozenge On A Handle, 1600MCG Buccal Lozenge On A Handle, 200MCG Buccal Lozenge On A Handle, 400MCG Buccal Lozenge On A Handle, 600MCG Buccal Lozenge On A Handle, 800MCG Buccal Lozenge On A Handle)	G	Maximum of 4 lozenges per day
<b>Fentanyl Citrate (200MCG Buccal Tablet, 400MCG Buccal Tablet, 600MCG Buccal Tablet, 800MCG Buccal Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
Fentanyl (Transdermal Patch 72 Hour)	G	Maximum of 15 patches per 30 days
<b>Fentora (Buccal Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
Fesoterodine Fumarate ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
<b>Filspari (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Finacea (External Foam)</b>	<b>B</b>	Maximum of 50 grams per 30 days
<b>Finacea (External Gel)</b>	<b>B</b>	Maximum of 50 grams per 30 days
Fingolimod HCl (Oral Capsule)	G	Maximum of 1 capsule per day
<b>Fintepla (Oral Solution)</b>	<b>B</b>	Maximum of 12 ml per day
<b>Fioricet (Oral Capsule)</b>	<b>B</b>	Maximum of 6 capsules per day
<b>Fioricet/Codeine (Oral Capsule)</b>	<b>B</b>	Maximum of 6 capsules per day
<b>Firazyr (Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 12 syringes (36 ml) per 30 days
<b>Firdapse (Oral Tablet)</b>	<b>B</b>	Maximum of 10 tablets per day
<b>Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)</b>	<b>B</b>	Maximum of 2 kits (4 vials) per 365 days
<b>Firmagon (80MG Subcutaneous Solution Reconstituted)</b>	<b>B</b>	Maximum of 1 kit per 28 days
<b>Flector (External Patch)</b>	<b>B</b>	Maximum of 2 patches per day
<b>FloLipid (20MG/5ML Oral Suspension)</b>	<b>B</b>	Maximum of 5 ml per day
<b>FloLipid (40MG/5ML Oral Suspension)</b>	<b>B</b>	Maximum of 10 ml per day
Fluocinonide Emulsified Base (External Cream)	G	Maximum of 60 grams per 30 days
Fluocinonide (0.05% External Cream)	G	Maximum of 60 grams per 30 days
Fluocinonide (0.1% External Cream)	G	Maximum of 120 grams per 30 days



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 (External Cream)	G	Maximum of 40 grams per 30 days
Flurandrenolide (External Lotion)	G	Maximum of 240 ml per 30 days
Flurazepam HCl (Oral Capsule)	G	Maximum of 1 capsule per day
Fluticasone-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
<b>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>	<b>B</b>	Maximum of 1 inhaler per 30 days
<b>Focalin (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
Formoterol Fumarate (Inhalation Nebulization Solution)	G	Maximum of 2 vials (4 ml) per day
Fosamprenavir Calcium (Oral Tablet)	G	Maximum of 4 tablets per day
<b>Fotivda (Oral Capsule)</b>	<b>B</b>	Maximum of 21 capsules per 28 days
<b>Frova (Oral Tablet)</b>	<b>B</b>	Maximum of 12 tablets per 30 days
Frovatriptan Succinate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
<b>Fruzaqla (1MG Oral Capsule)</b>	<b>B</b>	Maximum of 84 capsules per 28 days
<b>Fruzaqla (5MG Oral Capsule)</b>	<b>B</b>	Maximum of 21 capsules per 28 days
<b>Fuzeon (Subcutaneous Solution Reconstituted)</b>	<b>B</b>	Maximum of 2 vials per day
<b>Fycompa (Oral Suspension)</b>	<b>B</b>	Maximum of 24 ml per day
<b>Fycompa (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Gardasil 9 (Intramuscular Suspension)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Gardasil 9 (Intramuscular Suspension Prefilled Syringe)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Gavreto (Oral Capsule)</b>	<b>B</b>	Maximum of 4 capsules per day
<b>Genvoya (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Geodon (Oral Capsule)</b>	<b>B</b>	Maximum of 2 capsules per day
<b>Gilenya (0.25MG Oral Capsule)</b>	<b>B</b>	Maximum of 2 capsules per day
<b>Gilenya (0.5MG Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day

Drug name	Brand or Generic	Quantity limit
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
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
<b>Glucotrol XL (10MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Glucotrol XL (5MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Glumetza (1000MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Glumetza (500MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 4 tablets per day
Glyburide Micronized (1.5MG Oral Tablet)	G	Maximum of 8 tablets per day
Glyburide Micronized (3MG Oral Tablet)	G	Maximum of 4 tablets per day
Glyburide Micronized (6MG Oral Tablet)	G	Maximum of 2 tablets per day
Glyburide (1.25MG Oral Tablet)	G	Maximum of 16 tablets per day
Glyburide (2.5MG Oral Tablet)	G	Maximum of 8 tablets per day
Glyburide (5MG Oral Tablet)	G	Maximum of 4 tablets per day
Glyburide-Metformin (1.25-250MG Oral Tablet)	G	Maximum of 8 tablets per day
Glyburide-Metformin (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)	G	Maximum of 4 tablets per day
<b>Glyxambi (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
Granisetron HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Guanfacine HCl (Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
<b>Halcion (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Harvoni (Oral Packet)</b>	<b>B</b>	Maximum of 1 carton (28 packets) per 28 days
<b>Harvoni (90-400MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Havrix (1440EL U/ML Intramuscular Suspension)</b>	<b>B</b>	Maximum of 2 vaccines per lifetime

Drug name	Brand or Generic	Quantity limit
<b>Havrix (720EL U/0.5ML Intramuscular Suspension)</b>	<b>B</b>	Maximum of 2 vaccines per lifetime
<b>Hepelisav-B (Intramuscular Solution Prefilled Syringe)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Hetlioz LQ (Oral Suspension)</b>	<b>B</b>	Maximum of 158 ml per 30 days
<b>Hetlioz (Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Hiberix (Injection Solution Reconstituted)</b>	<b>B</b>	1 vaccination dose (1 injection) per day
<b>Humira (2 Pen) (40MG/0.4ML Subcutaneous Pen-Injector Kit, 40MG/0.8ML Subcutaneous Pen-Injector Kit) (AbbVie)</b>	<b>B</b>	Maximum of 2 kits (4 pens) per 28 days
<b>Humira (2 Pen) (80MG/0.8ML Subcutaneous Pen-Injector Kit) (AbbVie)</b>	<b>B</b>	Maximum of 1 kit (2 pens) per 28 days
<b>Humira (2 Syringe) (10MG/0.1ML Subcutaneous Prefilled Syringe Kit, 20MG/0.2ML Subcutaneous Prefilled Syringe Kit) (AbbVie)</b>	<b>B</b>	Maximum of 1 kit (2 syringes) per 28 days
<b>Humira (2 Syringe) (40MG/0.4ML Subcutaneous Prefilled Syringe Kit, 40MG/0.8ML Subcutaneous Prefilled Syringe Kit) (AbbVie)</b>	<b>B</b>	Maximum of 2 kits (4 syringes) per 28 days
<b>Humira Pen Psoriasis/Uveitis Starter (40MG/0.4ML &amp; 80MG/0.8ML Subcutaneous Pen-Injector Kit) (AbbVie)</b>	<b>B</b>	Maximum of 2 kits per year
Hydrocodone Bitartrate ER (10MG Oral Capsule Extended Release 12 Hour, 15MG Oral Capsule Extended Release 12 Hour, 20MG Oral Capsule Extended Release 12 Hour, 30MG Oral Capsule Extended Release 12 Hour, 40MG Oral Capsule Extended Release 12 Hour, 50MG Oral Capsule Extended Release 12 Hour)	<b>G</b>	Maximum of 2 capsules per day
Hydrocodone Bitartrate ER (100MG Oral Tablet ER 24 Hour Abuse-Deterrent, 120MG Oral Tablet ER 24 Hour Abuse-Deterrent, 20MG Oral Tablet ER 24 Hour Abuse-Deterrent, 30MG Oral Tablet ER 24 Hour Abuse-Deterrent, 40MG Oral Tablet ER 24 Hour Abuse-Deterrent, 60MG Oral Tablet ER 24 Hour Abuse-Deterrent, 80MG Oral Tablet ER 24 Hour Abuse-Deterrent)	<b>G</b>	Maximum of 1 tablet per day
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	<b>G</b>	Maximum of 180 ml per day
Hydrocodone-Acetaminophen (10-300MG Oral Tablet, 5-300MG Oral Tablet, 7.5-300MG Oral Tablet)	<b>G</b>	Maximum of 13 tablets per day
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	<b>G</b>	Maximum of 12 tablets per day
Hydrocodone-Ibuprofen (Oral Tablet)	<b>G</b>	Maximum of 5 tablets per day
Hydrocortisone Butyrate (External Lotion)	<b>G</b>	Maximum of 118 ml per 30 days

Drug name	Brand or Generic	Quantity limit
Hydromorphone HCl ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Hydromorphone HCl (1MG/ML Oral Liquid)	G	Maximum of 50 ml per day
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Hydromorphone HCl (8MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Hydroxychloroquine Sulfate (100MG Oral Tablet, 300MG Oral Tablet)	G	Maximum of 2 tablets per day
Hydroxychloroquine Sulfate (200MG Oral Tablet)	G	Maximum of 4 tablets per day
Hydroxychloroquine Sulfate (400MG Oral Tablet)	G	Maximum of 1 tablet per day
<b>Hysingla ER (Oral Tablet ER 24 Hour Abuse-Deterrent)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Ibsrela (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
Icatibant Acetate (Subcutaneous Solution Prefilled Syringe)	G	Maximum of 12 syringes (36 ml) per 30 days
<b>Iclusig (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Ilumya (Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 1 syringe (1 ml) per 28 days
<b>Imbruvica (140MG Oral Capsule)</b>	<b>B</b>	Maximum of 4 capsules per day
<b>Imbruvica (70MG Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Imbruvica (Oral Suspension)</b>	<b>B</b>	Maximum of 8 ml per day
<b>Imbruvica (140MG Oral Tablet, 280MG Oral Tablet, 420MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
Imiquimod (5% External Cream)	G	Maximum of 24 packets per 30 days
<b>Imitrex (Oral Tablet)</b>	<b>B</b>	Maximum of 12 tablets per 30 days
<b>Imitrex STATdose Refill (6MG/0.5ML Subcutaneous Solution Cartridge)</b>	<b>B</b>	Maximum of 12 injections (6 ml) per 30 days
<b>Imitrex STATdose System (4MG/0.5ML Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 12 injections (6 ml) per 30 days
<b>Imovax Rabies (Intramuscular Suspension Reconstituted)</b>	<b>B</b>	1 vaccination dose (1 injection) per day
<b>Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	<b>B</b>	Maximum of 1 inhaler (30 blisters) per 30 days
<b>Infanrix (Intramuscular Suspension)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Ingrezza (Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Ingrezza (Oral Capsule Sprinkle)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Ingrezza (Oral Capsule Therapy Pack)</b>	<b>B</b>	Maximum of 1 pack (28 capsules) per 28 days
<b>Inlyta (Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day

<b>Drug name</b>	<b>Brand or Generic</b>	<b>Quantity limit</b>
<b>Inpefa (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Inqovi (Oral Tablet)</b>	<b>B</b>	Maximum of 1 pack (5 tablets) per 28 days
<b>Inrebic (Oral Capsule)</b>	<b>B</b>	Maximum of 4 capsules per day
<b>Intelence (100MG Oral Tablet, 200MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Intelence (25MG Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Intrarosa (Vaginal Insert)</b>	<b>B</b>	Maximum of 1 vaginal insert per day
<b>Invega (3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Invega (6MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Invokamet (Oral Tablet Immediate Release)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Invokamet XR (Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Invokana (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>IPOL (Injection)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>ISENTRESS HD (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>ISENTRESS (Oral Packet)</b>	<b>B</b>	Maximum of 2 packets per day
<b>ISENTRESS (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>ISENTRESS (Oral Tablet Chewable)</b>	<b>B</b>	Maximum of 6 tablets per day
Ivabradine HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Ivermectin (External Cream)	G	Maximum of 45 grams per 30 days
<b>Iwifin (Oral Tablet)</b>	<b>B</b>	Maximum of 8 tablets per day
<b>Ixchiq (Intramuscular Solution Reconstituted)</b>	<b>B</b>	1 vaccination dose (1 injection) per day
<b>Ixiaro (Intramuscular Suspension)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Janumet (Oral Tablet Immediate Release)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Janumet XR (100-1000MG Oral Tablet Extended Release 24 Hour, 50-500MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Janumet XR (50-1000MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Januvia (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Jardiance (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Jaypirca (100MG Oral Tablet)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>Jaypirca (50MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
<b>Jentaduetto (2.5-1000MG Oral Tablet, 2.5-500MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Jentaduetto XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Jentaduetto XR (5-1000MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Joenja (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Jornay PM (Oral Capsule Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Juluca (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Jynarque (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Jynneos (Subcutaneous Suspension)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Kaletra (Oral Solution)</b>	<b>B</b>	Maximum of 3 bottles (480 ml) per 30 days
<b>Kaletra (100-25MG Oral Tablet)</b>	<b>B</b>	Maximum of 8 tablets per day
<b>Kaletra (200-50MG Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Kazano (12.5-1000MG Oral Tablet, 12.5-500MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Kerendia (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
Ketoconazole (External Cream)	G	Maximum of 90 grams per 30 days
Ketoconazole (External Foam)	G	Maximum of 100 grams per 28 days
Ketodan (External Foam)	G	Maximum of 100 grams per 28 days
<b>Keveyis (Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Kevzara (Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 2 pens (2.28 ml) per 28 days
<b>Kevzara (Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 2 syringes (2.28 ml) per 28 days
<b>Kinrix (Intramuscular Suspension Prefilled Syringe)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Kitabis Pak (Inhalation Nebulization Solution)</b>	<b>B</b>	Maximum of 2 ampules (10 ml) per day
<b>Klisyri (External Ointment)</b>	<b>B</b>	Maximum of 5 packets per 30 days
<b>Klonopin (0.5MG Oral Tablet, 1MG Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Klonopin (2MG Oral Tablet)</b>	<b>B</b>	Maximum of 10 tablets per day
<b>Koselugo (10MG Oral Capsule)</b>	<b>B</b>	Maximum of 8 capsules per day
<b>Koselugo (25MG Oral Capsule)</b>	<b>B</b>	Maximum of 4 capsules per day
<b>Krazati (Oral Tablet)</b>	<b>B</b>	Maximum of 6 tablets per day
Lacosamide (10MG/ML Oral Solution)	G	Maximum of 40 ml per day

Drug name	Brand or Generic	Quantity limit
Lacosamide (Oral Tablet)	G	Maximum of 2 tablets per day
Lamivudine (10MG/ML Oral Solution)	G	Maximum of 32 ml per day
Lamivudine (150MG Oral Tablet)	G	Maximum of 2 tablets per day
Lamivudine (300MG Oral Tablet)	G	Maximum of 1 tablet per day
Lamivudine-Zidovudine (Oral Tablet)	G	Maximum of 2 tablets per day
Lansoprazole (Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
<b>Latuda (120MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 60MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Latuda (80MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Ledipasvir-Sofosbuvir (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Letairis (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Leuprolide Acetate (3 Month) (Intramuscular Injectable)</b>	<b>B</b>	Maximum of 1 kit per 84 days
Leuprolide Acetate (Subcutaneous Injection Kit)	G	Maximum of 2 kits per 28 days
Levorphanol Tartrate (Oral Tablet)	G	Maximum of 6 tablets per day
<b>Lexiva (Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Lialda (Oral Tablet Delayed Release)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Libervant (Buccal Film)</b>	<b>B</b>	Maximum of 10 films per 30 days
<b>Licart (External Patch 24 Hour)</b>	<b>B</b>	Maximum of 1 patch per day
Lidocaine (5% External Ointment)	G	Maximum of 152 grams per 30 days
Lidocaine (5% External Patch)	G	Maximum of 3 patches per day
<b>Lidocan (External Patch)</b>	<b>B</b>	Maximum of 3 patches per day
<b>Lidoderm (External Patch)</b>	<b>B</b>	Maximum of 3 patches per day
Linezolid (Oral Suspension Reconstituted)	G	Maximum of 60 ml per day
Linezolid (Oral Tablet)	G	Maximum of 2 tablets per day
<b>Linzess (Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Liraglutide (Subcutaneous Solution Pen-Injector)</b>	<b>B</b>	Maximum of 3 pens (9 ml) per 30 days
Lisinopril (Oral Tablet)	G	Maximum of 2 tablets per day
Lisinopril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Lisinopril-Hydrochlorothiazide (20-12.5MG Oral Tablet)	G	Maximum of 4 tablets per day
Lisinopril-Hydrochlorothiazide (20-25MG Oral Tablet)	G	Maximum of 2 tablets per day
<b>Litfulo (Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Livalo (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Livtencity (Oral Tablet)</b>	<b>B</b>	Maximum of 12 tablets per day
<b>Locoid (External Lotion)</b>	<b>B</b>	Maximum of 118 ml per 30 days

Drug name	Brand or Generic	Quantity limit
<b>Lokelma (Oral Packet)</b>	<b>B</b>	Maximum of 3 packets per day
Lopinavir-Ritonavir (Oral Solution)	G	Maximum of 3 bottles (480 ml) per 30 days
Lopinavir-Ritonavir (100-25MG Oral Tablet)	G	Maximum of 8 tablets per day
Lopinavir-Ritonavir (200-50MG Oral Tablet)	G	Maximum of 4 tablets per day
Lorazepam Intensol (Oral Concentrate)	G	Maximum of 5 ml per day
Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Lorazepam (2MG Oral Tablet)	G	Maximum of 5 tablets per day
<b>Lorbrena (100MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Lorbrena (25MG Oral Tablet)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>Loreev XR (1.5MG Oral Capsule ER 24 Hour Sprinkle, 2MG Oral Capsule ER 24 Hour Sprinkle)</b>	<b>B</b>	Maximum of 5 capsules per day
<b>Loreev XR (1MG Oral Capsule ER 24 Hour Sprinkle)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Loreev XR (3MG Oral Capsule ER 24 Hour Sprinkle)</b>	<b>B</b>	Maximum of 3 capsules per day
Lubiprostone (Oral Capsule)	G	Maximum of 2 capsules per day
<b>Lucemyra (Oral Tablet)</b>	<b>B</b>	Maximum of 16 tablets per day
<b>Luliconazole (External Cream)</b>	<b>B</b>	Maximum of 60 grams per 28 days
<b>Lumakras (120MG Oral Tablet)</b>	<b>B</b>	Maximum of 8 tablets per day
<b>Lumakras (320MG Oral Tablet)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>Lumryz (Oral Packet)</b>	<b>B</b>	Maximum of 1 packet per day
<b>Lupkynis (Oral Capsule)</b>	<b>B</b>	Maximum of 6 capsules per day
<b>Lupron Depot (1-Month) (Intramuscular Kit)</b>	<b>B</b>	Maximum of 1 kit per 28 days
<b>Lupron Depot (3-Month) (Intramuscular Kit)</b>	<b>B</b>	Maximum of 1 kit per 84 days
<b>Lupron Depot (4-Month) (Intramuscular Kit)</b>	<b>B</b>	Maximum of 1 kit per 112 days
<b>Lupron Depot (6-Month) (Intramuscular Kit)</b>	<b>B</b>	Maximum of 1 kit per 168 days
<b>Lupron Depot-Ped (1-Month) (7.5MG Intramuscular Kit)</b>	<b>B</b>	Maximum of 1 kit per 28 days
<b>Lupron Depot-Ped (3-Month) (11.25MG Intramuscular Kit)</b>	<b>B</b>	Maximum of 1 kit per 84 days
<b>Lupron Depot-Ped (6-Month) (Intramuscular Kit)</b>	<b>B</b>	Maximum of 1 kit per 168 days
Lurasidone HCl (120MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 60MG Oral Tablet)	G	Maximum of 1 tablet per day
Lurasidone HCl (80MG Oral Tablet)	G	Maximum of 2 tablets per day
<b>Luzu (External Cream)</b>	<b>B</b>	Maximum of 60 grams per 28 days
<b>Lybalvi (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
Lyllana (Transdermal Patch Twice Weekly)	G	Maximum of 8 patches per 28 days



Drug name	Brand or Generic	Quantity limit
<b>Lyrica CR (165MG Oral Tablet Extended Release 24 Hour, 82.5MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>Lyrica CR (330MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Lyrica (100MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)</b>	<b>B</b>	Maximum of 4 capsules per day
<b>Lyrica (150MG Oral Capsule, 200MG Oral Capsule)</b>	<b>B</b>	Maximum of 3 capsules per day
<b>Lyrica (225MG Oral Capsule, 300MG Oral Capsule)</b>	<b>B</b>	Maximum of 2 capsules per day
<b>Lyrica (Oral Solution)</b>	<b>B</b>	Maximum of 30 ml per day
<b>Lytgobi (12MG Daily Dose) (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 4 packs (84 tablets) per 28 days
<b>Lytgobi (16MG Daily Dose) (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 4 packs (112 tablets) per 28 days
<b>Lytgobi (20MG Daily Dose) (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 4 packs (140 tablets) per 28 days
<b>Lyvispah (10MG Oral Packet)</b>	<b>B</b>	Maximum of 3 packets per day
<b>Lyvispah (20MG Oral Packet)</b>	<b>B</b>	Maximum of 4 packets per day
<b>Lyvispah (5MG Oral Packet)</b>	<b>B</b>	Maximum of 9 packets per day
Maraviroc (150MG Oral Tablet)	G	Maximum of 2 tablets per day
Maraviroc (300MG Oral Tablet)	G	Maximum of 4 tablets per day
<b>Mavyret (Oral Packet)</b>	<b>B</b>	Maximum of 5 cartons (140 packets) per 28 days
<b>Mavyret (Oral Tablet)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>Maxalt (Oral Tablet)</b>	<b>B</b>	Maximum of 12 tablets per 30 days
<b>Maxalt-MLT (Oral Tablet Dispersible)</b>	<b>B</b>	Maximum of 12 tablets per 30 days
<b>Mayzent (0.25MG Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Mayzent (1MG Oral Tablet, 2MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Mayzent Starter Pack (12 x 0.25MG Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 2 packs (24 tablets) per year
<b>Mayzent Starter Pack (7 x 0.25MG Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 2 packs (14 tablets) per year
Meloxicam (Oral Capsule)	G	Maximum of 1 capsule per day
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Memantine HCl (Oral Solution)	G	Maximum of 10 ml per day
Memantine HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Memantine HCl Titration Pak (Oral Tablet)	G	Maximum of 2 packs per year
Memantine HCl (5MG Oral Tablet)	G	Maximum of 3 tablets per day

Drug name	Brand or Generic	Quantity limit
<b>Menactra (Intramuscular Solution)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Menostar (Transdermal Patch Weekly)</b>	<b>B</b>	Maximum of 4 patches per 28 days
<b>MenQuadfi (Intramuscular Solution)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Menveo (Intramuscular Solution Reconstituted)</b>	<b>B</b>	1 vaccination dose (1 injection) per day
Meperidine HCl (Oral Solution)	G	Maximum of 90 ml per day
Meperidine HCl (Oral Tablet)	G	Maximum of 18 tablets per day
<b>Mepron (Oral Suspension)</b>	<b>B</b>	Maximum of 14 ml per day
Mesalamine ER (500MG Oral Capsule Extended Release) (Generic Pentasa)	G	Maximum of 8 capsules per day
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	G	Maximum of 4 tablets per day
Mesalamine (800MG Oral Tablet Delayed Release) (Generic Asacol)	G	Maximum of 6 tablets per day
Mesalamine (Rectal Suppository)	G	Maximum of 1 suppository per day
<b>Metadate CD (Oral Capsule Extended Release)</b>	<b>B</b>	Maximum of 1 capsule per day
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	G	Maximum of 2 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	G	Maximum of 4 tablets per day
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	G	Maximum of 2 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	G	Maximum of 5 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 4 tablets per day
Metformin HCl ER (750MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 2 tablets per day
Metformin HCl (Oral Solution)	G	Maximum of 25.5 ml per day
Metformin HCl (1000MG Oral Tablet Immediate Release)	G	Maximum of 2.5 tablets per day
Metformin HCl (500MG Oral Tablet Immediate Release)	G	Maximum of 5 tablets per day
Metformin HCl (850MG Oral Tablet Immediate Release)	G	Maximum of 3 tablets per day
Methadone HCl (10MG/5ML Oral Solution)	G	Maximum of 60 ml per day
Methadone HCl (5MG/5ML Oral Solution)	G	Maximum of 120 ml per day
Methadone HCl (10MG Oral Tablet)	G	Maximum of 12 tablets per day
Methadone HCl (5MG Oral Tablet)	G	Maximum of 8 tablets per day
Methamphetamine HCl (Oral Tablet)	G	Maximum of 5 tablets per day

Drug name	Brand or Generic	Quantity limit
<b>Methylin (10MG/5ML Oral Solution)</b>	<b>B</b>	Maximum of 30 ml per day
<b>Methylin (5MG/5ML Oral Solution)</b>	<b>B</b>	Maximum of 60 ml per day
Methylphenidate HCl CD (Oral Capsule Extended Release) (Generic Metadate CD)	G	Maximum of 1 capsule per day
Methylphenidate HCl LA (Oral Capsule Extended Release 24 Hour) (Generic Ritalin LA)	G	Maximum of 1 capsule per day
Methylphenidate HCl ER Osmotic Release (18MG Oral Tablet Extended Release) (Generic Concerta)	G	Maximum of 3 tablets per day
Methylphenidate HCl ER Osmotic Release (27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release) (Generic Concerta)	G	Maximum of 2 tablets per day
<b>Methylphenidate HCl ER Osmotic (45MG Oral Tablet Extended Release, 63MG Oral Tablet Extended Release) (Generic Relexxii)</b>	<b>B</b>	Maximum of 1 tablet per day
Methylphenidate HCl ER Osmotic Release (54MG Oral Tablet Extended Release, 72MG Oral Tablet Extended Release) (Generic Concerta)	G	Maximum of 1 tablet per day
Methylphenidate HCl ER (XR) (Oral Capsule Extended Release 24 Hour) (Brand Equivalent Aptensio XR)	G	Maximum of 1 capsule per day
Methylphenidate HCl ER (10MG Oral Tablet Extended Release)	G	Maximum of 4 tablets per day
Methylphenidate HCl ER (20MG Oral Tablet Extended Release)	G	Maximum of 3 tablets per day
Methylphenidate HCl ER (18MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 3 tablets per day
Methylphenidate HCl ER (27MG Oral Tablet Extended Release 24 Hour, 36MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Methylphenidate HCl ER (54MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Methylphenidate HCl (10MG/5ML Oral Solution)	G	Maximum of 30 ml per day
Methylphenidate HCl (5MG/5ML Oral Solution)	G	Maximum of 60 ml per day
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	G	Maximum of 3 tablets per day
Methylphenidate HCl (10MG Oral Tablet Chewable)	G	Maximum of 6 tablets per day
Methylphenidate HCl (2.5MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	G	Maximum of 3 tablets per day
Methylphenidate (Transdermal Patch)	G	Maximum of 1 patch per day
<b>Micardis HCT (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Micardis HCT (80-12.5MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Micardis (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
<b>Miebo (Ophthalmic Solution)</b>	<b>B</b>	Maximum of 12 ml (4 bottles) per 30 days
<b>Migranal (Nasal Solution)</b>	<b>B</b>	Maximum of 16 vials (16 ml) per 28 days
<b>Minivelle (Transdermal Patch Twice Weekly)</b>	<b>B</b>	Maximum of 8 patches per 28 days
Minocycline HCl ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
<b>M-M-R II (Injection Solution Reconstituted)</b>	<b>B</b>	1 vaccination dose (1 injection) per day
Modafinil (100MG Oral Tablet)	G	Maximum of 1 tablet per day
Modafinil (200MG Oral Tablet)	G	Maximum of 2 tablets per day
Montelukast Sodium (Oral Packet)	G	Maximum of 1 packet per day
Montelukast Sodium (Oral Tablet)	G	Maximum of 1 tablet per day
Montelukast Sodium (Oral Tablet Chewable)	G	Maximum of 1 tablet per day
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)	G	Maximum of 10 ml per day
Morphine Sulfate ER Beads (120MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	G	Maximum of 3 capsules per day
Morphine Sulfate ER Beads (30MG Oral Capsule Extended Release 24 Hour, 45MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	G	Maximum of 2 capsules per day
Morphine Sulfate ER Beads (75MG Oral Capsule Extended Release 24 Hour, 90MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	G	Maximum of 4 capsules per day
Morphine Sulfate ER (100MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour) (Generic Kadian)	G	Maximum of 3 capsules per day
Morphine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 30MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour) (Generic Kadian)	G	Maximum of 2 capsules per day
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 3 tablets per day
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 2 tablets per day
Morphine Sulfate ER (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 4 tablets per day
Morphine Sulfate (10MG/5ML Oral Solution)	G	Maximum of 100 ml per day
Morphine Sulfate (20MG/5ML Oral Solution)	G	Maximum of 50 ml per day

Drug name	Brand or Generic	Quantity limit
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
<b>Motegrity (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Motpoly XR (100MG Oral Capsule Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Motpoly XR (150MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 2 capsules per day
<b>Mounjaro (Subcutaneous Solution Pen-Injector)</b>	<b>B</b>	Maximum of 4 pens (2 ml) per 28 days
<b>Movantik (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>MResvia (Intramuscular Suspension Prefilled Syringe)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>MS Contin (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>MS Contin (200MG Oral Tablet Extended Release)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>MS Contin (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release)</b>	<b>B</b>	Maximum of 4 tablets per day
Mupirocin (External Ointment)	G	Maximum of 110 grams per 30 days
<b>Mycapssa (Oral Capsule Delayed Release)</b>	<b>B</b>	Maximum of 112 capsules per 28 days
<b>Mydayis (12.5MG Oral Capsule Extended Release 24 Hour, 25MG Oral Capsule Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 2 capsules per day
<b>Mydayis (37.5MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Myfembree (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Nalocet (Oral Tablet)</b>	<b>B</b>	Maximum of 13 tablets per day
<b>Namenda Titration Pak (Oral Tablet)</b>	<b>B</b>	Maximum of 2 packs per year
<b>Namzaric (Oral Capsule ER 24 Hour Therapy Pack)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Namzaric (Oral Capsule Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Naprosyn (Oral Suspension)</b>	<b>B</b>	Maximum of 60 ml per day
Naproxen (Oral Suspension)	G	Maximum of 60 ml per day
Naratriptan HCl (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Nateglinide (120MG Oral Tablet)	G	Maximum of 3 tablets per day
Nateglinide (60MG Oral Tablet)	G	Maximum of 6 tablets per day

Drug name	Brand or Generic	Quantity limit
<b>Nayzilam (Nasal Solution)</b>	<b>B</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
<b>Nebupent (Inhalation Solution Reconstituted)</b>	<b>B</b>	Maximum of 1 vial (300 mg) per 28 days
<b>Nerlynx (Oral Tablet)</b>	<b>B</b>	Maximum of 6 tablets per day
<b>Nesina (12.5MG Oral Tablet, 25MG Oral Tablet, 6.25MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Nevirapine (Oral Suspension)	G	Maximum of 40 ml per day
Nevirapine (Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
<b>Nexium (20MG Oral Capsule Delayed Release)</b>	<b>B</b>	Maximum of 3 capsules per day
<b>Nexium (40MG Oral Capsule Delayed Release)</b>	<b>B</b>	Maximum of 2 capsules per day
<b>Nexletol (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Nexlizet (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
Nitazoxanide (Oral Tablet)	G	Maximum of 2 tablets per day
Nitroglycerin (Rectal Ointment)	G	Maximum of 30 grams per 30 days
<b>Northera (100MG Oral Capsule)</b>	<b>B</b>	Maximum of 3 capsules per day
<b>Northera (200MG Oral Capsule, 300MG Oral Capsule)</b>	<b>B</b>	Maximum of 6 capsules per day
<b>Norvir (Oral Packet)</b>	<b>B</b>	Maximum of 12 packets per day
<b>Norvir (Oral Tablet)</b>	<b>B</b>	Maximum of 12 tablets per day
<b>Nourianz (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Noxafil (Oral Packet)</b>	<b>B</b>	Maximum of 2 packets per day
<b>Noxafil (Oral Suspension)</b>	<b>B</b>	Maximum of 20 ml per day
<b>Noxafil (Oral Tablet Delayed Release)</b>	<b>B</b>	Maximum of 6 tablets per day
<b>Nucala (Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 3 ml per 28 days
<b>Nucala (100MG/ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 3 ml per 28 days
<b>Nucala (40MG/0.4ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 0.4 ml per 28 days
<b>Nucala (Subcutaneous Solution Reconstituted)</b>	<b>B</b>	Maximum of 3 vials per 28 days
<b>Nucynta ER (Oral Tablet Extended Release 12 Hour)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Nucynta (Oral Tablet Immediate Release)</b>	<b>B</b>	Maximum of 6 tablets per day
<b>Nuedexta (Oral Capsule)</b>	<b>B</b>	Maximum of 2 capsules per day
<b>Nuplazid (Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Nuplazid (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
<b>Nurtec ODT (Oral Tablet Dispersible)</b>	<b>B</b>	Maximum of 18 tablets per 30 days
<b>Nuvigil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Nuvigil (50MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Nuzyra (Oral Tablet)</b>	<b>B</b>	Maximum of 30 tablets per 14 days
Nyamyc (External Powder)	G	Maximum of 120 grams per 30 days
Nystatin (External Powder)	G	Maximum of 120 grams per 30 days
Nystop (External Powder)	G	Maximum of 120 grams per 30 days
<b>Ocaliva (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Odefsey (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Ofev (Oral Capsule)</b>	<b>B</b>	Maximum of 2 capsules per day
<b>Ogsiveo (100MG Oral Tablet, 150MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Ogsiveo (50MG Oral Tablet)</b>	<b>B</b>	Maximum of 6 tablets per day
<b>Ojemda (Oral Suspension Reconstituted)</b>	<b>B</b>	Maximum of 96 ml per 28 days
<b>Ojemda (Oral Tablet)</b>	<b>B</b>	Maximum of 24 tablets per 28 days
<b>Ojjaara (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
Olanzapine (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Olanzapine (15MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 1 tablet per day
Olanzapine ODT (10MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Olanzapine ODT (15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day
Olmesartan Medoxomil (20MG Oral Tablet, 40MG Oral Tablet)	G	Maximum of 1 tablet per day
Olmesartan Medoxomil (5MG Oral Tablet)	G	Maximum of 2 tablets per day
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
<b>Olpruva (2GM Dose) (Oral Therapy Pack)</b>	<b>B</b>	Maximum of 6 envelopes (12 packets) per day
<b>Olpruva (3GM Dose) (Oral Therapy Pack)</b>	<b>B</b>	Maximum of 6 envelopes (12 packets) per day
<b>Olpruva (4GM Dose) (Oral Therapy Pack)</b>	<b>B</b>	Maximum of 5 envelopes (15 packets) per day
<b>Olpruva (5GM Dose) (Oral Therapy Pack)</b>	<b>B</b>	Maximum of 4 envelopes (12 packets) per day

<b>Drug name</b>	<b>Brand or Generic</b>	<b>Quantity limit</b>
<b>Olpruva (6GM Dose) (Oral Therapy Pack)</b>	<b>B</b>	Maximum of 3 envelopes (9 packets) per day
<b>Olpruva (6.67GM Dose) (Oral Therapy Pack)</b>	<b>B</b>	Maximum of 3 envelopes (9 packets) per day
<b>Olumiant (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
Omeprazole (10MG Oral Capsule Delayed Release)	G	Maximum of 3 capsules per day
<b>OmvoH (Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 2 pens (2 ml) per 28 days
<b>OmvoH (Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 2 syringes (2 ml) per 28 days
Ondansetron HCl (Oral Solution)	G	Maximum of 30 ml per day
Ondansetron HCl (4MG Oral Tablet)	G	Maximum of 6 tablets per day
Ondansetron HCl (8MG Oral Tablet)	G	Maximum of 3 tablets per day
Ondansetron ODT (4MG Oral Tablet Dispersible)	G	Maximum of 6 tablets per day
Ondansetron ODT (8MG Oral Tablet Dispersible)	G	Maximum of 3 tablets per day
<b>Onfi (Oral Suspension)</b>	<b>B</b>	Maximum of 16 ml per day
<b>Onfi (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Ongentys (Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Onureg (Oral Tablet)</b>	<b>B</b>	Maximum of 14 tablets per 28 days
<b>Onzetra Xsail (Nasal Exhaler Powder)</b>	<b>B</b>	Maximum of 1 kit (16 exhalers) per 30 days
<b>Opsynvi (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Opzelura (External Cream)</b>	<b>B</b>	Maximum of 4 tubes (240 grams) per 28 days
<b>Orencia ClickJect (Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 4 pens (4 ml) per 28 days
<b>Orencia (125MG/ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 4 syringes (4 ml) per 28 days
<b>Orencia (50MG/0.4ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 4 syringes (1.6 ml) per 28 days
<b>Orencia (87.5MG/0.7ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 4 syringes (2.8 ml) per 28 days
<b>Orenitram Month 1 (Oral Tablet Extended Release Therapy Pack)</b>	<b>B</b>	Maximum of 2 packs (336 tablets) per year
<b>Orenitram Month 2 (Oral Tablet Extended Release Therapy Pack)</b>	<b>B</b>	Maximum of 2 packs (672 tablets) per year
<b>Orenitram Month 3 (Oral Tablet Extended Release Therapy Pack)</b>	<b>B</b>	Maximum of 2 packs (504 tablets) per year
<b>Orgovyx (Oral Tablet)</b>	<b>B</b>	Maximum of 30 tablets per 28 days
<b>Oriahnn (Oral Capsule Therapy Pack)</b>	<b>B</b>	Maximum of 1 pack (56 capsules) per 28 days



Drug name	Brand or Generic	Quantity limit
<b>Orilissa (150MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Orilissa (200MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Orkambi (Oral Packet)</b>	<b>B</b>	Maximum of 56 packets per 28 days
<b>Orkambi (Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Orladeyo (Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Ormalvi (Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Orserdu (345MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Orserdu (86MG Oral Tablet)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>Oseni (12.5-30MG Oral Tablet, 25-15MG Oral Tablet, 25-30MG Oral Tablet, 25-45MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Osphena (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Otezla (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Otezla (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 2 kits per year
<b>Oxbryta (300MG Oral Tablet)</b>	<b>B</b>	Maximum of 8 tablets per day
<b>Oxbryta (500MG Oral Tablet)</b>	<b>B</b>	Maximum of 5 tablets per day
<b>Oxbryta (Oral Tablet Soluble)</b>	<b>B</b>	Maximum of 8 tablets per day
<b>Oxervate (Ophthalmic Solution)</b>	<b>B</b>	Maximum of 2 vials (2 ml) per day
Oxiconazole Nitrate (External Cream)	G	Maximum of 90 grams per 30 days
<b>Oxistat (External Lotion)</b>	<b>B</b>	Maximum of 60 ml per 30 days
<b>Oxycodone HCl ER (10MG Oral Tablet ER 12 Hour Abuse-Deterrent, 20MG Oral Tablet ER 12 Hour Abuse-Deterrent)</b>	<b>B</b>	Maximum of 3 tablets 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
<b>Oxycodone-Acetaminophen (5-325MG/5ML Oral Solution)</b>	<b>B</b>	Maximum of 60 ml per day
<b>Oxycodone-Acetaminophen (10-300MG Oral Tablet, 5-300MG Oral Tablet, 7.5-300MG Oral Tablet)</b>	<b>B</b>	Maximum of 13 tablets per day
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day

Drug name	Brand or Generic	Quantity limit
<b>OxyContin (Oral Tablet ER 12 Hour Abuse-Deterrent)</b>	<b>B</b>	Maximum of 3 tablets per day
Oxymorphone HCl ER (10MG Oral Tablet Extended Release 12 Hour, 15MG Oral Tablet Extended Release 12 Hour, 20MG Oral Tablet Extended Release 12 Hour, 5MG Oral Tablet Extended Release 12 Hour, 7.5MG Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
Oxymorphone HCl ER (30MG Oral Tablet Extended Release 12 Hour)	G	Maximum of 4 tablets per day
Oxymorphone HCl ER (40MG Oral Tablet Extended Release 12 Hour)	G	Maximum of 3 tablets per day
Oxymorphone HCl (Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
<b>Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (2MG/3ML Subcutaneous Solution Pen-Injector)</b>	<b>B</b>	Maximum of 1 pen (3 ml) per 28 days
<b>Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector)</b>	<b>B</b>	Maximum of 1 pen (3 ml) per 28 days
<b>Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector)</b>	<b>B</b>	Maximum of 1 pen (3 ml) per 28 days
Paliperidone ER (1.5MG Oral Tablet Extended Release 24 Hour, 3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Paliperidone ER (6MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
<b>Palynziq (10MG/0.5ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 56 syringes (28 ml) per 28 days
<b>Palynziq (2.5MG/0.5ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 16 syringes (8 ml) per 28 days
<b>Palynziq (20MG/ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 84 syringes (84 ml) per 28 days
Pantoprazole Sodium (20MG Oral Tablet Delayed Release)	G	Maximum of 3 tablets per day
Pantoprazole Sodium (40MG Oral Tablet Delayed Release)	G	Maximum of 2 tablets per day
<b>Paxlovid (150/100MG) (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 4 tablets per day and 20 tablets per prescription
<b>Paxlovid (300/100MG) (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 6 tablets per day and 30 tablets per prescription
<b>Pediarix (Intramuscular Suspension Prefilled Syringe)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Pedvax HIB (Intramuscular Suspension)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Pemazyre (Oral Tablet)</b>	<b>B</b>	Maximum of 14 tablets per 21 days

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

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

Drug name	Brand or Generic	Quantity limit
Promethegan (25MG Rectal Suppository)	G	Maximum of 4 suppositories per day
Promethegan (50MG Rectal Suppository)	G	Maximum of 2 suppositories per day
<b>ProQuad (Subcutaneous Suspension Reconstituted)</b>	<b>B</b>	1 vaccination dose (1 injection) per day
<b>Protonix (20MG Oral Tablet Delayed Release)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>Protonix (40MG Oral Tablet Delayed Release)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Provigil (100MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Provigil (200MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Prudoxin (External Cream)</b>	<b>B</b>	Maximum of 90 grams per 30 days
<b>Pulmozyme (Inhalation Solution)</b>	<b>B</b>	Maximum of 2 ampules (5 ml) per day
<b>Pyrukynd (20MG Oral Tablet, 5MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 pack (56 tablets) per 28 days
<b>Pyrukynd (50MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 packs (112 tablets) per 28 days
<b>Pyrukynd Taper Pack (5MG Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 1 pack (7 tablets) per 7 days
<b>Pyrukynd Taper Pack (7 x 20MG &amp; 7 x 5MG Oral Tablet Therapy Pack, 7 x 50MG &amp; 7 x 20MG Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 1 pack (14 tablets) per 14 days
<b>Qbrelis (Oral Solution)</b>	<b>B</b>	Maximum of 80 ml per day
<b>Qdolo (Oral Solution)</b>	<b>B</b>	Maximum of 80 ml per day
<b>Qelbree (100MG Oral Capsule Extended Release 24 Hour, 150MG Oral Capsule Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Qelbree (200MG Oral Capsule Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 3 capsules per day
<b>Qinlock (Oral Tablet)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>Qtern (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Quadracel (Intramuscular Suspension)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Quadracel (Intramuscular Suspension Prefilled Syringe)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
Quetiapine Fumarate ER (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
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

Drug name	Brand or Generic	Quantity limit
Quetiapine Fumarate (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	G	Maximum of 3 tablets per day
Quetiapine Fumarate (25MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Quetiapine Fumarate (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
<b>QuilliChew ER (20MG Oral Tablet Chewable Extended Release, 40MG Oral Tablet Chewable Extended Release)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>QuilliChew ER (30MG Oral Tablet Chewable Extended Release)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Quilivant XR (Oral Suspension Reconstituted)</b>	<b>B</b>	Maximum of 12 ml per day
<b>Qulipta (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Quviviq (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Qvar RediHaler (Inhalation Aerosol Breath Activated)</b>	<b>B</b>	Maximum of 2 inhalers (21.2 grams) per 30 days
<b>RabAvert (Intramuscular Suspension Reconstituted)</b>	<b>B</b>	1 vaccination dose (1 injection) per day
<b>Radicava ORS Starter Kit (Oral Suspension)</b>	<b>B</b>	Maximum of 70 ml per 28 days
<b>Rapaflo (Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Rayaldee (Oral Capsule Extended Release)</b>	<b>B</b>	Maximum of 2 capsules per day
<b>Recombivax HB (10MCG/ML Injection Suspension, 40MCG/ML Injection Suspension)</b>	<b>B</b>	1 vaccination dose (1 ml) per day
<b>Recombivax HB (5MCG/0.5ML Injection Suspension)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Recombivax HB (10MCG/ML Injection Suspension Prefilled Syringe)</b>	<b>B</b>	1 vaccination dose (1 ml) per day
<b>Recombivax HB (5MCG/0.5ML Injection Suspension Prefilled Syringe)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Recorlev (Oral Tablet)</b>	<b>B</b>	Maximum of 8 tablets per day
<b>Rectiv (Rectal Ointment)</b>	<b>B</b>	Maximum of 30 grams per 30 days
<b>Relexxii (18MG Oral Tablet Extended Release)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>Relexxii (27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Relexxii (45MG Oral Tablet Extended Release, 63MG Oral Tablet Extended Release)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Relpax (Oral Tablet)</b>	<b>B</b>	Maximum of 12 tablets per 30 days
Repaglinide (0.5MG Oral Tablet)	G	Maximum of 32 tablets per day
Repaglinide (1MG Oral Tablet)	G	Maximum of 16 tablets per day
Repaglinide (2MG Oral Tablet)	G	Maximum of 8 tablets per day

Drug name	Brand or Generic	Quantity limit
<b>Repatha Pushtronex System (Subcutaneous Solution Cartridge)</b>	<b>B</b>	Maximum of 2 cartridges (7 ml) per 28 days
<b>Repatha (Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 3 syringes (3 ml) per 28 days
<b>Repatha SureClick (Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 3 pens (3 ml) per 28 days
<b>Restasis MultiDose (Ophthalmic Emulsion)</b>	<b>B</b>	Maximum of 1 bottle (5.5 ml) per 25 days
<b>Restasis Single-Use Vials (Ophthalmic Emulsion)</b>	<b>B</b>	Maximum of 2 vials per day
<b>Restoril (Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Retevmo (40MG Oral Capsule)</b>	<b>B</b>	Maximum of 6 capsules per day
<b>Retevmo (80MG Oral Capsule)</b>	<b>B</b>	Maximum of 4 capsules per day
<b>Retevmo (120MG Oral Tablet, 160MG Oral Tablet, 80MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Retevmo (40MG Oral Tablet)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>Retrovir (Oral Capsule)</b>	<b>B</b>	Maximum of 6 capsules per day
<b>Retrovir (Oral Syrup)</b>	<b>B</b>	Maximum of 64 ml per day
<b>Rexulti (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Reyataz (200MG Oral Capsule)</b>	<b>B</b>	Maximum of 2 capsules per day
<b>Reyataz (300MG Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Reyataz (Oral Packet)</b>	<b>B</b>	Maximum of 6 packets per day
<b>Reyvow (100MG Oral Tablet)</b>	<b>B</b>	Maximum of 8 tablets per 30 days
<b>Reyvow (50MG Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per 30 days
<b>Rezdiffra (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Rezlidhia (Oral Capsule)</b>	<b>B</b>	Maximum of 2 capsules per day
<b>Rezurock (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Rinvoq (Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Ritalin LA (Oral Capsule Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Ritalin (Oral Tablet)</b>	<b>B</b>	Maximum of 3 tablets per day
Ritonavir (Oral Tablet)	G	Maximum of 12 tablets per day
Rivastigmine (Transdermal Patch 24 Hour)	G	Maximum of 1 patch per day
<b>Rivfloza (Subcutaneous Solution)</b>	<b>B</b>	Maximum of 2 vials (1 ml) per 28 days
<b>Rivfloza (128MG/0.8ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 1 syringe (0.8 ml) per 28 days
<b>Rivfloza (160MG/ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 1 syringe (1 ml) per 28 days
Rizatriptan Benzoate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	Maximum of 12 tablets per 30 days

<b>Drug name</b>	<b>Brand or Generic</b>	<b>Quantity limit</b>
Rosuvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
<b>Rotarix (Oral Suspension)</b>	<b>B</b>	1 vaccination dose (1.5 ml) per day
<b>Rotarix (Oral Suspension Reconstituted)</b>	<b>B</b>	1 vaccination dose (1 ml) per day
<b>RotaTeq (Oral Solution)</b>	<b>B</b>	1 vaccination dose (2 ml) per day
<b>Roxicodone (15MG Oral Tablet)</b>	<b>B</b>	Maximum of 8 tablets per day
<b>Roxicodone (30MG Oral Tablet)</b>	<b>B</b>	Maximum of 6 tablets per day
<b>RoxyBond (15MG Oral Tablet Abuse-Deterrent)</b>	<b>B</b>	Maximum of 8 tablets per day
<b>RoxyBond (30MG Oral Tablet Abuse-Deterrent)</b>	<b>B</b>	Maximum of 6 tablets per day
<b>RoxyBond (5MG Oral Tablet Abuse-Deterrent)</b>	<b>B</b>	Maximum of 12 tablets per day
<b>Rozlytrek (100MG Oral Capsule)</b>	<b>B</b>	Maximum of 5 capsules per day
<b>Rozlytrek (200MG Oral Capsule)</b>	<b>B</b>	Maximum of 3 capsules per day
<b>Rozlytrek (Oral Packet)</b>	<b>B</b>	Maximum of 12 packs per day
<b>Rukobia (Oral Tablet Extended Release 12 Hour)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Rybelsus (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Rydapt (Oral Capsule)</b>	<b>B</b>	Maximum of 8 capsules per day
<b>Sabril (Oral Packet)</b>	<b>B</b>	Maximum of 6 packets per day
<b>Sabril (Oral Tablet)</b>	<b>B</b>	Maximum of 6 tablets per day
Sajazir (Subcutaneous Solution Prefilled Syringe)	G	Maximum of 12 syringes (36 ml) per 30 days
<b>Sancuso (Transdermal Patch)</b>	<b>B</b>	Maximum of 4 patches per 28 days
<b>Savaysa (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
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
<b>Scemblix (100MG Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Scemblix (20MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Scemblix (40MG Oral Tablet)</b>	<b>B</b>	Maximum of 10 tablets per day
<b>Secuado (Transdermal Patch 24 Hour)</b>	<b>B</b>	Maximum of 1 patch per day
<b>Seglentis (Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Segluromet (2.5-1000MG Oral Tablet, 7.5-1000MG Oral Tablet, 7.5-500MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Segluromet (2.5-500MG Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Selzentry (Oral Solution)</b>	<b>B</b>	Maximum of 8 bottles (1840 ml) per 30 days
<b>Selzentry (150MG Oral Tablet, 75MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Selzentry (25MG Oral Tablet)</b>	<b>B</b>	Maximum of 16 tablets per day



<b>Drug name</b>	<b>Brand or Generic</b>	<b>Quantity limit</b>
<b>Selzentry (300MG Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Sensipar (30MG Oral Tablet, 60MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Sensipar (90MG Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Serevent Diskus (60 Inhalation Aerosol Powder Breath Activated)</b>	<b>B</b>	Maximum of 1 inhaler (60 inhalations) per 30 days
<b>Seroquel (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>Seroquel (25MG Oral Tablet Immediate Release)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Seroquel (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Seroquel XR (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Seroquel XR (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Shingrix (Intramuscular Suspension Reconstituted)</b>	<b>B</b>	1 vaccination dose (1 injection) per day
<b>Silenor (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Siliq (Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 5 syringes (7.5 ml) per 28 days
Silodosin (Oral Capsule)	G	Maximum of 1 capsule per day
<b>Simponi (100MG/ML Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 3 syringes (3 ml) per 28 days
<b>Simponi (50MG/0.5ML Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 1 syringe (0.5 ml) per 30 days
<b>Simponi (100MG/ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 3 syringes (3 ml) per 28 days
<b>Simponi (50MG/0.5ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 1 syringe (0.5 ml) per 30 days
Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
<b>Singulair (Oral Packet)</b>	<b>B</b>	Maximum of 1 packet per day
<b>Singulair (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Singulair (Oral Tablet Chewable)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Sitagliptin (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Skyclarys (Oral Capsule)</b>	<b>B</b>	Maximum of 3 capsules per day
<b>Skyrizi Pen (Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 1 pen (1 ml) per 28 days
<b>Skyrizi (180MG/1.2ML Subcutaneous Solution Cartridge)</b>	<b>B</b>	Maximum of 1 cartridge (1.2 ml) per 56 days

<b>Drug name</b>	<b>Brand or Generic</b>	<b>Quantity limit</b>
<b>Skyrizi (360MG/2.4ML Subcutaneous Solution Cartridge)</b>	<b>B</b>	Maximum of 1 cartridge (2.4 ml) per 56 days
<b>Skyrizi (Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 1 syringe (1 ml) per 28 days
<b>Sodium Oxybate (Oral Solution)</b>	<b>B</b>	Maximum of 18 ml per day
<b>Sofosbuvir-Velpatasvir (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
Solifenacin Succinate (Oral Tablet)	G	Maximum of 1 tablet per day
<b>Soliqua (Subcutaneous Solution Pen-Injector)</b>	<b>B</b>	Maximum of 5 pens (15 ml) per 24 days
<b>Soma (Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Somavert (Subcutaneous Solution Reconstituted)</b>	<b>B</b>	Maximum of 1 vial per day
<b>Soolantra (External Cream)</b>	<b>B</b>	Maximum of 45 grams per 30 days
<b>Sotyktu (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Sovaldi (150MG Oral Packet)</b>	<b>B</b>	Maximum of 1 carton (28 packets) per 28 days
<b>Sovaldi (200MG Oral Packet)</b>	<b>B</b>	Maximum of 2 cartons (56 packets) per 28 days
<b>Sovaldi (200MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Sovaldi (400MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Sovuna (200MG Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Sovuna (300MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Spevigo (Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 4 syringes (4 ml) per 28 days
<b>Spiriva HandiHaler (Inhalation Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Spiriva Respimat (Inhalation Aerosol Solution)</b>	<b>B</b>	Maximum of 1 inhaler (4 grams) per 30 days
<b>Spritam (1000MG Oral Tablet Disintegrating Soluble)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>Spritam (250MG Oral Tablet Disintegrating Soluble, 500MG Oral Tablet Disintegrating Soluble)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Spritam (750MG Oral Tablet Disintegrating Soluble)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Steglatro (15MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Steglatro (5MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Steglujan (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Stelara (Subcutaneous Solution)</b>	<b>B</b>	Maximum of 6 vials (3 ml) per 84 days
<b>Stelara (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 6 syringes (3 ml) per 84 days
<b>Stelara (90MG/ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 3 syringes (3 ml) per 84 days

Drug name	Brand or Generic	Quantity limit
<b>Stribild (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Suboxone (12-3MG Sublingual Film)</b>	<b>B</b>	Maximum of 2 films per day
<b>Suboxone (2-0.5MG Sublingual Film, 4-1MG Sublingual Film, 8-2MG Sublingual Film)</b>	<b>B</b>	Maximum of 3 films per day
Sumatriptan (Nasal Solution)	G	Maximum of 12 devices per 30 days
Sumatriptan Succinate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Sumatriptan Succinate (Subcutaneous Solution Auto-Injector)	G	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (Subcutaneous Solution)	G	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan-Naproxen Sodium (Oral Tablet)	G	Maximum of 9 tablets per 30 days
<b>Sunlenca (4 x 300MG Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 2 packs (8 tablets) per year
<b>Sunlenca (5 x 300MG Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 2 packs (10 tablets) per year
<b>Sunosi (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Symbicort (120 Inhalation Aerosol)</b>	<b>B</b>	Maximum of 1 inhaler (10.2 grams) per 30 days
<b>Symdeko (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 1 pack (56 tablets) per 28 days
<b>Symfi Lo (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Symfi (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Sympazan (Oral Film)</b>	<b>B</b>	Maximum of 2 films per day
<b>Symproic (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Symtuza (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Synarel (Nasal Solution)</b>	<b>B</b>	Maximum of 4 bottles (32 ml) per 26 days
<b>Synjardy (Oral Tablet Immediate Release)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>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>	<b>B</b>	Maximum of 2 tablets per day
<b>Synjardy XR (25-1000MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Syprine (Oral Capsule)</b>	<b>B</b>	Maximum of 8 capsules per day
<b>Tabrecta (Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
<b>Taltz (Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 4 syringes (4 ml) per 28 days
<b>Taltz (20MG/0.25ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 2 syringes (0.5 ml) per 28 days

<b>Drug name</b>	<b>Brand or Generic</b>	<b>Quantity limit</b>
<b>Taltz (40MG/0.5ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 2 syringes (1 ml) per 28 days
<b>Taltz (80MG/ML Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 4 syringes (4 ml) per 28 days
<b>Talzenna (0.1MG Oral Capsule, 0.35MG Oral Capsule, 0.5MG Oral Capsule, 0.75MG Oral Capsule, 1MG Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Talzenna (0.25MG Oral Capsule)</b>	<b>B</b>	Maximum of 3 capsules per day
<b>Targretin (External Gel)</b>	<b>B</b>	Maximum of 60 grams per 30 days
<b>Tarpeyo (Oral Capsule Delayed Release)</b>	<b>B</b>	Maximum of 4 capsules per day
<b>Tascenso ODT (Oral Tablet Dispersible)</b>	<b>B</b>	Maximum of 1 tablet per day
Tasimelteon (Oral Capsule)	G	Maximum of 1 capsule per day
<b>Tasmar (Oral Tablet)</b>	<b>B</b>	Maximum of 6 tablets per day
<b>Tavalisse (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Tavneos (Oral Capsule)</b>	<b>B</b>	Maximum of 6 capsules per day
Tazarotene (0.1% External Cream)	G	Maximum of 60 grams per 30 days
<b>Tazarotene (External Foam)</b>	<b>B</b>	Maximum of 100 grams per 30 days
Tazarotene (External Gel)	G	Maximum of 100 grams per 30 days
<b>Tazorac (External Cream)</b>	<b>B</b>	Maximum of 60 grams per 30 days
<b>Tazorac (External Gel)</b>	<b>B</b>	Maximum of 100 grams per 30 days
<b>Tazverik (Oral Tablet)</b>	<b>B</b>	Maximum of 8 tablets per day
<b>TDVAX (Intramuscular Suspension)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Tecfidera (120MG Oral Capsule Delayed Release)</b>	<b>B</b>	Maximum of 2 capsules per day
<b>Tecfidera (240MG Oral Capsule Delayed Release)</b>	<b>B</b>	Maximum of 2 capsules per day
<b>Tecfidera (Oral Capsule Delayed Release Therapy Pack)</b>	<b>B</b>	Maximum of 2 packs (120 capsules) per year
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
<b>Tencon (Oral Tablet)</b>	<b>B</b>	Maximum of 6 tablets per day
<b>Tenivac (Intramuscular Injectable)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
<b>Tepmetko (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
Terbinafine HCl (Oral Tablet)	G	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Teriflunomide (Oral Tablet)	G	Maximum of 1 tablet per day
<b>Thalomid (100MG Oral Capsule)</b>	<b>B</b>	Maximum of 4 capsules per day
<b>Thalomid (150MG Oral Capsule, 200MG Oral Capsule)</b>	<b>B</b>	Maximum of 2 capsules per day
<b>Thalomid (50MG Oral Capsule)</b>	<b>B</b>	Maximum of 3 capsules per day
<b>Tibsovo (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Ticovac (1.2MCG/0.25ML Intramuscular Suspension Prefilled Syringe)</b>	<b>B</b>	1 vaccination dose (0.25 ml) per day
<b>Ticovac (2.4MCG/0.5ML Intramuscular Suspension Prefilled Syringe)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Tikosyn (125MCG Oral Capsule)</b>	<b>B</b>	Maximum of 6 capsules per day
<b>Tikosyn (250MCG Oral Capsule, 500MCG Oral Capsule)</b>	<b>B</b>	Maximum of 2 capsules per day
<b>Tivicay (10MG Oral Tablet, 25MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Tivicay (50MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Tivicay PD (Oral Tablet Soluble)</b>	<b>B</b>	Maximum of 6 tablets per day
<b>Tobi (Inhalation Nebulization Solution)</b>	<b>B</b>	Maximum of 2 ampules (10 ml) per day
<b>Tobi Podhaler (Inhalation Capsule)</b>	<b>B</b>	Maximum of 8 capsules per day
Tobramycin (300MG/4ML Inhalation Nebulization Solution)	G	Maximum of 2 ampules (8 ml) per day
Tobramycin (300MG/5ML Inhalation Nebulization Solution)	G	Maximum of 2 ampules (10 ml) per day
Tolcapone (Oral Tablet)	G	Maximum of 6 tablets per day
<b>Topicort (External Cream)</b>	<b>B</b>	Maximum of 100 grams per 30 days
<b>Tosymra (Nasal Solution)</b>	<b>B</b>	Maximum of 12 devices per 30 days
Tovet (External Foam)	G	Maximum of 100 grams per 30 days
<b>Toviaz (Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Tracleer (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Tracleer (Oral Tablet Soluble)</b>	<b>B</b>	Maximum of 8 tablets per day
<b>Tradjenta (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Tramadol HCl (ER Biphasic) (Oral Capsule Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 capsule per day
Tramadol HCl (ER Biphasic) (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Tramadol HCl ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
<b>Tramadol HCl (Oral Solution)</b>	<b>B</b>	Maximum of 80 ml per day

Drug name	Brand or Generic	Quantity limit
Tramadol HCl (100MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Tramadol HCl (50MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Tramadol-Acetaminophen (Oral Tablet)	G	Maximum of 8 tablets per day
<b>Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	<b>B</b>	Maximum of 1 inhaler (60 blisters) per 30 days
<b>Trelstar Mixject (11.25MG Intramuscular Suspension Reconstituted)</b>	<b>B</b>	Maximum of 1 vial per 84 days
<b>Trelstar Mixject (22.5MG Intramuscular Suspension Reconstituted)</b>	<b>B</b>	Maximum of 1 vial per 168 days
<b>Trelstar Mixject (3.75MG Intramuscular Suspension Reconstituted)</b>	<b>B</b>	Maximum of 1 vial per 28 days
<b>Tremfya (Subcutaneous Solution Pen-Injector)</b>	<b>B</b>	Maximum of 2 pens (2 ml) per 56 days
<b>Tremfya (Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 2 syringes (2 ml) per 56 days
<b>Treximet (Oral Tablet)</b>	<b>B</b>	Maximum of 9 tablets per 30 days
<b>Trezix (Oral Capsule)</b>	<b>B</b>	Maximum of 10 capsules per day
Triazolam (0.125MG Oral Tablet)	G	Maximum of 1 tablet per day
Triazolam (0.25MG Oral Tablet)	G	Maximum of 2 tablets per day
<b>Tribenzor (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Tridacaine II (External Patch)</b>	<b>B</b>	Maximum of 3 patches per day
Trientine HCl (250MG Oral Capsule)	G	Maximum of 8 capsules per day
Trientine HCl (500MG Oral Capsule)	G	Maximum of 4 capsules per day
<b>Trijardy XR (10-5-1000MG Oral Tablet Extended Release 24 Hour, 25-5-1000MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Trijardy XR (12.5-2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-2.5-1000MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Trikafta (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 1 pack (84 tablets) per 28 days
<b>Trikafta (Oral Therapy Pack)</b>	<b>B</b>	Maximum of 1 carton (56 packets) per 28 days
Trimethobenzamide HCl (Oral Capsule)	G	Maximum of 4 capsules per day
<b>Triumeq (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Triumeq PD (Oral Tablet Soluble)</b>	<b>B</b>	Maximum of 6 tablets per day
<b>Trudhesa (Nasal Aerosol Solution)</b>	<b>B</b>	Maximum of 12 vials (12 ml) per 28 days
<b>Trulicity (Subcutaneous Solution Pen-Injector)</b>	<b>B</b>	Maximum of 4 pens (2 ml) per 28 days

Drug name	Brand or Generic	Quantity limit
<b>Trumenba (Intramuscular Suspension Prefilled Syringe)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Truqap (Oral Tablet)</b>	<b>B</b>	Maximum of 64 tablets per 28 days
<b>Truvada (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Tukysa (150MG Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Tukysa (50MG Oral Tablet)</b>	<b>B</b>	Maximum of 12 tablets per day
<b>Turalio (125MG Oral Capsule)</b>	<b>B</b>	Maximum of 4 capsules per day
<b>Twinrix (Intramuscular Suspension Prefilled Syringe)</b>	<b>B</b>	1 vaccination dose (1 ml) per day
<b>Tybost (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Tyenne (Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 4 pens (3.6 ml) per 28 days
<b>Tyenne (Subcutaneous Solution Prefilled Syringe)</b>	<b>B</b>	Maximum of 4 syringes (3.6 ml) per 28 days
<b>Typhim VI (Intramuscular Solution)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Typhim VI (Intramuscular Solution Prefilled Syringe)</b>	<b>B</b>	1 vaccination dose (0.5 ml) per day
<b>Tyrvaya (Nasal Solution)</b>	<b>B</b>	Maximum of 2 bottles (8.4 ml) per 30 days
<b>Ubrelvy (Oral Tablet)</b>	<b>B</b>	Maximum of 16 tablets per 30 days
<b>Uptravi Titration (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 2 packs (400 tablets) per year
Valacyclovir HCl (1GM Oral Tablet)	G	Maximum of 4 tablets per day
Valacyclovir HCl (500MG Oral Tablet)	G	Maximum of 2 tablets per day
<b>Valchlor (External Gel)</b>	<b>B</b>	Maximum of 60 grams per 30 days
<b>Valcyte (Oral Solution Reconstituted)</b>	<b>B</b>	Maximum of 36 ml per day
<b>Valcyte (Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
Valganciclovir HCl (Oral Solution Reconstituted)	G	Maximum of 36 ml per day
Valganciclovir HCl (Oral Tablet)	G	Maximum of 4 tablets per day
<b>Valsartan (Oral Solution)</b>	<b>B</b>	Maximum of 80 ml per day
Valsartan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	G	Maximum of 2 tablets per day
Valsartan (320MG Oral Tablet)	G	Maximum of 1 tablet per day
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
<b>Valtoco 10MG Dose (Nasal Liquid)</b>	<b>B</b>	Maximum of 10 blister packs (10 spray devices) per 30 days
<b>Valtoco 15MG Dose (Nasal Liquid Therapy Pack)</b>	<b>B</b>	Maximum of 10 blister packs (20 spray devices) per 30 days

<b>Drug name</b>	<b>Brand or Generic</b>	<b>Quantity limit</b>
<b>Valtoco 20MG Dose (Nasal Liquid Therapy Pack)</b>	<b>B</b>	Maximum of 10 blister packs (20 spray devices) per 30 days
<b>Valtoco 5MG Dose (Nasal Liquid)</b>	<b>B</b>	Maximum of 10 blister packs (10 spray devices) per 30 days
<b>Valtrex (1GM Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Valtrex (500MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Vancocin (125MG Oral Capsule)</b>	<b>B</b>	Maximum of 4 capsules per day
<b>Vancocin (250MG Oral Capsule)</b>	<b>B</b>	Maximum of 8 capsules per day
Vancomycin HCl (125MG Oral Capsule)	G	Maximum of 4 capsules per day
Vancomycin HCl (250MG Oral Capsule)	G	Maximum of 8 capsules per day
<b>Vanflyta (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Vanos (External Cream)</b>	<b>B</b>	Maximum of 120 grams per 30 days
<b>VAQTA (25UNIT/0.5ML Intramuscular Suspension)</b>	<b>B</b>	Maximum of 2 vaccines per lifetime
<b>VAQTA (50UNIT/ML Intramuscular Suspension)</b>	<b>B</b>	Maximum of 2 vaccines per lifetime
<b>Varivax (Subcutaneous Injectable)</b>	<b>B</b>	1 vaccination dose (1 injection) per day
<b>Varubi (180MG Dose) (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 4 tablets per 28 days
<b>Vaseretic (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Vasotec (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Vaxchora (Oral Suspension Reconstituted)</b>	<b>B</b>	1 vaccination dose (100 ml) per day
<b>Velsipity (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Veltassa (16.8GM Oral Packet, 25.2GM Oral Packet, 8.4GM Oral Packet)</b>	<b>B</b>	Maximum of 1 packet per day
<b>Veozah (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Verdeso (0.05% External Foam)</b>	<b>B</b>	Maximum of 100 grams per 30 days
<b>Verquvo (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Vesicare LS (Oral Suspension)</b>	<b>B</b>	Maximum of 10 ml per day
<b>Vesicare (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Vevye (Ophthalmic Solution)</b>	<b>B</b>	Maximum of 4 bottles (8 ml) per 30 days
<b>Vfend (Oral Suspension Reconstituted)</b>	<b>B</b>	Maximum of 20 ml per day
<b>Vfend (200MG Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Vfend (50MG Oral Tablet)</b>	<b>B</b>	Maximum of 16 tablets per day
<b>Viberzi (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Victoza (Subcutaneous Solution Pen-Injector)</b>	<b>B</b>	Maximum of 3 pens (9 ml) per 30 days
Vigabatrin (Oral Packet)	G	Maximum of 6 packets per day



Drug name	Brand or Generic	Quantity limit
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
<b>Vijoice (Oral Packet)</b>	<b>B</b>	Maximum of 1 packet per day
<b>Vijoice (125MG Oral Tablet Therapy Pack, 50MG Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Vijoice (200MG &amp; 50MG Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Vimpat (Oral Solution)</b>	<b>B</b>	Maximum of 40 ml per day
<b>Vimpat (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Viracept (250MG Oral Tablet)</b>	<b>B</b>	Maximum of 10 tablets per day
<b>Viracept (625MG Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Viread (Oral Powder)</b>	<b>B</b>	Maximum of 4 bottles (240 grams) per 30 days
<b>Viread (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Vitrakvi (100MG Oral Capsule)</b>	<b>B</b>	Maximum of 4 capsules per day
<b>Vitrakvi (25MG Oral Capsule)</b>	<b>B</b>	Maximum of 6 capsules per day
<b>Vitrakvi (Oral Solution)</b>	<b>B</b>	Maximum of 20 ml per day
<b>Vivelle-Dot (Transdermal Patch Twice Weekly)</b>	<b>B</b>	Maximum of 8 patches per 28 days
<b>Vonjo (Oral Capsule)</b>	<b>B</b>	Maximum of 4 capsules per day
<b>Voquezna (10MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Voquezna (20MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
Voriconazole (Oral Suspension Reconstituted)	G	Maximum of 20 ml per day
Voriconazole (200MG Oral Tablet)	G	Maximum of 4 tablets per day
Voriconazole (50MG Oral Tablet)	G	Maximum of 16 tablets per day
<b>Vosevi (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Voxzogo (Subcutaneous Solution Reconstituted)</b>	<b>B</b>	Maximum of 1 vial per day
<b>Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Vuity (Ophthalmic Solution)</b>	<b>B</b>	Maximum of 3 bottles (7.5 ml) per 28 days
<b>Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)</b>	<b>B</b>	Maximum of 4 capsules per day
<b>Vyndamax (Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Vyndaqel (Oral Capsule)</b>	<b>B</b>	Maximum of 4 capsules per day
<b>Wainua (Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 1 pen (0.8 ml) per 28 days
<b>Wakix (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
<b>Wegovy (0.25MG/0.5ML Subcutaneous Solution Auto-Injector, 0.5MG/0.5ML Subcutaneous Solution Auto-Injector, 1MG/0.5ML Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 4 pens (2 ml) per 28 days
<b>Wegovy (1.7MG/0.75ML Subcutaneous Solution Auto-Injector, 2.4MG/0.75ML Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 4 pens (3 ml) per 28 days
<b>Welireg (Oral Tablet)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>Winrevair (2 x 45MG Subcutaneous Kit, 2 x 60MG Subcutaneous Kit)</b>	<b>B</b>	Maximum of 1 kit (2 vials) per 21 days
<b>Winrevair (1 x 45MG Subcutaneous Kit, 1 x 60MG Subcutaneous Kit)</b>	<b>B</b>	Maximum of 1 kit (1 vial) per 21 days
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	<b>G</b>	Maximum of 1 inhaler (60 blisters) per 30 days
<b>Xanax (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Xanax (2MG Oral Tablet Immediate Release)</b>	<b>B</b>	Maximum of 5 tablets per day
<b>Xanax XR (0.5MG Oral Tablet Extended Release 24 Hour, 1MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Xanax XR (2MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 5 tablets per day
<b>Xanax XR (3MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>Xarelto (Oral Suspension Reconstituted)</b>	<b>B</b>	Maximum of 20 ml per day
<b>Xarelto (10MG Oral Tablet, 20MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Xarelto (15MG Oral Tablet, 2.5MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Xarelto Starter Pack (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 2 packs per year
<b>Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 1 pack (56 tablets) per 28 days
<b>Xcopri (350MG Daily Dose) (150MG &amp; 200MG Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 1 pack (56 tablets) per 28 days
<b>Xcopri (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Xcopri (150MG Oral Tablet, 200MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Xcopri (14 x 12.5MG &amp; 14 x 25MG Oral Tablet Therapy Pack, 14 x 150MG &amp; 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG &amp; 14 x 100MG Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 2 packs per year
<b>Xdemvy (Ophthalmic Solution)</b>	<b>B</b>	Maximum of 1 bottle (10 ml) per 42 days
<b>Xeljanz (Oral Solution)</b>	<b>B</b>	Maximum of 10 ml per day
<b>Xeljanz (Oral Tablet Immediate Release)</b>	<b>B</b>	Maximum of 2 tablets per day

<b>Drug name</b>	<b>Brand or Generic</b>	<b>Quantity limit</b>
<b>Xeljanz XR (Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Xelstrym (Transdermal Patch)</b>	<b>B</b>	Maximum of 1 patch per day
<b>Xermelo (Oral Tablet)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>Xigduo XR (10-1000MG Oral Tablet Extended Release 24 Hour, 10-500MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Xigduo XR (2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Xiidra (Ophthalmic Solution)</b>	<b>B</b>	Maximum of 2 vials per day
<b>Xofluza (40MG Dose) (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 2 tablets per 30 days
<b>Xofluza (80MG Dose) (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 1 tablet per 30 days
<b>Xolremdi (Oral Capsule)</b>	<b>B</b>	Maximum of 4 capsules per day
<b>Xospata (Oral Tablet)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 8 tablets per 28 days
<b>Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 4 tablets per 28 days
<b>Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 8 tablets per 28 days
<b>Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 4 tablets per 28 days
<b>Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 24 tablets per 28 days
<b>Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 8 tablets per 28 days
<b>Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)</b>	<b>B</b>	Maximum of 32 tablets per 28 days
<b>Xtampza ER (13.5MG Oral Capsule ER 12 Hour Abuse-Deterrent, 18MG Oral Capsule ER 12 Hour Abuse-Deterrent, 9MG Oral Capsule ER 12 Hour Abuse-Deterrent)</b>	<b>B</b>	Maximum of 3 capsules per day
<b>Xtampza ER (27MG Oral Capsule ER 12 Hour Abuse-Deterrent, 36MG Oral Capsule ER 12 Hour Abuse-Deterrent)</b>	<b>B</b>	Maximum of 6 capsules per day
<b>Xultophy (Subcutaneous Solution Pen-Injector)</b>	<b>B</b>	Maximum of 5 pens (15 ml) per 30 days
<b>Xyrem (Oral Solution)</b>	<b>B</b>	Maximum of 18 ml per day
<b>Xywav (Oral Solution)</b>	<b>B</b>	Maximum of 18 ml per day
<b>YF-VAX (Subcutaneous Injectable)</b>	<b>B</b>	1 vaccination dose (1 injection) per day
<b>Yupelri (Inhalation Solution)</b>	<b>B</b>	Maximum of 1 vial (3 ml) per day

Drug name	Brand or Generic	Quantity limit
Zaleplon (10MG Oral Capsule)	G	Maximum of 2 capsules per day
Zaleplon (5MG Oral Capsule)	G	Maximum of 1 capsule per day
<b>Zavzpret (Nasal Solution)</b>	<b>B</b>	Maximum of 8 devices per 30 days
<b>Zembrace SymTouch (Subcutaneous Solution Auto-Injector)</b>	<b>B</b>	Maximum of 16 syringes (8 ml) per 30 days
<b>Zenzedi (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)</b>	<b>B</b>	Maximum of 6 tablets per day
<b>Zenzedi (15MG Oral Tablet, 20MG Oral Tablet)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>Zenzedi (30MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Zepatier (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Zeposia 7-Day Starter Pack (Oral Capsule Therapy Pack)</b>	<b>B</b>	Maximum of 2 packs per year
<b>Zeposia (Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
<b>Zeposia Starter Kit (Oral Capsule Therapy Pack)</b>	<b>B</b>	Maximum of 2 kits per year
<b>Zestoretic (10-12.5MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Zestoretic (20-12.5MG Oral Tablet)</b>	<b>B</b>	Maximum of 4 tablets per day
<b>Zestoretic (20-25MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Zestril (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Ziagen (Oral Solution)</b>	<b>B</b>	Maximum of 32 ml per day
Zidovudine (Oral Capsule)	G	Maximum of 6 capsules per day
Zidovudine (Oral Syrup)	G	Maximum of 64 ml per day
Zidovudine (Oral Tablet)	G	Maximum of 2 tablets per day
Ziprasidone HCl (Oral Capsule)	G	Maximum of 2 capsules per day
<b>Zituvio (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Zocor (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
Zolmitriptan (5MG Nasal Solution)	G	Maximum of 12 devices per 30 days
Zolmitriptan (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Zolmitriptan ODT (Oral Tablet Dispersible)	G	Maximum of 12 tablets per 30 days
Zolpidem Tartrate ER (Oral Tablet Extended Release)	G	Maximum of 1 tablet per day
<b>Zolpidem Tartrate (Oral Capsule)</b>	<b>B</b>	Maximum of 1 capsule per day
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	Maximum of 1 tablet per day
Zolpidem Tartrate (Tablet Sublingual)	G	Maximum of 1 tablet per day
<b>Zomig (5MG Nasal Solution)</b>	<b>B</b>	Maximum of 12 devices per 30 days
<b>Zomig (Oral Tablet)</b>	<b>B</b>	Maximum of 12 tablets per 30 days
<b>Zonalon (External Cream)</b>	<b>B</b>	Maximum of 90 grams per 30 days

Drug name	Brand or Generic	Quantity limit
<b>ZTlido (External Patch)</b>	<b>B</b>	Maximum of 3 patches per day
<b>Zubsolv (0.7-0.18MG Tablet Sublingual, 1.4-0.36MG Tablet Sublingual, 5.7-1.4MG Tablet Sublingual)</b>	<b>B</b>	Maximum of 3 tablets per day
<b>Zubsolv (11.4-2.9MG Tablet Sublingual)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Zubsolv (2.9-0.71MG Tablet Sublingual)</b>	<b>B</b>	Maximum of 5 tablets per day
<b>Zubsolv (8.6-2.1MG Tablet Sublingual)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Zurzuvaе (20MG Oral Capsule, 25MG Oral Capsule)</b>	<b>B</b>	Maximum of 28 capsules per 14 days
<b>Zurzuvaе (30MG Oral Capsule)</b>	<b>B</b>	Maximum of 14 capsules per 14 days
<b>Zypitamag (Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Zyprexa (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Zyprexa (15MG Oral Tablet, 20MG Oral Tablet)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Zyprexa Zydіs (10MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)</b>	<b>B</b>	Maximum of 2 tablets per day
<b>Zyprexa Zydіs (15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible)</b>	<b>B</b>	Maximum of 1 tablet per day
<b>Zyvox (Oral Suspension Reconstituted)</b>	<b>B</b>	Maximum of 60 ml per day
<b>Zyvox (Oral Tablet)</b>	<b>B</b>	Maximum of 2 tablets per day

**Required information**

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

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