

Complete Drug List (Formulary) 2021

UnitedHealthcare® Group Medicare Advantage (PPO)
Local Government Health Insurance Board

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



Toll-free **1-866-950-6558**, TTY **711**
8 a.m. - 8 p.m. CT, Monday - Friday



www.UHCRetiree.com/LGHIB



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What is a drug list?

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

Your plan will generally cover the drugs listed in our drug list as long as:

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

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

Note to members:

This **complete** list of prescription drugs covered by your plan is current as of October 1, 2020.

For an up-to-date list of covered drugs or if you have questions, please call Customer Service. Our contact information is on the cover.

Please review this document to make sure your prescription drugs are 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.

How do I use the drug list?

There are two ways to find your prescription drugs in this drug list:

- 1. By name.** Turn to section “Covered drugs by name (**Drug index**)” on pages 12–38 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 section “Covered drugs by medical condition” on pages 39–149 to look for drugs based on your medical conditions. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. This is where you will find drugs that treat heart conditions.

What are generic drugs?

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

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

The drug list shows **brand name** drugs in **bold** type (for example, **Humalog**) and generic drugs in plain type (for example, Simvastatin).

What is a compounded drug?

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

Drug payment stage and drug tiers

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

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

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

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

Getting Extra Help

If you qualify for Extra Help paying for your prescription drugs, your copays and coinsurance may be lower. Members who qualify for Extra Help will receive the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (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 medical condition” chart starting on page 39. The codes and what they mean are shown below and on the next page.

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

Coverage Rules and Limits

PA - Prior authorization

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

QL - Quantity limits

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

ST - Step therapy

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

Other Special Coverage Rules

B/D - Medicare Part B or Part D

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

HRM - High-risk medication

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

LA - Limited access

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

MME - Morphine milligram equivalent

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

7D - 7-Day limit

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

DL - Dispensing limit

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

You and your doctor may ask the plan for an exception to the coverage rules and/or limits for your drug. See 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.

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 one of the following:

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

How can I get an exception?

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

Types of exceptions you can ask for

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

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

Who can ask for an exception?

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

How long does it take to get an exception?

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

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

As a new or continuing member in our plan, we may cover a temporary supply of your drug if it's not on our drug list or if it has rules or limits. For example, you may need a prior authorization from us before you can fill your prescription. During the time when you are getting a temporary supply, you should talk with your doctor to decide if there is a similar drug on the drug list you can take instead. If you and your doctor decide this is the only drug that will work for you, you will need to ask for an exception. 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 OR were a member last year and it's the first 90 days of your plan 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
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. (Please note that 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.

The drug list may change during the year if your plan:

- Adds new drugs, including generic drugs, as they become available.
- Removes a drug that has been found to be ineffective or unsafe.
- Changes the coverage rules or limits for a drug.
- Moves a drug into a different cost sharing tier.

If we add new generic drugs

We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

If we make other changes

We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the Drug List; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our Drug List, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive at least a 30 day supply of the drug.

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

If we remove a drug from the list

If the Food and Drug Administration (FDA) says a drug you are taking is not effective or is unsafe, we will let you know and take it off the drug list right away.

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

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

Drugs with dosages other than a 1-month supply

Drugs packaged in an extended day supply

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

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

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

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

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

For more information

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

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

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

Covered drugs by name (Drug index)

A		
	Actigall.....	116
Abacavir Sulfate.....	79	Actimmune..... 133
Abacavir Sulfate-Lamivudine	79	Actiq..... 43
Abacavir-Lamivudine- Zidovudine.....	79	Actonel..... 137
Abelcet.....	62	Actoplus Met..... 83
Abilify.....	74	Actos..... 83
Abilify Maintena.....	74	Acular..... 140
Abilify MyCite.....	74	Acular LS..... 140
Abiraterone Acetate.....	66	Acyclovir..... 78
Absorica.....	103	Acyclovir Sodium..... 78
Absorica LD.....	103	Aczone..... 110
Acamprosate Calcium.....	45	Adacel..... 135
Acanya.....	103	Adapalene..... 103
Acarbose.....	83	Adapalene-Benzoyl Peroxide
Accolate.....	144	103
Accupril.....	91	Adcirca..... 146
Accuretic.....	94	Adderall..... 99
Acebutolol HCl.....	92	Adderall XR..... 99
Acetaminophen-Caffeine- Dihydrocodeine.....	43	Adefovir Dipivoxil..... 77
Acetaminophen-Codeine.....	43	Adempas..... 146
Acetazolamide.....	94	Adlyxin..... 83
Acetazolamide ER.....	94	Adlyxin Starter Pack..... 83
Acetic Acid.....	142	Admelog..... 85
Acetylcysteine.....	147	Admelog SoloStar..... 85
Aciphex.....	117	Advair Diskus..... 147
Acitretin.....	103	Advair HFA..... 147
Actemra.....	131	Adzenys ER..... 100
Actemra ACTPen.....	131	Adzenys XR-ODT..... 100
Acthar.....	121	Aemcolo..... 46
ActHIB.....	135	Afinitor..... 68
Acticlate.....	52	Afinitor Disperz..... 68
		Afrezza..... 85
		Aggrenox..... 90
		Agrylin..... 88
		Aimovig..... 65
		AirDuo RespiClick 113/14
		147
		AirDuo RespiClick 232/14
		147
		AirDuo RespiClick 55/14....
		147
		Ajovy..... 65
		Aklief..... 104
		Ala Scalp..... 105
		Ala-Cort..... 105
		Albendazole..... 71
		Albuterol Sulfate..... 145
		Albuterol Sulfate ER..... 144
		Albuterol Sulfate HFA..... 144, 145
		Alclometasone Dipropionate
		105
		Alcohol Prep Pads..... 138
		Aldactazide..... 94
		Aldactone..... 97
		Aldara..... 109
		Alecensa..... 68
		Alendronate Sodium..... 137
		Alfuzosin HCl ER..... 120
		Alinia..... 71
		Aliskiren Fumarate..... 94
		Allopurinol..... 63
		Almotriptan Malate..... 64
		Alocril..... 139
		Alogliptin Benzoate..... 83
		Alogliptin-Metformin HCl..... 83
		Alogliptin-Pioglitazone..... 83
		Alomide..... 139
		Alora..... 124

Alosetron HCl.....	116	Amlodipine-Atorvastatin.....	94	AndroGel Pump.....	123
Alphagan P.....	141	Amlodipine-Benazepril.....	94	Annovera.....	124
Alprazolam.....	81	Amlodipine-Olmesartan.....	94	Anoro Ellipta.....	147
Alprazolam ER.....	81	Amlodipine-Valsartan.....	94	Antabuse.....	45
Alprazolam Intensol.....	81	Amlodipine-Valsartan-HCTZ	95	Antara.....	97
Alrex.....	140	Ammonium Lactate.....	105	Anusol-HC.....	136
Altabax.....	110	Amnesteem.....	104	ApexiCon E.....	105
Altace.....	91	Amoxapine.....	60	Apidra.....	85
Altavera.....	124	Amoxicillin.....	49	Apidra SoloStar.....	85
Altoprev.....	97	Amoxicillin-Clarithromycin- Lansoprazole.....	116	Aplenzin.....	58
Altreno.....	104	Amoxicillin-Potassium Clavulanate.....	50	Apokyn.....	73
Alunbrig.....	68	Amoxicillin-Potassium Clavulanate ER.....	50	Apraclonidine HCl.....	141
Alvesco.....	143	Amphetamine ER.....	100	Aprepitant.....	61
Alyacen 1/35.....	124	Amphetamine Sulfate.....	100	Apri.....	124
Alyq.....	146	Amphetamine- Dextroamphetamine.....	100	Apriso.....	136
Amantadine HCl.....	72	Amphetamine- Dextroamphetamine ER....	100	Aptensio XR.....	100
Amaryl.....	83	Amphotericin B.....	62	Aptiom.....	57
Ambien.....	148	Ampicillin.....	50	Aptivus.....	80
AmBisome.....	62	Ampicillin Sodium.....	50	Aralast NP.....	118
Ambrisentan.....	146	Ampicillin-Sulbactam Sodium	50	Aranelle.....	124
Amcinonide.....	105	Ampyra.....	102	Aranesp.....	89
Amerge.....	64	Amzeeq.....	110	Arava.....	133
Amethia.....	124	Anadrol-50.....	123	Arazlo.....	104
Amikacin Sulfate.....	46	Anafranil.....	61	Arcalyst.....	132
Amiloride HCl.....	97	Anagrelide HCl.....	88	Arcapta Neohaler.....	145
Amiloride-Hydrochlorothiazide	94	Anastrozole.....	68	Aricept.....	58
Aminosyn II.....	112	Ancobon.....	62	Arikayce.....	46
Aminosyn-PF.....	112	Androderm.....	123	Arimidex.....	68
Amiodarone HCl.....	92	AndroGel.....	123	Aripiprazole.....	74
Amitiza.....	115			Aripiprazole ODT.....	74
Amitriptyline HCl.....	60			Aristada.....	74
Amlodipine Besylate.....	93			Aristada Initio.....	74
				Arixtra.....	88
				Armodafinil.....	149

Arnuity Ellipta.....	143	Avodart.....	121	Basaglar KwikPen.....	86
Aromasin.....	68	Avonex Pen.....	102	Baxdela.....	52
Arthrotec.....	39	Avonex Prefilled.....	102	BCG Vaccine.....	135
Asacol HD.....	136	Avycaz.....	48	Beconase AQ.....	143
Ashlyna.....	124	Aygestin.....	129	Belbuca.....	41
Asmanex.....	143	Ayvakit.....	68	Belsomra.....	148
Asmanex HFA.....	143	Azactam.....	46	Benazepril HCl.....	91
Aspirin-Dipyridamole ER.....	90	Azasan.....	133	Benazepril-Hydrochlorothiazide	95
Astagraf XL.....	133	Azasite.....	139	Benicar.....	91
Atacand.....	91	Azathioprine.....	133	Benicar HCT.....	95
Atacand HCT.....	95	Azelaic Acid.....	104	Benlysta.....	132
Atazanavir Sulfate.....	80	Azelastine HCl.....	139, 143	BenzaClin with Pump.....	104
Atelvia.....	137	Azelastine-Fluticasone.....	143	Benzamycin.....	104
Atenolol.....	92	Azelex.....	104	Benznidazole.....	71
Atenolol-Chlorthalidone.....	95	Azilect.....	73	Benzoyl Peroxide-Erythromycin	104
Ativan.....	82	Azithromycin.....	51	Benztropine Mesylate.....	72
Atomoxetine HCl.....	100	Azopt.....	141	Bepreve.....	139
Atorvastatin Calcium.....	98	Azor.....	95	Berinert.....	131
Atovaquone.....	71	Aztreonam.....	46	Beser.....	105
Atovaquone-Proguanil HCl....	71	Azulfidine.....	136	Besivance.....	139
Atralin.....	104	Azulfidine EN-tabs.....	136	Betamethasone Dipropionate	105
Atripila.....	79	B		Betamethasone Dipropionate Aug.....	105
Atropine Sulfate.....	138	Bacitracin.....	139	Betamethasone Valerate.....	105
Atrovent HFA.....	144	Bacitracin-Polymyxin B.....	139	Betapace AF.....	92
Aubagio.....	102	Baclofen.....	77	Betaseron.....	102
Aubra EQ.....	124	Bactrim.....	52	Betaxolol HCl.....	92, 141
Auryxia.....	115	Bactrim DS.....	52	Bethanechol Chloride.....	121
Austedo.....	101	Balcoltra.....	124	Bethkis.....	145
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Avandia.....	83	Balversa.....	68	Betoptic-S.....	141
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Bicalutamide.....	66	Budesonide ER.....	136	Cambia.....	39
Bicillin C-R.....	50	Bumetanide.....	96	Camila.....	129
Bicillin C-R 900/300.....	50	Bunavail.....	45	Camrese Lo.....	124
Bicillin L-A.....	50	Buphenyl.....	118	Canasa.....	136
BiDil.....	95	Buprenorphine.....	41	Cancidas.....	62
Biktarvy.....	78	Buprenorphine HCl.....	45	Candesartan Cilexetil.....	91
Biltricide.....	71	Buprenorphine HCl-Naloxone HCl.....	45	Candesartan Cilexetil-HCTZ	95
Bimatoprost.....	142	Bupropion HCl.....	59	Capex.....	105
Bisoprolol Fumarate.....	92	Bupropion HCl ER.....	59	Caplyta.....	74
Bisoprolol-Hydrochlorothiazide	95	Bupropion HCl SR.....	46, 59	Caprelsa.....	68
BIVIGAM.....	131	Bupropion HCl XL.....	59	Captopril.....	91
Bleph-10.....	139	Bupropion HCl XL.....	59	Captopril-Hydrochlorothiazide	95
Blephamide.....	138	Buspirone HCl.....	81	Carac.....	109
Blephamide S.O.P.....	138	Butorphanol Tartrate.....	43	Carafate.....	117
Blisovi 24 Fe.....	124	Butrans.....	41	Carbaglu.....	112
Blisovi Fe 1.5/30.....	124	Bydureon.....	83	Carbamazepine.....	57
Boniva.....	137	Bydureon BCise.....	83	Carbamazepine ER.....	57
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Carvedilol Phosphate ER.....	92	Cevimeline HCl.....	103	142
Casodex.....	66	Chantix.....	46	Ciprofloxacin-Fluocinolone PF	
Caspofungin Acetate.....	62	Chantix Continuing Month Pak		142
Catapres.....	90	46	Citalopram Hydrobromide....	59
Catapres-TTS-1.....	90	Chantix Starting Month Pak...46		Claravis.....	104
Catapres-TTS-2.....	90	Chemet.....	114	Clarinox.....	143
Catapres-TTS-3.....	90	Chenodal.....	116	Clarinox-D 12 Hour.....	147
Causton.....	145	Chlordiazepoxide HCl.....	82	Clarithromycin.....	51
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Timolol Maleate.....	65, 141	Torsemide.....	97	Tri-Legest Fe.....	128
Timolol Maleate Ophthalmic		Tosymra.....	64	Tri-Lo-Estarylla.....	128
Gel Forming.....	141	Toujeo Max SoloStar.....	87		

Tri-Lo-Sprintec.....	128	Trospium Chloride.....	120	Urso Forte.....	117
Tri-Mili.....	128	Trospium Chloride ER.....	120	Ursodiol.....	117
Tri-Previfem.....	128	Trulance.....	116	Utibron Neohaler.....	148
Tri-Sprintec.....	128	Trulicity.....	85	V	
Tri-VyLibra.....	128	Trumenba.....	136	Vabomere.....	51
Tri-VyLibra Lo.....	128	Trusopt.....	142	Vagifem.....	128
Triamcinolone Acetonide... 103, 108		Truvada.....	80	Valacyclovir HCl.....	78
Triamterene.....	97	Tudorza Pressair.....	144	Valchlor.....	66
Triamterene-HCTZ.....	96	Tukysa.....	67	Valcyte.....	77
Trianex.....	108	Turalio.....	70	Valganciclovir HCl.....	77
Tribenzor.....	96	Twinrix.....	136	Valium.....	82
Tricor.....	97	Twynsta.....	96	Valproic Acid.....	55
Triderm.....	108	Tybost.....	80	Valsartan.....	91
Tridesilon.....	108	Tydemy.....	128	Valsartan-Hydrochlorothiazide	96
Trientine HCl.....	115	Tygacil.....	48	Valtoco 10 MG Dose.....	56
Trifluoperazine HCl.....	74	Tykerb.....	70	Valtoco 15 MG Dose.....	56
Trifluridine.....	140	Tymlos.....	138	Valtoco 20 MG Dose.....	56
Triglide.....	97	Typhim Vi.....	136	Valtoco 5 MG Dose.....	56
Trihexyphenidyl HCl.....	72	U		Valtrex.....	78
Trijardy XR.....	85	Ubrelvy.....	65	Vancocin.....	48
Trikafta.....	146	Uceris.....	137	Vancocin HCl.....	48
Trileptal.....	57	Udenyca.....	90	Vancomycin HCl.....	48
Trilipix.....	97	Uloric.....	63	Vandazole.....	48
TriLyte.....	117	Ultracet.....	45	Vanos.....	109
Trimethobenzamide HCl.....	61	Ultram.....	45	VAQTA.....	136
Trimethoprim.....	48	Ultravate.....	109	Varivax.....	136
Trimipramine Maleate.....	61	Unasyn.....	51	Varizig.....	131
Trintellix.....	60	Unithroid.....	130	Varubi.....	62
Triumeq.....	80	Uptravi.....	147	Vascepa.....	99
Trivora.....	128	Urocit-K 10.....	114	Vaseretic.....	96
Trizivir.....	80	Urocit-K 15.....	114	Vasotec.....	91
Trokendi XR.....	55	Urocit-K 5.....	114	Vecamyl.....	96
TrophAmine.....	114	Uroxatral.....	121	Vectical.....	110
		Urso 250.....	117		

Velivet.....	128	Viokace.....	120	X	
Velphoro.....	115	Viracept.....	81	Xalatan.....	142
Veltassa.....	115	Viramune.....	79	Xalkori.....	71
Veltin.....	105	Viramune XR.....	79	Xanax.....	82
Vemlidy.....	77	Viread.....	80	Xanax XR.....	82
Venclexta.....	70	Vistaril.....	81	Xarelto.....	88
Venclexta Starting Pack.....	70	Vitrakvi.....	70, 71	Xarelto Starter Pack.....	88
Venlafaxine HCl.....	60	Vivelle-Dot.....	128	Xatmep.....	135
Venlafaxine HCl ER.....	60	Vivitrol.....	45	Xcopri.....	55
Ventavis.....	147	Vivlodex.....	40	Xeljanz.....	132
Ventolin HFA.....	145	Vizimpro.....	71	Xeljanz XR.....	132
Verapamil HCl.....	94	Vogelxo.....	124	Xelpros.....	142
Verapamil HCl ER.....	94	Vogelxo Pump.....	124	Xenazine.....	102
Verdeso.....	109	Voriconazole.....	63	Xenleta.....	48
Veregen.....	110	Vosevi.....	78	Xepi.....	112
Verelan.....	94	Votrient.....	71	Xerese.....	110
Verelan PM.....	94	VP-PNV-DHA.....	115	Xermelo.....	116
Versacloz.....	77	Vraylar.....	76	Xgeva.....	138
Verzenio.....	70	Vumerity.....	103	Xhance.....	144
Vesicare.....	120	Vyfemla.....	128	Xifaxan.....	48
Vfend.....	63	VyLibra.....	128	Xigduo XR.....	85
Vfend IV.....	63	Vyndamax.....	120	Xiidra.....	139
Viberzi.....	116	Vyndaqel.....	120	Xofluza.....	81
Vibramycin.....	53	Vytorin.....	99	Xolair.....	132, 133
Victoza.....	85	Vyvanse.....	100	Xolegel.....	112
Viekira Pak.....	78	Vyzulta.....	142	Xopenex.....	145
Vienna.....	128	W		Xopenex Concentrate.....	145
Vigabatrin.....	57	Wakix.....	149	Xopenex HFA.....	145
Vigadrone.....	57	Warfarin Sodium.....	88	Xospata.....	71
Vigamox.....	140	Welchol.....	99	Xpovio.....	67, 68
Viibryd.....	60	Wellbutrin SR.....	59	Xtampza ER.....	43
Viibryd Starter Pack.....	60	Wellbutrin XL.....	59	Xtandi.....	66
Vimovo.....	40	Wixela Inhub.....	148	Xulane.....	128
Vimpat.....	57, 58	WYMZYA Fe.....	128	Xultophy.....	85

Xuriden.....	120	Zepatier.....	78	Zomig.....	65
Xyosted.....	124	Zerbaxa.....	49	Zomig ZMT.....	65
Xyrem.....	149	Zerviate.....	139	Zonalon.....	109
Y					
Yasmin 28.....	128	Zestoretic.....	96	Zonegran.....	58
YAZ.....	128	Zestril.....	91	Zonisamide.....	58
YF-Vax.....	136	Zetia.....	99	Zontivity.....	88
Yonsa.....	66	Zetonna.....	144	Zorbtive.....	123
Yupelri.....	144	Ziac.....	96	Zortress.....	135
Yuvaferm.....	128	Ziagen.....	80	Zorvolex.....	40
Z					
Zafirlukast.....	144	Ziana.....	105	Zosyn.....	51
Zaleplon.....	149	Zidovudine.....	80	Zovia 1/35E.....	128
Zanaflex.....	77	Ziextenzo.....	90	Zovirax.....	78
Zarah.....	128	Zileuton ER.....	144	ZTlido.....	45
Zarontin.....	56	Zioptan.....	142	Zubsolv.....	45
Zarxio.....	90	Ziprasidone HCl.....	76	Zuplenz.....	62
Zavesca.....	120	Ziprasidone Mesylate.....	76	Zyclara Pump.....	110
Zegerid.....	118	Zipsor.....	40	Zydelig.....	71
Zejula.....	71	Zirgan.....	77	Zyflo.....	144
Zelapar ODT.....	73	Zithromax.....	52	Zykadia.....	71
Zelboraf.....	71	Zithromax Tri-Pak.....	52	Zylet.....	139
Zelnorm.....	116	Zithromax Z-Pak.....	52	Zyloprim.....	64
Zemaira.....	120	Zocor.....	98	Zymaxid.....	140
Zembrace SymTouch.....	65	Zofran.....	62	Zypitomag.....	98
Zemdri.....	46	Zohydro ER.....	43	Zyprexa.....	76
Zemplar.....	138	Zolinza.....	68	Zyprexa Relprevv.....	76
Zenatane.....	105	Zolmitriptan.....	65	Zyprexa Zydis.....	76
Zenpep.....	120	Zolmitriptan ODT.....	65	Zytiga.....	66
Zenzedi.....	100	Zoloff.....	60	Zyvox.....	48
		Zolpidem Tartrate.....	149		
		Zomacton.....	123		

Covered drugs by medical condition

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 12-38.

The first column lists the drug name, which may include the dosage form and strength. **Brand name** drugs are listed in **bold** type (for example, **Humalog**) and generic drugs are listed in plain type (for example, Simvastatin). The information in the “Coverage Rules or limits on use” column lists any special requirements for coverage of your drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 150-193.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Analgesics			
Nonsteroidal Anti-inflammatory Drugs			
Arthrotec (Oral Tablet Delayed Release)	B	3	
Cambia (Oral Packet)	B	4	
Celebrex (Oral Capsule)	B	3	QL
Celecoxib (Oral Capsule)	G	1	QL
Daypro (Oral Tablet)	B	3	
Diclofenac Epolamine (Transdermal Patch)	G	3	PA; QL
Diclofenac Potassium (Oral Tablet)	G	1	
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	G	1	
Diclofenac Sodium (Oral Tablet Delayed Release)	G	1	
Diclofenac Sodium (1% Transdermal Gel)	G	1	
Diclofenac Sodium (Transdermal Solution)	G	1	PA
Diclofenac-Misoprostol (Oral Tablet Delayed Release)	G	1	
Diflunisal (Oral Tablet)	G	1	
Duexis (Oral Tablet)	B	4	ST
Etodolac ER (Oral Tablet Extended Release 24 Hour)	G	1	
Etodolac (Oral Capsule)	G	1	
Etodolac (Oral Tablet Immediate Release)	G	1	
Feldene (Oral Capsule)	B	3	
Fenoprofen Calcium (400MG Oral Capsule)	G	1	
Fenoprofen Calcium (Oral Tablet)	G	1	
Flector (Transdermal Patch)	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	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Indocin (Rectal Suppository)	G	4	
Ketoprofen ER (Oral Capsule Extended Release 24 Hour)	G	1	
Ketoprofen (Oral Capsule Immediate Release)	G	1	
Ketorolac Tromethamine (Nasal Solution)	G	4	LA
Lodine (Oral Tablet)	G	4	
Meclofenamate Sodium (Oral Capsule)	G	1	
Mefenamic Acid (Oral Capsule)	G	1	
Meloxicam (Oral Tablet)	G	1	
Mobic (Oral Tablet)	B	3	
Nabumetone (Oral Tablet)	G	1	
Nalfon (Oral Tablet)	G	3	
Naprelan (Oral Tablet Extended Release 24 Hour)	B	4	
Naproxen DR (Oral Tablet Delayed Release) (Generic EC-Naprosyn)	G	1	
Naproxen (Oral Suspension)	G	1	
Naproxen (Oral Tablet Immediate Release)	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	ST
Oxaprozin (Oral Tablet)	G	1	
Pennsaid (Transdermal Solution)	B	4	PA
Piroxicam (Oral Capsule)	G	1	
Relafen DS (Oral Tablet)	G	4	ST
Sprix (Nasal Solution)	B	4	LA
Sulindac (Oral Tablet)	G	1	
Tolmetin Sodium (Oral Capsule)	G	1	
Tolmetin Sodium (Oral Tablet)	G	1	
Vimovo (Oral Tablet Delayed Release)	B	4	ST
Vivlodex (Oral Capsule)	B	4	QL
Zipsor (Oral Capsule)	B	4	ST
Zorvolex (Oral Capsule)	B	3	ST
Opioid Analgesics, Long-acting			

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
Belbuca (150MCG Buccal Film, 300MCG Buccal Film, 450MCG Buccal Film, 75MCG Buccal Film)	B	3	PA; 7D; DL; QL
Belbuca (600MCG Buccal Film, 750MCG Buccal Film, 900MCG Buccal Film)	B	4	PA; 7D; DL; QL
Buprenorphine (Transdermal Patch Weekly)	G	1	7D; DL; QL
Butrans (Transdermal Patch Weekly)	B	2	7D; DL; QL
ConZip (Oral Capsule Extended Release 24 Hour)	B	3	7D; MME; DL; QL
Dolophine (Oral Tablet)	B	3	7D; MME; DL; QL
Duragesic-100 (Transdermal Patch 72 Hour)	B	4	7D; MME; DL; QL
Duragesic-12 (Transdermal Patch 72 Hour)	B	3	7D; MME; DL; QL
Duragesic-25 (Transdermal Patch 72 Hour)	B	3	7D; MME; DL; QL
Duragesic-50 (Transdermal Patch 72 Hour)	B	4	7D; MME; DL; QL
Duragesic-75 (Transdermal Patch 72 Hour)	B	4	7D; MME; DL; QL
Fentanyl (Transdermal Patch 72 Hour)	G	1	7D; MME; DL; QL
Hydrocodone Bitartrate ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	G	1	7D; MME; DL; QL
Hydromorphone HCl ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	G	1	7D; MME; DL; QL
Hysingla ER (100MG Oral Tablet ER 24 Hour Abuse-Deterrent, 120MG Oral Tablet ER 24 Hour Abuse-Deterrent, 60MG Oral Tablet ER 24 Hour Abuse-Deterrent, 80MG Oral Tablet ER 24 Hour Abuse-Deterrent)	B	4	PA; 7D; MME; DL; QL
Hysingla ER (20MG Oral Tablet ER 24 Hour Abuse-Deterrent, 30MG Oral Tablet ER 24 Hour Abuse-Deterrent, 40MG Oral Tablet ER 24 Hour Abuse-Deterrent)	B	3	PA; 7D; MME; DL; QL
Kadian (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 40MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour)	B	4	7D; MME; DL; QL
Kadian (10MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 30MG Oral Capsule Extended Release 24 Hour)	B	3	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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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
MS Contin (100MG Oral Tablet Extended Release, 200MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release)	B	4	7D; MME; DL; QL
MS Contin (15MG Oral Tablet Extended Release)	B	3	7D; MME; DL; QL
Nucynta ER (Oral Tablet Extended Release 12 Hour)	B	2	7D; MME; DL; QL
Oxycodone HCl ER (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, 40MG Oral Tablet ER 12 Hour Abuse-Deterrent)	G	3	7D; MME; DL; QL
Oxycodone HCl ER (60MG Oral Tablet ER 12 Hour Abuse-Deterrent, 80MG Oral Tablet ER 12 Hour Abuse-Deterrent)	G	4	7D; MME; DL; QL
OxyContin (10MG Oral Tablet ER 12 Hour Abuse-Deterrent, 15MG Oral Tablet ER 12 Hour Abuse-Deterrent, 20MG Oral Tablet ER 12 Hour Abuse-Deterrent)	B	3	PA; 7D; MME; DL; QL
OxyContin (30MG Oral Tablet ER 12 Hour Abuse-Deterrent, 40MG Oral Tablet ER 12 Hour Abuse-Deterrent, 60MG Oral Tablet ER 12 Hour Abuse-Deterrent, 80MG Oral Tablet ER 12 Hour Abuse-Deterrent)	B	4	PA; 7D; MME; DL; QL
Oxymorphone HCl ER (Oral Tablet Extended Release 12 Hour)	G	1	7D; MME; DL; QL
Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour)	G	1	7D; MME; DL; QL
Tramadol HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	G	3	7D; MME; DL; QL

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
Tramadol HCl ER (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	1	7D; MME; DL; QL
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	B	2	7D; MME; DL; QL
Zohydro ER (10MG Oral Capsule ER 12 Hour Abuse-Deterrent, 15MG Oral Capsule ER 12 Hour Abuse-Deterrent, 20MG Oral Capsule ER 12 Hour Abuse-Deterrent, 30MG Oral Capsule ER 12 Hour Abuse-Deterrent, 40MG Oral Capsule ER 12 Hour Abuse-Deterrent)	B	3	7D; MME; DL; QL
Zohydro ER (50MG Oral Capsule ER 12 Hour Abuse-Deterrent)	B	4	7D; MME; DL; QL
Opioid Analgesics, Short-acting			
Acetaminophen-Caffeine-Dihydrocodeine (Oral Tablet)	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
Actiq (Buccal Lozenge On A Handle)	B	4	PA; DL; QL
Butorphanol Tartrate (Nasal Solution)	G	1	7D; MME; DL; QL
Codeine Sulfate (15MG Oral Tablet)	B	1	7D; MME; DL; QL
Codeine Sulfate (30MG Oral Tablet, 60MG Oral Tablet)	G	1	7D; MME; DL; QL
Dilaudid (Oral Liquid)	B	3	7D; MME; DL; QL
Dilaudid (2MG Oral Tablet, 4MG Oral Tablet)	B	3	7D; MME; DL; QL
Dilaudid (8MG Oral Tablet)	B	4	7D; MME; DL; QL
Dvorah (Oral Tablet)	G	4	7D; MME; DL; QL
Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	1	7D; MME; DL; 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
Fentanyl Citrate (100MCG Buccal Tablet, 200MCG Buccal Tablet, 400MCG Buccal Tablet, 600MCG Buccal Tablet, 800MCG Buccal Tablet)	G	4	PA; DL; QL
Fentora (Buccal Tablet)	B	4	PA; DL; QL
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	G	1	7D; MME; DL; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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	DL
Lorcet HD (Oral Tablet)	G	1	7D; MME; DL; QL
Lorcet (Oral Tablet)	G	1	7D; MME; DL; QL
Morphine Sulfate (Oral Solution)	G	1	7D; MME; DL; QL
Morphine Sulfate (Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Norco (Oral Tablet)	G	3	7D; MME; DL; QL
Nucynta (100MG Oral Tablet Immediate Release)	B	4	7D; MME; DL; QL
Nucynta (50MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release)	B	3	7D; MME; DL; QL
Oxycodone HCl (Oral Capsule)	G	1	7D; MME; DL; QL
Oxycodone HCl (100MG/5ML Oral Concentrate)	G	1	7D; MME; DL; QL
Oxycodone HCl (Oral Solution)	G	1	7D; MME; DL; QL
Oxycodone HCl (Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	1	7D; MME; DL; QL
Oxycodone-Aspirin (Oral Tablet)	G	1	7D; MME; DL; QL
Oxymorphone HCl (Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL
Percocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	4	7D; MME; DL; QL
Percocet (2.5-325MG Oral Tablet)	G	3	7D; MME; DL; QL
Prolate (Oral Tablet)	G	4	7D; MME; DL; QL
Roxicodone (15MG Oral Tablet, 5MG Oral Tablet)	B	3	7D; MME; DL; QL
Roxicodone (30MG Oral Tablet)	B	4	7D; MME; DL; QL
Subsys (100MCG Sublingual Liquid, 200MCG Sublingual Liquid, 400MCG Sublingual Liquid, 600MCG Sublingual Liquid, 800MCG Sublingual Liquid)	B	4	PA; DL; QL
Tramadol HCl (50MG Oral Tablet Immediate Release)	G	1	7D; MME; DL; QL

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Tramadol-Acetaminophen (Oral Tablet)	G	1	7D; MME; DL; QL
Trezip (Oral Capsule)	G	3	7D; MME; DL; QL
Ultracet (Oral Tablet)	B	3	7D; MME; DL; QL
Ultram (Oral Tablet Immediate Release)	B	3	7D; MME; DL; QL
Anesthetics			
Local Anesthetics			
Lidocaine (5% External Ointment)	G	1	QL
Lidocaine (5% External Patch)	G	1	PA; QL
Lidocaine HCl (4% External Solution)	G	1	
Lidocaine HCl (External Gel)	G	1	
Lidocaine Viscous (2% Mouth/Throat Solution)	G	1	
Lidocaine-Prilocaine (External Cream)	G	1	
Lidoderm (External Patch)	B	4	PA; QL
Pliaglis (External Cream)	B	3	
ZTlido (External Patch)	B	3	PA; QL
Anti-Addiction/Substance Abuse Treatment Agents			
Alcohol Deterrents/Anti-craving			
Acamprosate Calcium (Oral Tablet Delayed Release)	G	1	
Antabuse (Oral Tablet)	G	3	
Disulfiram (Oral Tablet)	G	1	
Naltrexone HCl (Oral Tablet)	G	1	
Vivitrol (Intramuscular Suspension Reconstituted)	B	4	
Opioid Dependence			
Bunavail (Buccal Film)	B	3	ST; QL
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
Lucemyra (Oral Tablet)	B	4	QL
Suboxone (Sublingual Film)	B	3	QL
Zubsolv (1.4-0.36MG Tablet Sublingual, 2.9-0.71MG Tablet Sublingual, 5.7-1.4MG Tablet Sublingual, 8.6-2.1MG Tablet Sublingual)	B	3	QL
Zubsolv (11.4-2.9MG Tablet Sublingual)	B	4	QL
Opioid Reversal Agents			
Evzio (2MG/0.4ML Injection Solution Auto-Injector)	B	4	ST
Naloxone HCl (0.4MG/ML Injection Solution)	G	1	
Naloxone HCl (Injection Solution Auto-Injector)	G	3	ST

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Naloxone HCl (Injection Solution Cartridge)	G	1	
Naloxone HCl (Injection Solution Prefilled Syringe)	G	1	
Narcan (Nasal Liquid)	B	2	
Smoking Cessation Agents			
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	G	1	
Chantix Continuing Month Pak (Oral Tablet)	B	2	
Chantix (Oral Tablet)	B	2	
Chantix Starting Month Pak (Oral Tablet)	B	2	
Nicotrol (Inhalation Inhaler)	B	3	
Nicotrol NS (Nasal Solution)	B	3	
Antibacterials			
Aminoglycosides			
Amikacin Sulfate (500MG/2ML Injection Solution)	G	1	
Arikayce (Inhalation Suspension)	B	4	PA
Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	G	1	
Gentamicin Sulfate (40MG/ML Injection Solution)	G	1	
Neomycin Sulfate (Oral Tablet)	G	1	
Paromomycin Sulfate (Oral Capsule)	G	1	
Streptomycin Sulfate (Intramuscular Solution Reconstituted)	G	1	
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	G	1	
Zemdri (Intravenous Solution)	B	4	
Antibacterials, Other			
Aemcolo (Oral Tablet Delayed Release)	B	3	PA
Azactam (Injection Solution Reconstituted)	B	3	
Aztreonam (1GM Injection Solution Reconstituted)	G	1	
Cleocin (Oral Capsule)	B	3	
Cleocin (Oral Solution Reconstituted)	G	3	
Cleocin Phosphate (900MG/6ML Injection Solution)	G	3	
Cleocin (Vaginal Cream)	B	3	
Cleocin (Vaginal Suppository)	B	3	
Clindamycin HCl (Oral Capsule)	G	1	
Clindamycin Palmitate HCl (Oral 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
Clindamycin Phosphate in D5W (Intravenous Solution)	G	1	
Clindamycin Phosphate (300MG/2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution)	G	1	
Clindamycin Phosphate (Vaginal Cream)	G	1	
Clindesse (Vaginal Cream)	B	3	
Colistimethate Sodium (CBA) (Injection Solution Reconstituted)	G	1	
Cubicin (Intravenous Solution Reconstituted)	B	4	
Dalvance (Intravenous Solution Reconstituted)	B	4	PA
Daptomycin (Intravenous Solution Reconstituted)	G	1	
Firvanq (Oral Solution Reconstituted)	B	3	
Flagyl (Oral Capsule)	B	3	
Flagyl (Oral Tablet)	B	3	
Hiprex (Oral Tablet)	B	3	
Linezolid (Intravenous Solution)	G	1	
Linezolid (Oral Suspension Reconstituted)	G	1	
Linezolid (Oral Tablet)	G	1	
Macrobid (Oral Capsule)	B	3	HRM
Macrodantin (Oral Capsule)	B	3	HRM
Methenamine Hippurate (Oral Tablet)	G	1	
MetroCream (External Cream)	B	3	
Metrogel (External Gel)	B	3	
MetroLotion (External Lotion)	B	4	
Metronidazole (External Cream)	G	1	
Metronidazole (External Gel)	G	1	
Metronidazole (External Lotion)	G	1	
Metronidazole in NaCl 0.79% (Intravenous Solution)	G	1	
Metronidazole (Oral Capsule)	G	1	
Metronidazole (Oral Tablet)	G	1	
Metronidazole (Vaginal Gel)	G	1	
Monurol (Oral Packet)	B	3	
Nitrofurantoin Macrocrystal (Oral Capsule) (Generic Macrodantin)	G	1	HRM
Nitrofurantoin Monohydrate (Generic Macrobid)	G	1	HRM
Nitrofurantoin (Oral Suspension)	G	1	HRM
Noritrate (External Cream)	B	4	
Polymyxin B Sulfate (Injection Solution Reconstituted)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Sivextro (Intravenous Solution Reconstituted)	B	4	PA
Sivextro (Oral Tablet)	B	4	PA
Solosec (Oral Packet)	B	3	
Tigecycline (Intravenous Solution Reconstituted)	G	1	
Tinidazole (Oral Tablet)	G	1	
Trimethoprim (Oral Tablet)	G	1	
Tygacil (Intravenous Solution Reconstituted)	B	4	
Vancocin HCl (125MG Oral Capsule)	B	4	QL
Vancocin (250MG Oral Capsule)	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 (250MG Intravenous Solution Reconstituted)	B	1	
Vancomycin HCl (Oral Capsule)	G	1	QL
Vancomycin HCl (Oral Solution Reconstituted)	G	1	
Vandazole (Vaginal Gel)	B	1	
Xenleta (Oral Tablet)	B	4	PA; QL
Xifaxan (Oral Tablet)	B	4	PA
Zyvox (600MG/300ML Intravenous Solution)	B	3	
Zyvox (Oral Suspension Reconstituted)	B	4	
Zyvox (Oral Tablet)	B	4	
Beta-lactam, Cephalosporins			
Avycaz (Intravenous Solution Reconstituted)	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	

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
Cefepime HCl (Injection Solution Reconstituted)	G	1	
Cefixime (Oral Capsule)	G	1	
Cefixime (Oral Suspension Reconstituted)	G	1	
Cefotetan Disodium (Injection Solution Reconstituted)	G	1	
Cefoxitin Sodium (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	
Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	1	
Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	G	1	
Cefuroxime Axetil (Oral Tablet)	G	1	
Cefuroxime Sodium (Injection Solution Reconstituted)	G	1	
Cefuroxime Sodium (Intravenous Solution Reconstituted)	G	1	
Cephalexin (Oral Capsule)	G	1	
Cephalexin (Oral Suspension Reconstituted)	G	1	
Cephalexin (Oral Tablet)	G	1	
Suprax (Oral Capsule)	B	2	
Suprax (100MG/5ML Oral Suspension Reconstituted, 200MG/5ML Oral Suspension Reconstituted)	G	3	
Suprax (500MG/5ML Oral Suspension Reconstituted)	B	3	
Suprax (Oral Tablet Chewable)	G	2	
Tazicef (Injection Solution Reconstituted)	G	1	
Teflaro (Intravenous Solution Reconstituted)	B	4	
Zerbaxa (Intravenous Solution Reconstituted)	B	4	PA
Beta-lactam, Penicillins			
Amoxicillin (Oral Capsule)	G	1	
Amoxicillin (Oral Suspension Reconstituted)	G	1	
Amoxicillin (Oral Tablet Immediate Release)	G	1	
Amoxicillin (Oral Tablet Chewable)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour)	G	1	
Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted)	G	1	
Amoxicillin-Potassium Clavulanate (Oral Tablet Immediate Release)	G	1	
Amoxicillin-Potassium Clavulanate (Oral Tablet Chewable)	G	1	
Ampicillin (Oral Capsule)	G	1	
Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted)	G	1	
Ampicillin Sodium (10GM Intravenous Solution Reconstituted)	G	1	
Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)	G	1	
Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted)	G	1	
Bicillin C-R 900/300 (Intramuscular Suspension)	B	3	
Bicillin C-R (Intramuscular Suspension)	B	3	
Bicillin L-A (Intramuscular Suspension)	B	3	
Dicloxacillin Sodium (Oral Capsule)	G	1	
Nafcillin Sodium (1GM Injection Solution Reconstituted, 2GM Injection Solution Reconstituted)	G	1	
Nafcillin Sodium (10GM Intravenous Solution Reconstituted)	G	1	
Oxacillin Sodium in Dextrose (1GM/50ML Intravenous Solution)	B	3	
Oxacillin Sodium in Dextrose (2GM/50ML Intravenous Solution)	B	4	
Oxacillin Sodium (Injection Solution Reconstituted)	G	1	
Oxacillin Sodium (Intravenous Solution Reconstituted)	G	1	
Penicillin G Potassium in Dextrose (40000UNIT/ML Intravenous Solution, 60000UNIT/ML Intravenous Solution)	B	3	
Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)	G	1	
Penicillin G Procaine (Intramuscular Suspension)	G	1	
Penicillin G Sodium (Injection Solution Reconstituted)	G	1	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Penicillin V Potassium (Oral Solution Reconstituted)	G	1	
Penicillin V Potassium (Oral Tablet)	G	1	
Piperacillin-Tazobactam (Intravenous Solution Reconstituted)	G	1	
Unasyn (3 (2-1)GM Injection Solution Reconstituted)	B	3	
Unasyn (Intravenous Solution Reconstituted)	B	3	
Zosyn (2-0.25GM/50ML Intravenous Solution, 3-0.375GM/50ML Intravenous Solution)	B	3	
Carbapenems			
Ertapenem Sodium (Injection Solution Reconstituted)	G	1	
Imipenem-Cilastatin (Intravenous Solution Reconstituted)	G	1	
Invanz (Injection Solution Reconstituted)	B	4	
Meropenem (Intravenous Solution Reconstituted)	G	1	
Merrem (500MG Intravenous Solution Reconstituted)	B	3	
Primaxin IV (Intravenous Solution Reconstituted)	B	3	
Vabomere (Intravenous Solution Reconstituted)	B	4	
Macrolides			
Azithromycin (Intravenous Solution Reconstituted)	G	1	
Azithromycin (Oral Packet)	B	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	
Dificid (Oral Tablet)	B	4	
E.E.S. Granules (Oral Suspension Reconstituted)	B	3	
EryPed 200 (Oral Suspension Reconstituted)	B	3	
EryPed 400 (Oral Suspension Reconstituted)	B	4	
Ery-Tab (Oral Tablet Delayed Release)	G	3	
Erythrocin Lactobionate (Intravenous Solution Reconstituted)	G	3	
Erythrocin Stearate (Oral Tablet)	G	3	
Erythromycin Base (Oral Capsule Delayed Release Particles)	G	1	
Erythromycin Base (Oral Tablet Immediate Release)	G	1	
Erythromycin Base (Oral Tablet Delayed Release)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Erythromycin Ethylsuccinate (Oral Suspension Reconstituted)	G	1	
Erythromycin Ethylsuccinate (Oral Tablet)	G	1	
Zithromax (Intravenous Solution Reconstituted)	B	3	
Zithromax (Oral Packet)	B	3	
Zithromax (Oral Suspension Reconstituted)	B	3	
Zithromax (Oral Tablet)	B	3	
Zithromax Tri-Pak (Oral Tablet)	B	3	
Zithromax Z-Pak (Oral Tablet)	B	3	
Quinolones			
Baxdela (Intravenous Solution Reconstituted)	B	4	
Baxdela (Oral Tablet)	B	4	
Cipro (Oral Suspension Reconstituted)	B	3	
Cipro (Oral Tablet Immediate Release)	B	3	
Ciprofloxacin HCl (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 (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	
Sulfonamides			
Bactrim DS (Oral Tablet)	B	3	
Bactrim (Oral Tablet)	B	3	
Sulfadiazine (Oral Tablet)	G	1	
Sulfamethoxazole-Trimethoprim (Oral Suspension)	G	1	
Sulfamethoxazole-Trimethoprim (Oral Tablet)	G	1	
Tetracyclines			
Acticlate (Oral Tablet)	B	3	
Demeclocycline HCl (Oral Tablet)	G	1	
Doryx MPC (Oral Tablet Delayed Release)	B	3	
Doryx (200MG Oral Tablet Delayed Release)	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
Doryx (50MG Oral Tablet Delayed Release)	B	3	
Doxy 100 (Intravenous Solution Reconstituted)	G	1	
Doxycycline Hyclate (Oral Capsule)	G	1	
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 75MG 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	
Doxycycline Monohydrate (Oral Capsule)	G	1	
Doxycycline Monohydrate (Oral Suspension Reconstituted)	G	1	
Doxycycline Monohydrate (Oral Tablet)	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	
Minolira (Oral Tablet Extended Release 24 Hour)	B	3	QL
Mondoxylene NL (Oral Capsule)	G	1	
Nuzyra (Intravenous Solution Reconstituted)	B	4	PA
Nuzyra (Oral Tablet)	B	4	PA; QL
Oracea (Oral Capsule Delayed Release)	B	4	
Seysara (Oral Tablet)	B	4	
Solodyn (Oral Tablet Extended Release 24 Hour)	B	4	QL
TARGADOX (Oral Tablet)	G	3	
Tetracycline HCl (Oral Capsule)	G	1	
Vibramycin (Oral Capsule)	B	3	
Vibramycin (Oral Suspension Reconstituted)	B	3	
Vibramycin (50MG/5ML Oral Syrup)	B	3	
Anticonvulsants			
Anticonvulsants, Other			
BRIVIACT (Oral Solution)	B	4	PA; QL
BRIVIACT (Oral Tablet)	B	4	PA; QL
Epidiolex (Oral Solution)	B	4	PA
Felbamate (Oral Suspension)	G	1	
Felbamate (Oral Tablet)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Felbatol (Oral Tablet)	B	4	
Fintepla (Oral Solution)	B	4	PA; QL
Fycompa (Oral Suspension)	B	4	QL
Fycompa (Oral Tablet)	B	4	QL
Keppra (Oral Solution)	B	4	
Keppra (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	B	4	
Keppra (250MG Oral Tablet Immediate Release)	B	3	
Keppra XR (Oral Tablet Extended Release 24 Hour)	B	4	
Lamictal ODT (Oral Tablet Dispersible)	B	4	
Lamictal (Oral Tablet Immediate Release)	B	4	
Lamictal (Oral Tablet Chewable)	B	4	
Lamictal Starter (35 Tablets Oral Kit, 49 Tablets Oral Kit)	B	3	
Lamictal Starter (98 Tablets Oral Kit)	B	4	
Lamictal XR (Oral Kit)	B	3	
Lamictal XR (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 250MG Oral Tablet Extended Release 24 Hour, 25MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	B	4	
Lamotrigine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Lamotrigine (Oral 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 (Oral Solution)	G	1	
Levetiracetam (Oral Tablet Immediate 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
Qudexy XR (100MG Oral Capsule ER 24 Hour Sprinkle, 25MG Oral Capsule ER 24 Hour Sprinkle, 50MG Oral Capsule ER 24 Hour Sprinkle)	B	3	PA
Qudexy XR (150MG Oral Capsule ER 24 Hour Sprinkle, 200MG Oral Capsule ER 24 Hour Sprinkle)	B	4	PA
Roweepra (Oral Tablet Immediate Release)	G	1	
Roweepra XR (Oral Tablet Extended Release 24 Hour)	G	1	
Spritam ODT (Oral Tablet Disintegrating Soluble)	B	3	
Topamax (100MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet)	B	4	
Topamax (25MG Oral Tablet)	B	3	
Topamax Sprinkle (15MG Oral Capsule Sprinkle)	B	3	
Topamax Sprinkle (25MG Oral Capsule Sprinkle)	B	4	
Topiramate ER (Oral Capsule ER 24 Hour Sprinkle)	G	1	PA
Topiramate (Oral Capsule Sprinkle Immediate Release)	G	1	
Topiramate (Oral Tablet)	G	1	
Trokendi XR (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour)	B	4	PA
Trokendi XR (25MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	B	3	PA
Valproic Acid (Oral Capsule)	G	1	
Valproic Acid (Oral Solution)	G	1	
Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	4	PA; QL
Xcopri (350MG Daily Dose) (Oral Tablet Therapy Pack)	B	4	PA; QL
Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	B	3	PA; QL
Xcopri (200MG Oral Tablet)	B	4	PA; QL
Xcopri (14x12.5MG & 14x25MG Oral Tablet Therapy Pack)	B	3	PA; QL
Xcopri (14x150MG & 14x200MG Oral Tablet Therapy Pack, 14x50MG & 14x100MG Oral Tablet Therapy Pack)	B	4	PA; QL
Calcium Channel Modifying Agents			
Celontin (Oral Capsule)	B	3	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Ethosuximide (Oral Capsule)	G	1	
Ethosuximide (Oral Solution)	G	1	
Zarontin (Oral Capsule)	B	3	
Zarontin (Oral Solution)	G	3	
Gamma-aminobutyric Acid (GABA) Augmenting Agents			
Clobazam (Oral Suspension)	G	1	PA; QL
Clobazam (Oral Tablet)	G	1	PA; QL
Diastat AcuDial (Rectal Gel)	B	3	QL
Diastat Pediatric (Rectal Gel)	B	3	QL
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	G	1	QL
Gabapentin (Oral Capsule)	G	1	
Gabapentin (250MG/5ML Oral Solution)	G	1	
Gabapentin (Oral Tablet)	G	1	
Gabitril (Oral Tablet)	B	4	
Mysoline (Oral Tablet)	B	4	
Nayzilam (Nasal Solution)	B	3	QL
Neurontin (100MG Oral Capsule)	B	3	
Neurontin (300MG Oral Capsule, 400MG Oral Capsule)	B	4	
Neurontin (Oral Solution)	B	3	
Neurontin (Oral Tablet)	B	4	
Onfi (Oral Suspension)	B	4	PA; QL
Onfi (Oral Tablet)	B	4	PA; QL
Phenobarbital (Oral Elixir)	G	1	PA; HRM
Phenobarbital (Oral Tablet)	G	1	PA; HRM
Primidone (Oral Tablet)	G	1	
Sabril (Oral Packet)	B	4	PA; LA; QL
Sabril (Oral Tablet)	B	4	PA; LA; QL
Sympazan (10MG Oral Film, 20MG Oral Film)	B	4	PA; QL
Sympazan (5MG Oral Film)	B	3	PA; QL
Tiagabine HCl (Oral Tablet)	G	1	
Valtoco 10 MG Dose (Nasal Liquid)	B	3	QL
Valtoco 15 MG Dose (Nasal Liquid Therapy Pack)	B	3	QL
Valtoco 20 MG Dose (Nasal Liquid Therapy Pack)	B	3	QL
Valtoco 5 MG Dose (Nasal Liquid)	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
Vigabatrin (Oral Packet)	G	1	PA; LA; QL
Vigabatrin (Oral Tablet)	G	1	PA; LA; QL
Vigadrone (Oral Packet)	G	1	PA; LA; QL
Sodium Channel Agents			
Aptiom (Oral Tablet)	B	4	QL
Banzel (Oral Suspension)	B	4	
Banzel (Oral Tablet)	B	4	
Carbamazepine ER (Oral Capsule Extended Release 12 Hour)	G	1	
Carbamazepine ER (Oral Tablet Extended Release 12 Hour)	G	1	
Carbamazepine (Oral Suspension)	G	1	
Carbamazepine (Oral Tablet Immediate Release)	G	1	
Carbamazepine (Oral Tablet Chewable)	G	1	
Carbatrol (Oral Capsule Extended Release 12 Hour)	B	3	
Dilantin INFATABS (Oral Tablet Chewable)	G	2	
Dilantin (Oral Capsule)	G	2	
Dilantin (Oral Suspension)	B	3	
Epitol (Oral Tablet)	G	1	
Oxcarbazepine (Oral Suspension)	G	1	
Oxcarbazepine (Oral Tablet)	G	1	
Oxtellar XR (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	B	3	
Oxtellar XR (600MG Oral Tablet Extended Release 24 Hour)	B	4	
Peganone (Oral Tablet)	B	3	
Phenytek (Oral Capsule)	G	1	
Phenytoin (125MG/5ML Oral Suspension)	G	1	
Phenytoin (Oral Tablet Chewable)	G	1	
Phenytoin Sodium Extended (Oral Capsule)	G	1	
Tegretol (Oral Suspension)	B	3	
Tegretol (Oral Tablet Immediate Release)	B	3	
Tegretol XR (Oral Tablet Extended Release 12 Hour)	B	3	
Trileptal (Oral Suspension)	B	4	
Trileptal (150MG Oral Tablet)	B	3	
Trileptal (300MG Oral Tablet, 600MG Oral Tablet)	B	4	
Vimpat (Oral Solution)	B	3	QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Vimpat (Oral Tablet)	B	3	QL
Zonegran (Oral Capsule)	B	4	
Zonisamide (Oral Capsule)	G	1	
Antidementia Agents			
Antidementia Agents, Other			
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	B	2	PA; QL
Namzaric (Oral Capsule Extended Release 24 Hour)	B	2	PA; QL
Cholinesterase Inhibitors			
Aricept (Oral Tablet)	B	3	QL
Donepezil HCl (Oral Tablet)	G	1	QL
Donepezil HCl ODT (Oral Tablet Dispersible)	G	1	QL
Exelon (Transdermal Patch 24 Hour)	B	3	ST; QL
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	G	1	
Galantamine Hydrobromide (Oral Solution)	G	1	
Galantamine Hydrobromide (Oral Tablet)	G	1	
Razadyne ER (Oral Capsule Extended Release 24 Hour)	B	3	
Rivastigmine Tartrate (Oral Capsule)	G	1	
Rivastigmine (Transdermal Patch 24 Hour)	G	1	ST; QL
N-methyl-D-aspartate (NMDA) Receptor Antagonist			
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	PA; QL
Memantine HCl (2MG/ML Oral Solution)	G	1	PA; QL
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	1	PA; QL
Memantine HCl Titration Pak (Oral Tablet)	B	1	PA
Namenda (Oral Tablet)	B	3	PA; QL
Namenda Titration Pak (Oral Tablet)	B	3	PA
Namenda XR (Oral Capsule Extended Release 24 Hour)	B	3	PA; QL
Namenda XR Titration Pak (Oral Capsule Extended Release 24 Hour)	B	3	PA; QL
Antidepressants			
Antidepressants, Other			
Aplenzin (Oral Tablet Extended Release 24 Hour)	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
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	G	1	
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	1	
Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour)	G	3	
Bupropion HCl (Oral Tablet Immediate Release)	G	1	
Forfivo XL (Oral Tablet Extended Release 24 Hour)	B	3	
Maprotiline HCl (Oral Tablet)	G	1	
Mirtazapine (Oral Tablet)	G	1	
Mirtazapine ODT (Oral Tablet Dispersible)	G	1	
Olanzapine-Fluoxetine HCl (Oral Capsule)	G	1	
Remeron (Oral Tablet)	B	3	
Remeron SolTab (Oral Tablet Dispersible)	B	3	
Symbyax (Oral Capsule)	B	3	
Wellbutrin SR (Oral Tablet Extended Release 12 Hour)	B	3	
Wellbutrin XL (Oral Tablet Extended Release 24 Hour)	B	4	
Monoamine Oxidase Inhibitors			
Emsam (Transdermal Patch 24 Hour)	B	4	
Marplan (Oral Tablet)	B	3	
Nardil (Oral Tablet)	B	3	
Parnate (Oral Tablet)	B	4	
Phenelzine Sulfate (Oral Tablet)	G	1	
Tranylcypromine Sulfate (Oral Tablet)	G	1	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)			
Celexa (Oral Tablet)	B	3	
Citalopram Hydrobromide (Oral Solution)	G	1	
Citalopram Hydrobromide (Oral Tablet)	G	1	
Desvenlafaxine ER (Oral Tablet Extended Release 24 Hour) (Brand Equivalent Khedezla)	B	3	
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	1	
Effexor XR (Oral Capsule Extended Release 24 Hour)	B	3	
Escitalopram Oxalate (Oral Solution)	G	1	
Escitalopram Oxalate (Oral Tablet)	G	1	
Fetzima (Oral Capsule Extended Release 24 Hour)	B	3	ST

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	B	3	ST
Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)	G	1	
Fluoxetine HCl (Oral Capsule Delayed Release)	G	1	
Fluoxetine HCl (20MG/5ML Oral Solution)	G	1	
Fluoxetine HCl (Oral Tablet)	G	1	
Fluvoxamine Maleate ER (Oral Capsule Extended Release 24 Hour)	G	1	
Fluvoxamine Maleate (Oral Tablet)	G	1	
Lexapro (Oral Tablet)	B	3	
Nefazodone HCl (Oral Tablet)	G	1	
Paroxetine HCl (Oral Tablet Immediate Release)	G	1	PA; HRM
Paxil (Oral Suspension)	B	3	PA; HRM
Paxil (Oral Tablet Immediate Release)	B	3	PA; HRM
Pristiq (Oral Tablet Extended Release 24 Hour)	B	3	
Prozac (10MG Oral Capsule)	B	3	
Prozac (20MG Oral Capsule, 40MG Oral Capsule)	B	4	
Sarafem (Oral Tablet)	B	3	
Sertraline HCl (Oral Concentrate)	G	1	
Sertraline HCl (Oral Tablet)	G	1	
Trazodone HCl (Oral Tablet)	G	1	
Trintellix (Oral Tablet)	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	
Viibryd (Oral Tablet)	B	3	
Viibryd Starter Pack (Oral Kit)	B	3	
Zoloft (Oral Concentrate)	B	3	
Zoloft (Oral Tablet)	B	3	
Tricyclics			
Amitriptyline HCl (Oral Tablet)	G	1	HRM
Amoxapine (Oral Tablet)	G	1	PA; HRM

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
Anafranil (Oral Capsule)	B	4	PA; HRM
Clomipramine HCl (Oral Capsule)	G	1	PA; HRM
Desipramine HCl (Oral Tablet)	G	1	PA; HRM
Doxepin HCl (Oral Capsule)	G	1	PA; HRM
Doxepin HCl (Oral Concentrate)	G	1	PA; HRM
Imipramine HCl (Oral Tablet)	G	1	PA; HRM
Imipramine Pamoate (Oral Capsule)	G	1	PA; HRM
Norpramin (Oral Tablet)	B	3	PA; HRM
Nortriptyline HCl (Oral Capsule)	G	1	PA; HRM
Nortriptyline HCl (Oral Solution)	G	1	PA; HRM
Pamelor (Oral Capsule)	B	4	PA; HRM
Protriptyline HCl (Oral Tablet)	G	1	PA; HRM
Trimipramine Maleate (Oral Capsule)	G	1	PA; HRM
Antiemetics			
Antiemetics, Other			
Compro (Rectal Suppository)	G	1	
Meclizine HCl (12.5MG Oral Tablet)	G	1	HRM
Metoclopramide HCl (5MG/5ML Oral Solution)	G	1	
Metoclopramide HCl (Oral Tablet)	G	1	
Metoclopramide HCl ODT (Oral Tablet Dispersible)	G	1	
Perphenazine (Oral Tablet)	G	1	
Prochlorperazine Maleate (Oral Tablet)	G	1	
Prochlorperazine (Rectal Suppository)	G	1	
Promethazine HCl (Oral Tablet)	G	1	PA; HRM
Promethazine HCl (12.5MG Rectal Suppository)	G	1	PA; HRM
Reglan (Oral Tablet)	B	3	
Scopolamine (Transdermal Patch 72 Hour)	G	1	PA; HRM
Tigan (Oral Capsule)	B	3	B/D, PA
Transderm-Scop (1.5MG) (Transdermal Patch 72 Hour)	B	3	PA; HRM
Trimethobenzamide HCl (Oral Capsule)	G	1	B/D, PA
Emetogenic Therapy Adjuncts			
Aprepitant (Oral Therapy Pack, Oral Capsule)	G	1	PA
Dronabinol (Oral Capsule)	G	1	PA
Emend (80MG Oral Capsule)	B	3	PA
Emend (Oral Suspension Reconstituted)	B	3	PA
Emend Tri-Pack (Oral Capsule)	B	4	PA

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Granisetron HCl (Oral Tablet)	G	1	B/D, PA
Marinol (10MG Oral Capsule, 5MG Oral Capsule)	B	4	PA
Marinol (2.5MG Oral Capsule)	B	3	PA
Ondansetron HCl (Oral Solution)	G	1	B/D, PA
Ondansetron HCl (Oral Tablet)	G	1	B/D, PA
Ondansetron ODT (Oral Tablet Dispersible)	G	1	B/D, PA
Sancuso (Transdermal Patch)	B	4	QL
Syndros (Oral Solution)	B	4	PA
Varubi (180 MG Dose) (Oral Tablet Therapy Pack)	B	3	B/D, PA
Zofran (8MG Oral Tablet)	B	4	B/D, PA
Zuplenz (Oral Film)	B	4	B/D, PA
Antifungals			
Antifungals			
Abelcet (Intravenous Suspension)	B	3	B/D, PA
AmBisome (Intravenous Suspension Reconstituted)	B	4	B/D, PA
Amphotericin B (Intravenous Solution Reconstituted)	G	1	B/D, PA
Ancobon (Oral Capsule)	B	4	
Candidas (Intravenous Solution Reconstituted)	B	4	
Caspofungin Acetate (Intravenous Solution Reconstituted)	G	1	
Clotrimazole (Mouth/Throat Troche)	G	1	
Cresemba (Oral Capsule)	B	4	PA
Diflucan (Oral Suspension Reconstituted)	B	3	
Diflucan (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	B	3	
Diflucan (200MG Oral Tablet)	B	4	
Eraxis (100MG Intravenous Solution Reconstituted)	B	4	
Eraxis (50MG Intravenous Solution Reconstituted)	B	3	
Fluconazole in Sodium Chloride (Intravenous Solution)	G	1	
Fluconazole (Oral Suspension Reconstituted)	G	1	
Fluconazole (Oral Tablet)	G	1	
Flucytosine (Oral Capsule)	G	1	
Griseofulvin Microsize (Oral Suspension)	G	1	
Griseofulvin Microsize (Oral Tablet)	G	1	
Griseofulvin Ultramicronsize (Oral Tablet)	G	1	
Gynazole-1 (Vaginal Cream)	G	3	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Itraconazole (Oral Capsule)	G	1	PA
Itraconazole (Oral Solution)	G	1	PA
Ketoconazole (Oral Tablet)	G	1	
Micafungin Sodium (Intravenous Solution Reconstituted)	G	1	
Miconazole 3 (Vaginal Suppository)	G	1	
Mycamine (Intravenous Solution Reconstituted)	B	4	
Noxafil (Oral Suspension)	B	4	QL
Noxafil (Oral Tablet Delayed Release)	B	4	PA; QL
Nystatin (Mouth/Throat Suspension)	G	1	
Nystatin (Oral Tablet)	G	1	
Oravig (Buccal Tablet)	B	4	
Posaconazole (Oral Tablet Delayed Release)	G	1	PA; QL
Sporanox (Oral Capsule)	B	4	PA
Sporanox (Oral Solution)	B	4	PA
Terbinafine HCl (Oral Tablet)	G	1	
Terconazole (Vaginal Cream)	G	1	
Terconazole (Vaginal Suppository)	G	1	
Tolsura (Oral Capsule)	B	4	PA
Vfend IV (Intravenous Solution Reconstituted)	B	4	
Vfend (Oral Suspension Reconstituted)	B	4	
Vfend (Oral Tablet)	B	3	
Voriconazole (Intravenous Solution Reconstituted)	G	1	
Voriconazole (Oral Suspension Reconstituted)	G	1	
Voriconazole (Oral Tablet)	G	1	
Antigout Agents			
Antigout Agents			
Allopurinol (Oral Tablet)	G	1	
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	B	2	
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	G	1	
Colcrys (Oral Tablet)	B	3	PA
Febuxostat (Oral Tablet)	G	1	ST
Gloperba (Oral Solution)	B	3	PA; QL
Mitigare (Oral Capsule)	B	3	
Probenecid (Oral Tablet)	G	1	
Probenecid-Colchicine (Oral Tablet)	G	1	
Uloric (Oral Tablet)	B	3	ST

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Zyloprim (Oral Tablet)	B	3	
Antimigraine Agents			
Acute			
Almotriptan Malate (Oral Tablet)	G	1	QL
Amerge (Oral Tablet)	B	3	QL
Eletriptan Hydrobromide (Oral Tablet)	G	1	QL
Frova (Oral Tablet)	B	4	QL
Frovatriptan Succinate (Oral Tablet)	G	1	QL
Imitrex (20MG/ACT Nasal Solution)	B	4	QL
Imitrex (5MG/ACT Nasal Solution)	B	3	QL
Imitrex (Oral Tablet)	B	3	QL
Imitrex STATdose Refill (6MG/0.5ML Subcutaneous Solution Cartridge)	B	4	QL
Imitrex STATdose System (4MG/0.5ML Subcutaneous Solution Auto-Injector)	B	4	QL
Imitrex (Subcutaneous Solution)	B	4	QL
Maxalt (Oral Tablet)	B	3	QL
Maxalt-MLT (Oral Tablet Dispersible)	B	3	QL
Naratriptan HCl (Oral Tablet)	G	1	QL
Nurtec ODT (Oral Tablet Dispersible)	B	4	PA; QL
Onzetra Xsail (Nasal Exhaler Powder)	B	4	QL
Relpax (Oral Tablet)	B	3	QL
Reyvow (Oral Tablet)	B	3	PA; QL
Rizatriptan Benzoate (Oral Tablet)	G	1	QL
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	1	QL
Sumatriptan (Nasal Solution)	G	1	QL
Sumatriptan Succinate (Oral Tablet)	G	1	QL
Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)	G	1	QL
Sumatriptan Succinate (Subcutaneous Solution)	G	1	QL
Sumatriptan Succinate (Subcutaneous Solution Auto-Injector)	G	1	QL
Sumatriptan Succinate (Subcutaneous Solution Prefilled Syringe)	G	1	QL
Sumatriptan-Naproxen Sodium (Oral Tablet)	G	1	QL
Tosymra (Nasal Solution)	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
Treximet (Oral Tablet)	B	4	QL
Ubrelvy (Oral Tablet)	B	4	PA; QL
Zembrace SymTouch (Subcutaneous Solution Auto-Injector)	B	4	QL
Zolmitriptan (Oral Tablet)	G	1	QL
Zolmitriptan ODT (Oral Tablet Dispersible)	G	1	QL
Zomig (Nasal Solution)	B	3	QL
Zomig (Oral Tablet)	B	4	QL
Zomig ZMT (Oral Tablet Dispersible)	B	4	QL
Ergot Alkaloids			
Cafergot (Oral Tablet)	G	3	
Dihydroergotamine Mesylate (Nasal Solution)	G	1	PA; QL
Ergotamine-Caffeine (Oral Tablet)	G	1	
Migergot (Rectal Suppository)	G	4	
Migranal (Nasal Solution)	B	4	PA; QL
Prophylactic			
Aimovig (Subcutaneous Solution Auto-Injector)	B	3	PA; QL
Ajovy (Subcutaneous Solution Auto-Injector)	B	3	PA; QL
Ajovy (Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Emgality (Subcutaneous Solution Auto-Injector)	B	3	PA; QL
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Timolol Maleate (Oral Tablet)	G	1	
Antimyasthenic Agents			
Parasympathomimetics			
Guanidine HCl (Oral Tablet)	B	3	
Mestinon (Oral Solution)	B	4	
Mestinon (Oral Tablet Immediate Release)	B	4	
Mestinon (Oral Tablet Extended Release)	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	
Antimycobacterials			

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Antimycobacterials, Other			
Dapsone (Oral Tablet)	G	1	
Mycobutin (Oral Capsule)	B	4	
Rifabutin (Oral Capsule)	G	1	
Antituberculars			
Ethambutol HCl (Oral Tablet)	G	1	
Isoniazid (Oral Syrup)	G	1	
Isoniazid (Oral Tablet)	G	1	
Myambutol (Oral Tablet)	B	3	
Paser (Oral Packet)	G	3	
Pretomanid (Oral Tablet)	B	3	
Priftin (Oral Tablet)	B	3	
Pyrazinamide (Oral Tablet)	G	1	
Rifampin (Intravenous Solution Reconstituted)	G	1	
Rifampin (Oral Capsule)	G	1	
Sirturo (Oral Tablet)	B	4	PA; LA
Trecator (Oral Tablet)	B	3	
Antineoplastics			
Alkylating Agents			
Cyclophosphamide (Oral Capsule)	G	1	B/D, PA
Leukeran (Oral Tablet)	B	4	
Matulane (Oral Capsule)	B	4	LA
Valchlor (External Gel)	B	4	PA; LA; QL
Antiandrogens			
Abiraterone Acetate (Oral Tablet)	G	1	PA
Bicalutamide (Oral Tablet)	G	1	
Casodex (Oral Tablet)	B	4	
Erleada (Oral Tablet)	B	4	PA
Flutamide (Oral Capsule)	G	1	
Nilandron (Oral Tablet)	B	4	
Nilutamide (Oral Tablet)	G	1	
Nubeqa (Oral Tablet)	B	4	PA; LA
Xtandi (Oral Capsule)	B	4	PA; LA
Yonsa (Oral Tablet)	B	4	PA
Zytiga (Oral Tablet)	B	4	PA

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Antiangiogenic Agents			
Pomalyst (Oral Capsule)	B	4	PA
Qinlock (Oral Tablet)	B	4	PA; QL
Revlimid (Oral Capsule)	B	4	PA; LA
Tabrecta (Oral Tablet)	B	4	PA; QL
Thalomid (Oral Capsule)	B	4	PA; QL
Antiestrogens/Modifiers			
Emcyt (Oral Capsule)	B	4	
Fareston (Oral Tablet)	B	4	
Soltamox (Oral Solution)	B	4	
Tamoxifen Citrate (Oral Tablet)	G	1	
Toremifene Citrate (Oral Tablet)	G	1	
Antimetabolites			
Droxia (Oral Capsule)	B	3	
Hydrea (Oral Capsule)	B	3	
Hydroxyurea (Oral Capsule)	G	1	
Mercaptopurine (Oral Tablet)	G	1	
Purixan (Oral Suspension)	B	4	PA
Tabloid (Oral Tablet)	B	3	PA
Antineoplastics, Other			
IDHIFA (Oral Tablet)	B	4	PA; LA
Lonsurf (Oral Tablet)	B	4	PA; LA
Ninlaro (Oral Capsule)	B	4	PA
Pemazyre (Oral Tablet)	B	4	PA; QL
Retevmo (Oral Capsule)	B	4	PA; QL
Synribo (Subcutaneous Solution Reconstituted)	B	4	PA
Tazverik (Oral Tablet)	B	4	PA; LA; QL
Tukysa (Oral Tablet)	B	4	PA; QL
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	B	4	PA; LA; QL
Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack)	B	4	PA; LA; QL
Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)	B	4	PA; LA; QL
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	B	4	PA; LA; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)	B	4	PA; LA; QL
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	B	4	PA; LA; QL
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	B	4	PA; LA; QL
Zolinza (Oral Capsule)	B	4	PA
Aromatase Inhibitors, 3rd Generation			
Anastrozole (Oral Tablet)	G	1	
Arimidex (Oral Tablet)	B	4	
Aromasin (Oral Tablet)	B	4	
Exemestane (Oral Tablet)	G	1	
Femara (Oral Tablet)	B	4	
Letrozole (Oral Tablet)	G	1	
Molecular Target Inhibitors			
Afinitor Disperz (Oral Tablet Soluble)	B	4	PA
Afinitor (Oral Tablet)	B	4	PA
Alecensa (Oral Capsule)	B	4	PA; LA
Alunbrig (Oral Tablet)	B	4	PA; LA; QL
Alunbrig (Oral Tablet Therapy Pack)	B	4	PA; LA; QL
Ayvakit (Oral Tablet)	B	4	PA; LA; QL
Balversa (Oral Tablet)	B	4	PA; LA; QL
Bosulif (Oral Tablet)	B	4	PA
Braftovi (Oral Capsule)	B	4	PA
Brukinsa (Oral Capsule)	B	4	PA; LA; QL
Cabometyx (Oral Tablet)	B	4	PA; LA
Calquence (Oral Capsule)	B	4	PA
Caprelsa (Oral Tablet)	B	4	PA; LA
Cometriq (100MG Daily Dose) (Oral Kit)	B	4	PA; LA
Cometriq (140MG Daily Dose) (Oral Kit)	B	4	PA; LA
Cometriq (60MG Daily Dose) (Oral Kit)	B	4	PA; LA
Copiktra (Oral Capsule)	B	4	PA; QL
Cotellic (Oral Tablet)	B	4	PA; LA
Daurismo (Oral Tablet)	B	4	PA; LA; QL
Erivedge (Oral Capsule)	B	4	PA; LA
Erlotinib HCl (Oral Tablet)	G	1	PA

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Everolimus (2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	1	PA
Farydak (Oral Capsule)	B	4	PA
Gilotrif (Oral Tablet)	B	4	PA; LA
Gleevec (Oral Tablet)	B	4	PA; QL
Ibrance (Oral Capsule)	B	4	PA; LA
Ibrance (Oral Tablet)	B	4	PA; LA
Iclusig (Oral Tablet)	B	4	PA; LA
Imatinib Mesylate (Oral Tablet)	G	1	PA; QL
Imbruvica (Oral Capsule)	B	4	PA; LA; QL
Imbruvica (Oral Tablet)	B	4	PA; QL
Inlyta (Oral Tablet)	B	4	PA; LA; QL
Inqovi (Oral Tablet)	B	4	PA; QL
Inrebic (Oral Capsule)	B	4	PA; QL
Iressa (Oral Tablet)	B	4	PA; LA; QL
Jakafi (Oral Tablet)	B	4	PA; LA; QL
Kisqali (200MG Dose) (Oral Tablet)	B	4	PA
Kisqali (400MG Dose) (Oral Tablet)	B	4	PA
Kisqali (600MG Dose) (Oral Tablet)	B	4	PA
Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)	B	4	PA
Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)	B	4	PA
Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)	B	4	PA
Koselugo (Oral Capsule)	B	4	PA; QL
Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA; LA
Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA; LA
Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA; LA
Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA; LA
Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA; LA
Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA; LA

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA; LA
Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)	B	4	PA; LA
Lorbrena (Oral Tablet)	B	4	PA; LA; QL
Lynparza (Oral Tablet)	B	4	PA; LA
Mekinist (Oral Tablet)	B	4	PA; LA
Mektovi (Oral Tablet)	B	4	PA
Nerlynx (Oral Tablet)	B	4	PA; LA; QL
Nexavar (Oral Tablet)	B	4	PA; LA
Odomzo (Oral Capsule)	B	4	PA; LA; QL
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	B	4	PA; QL
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	4	PA; QL
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	B	4	PA; QL
Rozlytrek (Oral Capsule)	B	4	PA; QL
Rubraca (Oral Tablet)	B	4	PA; LA
Rydapt (Oral Capsule)	B	4	PA; QL
Sprycel (Oral Tablet)	B	4	PA
Stivarga (Oral Tablet)	B	4	PA; LA
Sutent (Oral Capsule)	B	4	PA
Tafinlar (Oral Capsule)	B	4	PA; LA
Tagrisso (Oral Tablet)	B	4	PA; LA
Talzenna (Oral Capsule)	B	4	PA; LA; QL
Tarceva (Oral Tablet)	B	4	PA
Tasigna (Oral Capsule)	B	4	PA
Tibsovo (Oral Tablet)	B	4	PA; QL
Turalio (Oral Capsule)	B	4	PA; LA; QL
Tykerb (Oral Tablet)	B	4	PA; LA
Venclexta (100MG Oral Tablet, 50MG Oral Tablet)	B	4	PA; LA
Venclexta (10MG Oral Tablet)	B	2	PA; LA
Venclexta Starting Pack (Oral Tablet Therapy Pack)	B	4	PA; LA
Verzenio (Oral Tablet)	B	4	PA; LA
Vitrakvi (Oral Capsule)	B	4	PA; LA; 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
Vitrakvi (Oral Solution)	B	4	PA; LA; QL
Vizimpro (Oral Tablet)	B	4	PA; LA
Votrient (Oral Tablet)	B	4	PA; LA
Xalkori (Oral Capsule)	B	4	PA; LA
Xospata (Oral Tablet)	B	4	PA; QL
Zejula (Oral Capsule)	B	4	PA; LA
Zelboraf (Oral Tablet)	B	4	PA; LA; QL
Zydelig (Oral Tablet)	B	4	PA; LA
Zykadia (Oral Tablet)	B	4	PA
Retinoids			
Bexarotene (Oral Capsule)	G	1	PA
Targretin (External Gel)	B	4	PA; QL
Targretin (Oral Capsule)	B	4	PA
Tretinoin (Oral Capsule)	G	1	
Treatment Adjuncts			
Leucovorin Calcium (Oral Tablet)	G	1	
Mesnex (Oral Tablet)	B	4	
Antiparasitics			
Anthelmintics			
Albendazole (Oral Tablet)	G	1	QL
Biltricide (Oral Tablet)	B	3	
Emverm (Oral Tablet Chewable)	G	4	
Ivermectin (Oral Tablet)	G	1	
Praziquantel (Oral Tablet)	G	1	
Stromectol (Oral Tablet)	B	3	
Antiprotozoals			
Alinia (Oral Suspension Reconstituted)	B	4	
Alinia (Oral Tablet)	B	4	
Atovaquone (Oral Suspension)	G	1	
Atovaquone-Proguanil HCl (Oral Tablet)	G	1	
Benznidazole (Oral Tablet)	B	3	
Chloroquine Phosphate (Oral Tablet)	G	1	QL
Coartem (Oral Tablet)	B	3	
DARAPRIM (Oral Tablet)	B	4	
Hydroxychloroquine Sulfate (Oral Tablet)	G	1	QL
Krintafel (Oral Tablet)	B	3	
Malarone (Oral Tablet)	B	3	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Mefloquine HCl (Oral Tablet)	G	1	
Mepron (Oral Suspension)	B	4	
Nebupent (Inhalation Solution Reconstituted)	B	3	B/D, PA; QL
PENTAM 300 (Injection Solution Reconstituted)	B	3	
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	1	B/D, PA; QL
Pentamidine Isethionate (Injection Solution Reconstituted)	G	1	
Plaquenil (Oral Tablet)	B	3	QL
Primaquine Phosphate (Oral Tablet)	G	1	
Pyrimethamine (Oral Tablet)	G	1	
Qualaquin (Oral Capsule)	B	3	PA
Quinine Sulfate (Oral Capsule)	G	1	PA
Antiparkinson Agents			
Anticholinergics			
Benzotropine Mesylate (Oral Tablet)	G	1	PA; HRM
Trihexyphenidyl HCl (Oral Solution)	G	1	PA; HRM
Trihexyphenidyl HCl (Oral Tablet)	G	1	PA; HRM
Antiparkinson Agents, Other			
Amantadine HCl (Oral Capsule)	G	1	
Amantadine HCl (Oral Syrup)	G	1	
Amantadine HCl (Oral Tablet)	G	1	
Carbidopa-Levodopa-Entacapone (Oral Tablet)	G	1	
Comtan (Oral Tablet)	B	3	
Entacapone (Oral Tablet)	G	1	
Gocovri (Oral Capsule Extended Release 24 Hour)	B	4	PA
Nourianz (Oral Tablet)	B	4	PA; QL
Osmolex ER (Oral Tablet ER 24 Hour Therapy Pack)	B	3	PA
Osmolex ER (Oral Tablet Extended Release 24 Hour)	B	3	PA
Stalevo 100 (Oral Tablet)	B	4	
Stalevo 125 (Oral Tablet)	B	4	
Stalevo 150 (Oral Tablet)	B	4	
Stalevo 200 (Oral Tablet)	B	4	
Stalevo 50 (Oral Tablet)	B	4	
Stalevo 75 (Oral Tablet)	B	4	
Tasmar (Oral Tablet)	B	4	QL

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Tolcapone (Oral Tablet)	G	1	QL
Dopamine Agonists			
Apokyn (Subcutaneous Solution Cartridge)	B	4	PA; LA; QL
Bromocriptine Mesylate (Oral Capsule)	G	1	
Bromocriptine Mesylate (Oral Tablet)	G	1	
Kynmobi (10MG Sublingual Film, 15MG Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film)	B	4	PA; QL
Mirapex ER (Oral Tablet Extended Release 24 Hour)	B	3	
Mirapex (Oral Tablet Immediate Release)	B	3	
Neupro (Transdermal Patch 24 Hour)	B	3	
Parlodel (Oral Capsule)	B	3	
Parlodel (Oral Tablet)	B	3	
Pramipexole Dihydrochloride ER (Oral Tablet Extended Release 24 Hour)	G	1	
Pramipexole Dihydrochloride (Oral Tablet Immediate Release)	G	1	
Ropinirole HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	
Ropinirole HCl (Oral Tablet Immediate Release)	G	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors			
Carbidopa (Oral Tablet)	G	1	
Carbidopa-Levodopa ER (Oral Tablet Extended Release)	G	1	
Carbidopa-Levodopa (Oral Tablet Immediate Release)	G	1	
Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	G	1	
Duopa (Enteral Suspension)	B	4	PA
Inbrija (Inhalation Capsule)	B	4	PA; LA
Lodosyn (Oral Tablet)	B	4	
Rytary (Oral Capsule Extended Release)	B	3	ST
Sinemet (Oral Tablet Immediate Release)	B	3	
Monoamine Oxidase B (MAO-B) Inhibitors			
Azilect (Oral Tablet)	B	4	
Rasagiline Mesylate (Oral Tablet)	G	1	
Selegiline HCl (Oral Capsule)	G	1	
Selegiline HCl (Oral Tablet)	G	1	
Zelapar ODT (Oral Tablet Dispersible)	B	4	
Antipsychotics			
1st Generation/Typical			

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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	
Haldol Decanoate (Intramuscular Solution)	B	3	
Haldol (Injection Solution)	B	3	
Haloperidol Decanoate (Intramuscular Solution)	G	1	
Haloperidol Lactate (Injection Solution)	G	1	
Haloperidol Lactate (Oral Concentrate)	G	1	
Haloperidol (Oral Tablet)	G	1	
Loxapine Succinate (Oral Capsule)	G	1	
Molindone HCl (Oral Tablet)	G	1	
Pimozide (Oral Tablet)	G	1	
Thioridazine HCl (Oral Tablet)	G	1	
Thiothixene (Oral Capsule)	G	1	
Trifluoperazine HCl (Oral Tablet)	G	1	
2nd Generation/Atypical			
Abilify Maintena (Intramuscular Prefilled Syringe)	B	4	
Abilify Maintena (Intramuscular Suspension Reconstituted ER)	B	4	
Abilify MyCite (Oral Tablet)	B	4	ST; QL
Abilify (Oral Tablet)	B	4	QL
Aripiprazole (Oral Solution)	G	1	QL
Aripiprazole (Oral Tablet)	G	1	QL
Aripiprazole ODT (Oral Tablet Dispersible)	G	1	QL
Aristada Initio (Intramuscular Prefilled Syringe)	B	4	
Aristada (Intramuscular Prefilled Syringe)	B	4	
Caplyta (Oral Capsule)	B	4	ST; QL
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	4	ST; QL
Fanapt (1MG Oral Tablet, 2MG Oral Tablet)	B	3	ST; QL
Fanapt Titration Pack (Oral Tablet)	B	3	ST
Geodon (Intramuscular Solution Reconstituted)	B	3	
Geodon (Oral Capsule)	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
Invega (Oral Tablet Extended Release 24 Hour)	B	4	PA; QL
Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe)	B	4	
Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)	B	3	
Invega Trinza (Intramuscular Suspension Prefilled Syringe)	B	4	
Latuda (Oral Tablet)	B	4	QL
Nuplazid (Oral Capsule)	B	4	PA; QL
Nuplazid (Oral Tablet)	B	4	PA; QL
Olanzapine (10MG Intramuscular Solution Reconstituted)	G	1	
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	1	QL
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	1	QL
Paliperidone ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Perseris (Subcutaneous Prefilled Syringe)	B	4	
Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Quetiapine Fumarate (Oral Tablet Immediate Release)	G	1	QL
Rexulti (Oral Tablet)	B	4	QL
Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER)	B	3	
Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER)	B	4	
Risperdal (1MG/ML Oral Solution)	B	4	
Risperdal (0.5MG Oral Tablet)	B	3	
Risperdal (1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet)	B	4	
Risperidone (Oral Solution)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Risperidone (Oral Tablet)	G	1	
Risperidone ODT (Oral Tablet Dispersible)	G	1	
Saphris (Tablet Sublingual)	B	4	
Secuado (Transdermal Patch 24 Hour)	B	4	PA; QL
Seroquel (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	B	3	QL
Seroquel (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	B	4	QL
Seroquel XR (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	B	3	QL
Seroquel XR (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour)	B	4	QL
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	B	4	ST; QL
Vraylar (Oral Capsule Therapy Pack)	B	3	ST
Ziprasidone HCl (Oral Capsule)	G	1	QL
Ziprasidone Mesylate (Intramuscular Solution Reconstituted)	G	1	
Zyprexa (10MG Intramuscular Solution Reconstituted)	B	3	
Zyprexa (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet)	B	4	QL
Zyprexa (2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	B	3	QL
Zyprexa Relprew (210MG Intramuscular Suspension Reconstituted)	B	3	
Zyprexa Zydis (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible)	B	4	QL
Zyprexa Zydis (5MG Oral Tablet Dispersible)	B	3	QL
Treatment-Resistant			
Clozapine (Oral Tablet)	G	1	
Clozapine ODT (Oral Tablet Dispersible)	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
Clozaril (100MG Oral Tablet, 200MG Oral Tablet)	B	4	
Clozaril (25MG Oral Tablet, 50MG Oral Tablet)	B	3	
Versacloz (Oral Suspension)	B	4	
Antispasticity Agents			
Antispasticity Agents			
Baclofen (Oral Tablet)	G	1	
Dantrium (Oral Capsule)	B	3	
Dantrolene Sodium (Oral Capsule)	G	1	
Tizanidine HCl (Oral Capsule)	G	1	
Tizanidine HCl (Oral Tablet)	G	1	
Zanaflex (Oral Capsule)	B	3	
Zanaflex (Oral Tablet)	B	3	
Antivirals			
Anti-cytomegalovirus (CMV) Agents			
Prevymis (Oral Tablet)	B	4	PA; QL
Valcyte (Oral Solution Reconstituted)	B	4	QL
Valcyte (Oral Tablet)	B	4	QL
Valganciclovir HCl (Oral Solution Reconstituted)	G	1	QL
Valganciclovir HCl (Oral Tablet)	G	1	QL
Zirgan (Ophthalmic Gel)	B	3	
Anti-hepatitis B (HBV) Agents			
Adefovir Dipivoxil (Oral Tablet)	G	1	
Baraclude (Oral Solution)	B	4	
Baraclude (Oral Tablet)	B	4	
Entecavir (Oral Tablet)	G	1	
Epivir HBV (Oral Solution)	B	3	
Epivir HBV (Oral Tablet)	B	3	
Hepsera (Oral Tablet)	B	4	
Lamivudine (100MG Oral Tablet)	G	1	
Vemlidy (Oral Tablet)	B	4	
Anti-hepatitis C (HCV) Agents			
Epclusa (Oral Tablet)	B	4	PA; QL
Harvoni (Oral Packet)	B	4	PA; QL
Harvoni (90-400MG Oral Tablet)	B	4	PA; QL
Ledipasvir-Sofosbuvir (Oral Tablet)	G	4	PA; QL
Mavyret (Oral Tablet)	B	4	PA; QL
Ribavirin (Oral Capsule)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Ribavirin (Oral Tablet)	G	1	
Sofosbuvir-Velpatasvir (Oral Tablet)	G	4	PA; QL
Sovaldi (Oral Packet)	B	4	PA; QL
Sovaldi (400MG Oral Tablet)	B	4	PA; QL
Viekira Pak (Oral Tablet Therapy Pack)	B	4	PA; QL
Vosevi (Oral Tablet)	B	4	PA; QL
Zepatier (Oral Tablet)	B	4	PA; QL
Antitherpetic Agents			
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
Denavir (External Cream)	B	4	
Famciclovir (Oral Tablet)	G	1	
Sitavig (Buccal Tablet)	B	3	ST
Valacyclovir HCl (Oral Tablet)	G	1	QL
Valtrex (1GM Oral Tablet)	B	4	QL
Valtrex (500MG Oral Tablet)	B	3	QL
Zovirax (External Cream)	B	4	
Zovirax (External Ointment)	B	4	
Zovirax (Oral Suspension)	B	3	
Anti-HIV Agents, Integrase Inhibitors (INSTI)			
Biktarvy (Oral Tablet)	B	4	QL
Dovato (Oral Tablet)	B	4	QL
Genvoya (Oral Tablet)	B	4	QL
Isentress HD (Oral Tablet)	B	4	QL
Isentress (Oral Packet)	B	3	QL
Isentress (Oral Tablet)	B	4	QL
Isentress (100MG Oral Tablet Chewable)	B	4	QL
Isentress (25MG Oral Tablet Chewable)	B	2	QL
Juluca (Oral Tablet)	B	4	QL
Stribild (Oral Tablet)	B	4	QL
Tivicay (10MG Oral Tablet)	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
Tivicay (25MG Oral Tablet, 50MG Oral Tablet)	B	4	QL
Tivicay PD (Oral Tablet Soluble)	B	4	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)			
Atripla (Oral Tablet)	B	4	QL
Complera (Oral Tablet)	B	4	QL
Delstrigo (Oral Tablet)	B	4	QL
Edurant (Oral Tablet)	B	4	QL
Efavirenz (Oral Capsule)	G	1	QL
Efavirenz (Oral Tablet)	G	1	QL
Intelence (100MG Oral Tablet, 200MG Oral Tablet)	B	4	QL
Intelence (25MG Oral Tablet)	B	3	QL
Nevirapine ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Nevirapine (Oral Suspension)	G	1	QL
Nevirapine (Oral Tablet Immediate Release)	G	1	QL
Pifeltro (Oral Tablet)	B	4	QL
Sustiva (Oral Capsule)	B	3	QL
Sustiva (Oral Tablet)	B	4	QL
Symfi Lo (Oral Tablet)	B	4	QL
Symfi (Oral Tablet)	B	4	QL
Viramune (Oral Suspension)	B	4	QL
Viramune (Oral Tablet Immediate Release)	B	4	QL
Viramune XR (Oral Tablet Extended Release 24 Hour)	B	4	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)			
Abacavir Sulfate (Oral Solution)	G	1	QL
Abacavir Sulfate (Oral Tablet)	G	1	QL
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	1	QL
Abacavir-Lamivudine-Zidovudine (Oral Tablet)	G	1	QL
Cimduo (Oral Tablet)	B	4	QL
Combivir (Oral Tablet)	B	4	QL
Descovy (Oral Tablet)	B	4	QL
Didanosine (250MG Oral Capsule Delayed Release, 400MG Oral Capsule Delayed Release)	G	1	QL
Emtriva (Oral Capsule)	B	3	QL
Emtriva (Oral Solution)	B	3	QL
Epivir (Oral Solution)	B	3	QL
Epivir (Oral Tablet)	B	3	QL
Epzicom (Oral Tablet)	B	4	QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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
Odefsey (Oral Tablet)	B	4	QL
Retrovir (Oral Capsule)	B	3	QL
Retrovir (Oral Syrup)	B	3	QL
Stavudine (Oral Capsule)	G	1	QL
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	1	QL
Triumeq (Oral Tablet)	B	4	QL
Trizivir (Oral Tablet)	B	4	QL
Truvada (Oral Tablet)	B	4	QL
Viread (Oral Powder)	B	4	QL
Viread (Oral Tablet)	B	4	QL
Ziagen (Oral Solution)	B	3	QL
Ziagen (Oral Tablet)	B	3	QL
Zidovudine (Oral Capsule)	G	1	QL
Zidovudine (Oral Syrup)	G	1	QL
Zidovudine (Oral Tablet)	G	1	QL
Anti-HIV Agents, Other			
Fuzeon (Subcutaneous Solution Reconstituted)	B	4	QL
Rukobia (Oral Tablet Extended Release 12 Hour)	B	4	QL
Selzentry (Oral Solution)	B	4	QL
Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet)	B	4	QL
Selzentry (25MG Oral Tablet)	B	2	QL
Tybost (Oral Tablet)	B	3	QL
Anti-HIV Agents, Protease Inhibitors			
Aptivus (Oral Capsule)	B	4	QL
Aptivus (Oral Solution)	B	4	QL
Atazanavir Sulfate (Oral Capsule)	G	1	QL
Crixivan (Oral Capsule)	B	2	QL
Evotaz (Oral Tablet)	B	4	QL
Fosamprenavir Calcium (Oral Tablet)	G	1	QL
Invirase (Oral Tablet)	B	4	QL
Kaletra (Oral Solution)	B	3	QL
Kaletra (100-25MG Oral Tablet)	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
Kaletra (200-50MG Oral Tablet)	B	4	QL
Lexiva (Oral Suspension)	B	3	QL
Lexiva (Oral Tablet)	B	4	QL
Lopinavir-Ritonavir (Oral Solution)	G	1	QL
Norvir (Oral Packet)	B	3	QL
Norvir (Oral Solution)	B	3	QL
Norvir (Oral Tablet)	B	3	QL
Prezcobix (Oral Tablet)	B	4	QL
Prezista (Oral Suspension)	B	4	QL
Prezista (150MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	B	4	QL
Prezista (75MG Oral Tablet)	B	3	QL
Reyataz (Oral Capsule)	B	4	QL
Reyataz (Oral Packet)	B	4	QL
Ritonavir (Oral Tablet)	G	1	QL
Symtuza (Oral Tablet)	B	4	QL
Viracept (Oral Tablet)	B	4	QL
Anti-Influenza Agents			
Oseltamivir Phosphate (Oral Capsule)	G	1	
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	1	
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	B	2	
Rimantadine HCl (Oral Tablet)	G	1	
Tamiflu (Oral Capsule)	B	3	
Tamiflu (Oral Suspension Reconstituted)	B	3	
Xofluza (40 MG Dose) (Oral Tablet Therapy Pack)	B	2	QL
Xofluza (80 MG Dose) (Oral Tablet Therapy Pack)	B	2	QL
Anxiolytics			
Anxiolytics, Other			
Bupirone HCl (Oral Tablet)	G	1	
Hydroxyzine HCl (Oral Syrup)	G	1	PA; HRM
Hydroxyzine Pamoate (Oral Capsule)	G	1	PA; HRM
Vistaril (Oral Capsule)	B	3	PA; HRM
Benzodiazepines			
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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Alprazolam ODT (Oral Tablet Dispersible)	G	1	QL
Ativan (Oral Tablet)	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 (5MG/ML 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
Klonopin (Oral Tablet)	B	3	QL
Lorazepam Intensol (Oral Concentrate)	G	1	QL
Lorazepam (Oral Tablet)	G	1	QL
Oxazepam (Oral Capsule)	G	1	
Tranxene-T (Oral Tablet)	B	4	QL
Valium (Oral Tablet)	B	3	QL
Xanax (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	B	3	QL
Xanax (2MG Oral Tablet Immediate Release)	B	4	QL
Xanax XR (Oral Tablet Extended Release 24 Hour)	B	3	PA; QL
Bipolar Agents			
Mood Stabilizers			
Depakote ER (Oral Tablet Extended Release 24 Hour)	B	3	
Depakote (Oral Tablet Delayed Release)	B	3	
Depakote Sprinkles (Oral Capsule Delayed Release Sprinkle)	B	3	
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	G	1	
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	G	1	
Divalproex Sodium (Oral Tablet Delayed Release)	G	1	
Equetro (Oral Capsule Extended Release 12 Hour)	B	3	
Lithium Carbonate ER (Oral Tablet Extended Release)	G	1	
Lithium Carbonate (Oral Capsule)	G	1	
Lithium Carbonate (Oral Tablet Immediate Release)	G	1	

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
Lithium (Oral Solution)	B	1	
Lithobid (Oral Tablet Extended Release)	B	4	
Blood Glucose Regulators			
Antidiabetic Agents			
Acarbose (Oral Tablet)	G	1	
Actoplus Met (Oral Tablet Immediate Release)	B	3	QL
Actos (Oral Tablet)	B	3	QL
Adlyxin Starter Pack (Subcutaneous Pen-Injector Kit)	B	3	ST; QL
Adlyxin (Subcutaneous Solution Pen-Injector)	B	3	ST; QL
Alogliptin Benzoate (Oral Tablet)	G	3	ST; QL
Alogliptin-Metformin HCl (Oral Tablet)	B	3	ST; QL
Alogliptin-Pioglitazone (Oral Tablet)	G	3	ST; QL
Amaryl (Oral Tablet)	B	3	QL
Avandia (Oral Tablet)	B	3	PA; QL
Bydureon BCise (Subcutaneous Auto-Injector)	B	3	QL
Bydureon (Subcutaneous Pen-Injector)	B	3	QL
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	B	3	ST; QL
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	B	3	ST; QL
Cycloset (Oral Tablet)	B	3	PA
Duetact (Oral Tablet)	B	3	QL
Farxiga (Oral Tablet)	B	2	QL
Fortamet (Oral Tablet Extended Release 24 Hour)	B	4	PA; QL
Glimepiride (Oral Tablet)	G	1	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
Glucotrol (Oral Tablet Immediate Release)	B	3	QL
Glucotrol XL (Oral Tablet Extended Release 24 Hour)	B	3	QL
Glumetza (Oral Tablet Extended Release 24 Hour)	B	4	PA; QL
Glyset (Oral Tablet)	B	3	
Glyxambi (Oral Tablet)	B	2	QL
Invokamet (Oral Tablet Immediate Release)	B	3	ST; QL
Invokamet XR (Oral Tablet Extended Release 24 Hour)	B	3	ST; QL
Invokana (Oral Tablet)	B	3	ST; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Janumet (Oral Tablet Immediate Release)	B	2	QL
Janumet XR (Oral Tablet Extended Release 24 Hour)	B	2	QL
Januvia (Oral Tablet)	B	2	QL
Jardiance (Oral Tablet)	B	2	QL
Jentadueto (Oral Tablet Immediate Release)	B	2	QL
Jentadueto XR (Oral Tablet Extended Release 24 Hour)	B	2	QL
Kazano (Oral Tablet)	B	3	ST; QL
Kombiglyze XR (Oral Tablet Extended Release 24 Hour)	B	3	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 (Oral Tablet Immediate Release)	G	1	QL
Miglitol (Oral Tablet)	G	1	
Nateglinide (Oral Tablet)	G	1	QL
Nesina (Oral Tablet)	B	3	ST; QL
Onglyza (Oral Tablet)	B	3	QL
Oseni (Oral Tablet)	B	3	ST; QL
Ozempic (0.25 or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector)	B	2	QL
Ozempic (1MG/DOSE) (Subcutaneous Solution Pen-Injector)	B	2	QL
Pioglitazone HCl (Oral Tablet)	G	1	QL
Pioglitazone HCl-Glimepiride (Oral Tablet)	G	1	QL
Pioglitazone HCl-Metformin HCl (Oral Tablet)	G	1	QL
Precose (Oral Tablet)	B	3	
Qtern (Oral Tablet)	B	3	ST; QL
Repaglinide (Oral Tablet)	G	1	QL
Riomet ER (Oral Suspension Reconstituted ER)	B	3	QL
Riomet (Oral Solution)	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
Rybelsus (Oral Tablet)	B	2	QL
Segluromet (Oral Tablet)	B	3	ST; QL
Soliqua (Subcutaneous Solution Pen-Injector)	B	2	QL
Starlix (120MG Oral Tablet)	B	3	QL
Steglatro (Oral Tablet)	B	3	ST; QL
Steglujan (Oral Tablet)	B	3	ST; QL
SymLinPen 120 (Subcutaneous Solution Pen-Injector)	B	4	PA
SymLinPen 60 (Subcutaneous Solution Pen-Injector)	B	4	PA
Synjardy (Oral Tablet Immediate Release)	B	2	QL
Synjardy XR (Oral Tablet Extended Release 24 Hour)	B	2	QL
Tradjenta (Oral Tablet)	B	2	QL
Trijardy XR (Oral Tablet Extended Release 24 Hour)	B	2	QL
Trulicity (0.75MG/0.5ML Subcutaneous Solution Pen-Injector, 1.5MG/0.5ML Subcutaneous Solution Pen-Injector)	B	2	QL
Victoza (Subcutaneous Solution Pen-Injector)	B	2	QL
Xigduo XR (Oral Tablet Extended Release 24 Hour)	B	2	QL
Xultophy (Subcutaneous Solution Pen-Injector)	B	3	ST; QL
Glycemic Agents			
Baqsimi Two Pack (Nasal Powder)	B	2	
Diazoxide (Oral Suspension)	G	1	
GlucaGen HypoKit (Injection Solution Reconstituted)	B	3	
Glucagon (Injection Kit) (Lilly)	B	2	
Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector)	B	2	
Gvoke PFS (Subcutaneous Solution Prefilled Syringe)	B	2	
Proglycem (Oral Suspension)	B	4	
Insulins			
Admelog SoloStar (Subcutaneous Solution Pen-Injector)	B	3	PA
Admelog (Subcutaneous Solution)	B	3	PA
Afrezza (12UNIT Inhalation Powder, 4 & 8 & 12UNIT Inhalation Powder, 4 & 8UNIT Inhalation Powder, 8 & 12UNIT Inhalation Powder)	B	4	PA
Afrezza (4UNIT Inhalation Powder, 8UNIT Inhalation Powder)	B	3	PA
Apidra (Injection Solution)	B	3	PA
Apidra SoloStar (Subcutaneous Solution Pen-Injector)	B	3	PA

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Basaglar KwikPen (Subcutaneous Solution Pen-Injector)	B	3	ST
Fiasp FlexTouch (Subcutaneous Solution Pen-Injector)	B	3	PA
Fiasp PenFill (Subcutaneous Solution Cartridge)	B	3	PA
Fiasp (Subcutaneous Solution)	B	3	PA
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)	B	2	
Humalog KwikPen (Subcutaneous Solution Pen-Injector)	B	2	
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)	B	2	
Humalog Mix 50/50 (Subcutaneous Suspension)	B	2	
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)	B	2	
Humalog Mix 75/25 (Subcutaneous Suspension)	B	2	
Humalog (Subcutaneous Solution)	B	2	
Humalog (Subcutaneous Solution Cartridge)	B	2	
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)	B	2	
Humulin 70/30 (Subcutaneous Suspension)	B	2	
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)	B	2	
Humulin N (Subcutaneous Suspension)	B	2	
Humulin R (Injection Solution)	B	2	
Humulin R U-500 (Concentrated) (Subcutaneous Solution)	B	2	
Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)	B	2	
Insulin Aspart Prot & Aspart FlexPen (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Novolog)	B	3	PA
Insulin Aspart FlexPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Novolog)	B	3	PA
Insulin Aspart PenFill (Subcutaneous Solution Cartridge) (Brand Equivalent Novolog)	B	3	PA
Insulin Aspart Prot & Aspart (Subcutaneous Suspension) (Brand Equivalent Novolog)	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
Insulin Aspart (Subcutaneous Solution) (Brand Equivalent Novolog)	B	3	PA
Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)	B	2	
Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)	B	2	
Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog)	B	2	
Insulin Lispro (Subcutaneous Solution) (Brand Equivalent Humalog)	B	2	
Lantus SoloStar (Subcutaneous Solution Pen-Injector)	B	2	
Lantus (Subcutaneous Solution)	B	2	
Levemir FlexTouch (Subcutaneous Solution Pen-Injector)	B	2	
Levemir (Subcutaneous Solution)	B	2	
Lyumjev (Injection Solution)	B	2	
Lyumjev KwikPen (Subcutaneous Solution Pen-Injector)	B	2	
Novolin 70/30 FlexPen (Subcutaneous Suspension Pen-Injector)	B	3	PA
Novolin 70/30 (Subcutaneous Suspension)	B	3	PA
Novolin N FlexPen (Subcutaneous Suspension Pen-Injector)	B	3	PA
Novolin N (Subcutaneous Suspension)	B	3	PA
Novolin R FlexPen (Injection Solution Pen-Injector)	B	3	PA
Novolin R (Injection Solution)	B	3	PA
NovoLog FlexPen (Subcutaneous Solution Pen-Injector)	B	3	PA
NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector)	B	3	PA
NovoLog Mix 70/30 (Subcutaneous Suspension)	B	3	PA
NovoLog PenFill (Subcutaneous Solution Cartridge)	B	3	PA
NovoLog (Subcutaneous Solution)	B	3	PA
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)	B	2	
Toujeo SoloStar (Subcutaneous Solution Pen-Injector)	B	2	
Tresiba FlexTouch (Subcutaneous Solution Pen-Injector)	B	2	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Tresiba (Subcutaneous Solution)	B	2	
Blood Products and Modifiers			
Anticoagulants			
Arixtra (Subcutaneous Solution)	B	4	
Eliquis Starter Pack (Oral Tablet)	B	2	QL
Eliquis (Oral Tablet)	B	2	QL
Enoxaparin Sodium (Subcutaneous Solution)	G	1	QL
Fondaparinux Sodium (Subcutaneous Solution)	G	1	
Fragmin (10000UNIT/ML Subcutaneous Solution, 12500UNIT/0.5ML Subcutaneous Solution, 15000UNIT/0.6ML Subcutaneous Solution, 18000UNIT/0.72ML Subcutaneous Solution, 5000UNIT/0.2ML Subcutaneous Solution, 7500UNIT/0.3ML Subcutaneous Solution, 95000UNIT/3.8ML Subcutaneous Solution)	B	4	
Fragmin (2500UNIT/0.2ML Subcutaneous Solution)	B	3	
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	
Lovenox (100MG/ML Subcutaneous Solution, 120MG/0.8ML Subcutaneous Solution, 60MG/0.6ML Subcutaneous Solution, 80MG/0.8ML Subcutaneous Solution)	B	4	QL
Lovenox (150MG/ML Subcutaneous Solution, 30MG/0.3ML Subcutaneous Solution, 40MG/0.4ML Subcutaneous Solution)	B	3	QL
Pradaxa (Oral Capsule)	B	3	ST; QL
Savaysa (Oral Tablet)	B	3	ST; QL
Warfarin Sodium (Oral Tablet)	G	1	
Xarelto (Oral Tablet)	B	2	QL
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	2	QL
Zontivity (Oral Tablet)	B	3	PA
Blood Products and Modifiers, Other			
Agrylin (Oral Capsule)	B	3	
Anagrelide HCl (Oral Capsule)	G	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
Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 300MCG/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)	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, 60MCG/0.3ML Injection Solution Prefilled Syringe)	B	3	PA
Epogen (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	B	3	PA
Epogen (20000UNIT/ML Injection Solution)	B	4	PA
Fulphila (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Granix (Subcutaneous Solution)	B	4	ST
Granix (Subcutaneous Solution Prefilled Syringe)	B	4	ST
Leukine (Injection Solution Reconstituted)	B	4	PA
Mulpleta (Oral Tablet)	B	4	PA
Neulasta (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Neupogen (Injection Solution)	B	4	ST
Neupogen (Injection Solution Prefilled Syringe)	B	4	ST
Nivestym (Injection Solution)	B	4	ST
Nivestym (Injection Solution Prefilled Syringe)	B	4	ST
Oxbryta (Oral Tablet)	B	4	PA; QL
Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	B	3	PA
Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution)	B	4	PA
Promacta (Oral Packet)	B	4	PA; LA; QL
Promacta (Oral Tablet)	B	4	PA; LA; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Retacrit (Injection Solution)	B	3	PA
Siklos (Oral Tablet)	B	4	PA
Udenyca (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Zarxio (Injection Solution Prefilled Syringe)	B	4	
Ziextenzo (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Hemostasis Agents			
Lysteda (Oral Tablet)	B	3	
Tranexamic Acid (Oral Tablet)	G	1	
Platelet Modifying Agents			
Aggrenox (Oral Capsule Extended Release 12 Hour)	B	3	QL
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	1	QL
Brilinta (Oral Tablet)	B	2	QL
Cablivi (Injection Kit)	B	4	PA; LA; QL
Cilostazol (Oral Tablet)	G	1	
Clopidogrel Bisulfate (75MG Oral Tablet)	G	1	QL
Doptelet (Oral Tablet)	B	4	PA
Effient (Oral Tablet)	B	3	
Plavix (Oral Tablet)	B	3	QL
Prasugrel HCl (Oral Tablet)	G	1	
Tavalisse (Oral Tablet)	B	4	PA; QL
Cardiovascular Agents			
Alpha-adrenergic Agonists			
Catapres (Oral Tablet)	B	3	
Catapres-TTS-1 (Transdermal Patch Weekly)	B	3	
Catapres-TTS-2 (Transdermal Patch Weekly)	B	3	
Catapres-TTS-3 (Transdermal Patch Weekly)	B	3	
Clonidine HCl (Oral Tablet Immediate Release)	G	1	
Clonidine (Transdermal Patch Weekly)	G	1	
Methyldopa (Oral Tablet)	G	1	PA; HRM
Midodrine HCl (Oral Tablet)	G	1	
Northera (Oral Capsule)	B	4	PA; LA; QL
Alpha-adrenergic Blocking Agents			
Cardura (Oral Tablet Immediate Release)	B	3	
Dibenzylidine (Oral Capsule)	B	4	
Doxazosin Mesylate (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
Minipress (Oral Capsule)	B	3	
Phenoxybenzamine HCl (Oral Capsule)	G	1	
Prazosin HCl (Oral Capsule)	G	1	
Angiotensin II Receptor Antagonists			
Atacand (Oral Tablet)	B	3	QL
Avapro (Oral Tablet)	B	3	QL
Benicar (Oral Tablet)	B	3	QL
Candesartan Cilexetil (Oral Tablet)	G	1	QL
Cozaar (Oral Tablet)	B	3	QL
Diovan (Oral Tablet)	B	3	QL
Edarbi (Oral Tablet)	B	3	QL
Irbesartan (Oral Tablet)	G	1	QL
Losartan Potassium (Oral Tablet)	G	1	QL
Micardis (Oral Tablet)	B	3	QL
Olmesartan Medoxomil (Oral Tablet)	G	1	QL
Telmisartan (Oral Tablet)	G	1	QL
Valsartan (Oral Tablet)	G	1	QL
Angiotensin-converting Enzyme (ACE) Inhibitors			
Accupril (Oral Tablet)	B	3	QL
Altace (Oral Capsule)	B	3	QL
Benazepril HCl (Oral Tablet)	G	1	QL
Captopril (Oral Tablet)	G	1	QL
Enalapril Maleate (Oral Tablet)	G	1	QL
Fosinopril Sodium (Oral Tablet)	G	1	QL
Lisinopril (Oral Tablet)	G	1	QL
Lotensin (Oral Tablet)	B	3	QL
Moexipril HCl (Oral Tablet)	G	1	QL
Perindopril Erbumine (Oral Tablet)	G	1	QL
Prinivil (Oral Tablet)	B	3	QL
Qbrelis (Oral Solution)	B	4	QL
Quinapril HCl (Oral Tablet)	G	1	QL
Ramipril (Oral Capsule)	G	1	QL
Trandolapril (Oral Tablet)	G	1	QL
Vasotec (10MG Oral Tablet, 20MG Oral Tablet)	B	4	QL
Vasotec (2.5MG Oral Tablet, 5MG Oral Tablet)	B	3	QL
Zestril (Oral Tablet)	B	3	QL
Antiarrhythmics			

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Amiodarone HCl (Oral Tablet)	G	1	
Betapace AF (120MG Oral Tablet, 160MG Oral Tablet)	B	4	
Betapace AF (80MG Oral Tablet)	B	3	
Dofetilide (Oral Capsule)	G	1	
Flecainide Acetate (Oral Tablet)	G	1	
Mexiletine HCl (Oral Capsule)	G	1	
Multaq (Oral Tablet)	B	2	
Pacerone (100MG Oral Tablet, 400MG Oral Tablet)	G	3	
Pacerone (200MG Oral Tablet)	G	1	
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	
Rythmol SR (Oral Capsule Extended Release 12 Hour)	B	4	
Sorine (Oral Tablet)	G	1	
Sotalol HCl AF (Oral Tablet)	G	1	
Sotalol HCl (Oral Tablet)	G	1	
Sotylize (Oral Solution)	B	3	PA
Tikosyn (Oral Capsule)	B	3	
Beta-adrenergic Blocking Agents			
Acebutolol HCl (Oral Capsule)	G	1	
Atenolol (Oral Tablet)	G	1	
Betaxolol HCl (Oral Tablet)	G	1	
Bisoprolol Fumarate (Oral Tablet)	G	1	
Bystolic (Oral Tablet)	B	2	QL
Carvedilol (Oral Tablet)	G	1	
Carvedilol Phosphate ER (Oral Capsule Extended Release 24 Hour)	G	1	
Coreg CR (Oral Capsule Extended Release 24 Hour)	B	3	
Coreg (Oral Tablet)	B	3	
Corgard (Oral Tablet)	B	3	
Inderal LA (Oral Capsule Extended Release 24 Hour)	B	4	
InnoPran XL (Oral Capsule Extended Release 24 Hour)	B	4	
Labetalol HCl (Oral Tablet)	G	1	

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
Lopressor (100MG Oral Tablet)	B	3	
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	G	1	
Metoprolol Tartrate (Oral Tablet)	G	1	
Nadolol (Oral Tablet)	G	1	
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	
Tenormin (Oral Tablet)	B	3	
Toprol XL (Oral Tablet Extended Release 24 Hour)	B	3	
Calcium Channel Blocking Agents, Dihydropyridines			
Amlodipine Besylate (Oral Tablet)	G	1	
Felodipine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Isradipine (Oral Capsule)	G	1	
Katerzia (Oral Suspension)	B	4	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	
Nimodipine (Oral Capsule)	G	1	
Nisoldipine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Norvasc (Oral Tablet)	B	3	
Nymalize (6MG/ML Oral Solution)	B	4	
Procardia XL (Oral Tablet Extended Release 24 Hour)	B	3	
Sular (Oral Tablet Extended Release 24 Hour)	B	4	
Calcium Channel Blocking Agents, Nondihydropyridines			
Calan SR (120MG Oral Tablet Extended Release, 240MG Oral Tablet Extended Release)	B	3	
Cardizem CD (Oral Capsule Extended Release 24 Hour)	B	4	
Cardizem LA (Oral Tablet Extended Release 24 Hour)	B	3	
Cardizem (Oral Tablet Immediate Release)	B	4	
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	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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 (Oral Tablet Immediate Release)	G	1	
Dilt-XR (Oral Capsule Extended Release 24 Hour)	G	1	
Matzim LA (Oral Tablet Extended Release 24 Hour)	G	1	
Taztia XT (Oral Capsule Extended Release 24 Hour)	G	1	
Tiadyt ER (Oral Capsule Extended Release 24 Hour)	G	1	
Tiazac (Oral Capsule Extended Release 24 Hour)	B	3	
Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour, 360MG Oral Capsule Extended Release 24 Hour)	B	1	
Verapamil HCl ER (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour)	G	1	
Verapamil HCl ER (Oral Tablet Extended Release)	G	1	
Verapamil HCl (Oral Tablet Immediate Release)	G	1	
Verelan (Oral Capsule Extended Release 24 Hour)	B	3	
Verelan PM (Oral Capsule Extended Release 24 Hour)	B	3	
Cardiovascular Agents, Other			
Accuretic (Oral Tablet)	B	3	QL
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	G	1	
Acetazolamide (Oral Tablet)	G	1	
Aldactazide (Oral Tablet)	B	3	
Aliskiren Fumarate (Oral Tablet)	G	1	QL
Amiloride-Hydrochlorothiazide (Oral Tablet)	G	1	
Amlodipine-Atorvastatin (Oral Tablet)	G	1	QL
Amlodipine-Benazepril (Oral Capsule)	G	1	QL
Amlodipine-Olmesartan (Oral Tablet)	G	1	QL
Amlodipine-Valsartan (Oral Tablet)	G	1	QL

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Amlodipine-Valsartan-HCTZ (Oral Tablet)	G	1	
Atacand HCT (Oral Tablet)	B	3	QL
Atenolol-Chlorthalidone (Oral Tablet)	G	1	
Avalide (Oral Tablet)	B	3	QL
Azor (Oral Tablet)	B	3	QL
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Benicar HCT (Oral Tablet)	B	3	QL
BiDil (Oral Tablet)	B	2	
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Caduet (Oral Tablet)	B	3	QL
Candesartan Cilexetil-HCTZ (Oral Tablet)	G	1	QL
Captopril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Corlanor (Oral Solution)	B	3	PA; QL
Corlanor (Oral Tablet)	B	3	PA; QL
Demser (Oral Capsule)	B	4	
Digitek (125MCG Oral Tablet)	G	1	HRM; QL
Digitek (250MCG Oral Tablet)	G	1	PA; HRM
Digox (125MCG Oral Tablet)	G	1	HRM; QL
Digox (250MCG Oral Tablet)	G	1	PA; HRM
Digoxin (Oral Solution)	G	1	PA; HRM; QL
Digoxin (125MCG Oral Tablet)	G	1	HRM; QL
Digoxin (250MCG Oral Tablet)	G	1	PA; HRM
Diovan HCT (Oral Tablet)	B	3	QL
DUTOPROL (Oral Tablet Extended Release 24 Hour)	B	3	
Dyazide (Oral Capsule)	B	3	
Edarbyclor (Oral Tablet)	B	3	QL
Enalapril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Entresto (Oral Tablet)	B	2	QL
Exforge HCT (Oral Tablet)	B	3	
Exforge (Oral Tablet)	B	3	QL
Fosinopril Sodium-HCTZ (Oral Tablet)	G	1	QL
Hyzaar (Oral Tablet)	B	3	QL
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Lanoxin (125MCG Oral Tablet, 62.5MCG Oral Tablet)	B	3	HRM; QL
Lanoxin (250MCG Oral Tablet)	B	3	PA; HRM
Lisinopril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Lopressor HCT (Oral Tablet)	B	3	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Losartan Potassium-HCTZ (Oral Tablet)	G	1	QL
Lotrel (Oral Capsule)	B	3	QL
Maxzide (Oral Tablet)	B	3	
Maxzide-25 (Oral Tablet)	B	3	
Metoprolol-Hydrochlorothiazide (Oral Tablet)	G	1	
Micardis HCT (Oral Tablet)	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	
Propranolol-HCTZ (Oral Tablet)	G	1	
Quinapril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Ranexa (Oral Tablet Extended Release 12 Hour)	B	3	ST
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	1	
Spironolactone-HCTZ (Oral Tablet)	G	1	
Tekturna HCT (Oral Tablet)	B	3	QL
Tekturna (Oral Tablet)	B	3	QL
Telmisartan-Amlodipine (Oral Tablet)	G	1	QL
Telmisartan-HCTZ (Oral Tablet)	G	1	QL
Tenoretic 100 (Oral Tablet)	B	3	
Tenoretic 50 (Oral Tablet)	B	3	
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	G	1	QL
Triamterene-HCTZ (Oral Capsule)	G	1	
Triamterene-HCTZ (Oral Tablet)	G	1	
Tribenzor (Oral Tablet)	B	3	QL
Twynsta (Oral Tablet)	B	3	QL
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Vaseretic (Oral Tablet)	B	3	QL
Vecamyl (Oral Tablet)	G	4	PA
Zestoretic (Oral Tablet)	B	3	QL
Ziac (Oral Tablet)	B	3	QL
Diuretics, Loop			
Bumetanide (Injection Solution)	G	1	
Bumetanide (Oral Tablet)	G	1	
Edecrin (Oral Tablet)	B	4	
Ethacrynic Acid (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
Furosemide (Injection Solution)	G	1	B/D, PA
Furosemide (Oral Solution)	G	1	
Furosemide (Oral Tablet)	G	1	
Lasix (Oral Tablet)	B	3	
Torsemide (Oral Tablet)	G	1	
Diuretics, Potassium-sparing			
Aldactone (Oral Tablet)	B	3	
Amiloride HCl (Oral Tablet)	G	1	
CaroSpir (Oral Suspension)	B	3	
Dyrenium (Oral Capsule)	B	3	
Eplerenone (Oral Tablet)	G	1	
Inspra (Oral Tablet)	B	3	
Spironolactone (Oral Tablet)	G	1	
Triamterene (Oral Capsule)	G	1	
Diuretics, Thiazide			
Chlorthalidone (Oral Tablet)	G	1	
Diuril (Oral Suspension)	B	3	
Hydrochlorothiazide (Oral Capsule)	G	1	
Hydrochlorothiazide (Oral Tablet)	G	1	
Indapamide (Oral Tablet)	G	1	
Metolazone (Oral Tablet)	G	1	
Dyslipidemics, Fibric Acid Derivatives			
Antara (Oral Capsule)	B	3	
Fenofibrate Micronized (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	
Fenoglide (120MG Oral Tablet)	B	4	
Fenoglide (40MG Oral Tablet)	B	3	
Gemfibrozil (Oral Tablet)	G	1	
Lipofen (Oral Capsule)	B	3	
Lopid (Oral Tablet)	B	3	
Tricor (Oral Tablet)	B	3	
Triglide (Oral Tablet)	B	3	
Trilipix (Oral Capsule Delayed Release)	B	3	
Dyslipidemics, HMG CoA Reductase Inhibitors			
Altoprev (Oral Tablet Extended Release 24 Hour)	B	4	QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Atorvastatin Calcium (Oral Tablet)	G	1	QL
Crestor (Oral Tablet)	B	3	QL
Ezallor Sprinkle (Oral Capsule Sprinkle)	B	3	QL
FloLipid (Oral Suspension)	B	3	QL
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Fluvastatin Sodium (Oral Capsule)	G	1	QL
Lescol XL (Oral Tablet Extended Release 24 Hour)	B	3	QL
Lipitor (Oral Tablet)	B	3	QL
Livalo (Oral Tablet)	B	2	QL
Lovastatin (Oral Tablet)	G	1	QL
Pravastatin Sodium (Oral Tablet)	G	1	QL
Rosuvastatin Calcium (Oral Tablet)	G	1	QL
Simvastatin (Oral Tablet)	G	1	QL
Zocor (10MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	B	3	QL
Zypitamag (2MG Oral Tablet, 4MG Oral Tablet)	B	3	ST; QL
Dyslipidemics, Other			
Cholestyramine Light (Oral Powder)	G	1	
Cholestyramine (Oral Packet)	G	1	
Colesevelam HCl (Oral Packet)	G	1	
Colesevelam HCl (Oral Tablet)	G	1	
Colestid (Oral Packet)	B	3	
Colestid (Oral Tablet)	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	QL
Juxtapid (Oral Capsule)	B	4	PA; LA
Lovaza (Oral Capsule)	B	3	
Nexletol (Oral Tablet)	B	3	PA; QL
Nexlizet (Oral Tablet)	B	3	PA; QL
Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release)	G	1	
Niacor (Oral Tablet)	G	1	
Niaspan (Oral Tablet Extended Release)	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
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	G	1	
Praluent (Subcutaneous Solution Auto-Injector)	B	2	PA; LA; QL
Prevalite (Oral Packet)	G	1	
Questran Light (Oral Powder)	G	3	
Questran (Oral Packet)	G	3	
Repatha Pushtrex System (Subcutaneous Solution Cartridge)	B	2	PA; QL
Repatha (Subcutaneous Solution Prefilled Syringe)	B	2	PA; QL
Repatha SureClick (Subcutaneous Solution Auto-Injector)	B	2	PA; QL
Vascepa (Oral Capsule)	B	3	
Vytorin (Oral Tablet)	B	3	QL
Welchol (Oral Packet)	B	3	
Welchol (Oral Tablet)	B	3	
Zetia (Oral Tablet)	B	3	
Vasodilators, Direct-acting Arterial			
Hydralazine HCl (Oral Tablet)	G	1	
Minoxidil (Oral Tablet)	G	1	
Vasodilators, Direct-acting Arterial/Venous			
Isordil Titradose (Oral Tablet)	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	
Minitran (Transdermal Patch 24 Hour)	G	1	
Nitro-Bid (Transdermal Ointment)	G	3	
Nitro-Dur (Transdermal Patch 24 Hour)	B	3	
Nitroglycerin (Tablet Sublingual)	G	1	
Nitroglycerin (Transdermal Patch 24 Hour)	G	1	
Nitroglycerin (Translingual Solution)	G	1	
Nitrostat (Tablet Sublingual)	B	3	
Rectiv (Rectal Ointment)	B	3	QL
Central Nervous System Agents			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			
Adderall (20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	3	QL
Adderall XR (Oral Capsule Extended Release 24 Hour)	B	3	QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Adzenys ER (Oral Suspension Extended Release)	B	3	QL
Adzenys XR-ODT (Oral Tablet Extended Release Dispersible)	B	3	QL
Amphetamine ER (Oral Suspension Extended Release)	G	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
Desoxyn (Oral Tablet)	B	4	PA
Dexedrine (Oral Capsule Extended Release 24 Hour)	B	4	QL
Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)	G	1	QL
Dextroamphetamine Sulfate (Oral Solution)	G	1	
Dextroamphetamine Sulfate (Oral Tablet)	G	1	QL
Dyanavel XR (Oral Suspension Extended Release)	B	3	QL
Evekeo ODT (Oral Tablet Dispersible)	B	3	
Evekeo (Oral Tablet)	G	3	
Methamphetamine HCl (Oral Tablet)	G	1	PA
Mydayis (Oral Capsule Extended Release 24 Hour)	B	3	QL
ProCentra (Oral Solution)	G	3	
Vyvanse (Oral Capsule)	B	3	
Vyvanse (Oral Tablet Chewable)	B	3	
Zenzedi (Oral Tablet)	G	3	QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			
Aptensio XR (Oral Capsule Extended Release 24 Hour)	B	3	QL
Atomoxetine HCl (Oral Capsule)	G	1	
Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)	G	1	PA
Concerta (Oral Tablet Extended Release)	B	3	QL
Cotempla XR-ODT (Oral Tablet Extended Release Dispersible)	B	3	QL
Daytrana (Transdermal Patch)	B	3	QL
Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour)	G	1	
Dexmethylphenidate HCl (Oral Tablet)	G	1	QL
Focalin (Oral Tablet)	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
Focalin XR (Oral Capsule Extended Release 24 Hour)	B	3	
Jornay PM (Oral Capsule Extended Release 24 Hour)	B	3	QL
Kapvay (Oral Tablet Extended Release 12 Hour)	B	3	PA
Methylin (Oral Solution)	B	3	QL
Methylphenidate HCl CD (Oral Capsule Extended Release) (Generic Metadate CD)	G	1	
Methylphenidate HCl LA (Oral Capsule Extended Release 24 Hour) (Generic Ritalin LA)	G	1	
Methylphenidate HCl ER (XR) (Oral Capsule Extended Release 24 Hour) (Brand Equivalent Aptensio XR)	G	3	QL
Methylphenidate HCl ER Osmotic Release (Oral Tablet Extended Release)	G	1	QL
Methylphenidate HCl ER (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
QuilliChew ER (Oral Tablet Chewable Extended Release)	B	3	QL
Quillivant XR (Oral Suspension Reconstituted)	B	3	
Relexxii (Oral Tablet Extended Release)	G	1	QL
Ritalin LA (Oral Capsule Extended Release 24 Hour)	B	3	
Ritalin (Oral Tablet)	B	3	QL
Strattera (Oral Capsule)	B	3	
Central Nervous System, Other			
Austedo (Oral Tablet)	B	4	PA; LA; QL
Firdapse (Oral Tablet)	B	4	PA; LA; QL
Gralise (Oral Tablet)	B	3	PA
Gralise Starter (300MG & 600MG Oral Tablet)	B	3	PA
Horizant (Oral Tablet Extended Release)	B	3	PA
Ingrezza (Oral Capsule)	B	4	PA; QL
Ingrezza (Oral Capsule Therapy Pack)	B	4	PA; QL
Nuedexta (Oral Capsule)	B	3	PA; QL
Rilutek (Oral Tablet)	B	4	
Riluzole (Oral Tablet)	G	1	
Ruzurgi (Oral Tablet)	B	4	PA; QL
Tetrabenazine (Oral Tablet)	G	1	PA; LA

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Tiglutik (Oral Suspension)	B	4	PA
Xenazine (Oral Tablet)	B	4	PA; LA
Fibromyalgia Agents			
Cymbalta (Oral Capsule Delayed Release Particles)	B	3	QL
Drizalma Sprinkle (Oral Capsule Delayed Release Sprinkle)	B	3	ST; QL
Duloxetine HCl (Oral Capsule Delayed Release Particles)	G	1	QL
Lyrica CR (Oral Tablet Extended Release 24 Hour)	B	3	PA; QL
Lyrica (Oral Capsule)	B	3	ST; QL
Lyrica (Oral Solution)	B	3	ST; QL
Pregabalin (Oral Capsule)	G	1	QL
Pregabalin (Oral Solution)	G	1	QL
Savella (Oral Tablet)	B	2	
Savella Titration Pack (Oral Tablet)	B	2	
Multiple Sclerosis Agents			
Ampyra (Oral Tablet Extended Release 12 Hour)	B	4	QL
Aubagio (Oral Tablet)	B	4	LA; QL
Avonex Pen (Intramuscular Auto-Injector Kit)	B	4	
Avonex Prefilled (Intramuscular Prefilled Syringe Kit)	B	4	
Betaseron (Subcutaneous Kit)	B	4	
Copaxone (Subcutaneous Solution Prefilled Syringe)	B	4	
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	1	QL
Extavia (Subcutaneous Kit)	B	4	
Gilenya (0.5MG Oral Capsule)	B	4	QL
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	G	1	
Glatopa (Subcutaneous Solution Prefilled Syringe)	G	1	
Kesimpta (Subcutaneous Solution Auto-Injector)	B	4	PA
Mavenclad (10 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mavenclad (4 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mavenclad (5 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mavenclad (6 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mavenclad (7 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mavenclad (8 Tabs) (Oral Tablet Therapy Pack)	B	4	PA
Mavenclad (9 Tabs) (Oral Tablet Therapy Pack)	B	4	PA

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
Mayzent (Oral Tablet)	B	4	LA; QL
Plegridy Starter Pack (Subcutaneous Solution Pen-Injector)	B	4	
Plegridy Starter Pack (Subcutaneous Solution Prefilled Syringe)	B	4	
Plegridy (Subcutaneous Solution Pen-Injector)	B	4	
Plegridy (Subcutaneous Solution Prefilled Syringe)	B	4	
Rebif Rebidoso (Subcutaneous Solution Auto-Injector)	B	4	ST
Rebif Rebidoso Titration Pack (Subcutaneous Solution Auto-Injector)	B	4	ST
Rebif (Subcutaneous Solution Prefilled Syringe)	B	4	ST
Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)	B	4	ST
Tecfidera Starter Pack (Oral)	B	4	LA
Tecfidera (Oral Capsule Delayed Release)	B	4	LA; QL
Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)	B	4	QL
Dental and Oral Agents			
Dental and Oral Agents			
Cevimeline HCl (Oral Capsule)	G	1	ST
Chlorhexidine Gluconate (Mouth Solution)	G	1	
Evoxac (Oral Capsule)	B	3	ST
Pilocarpine HCl (Oral Tablet)	G	1	
Salagen (Oral Tablet)	B	3	
Triamcinolone Acetonide (Dental Paste)	G	1	
Dermatological Agents			
Acne and Rosacea Agents			
Absorica LD (Oral Capsule)	B	4	PA
Absorica (Oral Capsule)	B	4	PA
Acanya (External Gel)	B	3	
Acitretin (Oral Capsule)	G	1	
Adapalene (External Cream)	G	1	
Adapalene (External Gel)	G	1	
Adapalene (External Pad)	G	3	
Adapalene (External Solution)	G	4	
Adapalene-Benzoyl Peroxide (External Gel)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Aklief (External Cream)	B	3	PA
Altreno (External Lotion)	B	3	PA
Amnesteem (Oral Capsule)	G	1	PA
Arazlo (External Lotion)	B	3	PA
Atralin (External Gel)	B	3	PA
Avita (External Cream)	B	1	PA
Avita (External Gel)	B	1	PA
Azelaic Acid (External Gel)	G	1	
Azelex (External Cream)	B	3	
BenzaClin with Pump (External Gel)	B	3	
Benzamycin (External Gel)	B	3	
Benzoyl Peroxide-Erythromycin (External Gel)	G	1	
Claravis (Oral Capsule)	G	1	PA
Clindamycin Phosphate-Benzoyl Peroxide (External Gel)	G	1	
Clindamycin-Tretinoin (External Gel)	G	1	PA
Differin (External Cream)	B	3	
Differin (0.3% External Gel)	B	3	
Differin (External Lotion)	B	3	
Epiduo (External Gel)	B	3	
Epiduo Forte (External Gel)	B	3	ST
Fabior (External Foam)	B	3	PA
Finacea (External Foam)	B	3	
Finacea (External Gel)	B	3	
Isotretinoin (Oral Capsule)	G	1	PA
Mirvaso (External Gel)	B	3	
Myorisan (Oral Capsule)	G	1	PA
Neuac (External Gel)	G	1	
Onexton (External Gel)	B	3	
Retin-A (External Cream)	B	3	PA
Retin-A (External Gel)	B	3	PA
Retin-A Micro (External Gel)	B	4	PA
Retin-A Micro Pump (0.06% External Gel, 0.08% External Gel)	B	4	PA
Rhofade (External Cream)	B	3	PA
Soriatane (Oral Capsule)	B	4	
Tazarotene (External Cream)	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
Tazorac (External Cream)	B	3	PA
Tazorac (0.05% External Gel)	B	4	PA
Tazorac (0.1% External Gel)	B	3	PA
Tretinoin (External Cream)	G	1	PA
Tretinoin (External Gel)	G	1	PA
Tretinoin Microsphere (External Gel)	G	1	PA
Veltin (External Gel)	B	4	PA
Zenatane (Oral Capsule)	G	1	PA
Ziana (External Gel)	B	4	PA
Dermatitis and Pruitus Agents			
Ala Scalp (External Lotion)	G	3	
Ala-Cort (1% External Cream)	G	1	
Alclometasone Dipropionate (External Cream)	G	1	
Alclometasone Dipropionate (External Ointment)	G	1	
Amcinonide (External Cream)	G	1	
Amcinonide (External Lotion)	G	1	
Amcinonide (External Ointment)	G	1	
Ammonium Lactate (External Cream)	G	1	
Ammonium Lactate (External Lotion)	G	1	
ApexiCon E (External Cream)	G	4	QL
Beser (External Lotion)	G	1	
Betamethasone Dipropionate Aug (External Cream)	G	1	
Betamethasone Dipropionate Aug (External Gel)	G	1	
Betamethasone Dipropionate Aug (External Lotion)	G	1	
Betamethasone Dipropionate Aug (External Ointment)	G	1	
Betamethasone Dipropionate (External Cream)	G	1	
Betamethasone Dipropionate (External Lotion)	G	1	
Betamethasone Dipropionate (External Ointment)	G	1	
Betamethasone Valerate (External Cream)	G	1	
Betamethasone Valerate (External Foam)	G	1	
Betamethasone Valerate (External Lotion)	G	1	
Betamethasone Valerate (External Ointment)	G	1	
Bryhali (External Lotion)	B	3	
Capex (External Shampoo)	B	3	
Clobetasol Propionate Emollient Base (External Cream)	G	1	
Clobetasol Propionate Emulsion (External Foam)	G	1	
Clobetasol Propionate (External Cream)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Clobetasol Propionate (External Foam)	G	1	QL
Clobetasol Propionate (External Gel)	G	1	
Clobetasol Propionate (External Liquid Spray)	G	1	QL
Clobetasol Propionate (External Lotion)	G	1	QL
Clobetasol Propionate (External Ointment)	G	1	
Clobetasol Propionate (External Shampoo)	G	1	
Clobetasol Propionate (External Solution)	G	1	
Clobex (External Lotion)	B	4	QL
Clobex (External Shampoo)	B	4	
Clobex Spray (External Liquid)	B	4	QL
Clocortolone Pivalate (External Cream)	G	1	
Clodan (External Shampoo)	G	1	
Cloderm (External Cream)	B	3	
Cordran (0.025% External Cream)	B	3	
Cordran (0.05% External Cream)	B	4	
Cordran (External Lotion)	B	3	QL
Cordran (External Ointment)	B	4	
Cordran (External Tape)	B	4	
Cutivate (External Lotion)	B	4	
Derma-Smoothe/FS Scalp (External Oil)	B	3	
Desonate (External Gel)	B	3	ST
Desonide (External Cream)	G	1	
Desonide (External Gel)	G	1	ST
Desonide (External Lotion)	G	1	
Desonide (External Ointment)	G	1	
DesOwen (External Cream)	B	3	
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
Diprolene (External Ointment)	B	3	
Doxepin HCl (External Cream)	G	1	PA; QL
Elidel (External Cream)	B	3	ST; QL

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Eucrisa (External Ointment)	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	
Fluocinonide (0.1% External Cream)	G	1	
Fluocinonide (External Gel)	G	1	
Fluocinonide (External Ointment)	G	1	
Fluocinonide (External Solution)	G	1	
Flurandrenolide (External Cream)	G	1	
Flurandrenolide (External Lotion)	G	1	QL
Flurandrenolide (External Ointment)	G	1	
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)	B	4	
Halobetasol Propionate (External Ointment)	G	1	
Halog (External Cream)	B	4	
Halog (External Ointment)	B	4	
Halog (External Solution)	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, 2.5% External Cream)	G	1	
Hydrocortisone (2.5% External Lotion)	G	1	
Hydrocortisone (1% External Ointment, 2.5% External Ointment)	G	1	
Hydrocortisone Valerate (External Cream)	G	1	
Hydrocortisone Valerate (External Ointment)	G	1	
Impoyz (External Cream)	B	3	
Kenalog (External Aerosol Solution)	B	4	
Lexette (External Foam)	B	4	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Locoid (External Lotion)	B	4	QL
Locoid Lipocream (External Cream)	B	3	
Luxiq (External Foam)	B	3	
Mometasone Furoate (External Cream)	G	1	
Mometasone Furoate (External Ointment)	G	1	
Mometasone Furoate (External Solution)	G	1	
Nolix (External Cream)	G	1	
Nolix (External Lotion)	G	1	QL
Olux (External Foam)	B	4	QL
Olux-E (External Foam)	B	4	QL
Pandel (External Cream)	B	4	
Pimecrolimus (External Cream)	G	1	ST; QL
Prednicarbate (External Cream)	G	1	
Prednicarbate (External Ointment)	G	1	
Protopic (External Ointment)	B	3	ST
PRUDOXIN (External Cream)	B	4	PA; QL
Psorcon (External Cream)	G	3	QL
Selenium Sulfide (External Lotion)	G	1	
Sernivo (External Emulsion)	B	4	
Synalar (External Cream)	B	3	
Tacrolimus (External Ointment)	G	1	ST
Texacort (External Solution)	G	3	
Topicort (External Cream)	G	3	QL
Topicort (External Gel)	G	3	
Topicort (0.05% External Ointment)	B	3	
Topicort (0.25% External Ointment)	G	3	
Topicort Spray (External Liquid)	B	3	
Tovet (External Foam)	G	1	
Triamcinolone Acetonide (External Aerosol Solution) (Generic Kenalog)	G	1	
Triamcinolone Acetonide (External Cream)	G	1	
Triamcinolone Acetonide (External Lotion)	G	1	
Triamcinolone Acetonide (External Ointment)	G	1	
Trianex (External Ointment)	G	1	
Triderm (0.1% External Cream)	G	1	
Tridesilon (External Cream)	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
Ultravate (External Lotion)	B	4	
Vanos (External Cream)	B	4	
Verdeso (External Foam)	B	4	ST
Zonalon (External Cream)	B	4	PA; QL
Dermatological Agents, Other			
Aldara (External Cream)	B	3	QL
Calcipotriene (External Cream)	G	1	
Calcipotriene (External Ointment)	G	1	
Calcipotriene (External Solution)	G	1	
Calcipotriene-Betamethasone (External Ointment)	G	1	
Calcipotriene-Betamethasone (External Suspension)	G	1	
Calcitriol (External Ointment)	B	1	
Carac (External Cream)	B	4	
Clotrimazole-Betamethasone (External Cream)	G	1	
Clotrimazole-Betamethasone (External Lotion)	G	1	
Condylox (External Gel)	B	4	
Cortisporin (External Cream)	B	3	
Cortisporin (External Ointment)	B	3	
Diclofenac Sodium (3% Transdermal Gel)	G	1	PA
Dovonex (External Cream)	B	4	
Duobrii (External Lotion)	B	4	PA
Efudex (External Cream)	B	3	
Enstilar (External Foam)	B	4	PA
Fluoroplex (External Cream)	B	4	PA
Fluorouracil (5% External Cream)	G	1	
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)	B	4	PA
Methoxsalen Rapid (Oral Capsule)	G	1	
Neo-Synalar (External Cream)	G	4	
Nystatin-Triamcinolone (External Cream)	G	1	
Nystatin-Triamcinolone (External Ointment)	G	1	
Oxsoralen Ultra (Oral Capsule)	B	4	
Picato (External Gel)	B	2	QL
Podofilox (External Solution)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Qbrexza (External Pad)	B	3	
Regranex (External Gel)	B	4	PA
Santyl (External Ointment)	B	3	
Silvadene (External Cream)	B	3	
Silver Sulfadiazine (External Cream)	G	1	
Sorilux (External Foam)	B	4	
SSD (External Cream)	B	1	
Taclonex (External Ointment)	B	4	
Taclonex (External Suspension)	B	4	
Vectical (External Ointment)	B	4	
Veregen (External Ointment)	B	4	
Xerese (External Cream)	B	4	PA
Zyclara Pump (External Cream)	B	4	PA
Pediculicides/Scabicides			
Elimite (External Cream)	B	3	
Lindane (External Shampoo)	G	1	
Malathion (External Lotion)	G	1	
Natroba (External Suspension)	B	3	
Ovide (External Lotion)	G	3	
Permethrin (External Cream)	G	1	
Sklice (External Lotion)	B	3	
Soolantra (External Cream)	B	3	
Topical Anti-infectives			
Aczone (External Gel)	B	3	
Altabax (External Ointment)	B	3	
Amzeeq (External Foam)	B	3	
Ciclopirox (External Gel)	G	1	
Ciclopirox (External Shampoo)	G	1	
Ciclopirox (External Solution)	G	1	
Ciclopirox Olamine (External Cream)	G	1	
Ciclopirox Olamine (External Suspension)	G	1	
Cleocin-T (External Gel)	B	3	QL
Cleocin-T (External Lotion)	B	3	
Clindacin-P (External Swab)	G	1	
Clindagel (External Gel)	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
Clindamycin Phosphate (External Foam)	G	1	
Clindamycin Phosphate (External Gel)	G	1	QL
Clindamycin Phosphate (External Lotion)	G	1	
Clindamycin Phosphate (External Solution)	G	1	
Clindamycin Phosphate (External Swab)	G	1	
Clotrimazole (External Cream)	G	1	
Clotrimazole (External Solution)	G	1	
Dapsone (5% External Gel)	G	1	
Dapsone (7.5% External Gel)	G	3	
Econazole Nitrate (External Cream)	G	1	QL
Ertaczo (External Cream)	B	4	
Ery (External Pad)	G	1	
Erygel (External Gel)	B	3	
Erythromycin (External Gel)	G	1	
Erythromycin (External Solution)	G	1	
Evoclin (External Foam)	B	4	
Extina (External Foam)	B	4	QL
Gentamicin Sulfate (External Cream)	G	1	
Gentamicin Sulfate (External Ointment)	G	1	
Jublia (External Solution)	B	3	
Kerydin (External Solution)	B	4	ST
Ketoconazole (External Cream)	G	1	QL
Ketoconazole (External Foam)	G	1	QL
Ketoconazole (External Shampoo)	G	1	
Ketodan (External Foam)	G	1	QL
Klaron (External Lotion)	B	3	PA
Loprox (External Cream)	B	3	
Loprox (External Shampoo)	B	3	
Luliconazole (External Cream)	B	3	QL
Luzu (External Cream)	B	3	QL
Mafenide Acetate (External Packet)	G	1	
Mentax (External Cream)	B	3	
Mupirocin Calcium (External Cream)	G	1	
Mupirocin (External Ointment)	G	1	QL
Naftifine HCl (External Cream)	G	1	
Naftin (External Cream)	B	3	
Naftin (External Gel)	B	3	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Nyamyc (External Powder)	G	1	QL
Nystatin (External Cream)	G	1	
Nystatin (External Ointment)	G	1	
Nystatin (External Powder)	G	1	QL
Nystop (External Powder)	G	1	QL
Oxiconazole Nitrate (External Cream)	G	1	QL
Oxistat (External Cream)	B	4	QL
Oxistat (External Lotion)	B	4	QL
Sulfacetamide Sodium (Acne) (External Lotion)	G	1	PA
Sulfamylon (External Cream)	B	3	
Sulfamylon (External Packet)	B	4	
Xepi (External Cream)	B	3	
Xolegel (External Gel)	B	4	PA; QL
Electrolytes/Minerals/Metals/Vitamins			
Electrolyte/Mineral Replacement			
Aminosyn II (15% Intravenous Solution)	B	3	B/D, PA
Aminosyn-PF (7% Intravenous Solution)	B	3	B/D, PA
Carbaglu (Oral Tablet)	B	4	LA
Clinimix E/Dextrose (2.75/5) (Intravenous Solution)	B	3	B/D, PA
Clinimix E/Dextrose (4.25/10) (Intravenous Solution)	B	3	B/D, PA
Clinimix E/Dextrose (4.25/5) (Intravenous Solution)	B	3	B/D, PA
Clinimix E/Dextrose (5/15) (Intravenous Solution)	B	3	B/D, PA
Clinimix E/Dextrose (5/20) (Intravenous Solution)	B	3	B/D, PA
Clinimix/Dextrose (4.25/10) (Intravenous Solution)	B	3	B/D, PA
Clinimix/Dextrose (4.25/5) (Intravenous Solution)	B	3	B/D, PA
Clinimix/Dextrose (5/15) (Intravenous Solution)	B	3	B/D, PA
Clinimix/Dextrose (5/20) (Intravenous Solution)	B	3	B/D, PA
Clinisol SF (Intravenous Solution)	G	3	B/D, PA
Dextrose (10% Intravenous Solution)	G	1	
Dextrose (5% Intravenous Solution)	G	1	B/D, PA
Dextrose-NaCl (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)	B	1	
Dextrose-NaCl (5-0.9% Intravenous Solution)	B	1	B/D, PA
Endari (Oral Packet)	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
FreAmine HBC (Intravenous Solution)	B	3	B/D, PA
HepatAmine (Intravenous Solution)	B	1	B/D, PA
Intralipid (20% Intravenous Emulsion)	B	1	B/D, PA
Intralipid (30% Intravenous Emulsion)	B	3	B/D, PA
Isolyte-P in D5W (Intravenous Solution)	B	3	
Isolyte-S (Intravenous Solution)	B	3	
KCl in Dextrose-NaCl (Intravenous Solution)	B	1	
KCl-Lactated Ringers-D5W (Intravenous Solution)	B	1	
Klor-Con 10 (Oral Tablet Extended Release)	B	1	
Klor-Con M10 (Oral Tablet Extended Release)	G	1	
Klor-Con M15 (Oral Tablet Extended Release)	G	1	
Klor-Con M20 (Oral Tablet Extended Release)	G	1	
Klor-Con (Oral Packet)	G	1	
Klor-Con 8 (Oral Tablet Extended Release)	B	1	
K-Tab (Oral Tablet Extended Release)	B	3	
Magnesium Sulfate (50% Injection Solution)	B	1	
Magnesium Sulfate (50% (10ML Syringe) Injection Solution)	G	1	
NephrAmine (Intravenous Solution)	B	3	B/D, PA
Normosol-M in D5W (Intravenous Solution)	B	2	
Nutrilipid (Intravenous Emulsion)	B	1	B/D, PA
Plasma-Lyte 148 (Intravenous Solution)	B	3	
Plasma-Lyte A (Intravenous Solution)	B	3	
Plenamaine (Intravenous Solution)	G	3	B/D, PA
Potassium Chloride CR (Oral Tablet Extended Release)	G	1	
Potassium Chloride ER (Oral Capsule Extended Release)	G	1	
Potassium Chloride in Dextrose (Intravenous Solution)	B	1	B/D, PA
Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution)	G	1	B/D, PA
Potassium Chloride in NaCl (20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)	B	1	B/D, PA
Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 40MEQ/100ML Intravenous Solution)	B	1	B/D, PA

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Potassium Chloride (2MEQ/ML Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution)	G	1	B/D, PA
Potassium Chloride (Oral Packet)	G	1	
Potassium Chloride (Oral Solution)	G	1	
Potassium Citrate ER (Oral Tablet Extended Release)	G	1	
Premasol (Intravenous Solution)	G	3	B/D, PA
Procalamine (Intravenous Solution)	B	3	B/D, PA
Prosol (Intravenous Solution)	B	3	B/D, PA
Sodium Chloride (0.45% Intravenous Solution)	G	1	
Sodium Chloride (0.9% Intravenous Solution, 3% Intravenous Solution)	G	1	B/D, PA
Sodium Chloride (5% Intravenous Solution)	B	1	B/D, PA
Sodium Chloride (Irrigation Solution)	B	1	
Sodium Fluoride (Oral Tablet)	G	1	
TPN Electrolytes (Intravenous Concentrate)	B	1	
Travasol (Intravenous Solution)	B	3	B/D, PA
TrophAmine (10% Intravenous Solution)	B	3	B/D, PA
Urocit-K 10 (Oral Tablet Extended Release)	B	3	
Urocit-K 15 (Oral Tablet Extended Release)	B	3	
Urocit-K 5 (Oral Tablet Extended Release)	B	3	
Electrolyte/Mineral/Metal Modifiers			
Chemet (Oral Capsule)	B	4	
Clovique (Oral Capsule)	G	1	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
Exjade (Oral Tablet Soluble)	B	4	PA
Ferriprox (Oral Solution)	B	4	PA
Ferriprox (Oral Tablet)	B	4	PA
Jadenu (Oral Tablet)	B	4	PA
Jadenu Sprinkle (Oral Packet)	B	4	PA
Jynarque (Oral Tablet)	B	4	PA
Jynarque (Oral Tablet Therapy Pack)	B	4	PA; QL
Samsca (Oral Tablet)	B	4	PA
Syprine (Oral Capsule)	B	4	PA; QL
Tolvaptan (Oral Tablet)	G	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
Trientine HCl (Oral Capsule)	G	1	PA; QL
Phosphate Binders			
Auryxia (Oral Tablet)	B	4	PA
Calcium Acetate (Phosphate Binder) (Oral Capsule)	G	1	
Calcium Acetate (Phosphate Binder) (Oral Tablet)	G	1	
Fosrenol (Oral Packet)	B	4	
Fosrenol (Oral Tablet Chewable)	B	4	
Lanthanum Carbonate (Oral Tablet Chewable)	G	1	
Phoslyra (Oral Solution)	B	2	
Renagel (Oral Tablet)	B	4	
Renvela (Oral Packet)	B	4	
Renvela (Oral Tablet)	B	4	
Sevelamer Carbonate (Oral Packet)	G	1	
Sevelamer Carbonate (Oral Tablet) (Generic Renvela)	G	1	
Sevelamer HCl (Oral Tablet)	G	1	
Velphoro (Oral Tablet Chewable)	B	4	
Potassium Binders			
Kionex (Oral Suspension)	G	1	
Lokelma (Oral Packet)	B	3	QL
Sodium Polystyrene Sulfonate (Oral Powder)	G	1	
Sodium Polystyrene Sulfonate (Oral Suspension)	G	1	
SPS (Oral Suspension)	G	1	
Veltassa (Oral Packet)	B	4	QL
Vitamins			
VP-PNV-DHA (Oral Capsule)	G	1	
Gastrointestinal Agents			
Anti-Constipation Agents			
Amitiza (Oral Capsule)	B	2	QL
Constulose (Oral Solution)	G	1	
Enulose (Oral Solution)	G	1	
Generlac (Oral Solution)	G	1	
Kristalose (Oral Packet)	G	3	
Lactulose (Oral Packet)	G	1	
Lactulose (10GM/15ML Oral Solution)	G	1	
Linzess (Oral Capsule)	B	2	QL
Motegrity (Oral Tablet)	B	3	ST; QL
Movantik (Oral Tablet)	B	3	PA; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Relistor (Oral Tablet)	B	4	PA
Relistor (Subcutaneous Solution)	B	4	PA
Symproic (Oral Tablet)	B	3	PA; QL
Trulance (Oral Tablet)	B	3	ST
Zelnorm (Oral Tablet)	B	3	PA; QL
Anti-Diarrheal Agents			
Alosetron HCl (Oral Tablet)	G	1	PA
Diphenoxylate-Atropine (Oral Liquid)	G	1	PA; HRM
Diphenoxylate-Atropine (Oral Tablet)	G	1	PA; HRM
Lomotil (Oral Tablet)	B	3	PA; HRM
Loperamide HCl (Oral Capsule)	G	1	
Lotronex (Oral Tablet)	B	4	PA
Mytesi (Oral Tablet Delayed Release)	B	3	PA
Viberzi (Oral Tablet)	B	4	PA; QL
Xermelo (Oral Tablet)	B	4	PA; LA; QL
Antispasmodics, Gastrointestinal			
Cuvposa (Oral Solution)	B	3	PA
Dicyclomine HCl (Oral Capsule)	G	1	HRM
Dicyclomine HCl (Oral Solution)	G	1	HRM
Dicyclomine HCl (Oral Tablet)	G	1	HRM
Glycopyrrolate (1MG Oral Tablet, 2MG Oral Tablet)	G	1	PA
Methscopolamine Bromide (Oral Tablet)	G	1	
Propantheline Bromide (Oral Tablet)	G	1	PA; HRM
Gastrointestinal Agents, Other			
Actigall (Oral Capsule)	B	4	
Amoxicillin-Clarithromycin-Lansoprazole (Oral)	G	1	
Chenodal (Oral Tablet)	G	4	PA
Clenpiq (Oral Solution)	B	2	
Gattex (Subcutaneous Kit)	B	4	PA; LA
GaviLyte-C (Oral Solution Reconstituted)	G	1	
GaviLyte-G (Oral Solution Reconstituted)	G	1	
GaviLyte-N with Flavor Pack (Oral Solution Reconstituted)	G	1	
GoLYTELY (Oral Solution Reconstituted)	B	3	
Helidac Therapy (Oral)	G	4	
MoviPrep (Oral Solution Reconstituted)	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
Myalept (Subcutaneous Solution Reconstituted)	B	4	PA; LA
NuLYTELY with Flavor Packs (Oral Solution Reconstituted)	B	3	
Ocaliva (Oral Tablet)	B	4	PA; QL
Omeclamox-Pak (Oral)	B	4	
OsmoPrep (Oral Tablet)	B	3	
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	G	1	
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	G	1	
Plenvu (Oral Solution Reconstituted)	B	3	
Pylera (Oral Capsule)	B	4	
Suprep Bowel Prep Kit (Oral Solution)	B	2	
Talicia (Oral Capsule Delayed Release)	B	3	
TriLyte (Oral Solution Reconstituted)	G	1	
Urso 250 (Oral Tablet)	B	3	
Urso Forte (Oral Tablet)	B	3	
Ursodiol (Oral Capsule)	G	1	
Ursodiol (Oral Tablet)	G	1	
Histamine2 (H2) Receptor Antagonists			
Cimetidine HCl (Oral Solution)	G	1	
Cimetidine (Oral Tablet)	G	1	
Famotidine (Oral Suspension Reconstituted)	G	1	
Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	G	1	
Nizatidine (Oral Capsule)	G	1	
Nizatidine (Oral Solution)	G	1	
Pepcid (20MG Oral Tablet)	G	3	
Pepcid (40MG Oral Tablet)	G	4	
Protectants			
Carafate (Oral Suspension)	B	3	
Carafate (Oral Tablet)	B	3	
Cytotec (Oral Tablet)	B	3	
Misoprostol (Oral Tablet)	G	1	
Sucralfate (Oral Suspension)	G	1	
Sucralfate (Oral Tablet)	G	1	
Proton Pump Inhibitors			
Aciphex (Oral Tablet Delayed Release)	B	3	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Dexilant (Oral Capsule Delayed Release)	B	3	QL
Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)	G	1	QL
Esomeprazole Magnesium (Oral Packet)	G	1	
Lansoprazole (Oral Capsule Delayed Release)	G	1	QL
Lansoprazole ODT (Oral Tablet Delayed Release Dispersible)	G	1	
Nexium (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	B	2	QL
Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet)	B	2	
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	
Pantoprazole Sodium (Oral Tablet Delayed Release)	G	1	QL
Prevacid (Oral Capsule Delayed Release)	B	3	QL
Prevacid SoluTab (Oral Tablet Delayed Release Dispersible)	B	3	
Prilosec (Oral Packet)	B	3	PA
Protonix (Oral Packet)	B	3	
Protonix (Oral Tablet Delayed Release)	B	3	QL
Rabeprazole Sodium (Oral Tablet Delayed Release)	G	1	
Zegerid (Oral Capsule)	B	4	PA
Zegerid (Oral Packet)	B	4	PA
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment			
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment			
Aralast NP (1000MG Intravenous Solution Reconstituted)	B	4	PA; LA
Buphenyl (Oral Powder)	B	4	
Buphenyl (Oral Tablet)	B	4	
Carnitor (Oral Solution)	B	3	
Carnitor (Oral Tablet)	B	3	
Cerdelga (Oral Capsule)	B	4	PA

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
Cholbam (Oral Capsule)	B	4	PA
Creon (Oral Capsule Delayed Release Particles)	B	2	
Cromolyn Sodium (Oral Concentrate)	G	1	
Cystadane (Oral Powder)	B	4	
Cystagon (Oral Capsule)	B	3	LA
Galafold (Oral Capsule)	B	4	LA
Gastrocrom (Oral Concentrate)	B	4	
Glassia (Intravenous Solution)	B	4	PA; LA
Keveyis (Oral Tablet)	B	4	PA; QL
Kuvan (Oral Packet)	B	4	LA
Kuvan (Oral Tablet Soluble)	B	4	LA
Levocarnitine (1GM/10ML Oral Solution)	G	1	
Levocarnitine (330MG Oral Tablet)	B	1	
Miglustat (Oral Capsule)	G	1	PA; LA
Nitisinone (Oral Capsule)	G	1	
Nityr (Oral Tablet)	B	4	LA
Orfadin (Oral Capsule)	B	4	LA
Orfadin (Oral Suspension)	B	4	LA
Palynziq (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Pancreaze (10500UNIT Oral Capsule Delayed Release Particles, 2600UNIT Oral Capsule Delayed Release Particles, 4200UNIT Oral Capsule Delayed Release Particles)	B	3	ST
Pancreaze (16800UNIT Oral Capsule Delayed Release Particles, 21000UNIT Oral Capsule Delayed Release Particles)	B	4	ST
Pertzye (16000UNIT Oral Capsule Delayed Release Particles, 24000-86250UNIT Oral Capsule Delayed Release Particles)	B	4	ST
Pertzye (4000UNIT Oral Capsule Delayed Release Particles, 8000UNIT Oral Capsule Delayed Release Particles)	B	3	ST
Procysbi (Oral Packet)	B	4	LA
Prolastin-C (Intravenous Solution Reconstituted)	B	4	PA; LA
RAVICTI (Oral Liquid)	B	4	LA
Sodium Phenylbutyrate (Oral Powder)	G	1	
Sodium Phenylbutyrate (Oral Tablet)	G	1	
Sucraid (Oral Solution)	B	4	LA

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Tegsedi (Subcutaneous Solution Prefilled Syringe)	B	4	PA; LA
Viokace (10440UNIT Oral Tablet)	B	3	ST
Viokace (20880UNIT Oral Tablet)	B	4	ST
Vyndamax (Oral Capsule)	B	4	PA; LA; QL
Vyndaqel (Oral Capsule)	B	4	PA; LA; QL
Xuriden (Oral Packet)	B	4	PA; LA
Zavesca (Oral Capsule)	B	4	PA; LA
Zemaira (Intravenous Solution Reconstituted)	B	4	PA; LA
Zenpep (Oral Capsule Delayed Release Particles)	B	2	
Genitourinary Agents			
Antispasmodics, Urinary			
Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Detrol LA (Oral Capsule Extended Release 24 Hour)	B	3	
Detrol (Oral Tablet)	B	3	
Ditropan XL (Oral Tablet Extended Release 24 Hour)	B	3	
Flavoxate HCl (Oral Tablet)	G	1	
Gelnique (Transdermal Gel)	B	3	
Myrbetriq (Oral Tablet Extended Release 24 Hour)	B	2	
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	G	1	
Oxybutynin Chloride (Oral Syrup)	G	1	
Oxybutynin Chloride (Oral Tablet Immediate Release)	G	1	
Oxytrol (Transdermal Patch Twice Weekly)	B	4	
Solifenacin Succinate (Oral Tablet)	G	1	QL
Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour)	G	1	
Tolterodine Tartrate (Oral Tablet)	G	1	
Toviaz (Oral Tablet Extended Release 24 Hour)	B	3	ST; QL
Trospium Chloride ER (Oral Capsule Extended Release 24 Hour)	G	1	
Trospium Chloride (Oral Tablet)	G	1	
Vesicare (Oral Tablet)	B	3	ST; QL
Benign Prostatic Hypertrophy Agents			
Alfuzosin HCl ER (Oral Tablet Extended Release 24 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
Avodart (Oral Capsule)	B	3	
Cardura XL (Oral Tablet Extended Release 24 Hour)	B	3	QL
Cialis (2.5MG Oral Tablet, 5MG Oral Tablet)	B	3	PA; QL
Dutasteride (Oral Capsule)	G	1	
Dutasteride-Tamsulosin HCl (Oral Capsule)	G	1	
Finasteride (5MG Oral Tablet) (Generic Proscar)	G	1	
Flomax (Oral Capsule)	B	3	
Jalyn (Oral Capsule)	B	3	
Proscar (Oral Tablet)	B	3	
Rapaflo (Oral Capsule)	B	3	ST; 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	
Uroxatral (Oral Tablet Extended Release 24 Hour)	B	3	
Genitourinary Agents, Other			
Bethanechol Chloride (Oral Tablet)	G	1	
Cuprimine (Oral Capsule)	B	4	PA
Depen Titratabs (Oral Tablet)	B	4	
Elmiron (Oral Capsule)	B	4	
Lithostat (Oral Tablet)	B	4	
Penicillamine (250MG Oral Capsule)	G	1	PA
Penicillamine (250MG Oral Tablet)	G	1	
Thiola EC (Oral Tablet Delayed Release)	B	4	LA
Thiola (Oral Tablet Immediate Release)	B	4	LA
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Acthar (Injection Gel)	B	4	PA; LA
Cortef (Oral Tablet)	B	3	
Cortisone Acetate (Oral Tablet)	G	1	
Dexabliss (Oral Tablet Therapy Pack)	G	3	
Dexamethasone (Oral Elixir)	G	1	
Dexamethasone (Oral Tablet)	G	1	
Dexamethasone (Oral Tablet Therapy Pack)	G	1	
Emflaza (Oral Suspension)	B	4	PA; LA
Emflaza (Oral Tablet)	B	4	PA; LA
Fludrocortisone Acetate (Oral Tablet)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Hydrocortisone (Oral Tablet)	G	1	
Medrol (Oral Tablet)	B	3	
Medrol (Oral Tablet Therapy Pack)	B	3	
Methylprednisolone (Oral Tablet)	G	1	
Methylprednisolone (Oral Tablet Therapy Pack)	G	1	
Millipred (Oral Tablet)	G	3	
Orapred ODT (Oral Tablet Dispersible)	B	3	
Prednisolone (Oral Solution)	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	
Rayos (Oral Tablet Delayed Release)	B	4	PA
TaperDex 12-Day (Oral Tablet Therapy Pack)	G	3	
TaperDex 6-Day (Oral Tablet Therapy Pack)	G	3	
TaperDex 7-Day (Oral Tablet Therapy Pack)	G	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
DDAVP (Nasal Solution)	B	4	
DDAVP (0.1MG Oral Tablet)	B	3	
DDAVP (0.2MG Oral Tablet)	B	4	
DDAVP Rhinal Tube (Nasal Solution)	B	3	
Desmopressin Acetate (Oral Tablet)	G	1	
Desmopressin Acetate Spray (Nasal Solution)	G	1	
Egrifta SV (2MG Subcutaneous Solution Reconstituted)	B	4	PA; LA
Genotropin MiniQuick (Subcutaneous Solution Reconstituted)	B	4	PA
Genotropin (12MG Subcutaneous Solution Reconstituted)	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
Genotropin (5MG Subcutaneous Solution Reconstituted)	B	3	PA
Humatrope (Injection Solution Renconstituted), Humatrope Combo Pack (Injection)	B	4	PA
Increlex (Subcutaneous Solution)	B	4	PA; LA
Nocdurna (Tablet Sublingual)	B	3	PA
Norditropin FlexPro (Subcutaneous Solution)	B	4	PA
Nutropin AQ NuSpin 10 (Subcutaneous Solution)	B	4	PA
Nutropin AQ NuSpin 20 (Subcutaneous Solution)	B	4	PA
Nutropin AQ NuSpin 5 (Subcutaneous Solution)	B	4	PA
Omnitrope (Subcutaneous Solution)	B	4	PA
Omnitrope (Subcutaneous Solution Reconstituted)	B	4	PA
Saizen (Injection Solution Reconstituted)	B	4	PA; LA
Saizenprep (Injection Solution Reconstituted)	B	4	PA; LA
Serostim (Subcutaneous Solution Reconstituted)	B	4	PA; LA
Stimate (Nasal Solution)	B	4	
Zomacton (10MG Subcutaneous Solution Reconstituted)	B	4	PA
Zomacton (5MG Subcutaneous Solution Reconstituted)	B	3	PA
Zorbtive (Subcutaneous Solution Reconstituted)	B	4	PA; LA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			
Korlym (Oral Tablet)	B	4	PA; LA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)			
Anabolic Steroids			
Anadrol-50 (Oral Tablet)	B	4	PA
Oxandrolone (Oral Tablet)	G	1	
Androgens			
Androderm (Transdermal Patch 24 Hour)	B	2	
AndroGel Pump (Transdermal Gel)	B	4	
AndroGel (Transdermal Gel)	B	4	
Aveed (Intramuscular Solution)	B	3	PA
Danazol (Oral Capsule)	G	1	
Depo-Testosterone (Intramuscular Solution)	G	3	
Fortesta (Transdermal Gel)	B	3	
Intrarosa (Vaginal Insert)	B	3	PA; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Methitest (Oral Tablet)	G	4	PA
Methyltestosterone (Oral Capsule)	G	1	PA
Natesto (Nasal Gel)	B	3	
Testim (Transdermal Gel)	B	4	
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 (20.25 MG/1.25GM 1.62% Transdermal Gel, 25 MG/2.5GM 1% Transdermal Gel, 40.5 MG/2.5GM 1.62% Transdermal Gel, 50 MG/5GM 1% Transdermal Gel)	G	1	
Testosterone (Transdermal Solution)	G	1	
Vogelxo Pump (Transdermal Gel)	B	3	
Vogelxo (Transdermal Gel)	B	3	
Xyosted (Subcutaneous Solution Auto-Injector)	B	3	PA
Estrogens			
Alora (Transdermal Patch Twice Weekly)	B	3	PA; HRM; QL
Altavera (Oral Tablet)	G	1	
Alyacen 1/35 (Oral Tablet)	G	1	
Amethia (Oral Tablet)	G	1	
Annovera (Vaginal Ring)	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	
Balcoltra (Oral Tablet)	B	3	
Balziva (Oral Tablet)	G	1	
Beyaz (Oral Tablet)	B	3	
Blisovi 24 Fe (Oral Tablet)	G	1	
Blisovi Fe 1.5/30 (Oral Tablet)	G	1	
Briellyn (Oral Tablet)	G	1	
Camrese Lo (Oral Tablet)	G	1	
Caziant (Oral Tablet)	G	1	
Climara Pro (Transdermal Patch Weekly)	B	3	PA; HRM
Cryselle-28 (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
Cyclafem 1/35 (Oral Tablet)	G	1	
Cyclafem 7/7/7 (Oral Tablet)	G	1	
Cyred EQ (Oral Tablet)	G	1	
Delestrogen (Intramuscular Oil)	B	3	
Depo-Estradiol (Intramuscular Oil)	G	3	
Desogestrel-Ethinyl Estradiol (0.15-0.02/0.01MG (21/5) Oral Tablet)	G	1	
Dotti (Transdermal Patch Twice Weekly)	G	1	PA; HRM; QL
Drospirenone-Ethinyl Estradiol (Oral Tablet)	G	1	
Drospirenone-Ethinyl Estradiol-Levomefolate (3-0.02-0.451MG Oral Tablet)	G	1	
Elestrin (Transdermal Gel)	B	3	PA; HRM
EluRyng (Vaginal Ring)	G	1	
Emoquette (Oral Tablet)	G	1	
Enpresse-28 (Oral Tablet)	G	1	
Enskyce (Oral Tablet)	G	1	
Estarylla (Oral Tablet)	G	1	
Estrace (Oral Tablet)	G	3	PA; HRM
Estrace (Vaginal Cream)	G	3	
Estradiol (Oral Tablet)	G	1	PA; HRM
Estradiol (Transdermal Patch Twice Weekly)	G	1	PA; HRM; QL
Estradiol (Vaginal Cream)	G	1	
Estradiol (Vaginal Tablet)	G	1	
Estradiol Valerate (Intramuscular Oil)	G	1	
Estring (Vaginal Ring)	B	3	
Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet)	G	1	
Etonogestrel-Ethinyl Estradiol (Vaginal Ring)	G	1	
Falmina (Oral Tablet)	G	1	
Fayosim (Oral Tablet)	G	1	
Femring (Vaginal Ring)	B	3	
Femynor (Oral Tablet)	G	1	
Fyavolv (Oral Tablet)	G	1	PA; HRM
Generess Fe (Oral Tablet Chewable)	B	3	
Gianvi (Oral Tablet)	G	1	
Hailey 24 Fe (Oral Tablet)	G	1	
Imvexxy Maintenance Pack (Vaginal Insert)	B	2	PA
Imvexxy Starter Pack (Vaginal Insert)	B	2	PA

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Introvale (Oral Tablet)	G	1	
Isibloom (Oral Tablet)	G	1	
Jasmiel (Oral Tablet)	G	1	
Jinteli (Oral Tablet)	G	1	PA; HRM
Juleber (Oral Tablet)	G	1	
Junel 1.5/30 (Oral Tablet)	G	1	
Junel 1/20 (Oral Tablet)	G	1	
Junel Fe 1.5/30 (Oral Tablet)	G	1	
Junel Fe 1/20 (Oral Tablet)	G	1	
Junel Fe 24 (Oral Tablet)	G	1	
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	
Larissia (Oral Tablet)	G	1	
Layolis Fe (Oral Tablet Chewable)	B	1	
Leena (Oral Tablet)	G	1	
Lessina (Oral Tablet)	G	1	
Levonest (Oral Tablet)	G	1	
Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet)	G	1	
Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet)	G	1	
Levonorgestrel-Ethinyl Estradiol (Oral Tablet)	G	1	
Levora 0.15/30 (28) (Oral Tablet)	G	1	
Lo Loestrin Fe (Oral Tablet)	B	3	
Loestrin 1.5/30 (21) (Oral Tablet)	G	3	
Loestrin 1/20 (21) (Oral Tablet)	G	3	
Loestrin Fe 1.5/30 (Oral Tablet)	G	3	
Loestrin Fe 1/20 (Oral Tablet)	G	3	
Loryna (Oral Tablet)	G	1	
LoSeasonique (Oral Tablet)	B	3	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Low-Ogestrel (Oral Tablet)	G	1	
Lutera (Oral Tablet)	G	1	
Marlissa (Oral Tablet)	G	1	
Melodetta 24 Fe (Oral Tablet Chewable)	G	1	
Menest (Oral Tablet)	G	3	PA; HRM
Mibelas 24 Fe (Oral Tablet Chewable)	G	1	
Microgestin 1.5/30 (Oral Tablet)	G	1	
Microgestin 1/20 (Oral Tablet)	G	1	
Microgestin Fe 1.5/30 (Oral Tablet)	G	1	
Microgestin Fe 1/20 (Oral Tablet)	G	1	
Mili (Oral Tablet)	G	1	
Minastrin 24 Fe (Oral Tablet Chewable)	B	3	
Minivelle (Transdermal Patch Twice Weekly)	B	3	PA; HRM; QL
Natazia (Oral Tablet)	B	3	
Necon 0.5/35 (28) (Oral Tablet)	G	1	
Nikki (Oral Tablet)	G	1	
Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)	G	1	PA; HRM
Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet)	G	1	
Norethindrone Acetate-Ethinyl Estradiol-Fe (0.4-35MG-MCG Oral Tablet Chewable, 0.8-25MG-MCG Oral Tablet Chewable, 1-20MG-MCG(24) 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	
NuvaRing (Vaginal Ring)	B	3	
Ocella (Oral Tablet)	G	1	
Orsythia (Oral Tablet)	G	1	
Pimtreea (Oral Tablet)	G	1	
Pirmella 1/35 (Oral Tablet)	G	1	
Portia-28 (Oral Tablet)	G	1	
Premarin (Vaginal Cream)	B	2	
Previfem (Oral Tablet)	G	1	
Quartette (Oral Tablet)	B	3	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Reclipsen (Oral Tablet)	G	1	
Rivelsa (Oral Tablet)	G	1	
Safyral (Oral Tablet)	B	3	
Seasonique (Oral Tablet)	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	
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-Previfem (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	
Tydemy (Oral Tablet)	G	1	
Vagifem (Vaginal Tablet)	B	3	
Velivet (Oral Tablet)	G	1	
Vienna (Oral Tablet)	G	1	
Vivelle-Dot (Transdermal Patch Twice Weekly)	B	3	PA; HRM; QL
Vyfemla (Oral Tablet)	G	1	
VyLibra (Oral Tablet)	G	1	
WYMZYA Fe (Oral Tablet Chewable)	G	1	
Xulane (Transdermal Patch Weekly)	G	1	
Yasmin 28 (Oral Tablet)	B	3	
YAZ (Oral Tablet)	B	3	
Yuvafem (Vaginal Tablet)	G	1	
Zarah (Oral Tablet)	G	1	
Zovia 1/35E (28) (Oral Tablet)	G	1	
Progestins			

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
Aygestin (Oral Tablet)	G	3	
Camila (Oral Tablet)	G	1	
Crinone (Vaginal Gel)	B	3	PA
Deblitane (Oral Tablet)	G	1	
Depo-Provera (Intramuscular Suspension)	B	3	
Depo-SubQ Provera 104 (Subcutaneous Suspension Prefilled Syringe)	B	3	
Errin (Oral Tablet)	G	1	
Incassia (Oral Tablet)	G	1	
Lyza (Oral Tablet)	G	1	
Medroxyprogesterone Acetate (Intramuscular Suspension)	G	1	
Medroxyprogesterone Acetate (Intramuscular Suspension Prefilled Syringe)	G	1	
Medroxyprogesterone Acetate (Oral Tablet)	G	1	
Megestrol Acetate (40MG/ML Oral Suspension, 625MG/5ML Oral Suspension)	G	1	PA; HRM
Megestrol Acetate (Oral Tablet)	G	1	PA; HRM
Nora-BE (Oral Tablet)	G	1	
Norethindrone Acetate (5MG Oral Tablet)	G	1	
Norethindrone (0.35MG Oral Tablet)	G	1	
Progesterone Micronized (Oral Capsule)	G	1	
Prometrium (Oral Capsule)	B	3	
Provera (Oral Tablet)	B	3	
Sharobel (Oral Tablet)	G	1	
Slynd (Oral Tablet)	B	3	
Selective Estrogen Receptor Modifying Agents			
Evista (Oral Tablet)	B	3	
Osphena (Oral Tablet)	B	2	PA; QL
Raloxifene HCl (Oral Tablet)	G	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
Cytomel (Oral Tablet)	B	3	
Euthyrox (Oral Tablet)	B	1	
Levo-T (Oral Tablet)	B	1	
Levothyroxine Sodium (Oral Tablet)	G	1	
Levoxyl (Oral Tablet)	B	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Liothyronine Sodium (Oral Tablet)	G	1	
Synthroid (Oral Tablet)	B	2	
Tirosint (Oral Capsule)	B	3	
Tirosint-SOL (Oral Solution)	B	3	
Unithroid (100MCG Oral Tablet, 112MCG Oral Tablet, 125MCG Oral Tablet, 150MCG Oral Tablet, 175MCG Oral Tablet, 200MCG Oral Tablet, 25MCG Oral Tablet, 300MCG Oral Tablet, 50MCG Oral Tablet, 75MCG Oral Tablet, 88MCG Oral Tablet)	B	1	
Hormonal Agents, Suppressant (Adrenal)			
Hormonal Agents, Suppressant (Adrenal)			
Isturisa (Oral Tablet)	B	4	PA
Lysodren (Oral Tablet)	B	4	
Hormonal Agents, Suppressant (Pituitary)			
Hormonal Agents, Suppressant (Pituitary)			
Bynfezia Pen (Subcutaneous Solution Pen-Injector)	B	4	PA
Cabergoline (Oral Tablet)	G	1	
Eligard (Subcutaneous Kit)	B	3	PA
Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)	B	4	PA
Firmagon (80MG Subcutaneous Solution Reconstituted)	B	3	PA
Leuprolide Acetate (Injection Kit)	G	1	PA
Lupaneta Pack (Combination Kit)	B	4	PA
Lupron Depot (1-Month) (Intramuscular Kit)	B	4	PA
Lupron Depot (3-Month) (Intramuscular Kit)	B	4	PA
Lupron Depot (4-Month) (Intramuscular Kit)	B	4	PA
Lupron Depot (6-Month) (Intramuscular Kit)	B	4	PA
Mycapssa (Oral Capsule Delayed Release)	B	4	PA; QL
Octreotide Acetate (Injection Solution)	G	1	PA
Oriahnn (Oral Capsule Therapy Pack)	B	4	PA; QL
Orilissa (Oral Tablet)	B	4	PA; QL
Sandostatin (Injection Solution)	B	4	PA
Signifor (Subcutaneous Solution)	B	4	PA; LA
Somatuline Depot (Subcutaneous Solution)	B	4	
Somavert (Subcutaneous Solution Reconstituted)	B	4	PA; LA; 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
Synarel (Nasal Solution)	B	4	
Trelstar Mixject (Intramuscular Suspension Reconstituted)	B	4	PA
Hormonal Agents, Suppressant (Thyroid)			
Antithyroid Agents			
Methimazole (Oral Tablet)	G	1	
Propylthiouracil (Oral Tablet)	G	1	
Tapazole (Oral Tablet)	G	3	
Immunological Agents			
Angioedema Agents			
Berinert (Intravenous Kit)	B	4	PA; LA
Cinryze (Intravenous Solution Reconstituted)	B	4	PA; LA
Firazyr (Subcutaneous Solution)	B	4	PA; QL
Haegarda (Subcutaneous Solution Reconstituted)	B	4	PA; LA
Icatibant Acetate (Subcutaneous Solution)	G	1	PA; QL
Ruconest (Intravenous Solution Reconstituted)	B	4	PA; LA
Takhzyro (Subcutaneous Solution)	B	4	PA
Immunoglobulins			
BIVIGAM (Intravenous Solution)	B	4	PA
Flebogamma DIF (5GM/50ML Intravenous Solution)	B	4	PA
Gammagard (2.5GM/25ML Injection Solution)	B	4	PA
Gammagard S/D Less IgA (Intravenous Solution Reconstituted)	B	4	PA
Gammaked (1GM/10ML Injection Solution)	B	4	PA
Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)	B	4	PA
Gamunex-C (1GM/10ML Injection Solution)	B	4	PA
Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)	B	4	PA
Panzyga (Intravenous Solution)	B	4	PA
Privigen (20GM/200ML Intravenous Solution)	B	4	PA
Varizig (Intramuscular Solution)	B	4	
Immunological Agents, Other			
Actemra ACTPen (Subcutaneous Solution Auto-Injector)	B	4	PA
Actemra (Subcutaneous Solution Prefilled Syringe)	B	4	PA

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Arcalyst (Subcutaneous Solution Reconstituted)	B	4	PA; LA
Benlysta (Subcutaneous Solution Auto-Injector)	B	4	PA
Benlysta (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe)	B	4	PA; LA
Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector)	B	4	PA; LA
Dupixent (Subcutaneous Solution Pen-Injector)	B	4	PA
Dupixent (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Grastek (Tablet Sublingual)	B	2	PA
Ilumya (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Kevzara (Subcutaneous Solution Auto-Injector)	B	4	PA
Kevzara (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Kineret (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Odactra (Tablet Sublingual)	B	3	PA
Olumiant (Oral Tablet)	B	4	PA; QL
Oralair 300IR (Tablet Sublingual)	B	3	PA
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	B	4	PA
Orencia (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Otezla (Oral Tablet)	B	4	PA; LA
Otezla (Oral Tablet Therapy Pack)	B	4	PA; LA
Ridaura (Oral Capsule)	B	4	
Rinvoq (Oral Tablet Extended Release 24 Hour)	B	4	PA; QL
Siliq (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Skyrizi (150 MG Dose) (Subcutaneous Prefilled Syringe Kit)	B	4	PA
Stelara (Subcutaneous Solution)	B	4	PA
Stelara (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Taltz (Subcutaneous Solution Auto-Injector)	B	4	PA; LA
Taltz (Subcutaneous Solution Prefilled Syringe)	B	4	PA; LA
Tremfya (Subcutaneous Solution Pen-Injector)	B	4	PA
Tremfya (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Xeljanz (Oral Tablet Immediate Release)	B	4	PA; QL
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	B	4	PA; QL
Xolair (Subcutaneous Solution Prefilled Syringe)	B	4	PA; LA

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
Xolair (Subcutaneous Solution Reconstituted)	B	4	PA; LA
Immunostimulants			
Actimmune (Subcutaneous Solution)	B	4	LA
Intron A (Injection Solution)	B	4	PA; LA
Intron A (Injection Solution Reconstituted)	B	4	PA; LA
Pegasys ProClick (Subcutaneous Solution)	B	4	PA
Pegasys (Subcutaneous Solution)	B	4	PA
Immunosuppressants			
Arava (Oral Tablet)	B	4	
Astagraf XL (0.5MG Oral Capsule Extended Release 24 Hour, 1MG Oral Capsule Extended Release 24 Hour)	B	3	B/D, PA
Astagraf XL (5MG Oral Capsule Extended Release 24 Hour)	B	4	B/D, PA
Azasan (100MG Oral Tablet)	G	3	B/D, PA
Azasan (75MG Oral Tablet)	G	4	B/D, PA
Azathioprine (Oral Tablet)	G	1	B/D, PA
Cellcept (Oral Capsule)	B	4	B/D, PA
Cellcept (Oral Suspension Reconstituted)	B	4	B/D, PA
Cellcept (Oral Tablet)	B	4	B/D, PA
Cimzia Prefilled (Subcutaneous Kit)	B	4	PA
Cimzia (Subcutaneous Kit)	B	4	PA
Cyclosporine Modified (Oral Capsule)	G	1	B/D, PA
Cyclosporine Modified (Oral Solution)	G	1	B/D, PA
Cyclosporine (Oral Capsule)	G	1	B/D, PA
Enbrel Mini (Subcutaneous Solution Cartridge)	B	4	PA
Enbrel (Subcutaneous Solution)	B	4	PA
Enbrel (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Enbrel (Subcutaneous Solution Reconstituted)	B	4	PA
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	B	4	PA
Envarsus XR (Oral Tablet Extended Release 24 Hour)	B	3	B/D, PA
Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet)	G	1	B/D, PA
Gengraf (Oral Capsule)	G	1	B/D, PA
Gengraf (Oral Solution)	G	1	B/D, PA
Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit)	B	4	PA

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Humira Pen (Subcutaneous Pen-Injector Kit)	B	4	PA
Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit)	B	4	PA
Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit)	B	4	PA
Humira (Subcutaneous Prefilled Syringe Kit)	B	4	PA
Imuran (Oral Tablet)	B	3	B/D, PA
Leflunomide (Oral Tablet)	G	1	
Methotrexate (Oral Tablet)	G	1	
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	G	1	
Methotrexate Sodium (50MG/2ML Injection Solution)	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
Myfortic (180MG Oral Tablet Delayed Release)	B	3	B/D, PA
Myfortic (360MG Oral Tablet Delayed Release)	B	4	B/D, PA
Neoral (Oral Capsule)	B	3	B/D, PA
Neoral (Oral Solution)	B	3	B/D, PA
Otrexup (Subcutaneous Solution Auto-Injector)	B	3	PA
Prograf (0.5MG Oral Capsule)	B	3	B/D, PA
Prograf (1MG Oral Capsule, 5MG Oral Capsule)	B	4	B/D, PA
Prograf (Oral Packet)	B	3	B/D, PA
Rapamune (Oral Solution)	B	4	B/D, PA
Rapamune (0.5MG Oral Tablet)	B	3	B/D, PA
Rapamune (1MG Oral Tablet, 2MG Oral Tablet)	B	4	B/D, PA
Rasuvo (Subcutaneous Solution Auto-Injector)	B	3	PA
Sandimmune (100MG Oral Capsule)	B	4	B/D, PA
Sandimmune (25MG Oral Capsule)	B	3	B/D, PA
Sandimmune (100MG/ML Oral Solution)	B	4	B/D, PA
Simponi (Subcutaneous Solution Auto-Injector)	B	4	PA
Simponi (Subcutaneous Solution Prefilled Syringe)	B	4	PA
Sirolimus (Oral Solution)	G	1	B/D, PA
Sirolimus (Oral Tablet)	G	1	B/D, PA
Tacrolimus (Oral Capsule)	G	1	B/D, PA

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Trexall (Oral Tablet)	G	3	
Xatmep (Oral Solution)	B	3	PA
Zortress (Oral Tablet)	B	4	B/D, PA
Vaccines			
ActHIB (Intramuscular Solution Reconstituted)	B	2	QL
Adacel (Intramuscular Suspension)	B	2	QL
BCG Vaccine (Injection)	B	2	QL
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Boostrix (5-2.5-18.5 Intramuscular Suspension, 5-2.5-18.5 (0.5ML Syringe) Intramuscular Suspension)	B	2	QL
Daptacel (Intramuscular Suspension)	B	2	QL
Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension)	B	2	QL
Engerix-B (Injection Suspension)	B	2	B/D, PA; QL
Gardasil 9 (Intramuscular Suspension)	B	2	QL
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Havrix (Intramuscular Suspension)	B	2	QL
Hiberix (Injection Solution Reconstituted)	B	2	QL
Imovax Rabies (Intramuscular Injectable)	B	2	B/D, PA; QL
Infanrix (Intramuscular Suspension)	B	2	QL
IPOL (Injection)	B	2	QL
Ixiaro (Intramuscular Suspension)	B	2	QL
Kinrix (Intramuscular Suspension)	B	2	QL
Menactra (Intramuscular Injectable)	B	2	QL
Menveo (Intramuscular Solution Reconstituted)	B	2	QL
M-M-R II (Injection Solution Reconstituted)	B	2	QL
Pediarix (Intramuscular Suspension)	B	2	QL
Pedvax HIB (Intramuscular Suspension)	B	2	QL
ProQuad (Subcutaneous Suspension Reconstituted)	B	2	QL
Quadracel (Intramuscular Suspension)	B	2	QL
RabAvert (Intramuscular Suspension Reconstituted)	B	2	B/D, PA; QL
Recombivax HB (Injection Suspension)	B	2	B/D, PA; QL
Rotarix (Oral Suspension Reconstituted)	B	2	QL
RotaTeq (Oral Solution)	B	2	QL
Shingrix (Intramuscular Suspension Reconstituted)	B	2	PA; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
TDVAX (Intramuscular Suspension)	B	2	QL
Tenivac (Intramuscular Injectable)	B	2	QL
Trumenba (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Twinrix (Intramuscular Suspension Prefilled Syringe)	B	2	QL
Typhim Vi (Intramuscular Solution)	B	2	QL
VAQTA (Intramuscular Suspension)	B	2	QL
Varivax (Subcutaneous Injectable)	B	2	QL
YF-Vax (Subcutaneous Injectable)	B	2	QL
Inflammatory Bowel Disease Agents			
Aminosalicylates			
Apriso (Oral Capsule Extended Release 24 Hour)	B	2	QL
Asacol HD (Oral Tablet Delayed Release)	B	4	QL
Azulfidine EN-tabs (Oral Tablet Delayed Release)	B	3	
Azulfidine (Oral Tablet Immediate Release)	B	3	
Balsalazide Disodium (Oral Capsule)	G	1	
Canasa (Rectal Suppository)	B	4	QL
Colazal (Oral Capsule)	G	4	
Delzicol (Oral Capsule Delayed Release)	B	3	
Dipentum (Oral Capsule)	B	4	
Lialda (Oral Tablet Delayed Release)	B	4	ST; QL
Mesalamine ER (0.375MG Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	1	QL
Mesalamine (400MG Oral Capsule Delayed Release) (Generic Delzicol)	G	1	
Mesalamine (Oral Tablet Delayed Release)	G	1	QL
Mesalamine (Rectal Enema)	G	1	
Mesalamine (Rectal Suppository)	G	1	QL
Pentasa (Oral Capsule Extended Release)	B	3	QL
Rowasa (Rectal Kit)	B	4	
Sulfasalazine (Oral Tablet Immediate Release)	G	1	
Sulfasalazine (Oral Tablet Delayed Release)	G	1	
Glucocorticoids			
Anusol-HC (External Cream)	G	3	
Budesonide ER (Oral Tablet Extended Release 24 Hour)	G	1	ST
Budesonide (Oral Capsule Delayed Release Particles)	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
Entocort EC (Oral Capsule Delayed Release Particles)	B	4	
Hydrocortisone (Rectal Enema)	G	1	
Ortikos (Oral Capsule Extended Release 24 Hour)	B	4	ST
Procto-Med HC (External Cream)	G	1	
Procto-Pak (External Cream)	G	1	
Proctosol HC (External Cream)	G	1	
Proctozone-HC (External Cream)	G	1	
Uceris (Oral Tablet Extended Release 24 Hour)	B	4	ST
Uceris (Rectal Foam)	B	3	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
Actonel (150MG Oral Tablet, 35MG Oral Tablet, 5MG Oral Tablet)	B	3	
Alendronate Sodium (Oral Solution)	G	1	
Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet)	G	1	
Atelvia (Oral Tablet Delayed Release)	B	3	
Boniva (Oral Tablet)	B	3	
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
Evenity (Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Forteo (Subcutaneous Solution Pen-Injector)	B	4	PA
Fosamax (Oral Tablet)	B	3	
Fosamax Plus D (Oral Tablet)	B	3	
Ibandronate Sodium (Oral Tablet)	G	1	
Natpara (Subcutaneous Cartridge)	B	4	PA; LA
Paricalcitol (Oral Capsule)	G	1	B/D, PA
Prolia (Subcutaneous Solution Prefilled Syringe)	B	3	QL
Rayaldee (Oral Capsule Extended Release)	B	4	QL
Risedronate Sodium (Oral Tablet Immediate Release)	G	1	
Risedronate Sodium (Oral Tablet Delayed Release)	G	1	
Rocaltrol (Oral Capsule)	B	3	B/D, PA
Rocaltrol (Oral Solution)	B	3	B/D, PA
Sensipar (Oral Tablet)	B	4	B/D, PA; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector)	B	4	PA
Tymlos (Subcutaneous Solution Pen-Injector)	B	4	PA
Xgeva (Subcutaneous Solution)	B	4	PA
Zemplar (1MCG Oral Capsule)	B	3	B/D, PA
Zemplar (2MCG Oral Capsule)	B	4	B/D, PA
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
Alcohol Prep Pads	G	2	
Gauze (Non-medicated 2X2 Pad)	G	2	
Insulin Syringes, Needles	G	2	
Ophthalmic Agents			
Ophthalmic Agents, Other			
Atropine Sulfate (1% Ophthalmic Solution)	B	1	
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	G	1	
Blephamide (Ophthalmic Suspension)	B	3	
Blephamide S.O.P. (Ophthalmic Ointment)	G	3	
Cequa (Ophthalmic Solution)	B	3	PA; QL
Combigan (Ophthalmic Solution)	B	2	
Cosopt (Ophthalmic Solution)	B	3	
Cosopt PF (Ophthalmic Solution)	B	3	
Cystaran (Ophthalmic Solution)	B	4	LA
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	G	1	
Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution)	G	1	
Lacrisert (Ophthalmic Insert)	B	3	
Maxitrol (Ophthalmic Ointment)	B	3	
Maxitrol (Ophthalmic Suspension)	B	3	
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	G	1	
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	G	1	
Neomycin-Polymyxin-HC (Ophthalmic Suspension)	G	1	
Oxervate (Ophthalmic Solution)	B	4	PA; QL
Pred-G (Ophthalmic Suspension)	B	3	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Pred-G S.O.P. (Ophthalmic Ointment)	B	3	
Proparacaine HCl (Ophthalmic Solution)	G	1	
Restasis Single-Use Vials (Ophthalmic Emulsion)	B	2	QL
Rocklatan (Ophthalmic Solution)	B	2	ST
Sulfacetamide-Prednisolone (Ophthalmic Solution)	G	1	
TobraDex (Ophthalmic Ointment)	B	2	
TobraDex (Ophthalmic Suspension)	B	3	
TobraDex ST (Ophthalmic Suspension)	B	3	
Tobramycin-Dexamethasone (Ophthalmic Suspension)	G	1	
Xiidra (Ophthalmic Solution)	B	3	QL
Zylet (Ophthalmic Suspension)	B	3	
Ophthalmic Anti-allergy Agents			
Alocril (Ophthalmic Solution)	B	3	
Alomide (Ophthalmic Solution)	B	3	
Azelastine HCl (Ophthalmic Solution)	G	1	
Bepreve (Ophthalmic Solution)	B	3	
Cromolyn Sodium (Ophthalmic Solution)	G	1	
Epinastine HCl (Ophthalmic Solution)	G	1	
Lastacaft (Ophthalmic Solution)	B	2	
Olopatadine HCl (Ophthalmic Solution)	G	1	
Pazeo (Ophthalmic Solution)	B	2	
Zerviate (Ophthalmic Solution)	B	3	
Ophthalmic Anti-Infectives			
Azasite (Ophthalmic Solution)	B	3	
Bacitracin (Ophthalmic Ointment)	G	1	
Bacitracin-Polymyxin B (Ophthalmic Ointment)	G	1	
Besivance (Ophthalmic Suspension)	B	3	
Bleph-10 (Ophthalmic Solution)	G	3	
Ciloxan (Ophthalmic Ointment)	B	3	
Ciloxan (Ophthalmic Solution)	B	3	
Ciprofloxacin HCl (Ophthalmic Solution)	G	1	
Erythromycin (Ophthalmic Ointment)	G	1	
Gatifloxacin (Ophthalmic Solution)	G	1	
Gentak (Ophthalmic Ointment)	G	1	
Gentamicin Sulfate (Ophthalmic Solution)	G	1	
Levofloxacin (Ophthalmic Solution)	G	1	
Moxeza (Ophthalmic Solution)	B	3	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox)	G	1	
Natacyn (Ophthalmic Suspension)	B	3	
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)	G	1	
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	G	1	
Ocuflox (Ophthalmic Solution)	B	3	
Ofloxacin (Ophthalmic Solution)	G	1	
Polymyxin B-Trimethoprim (Ophthalmic Solution)	G	1	
Polytrim (Ophthalmic Solution)	B	3	
Sulfacetamide Sodium (Ophthalmic Ointment)	G	1	
Sulfacetamide Sodium (Ophthalmic Solution)	G	1	
Tobramycin (Ophthalmic Solution)	G	1	
Tobrex (Ophthalmic Ointment)	B	3	
Tobrex (Ophthalmic Solution)	B	3	
Trifluridine (Ophthalmic Solution)	G	1	
Vigamox (Ophthalmic Solution)	B	3	
Zymaxid (Ophthalmic Solution)	B	3	
Ophthalmic Anti-inflammatories			
Acular LS (Ophthalmic Solution)	B	3	
Acular (Ophthalmic Solution)	B	3	
Alrex (Ophthalmic Suspension)	B	3	
Bromfenac Sodium (Once-Daily) (Ophthalmic Solution)	G	1	
BromSite (Ophthalmic Solution)	B	3	ST
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	G	1	
Diclofenac Sodium (Ophthalmic Solution)	G	1	
Durezol (Ophthalmic Emulsion)	B	3	
Flarex (Ophthalmic Suspension)	B	3	
Fluorometholone (Ophthalmic Suspension)	G	1	
Flurbiprofen Sodium (Ophthalmic Solution)	G	1	
FML Forte (Ophthalmic Suspension)	B	3	
FML Liquifilm (Ophthalmic Suspension)	B	3	
FML (Ophthalmic Ointment)	B	3	
Ilevro (Ophthalmic Suspension)	B	2	
Inveltys (Ophthalmic Suspension)	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
Ketorolac Tromethamine (Ophthalmic Solution)	G	1	
Lotemax (Ophthalmic Gel)	B	3	
Lotemax (Ophthalmic Ointment)	B	3	
Lotemax (Ophthalmic Suspension)	B	3	
Lotemax SM (Ophthalmic Gel)	B	3	
Loteprednol Etabonate (Ophthalmic Suspension)	G	1	
Maxidex (Ophthalmic Suspension)	B	3	
Nevanac (Ophthalmic Suspension)	B	3	
Pred Forte (Ophthalmic Suspension)	B	3	
Pred Mild (Ophthalmic Suspension)	B	3	
Prednisolone Acetate (Ophthalmic Suspension)	G	1	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	G	1	
Prolensa (Ophthalmic Solution)	B	3	
Ophthalmic Beta-Adrenergic Blocking Agents			
Betaxolol HCl (Ophthalmic Solution)	G	1	
Betimol (Ophthalmic Solution)	B	3	
Betoptic-S (Ophthalmic Suspension)	B	3	
Carteolol HCl (Ophthalmic Solution)	G	1	
Istalol (Ophthalmic Solution)	B	3	
Levobunolol HCl (Ophthalmic Solution)	G	1	
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	G	1	
Timolol Maleate (Ophthalmic Solution) (Generic Timoptic)	G	1	
Timoptic Ocudose (Ophthalmic Solution)	B	3	
Timoptic-XE (Ophthalmic Gel Forming Solution)	B	3	
Ophthalmic Intraocular Pressure Lowering Agents, Other			
Alphagan P (0.1% Ophthalmic Solution)	B	2	
Alphagan P (0.15% Ophthalmic Solution)	B	3	
Apraclonidine HCl (Ophthalmic Solution)	G	1	
Azopt (Ophthalmic Suspension)	B	2	
Brimonidine Tartrate (0.15% Ophthalmic Solution)	B	1	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	G	1	
Dorzolamide HCl (Ophthalmic Solution)	G	1	
Iopidine (1% Ophthalmic Solution)	B	4	
Isopto Carpine (Ophthalmic Solution)	B	3	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Methazolamide (Oral Tablet)	G	1	
Phospholine Iodide (Ophthalmic Solution Reconstituted)	B	3	
Pilocarpine HCl (Ophthalmic Solution)	G	1	
Rhopressa (Ophthalmic Solution)	B	2	ST
Simbrinza (Ophthalmic Suspension)	B	2	
Trusopt (Ophthalmic Solution)	B	3	
Ophthalmic Prostaglandin and Prostanamide Analogs			
Bimatoprost (Ophthalmic Solution)	G	1	
Latanoprost (Ophthalmic Solution)	G	1	
Lumigan (Ophthalmic Solution)	B	2	
Travatan Z (Ophthalmic Solution)	B	3	
Travoprost (BAK Free) (Ophthalmic Solution)	G	1	
Vyzulta (Ophthalmic Solution)	B	3	
Xalatan (Ophthalmic Solution)	B	3	
Xelpros (Ophthalmic Emulsion)	B	3	ST
Zioptan (Ophthalmic Solution)	B	3	
Otic Agents			
Otic Agents			
Acetic Acid (Otic Solution)	G	1	
Cetraxal (Otic Solution)	B	3	
Cipro HC (Otic Suspension)	B	3	
Ciprodex (Otic Suspension)	B	3	
Ciprofloxacin HCl (Otic Solution)	B	1	
Ciprofloxacin-Dexamethasone (Otic Suspension)	G	1	
Ciprofloxacin-Fluocinolone PF (Otic Solution)	B	3	ST
DermOtic (Otic Oil)	B	3	
Flac (Otic Oil)	G	1	
Fluocinolone Acetonide (Otic Oil)	G	1	
Hydrocortisone-Acetic Acid (Otic Solution)	G	1	
Neomycin-Polymyxin-HC (1% Otic Solution)	G	1	
Neomycin-Polymyxin-HC (Otic Suspension)	G	1	
Ofloxacin (Otic Solution)	G	1	
Otovel (Otic Solution)	B	3	ST
Respiratory Tract/Pulmonary Agents			
Antihistamines			

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
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution)	G	1	
Azelastine-Fluticasone (Nasal Suspension)	G	1	
Cetirizine HCl (1MG/ML Oral Solution)	G	1	
Clarinet (Oral Tablet)	B	3	
Cyproheptadine HCl (Oral Tablet)	G	1	PA; HRM
Desloratadine (Oral Tablet)	G	1	
Desloratadine ODT (Oral Tablet Dispersible)	G	1	
Dymista (Nasal Suspension)	B	3	
Levocetirizine Dihydrochloride (Oral Solution)	G	1	
Levocetirizine Dihydrochloride (Oral Tablet)	G	1	
Olopatadine HCl (Nasal Solution)	G	1	
Patanase (Nasal Solution)	B	3	
Anti-inflammatories, Inhaled Corticosteroids			
Alvesco (Inhalation Aerosol Solution)	B	3	ST; QL
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
Asmanex (30 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
Asmanex HFA (Inhalation Aerosol)	B	3	ST; QL
Beconase AQ (Nasal Suspension)	B	3	ST
Budesonide (Inhalation Suspension)	G	1	B/D, PA
Flovent Diskus (Inhalation Aerosol Powder Breath Activated)	B	2	
Flovent HFA (Inhalation Aerosol)	B	2	QL
Flunisolide (Nasal Solution)	G	1	
Fluticasone Propionate (Nasal Suspension)	G	1	
Mometasone Furoate (Nasal Suspension)	G	1	
Nasonex (Nasal Suspension)	B	3	
Omnaris (Nasal Suspension)	B	3	ST
Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated)	B	3	ST
Pulmicort (0.25MG/2ML Inhalation Suspension, 0.5MG/2ML Inhalation Suspension)	B	3	B/D, PA

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Pulmicort (1MG/2ML Inhalation Suspension)	B	4	B/D, PA
Qnasl Childrens (Nasal Aerosol Solution)	B	3	ST
Qnasl (Nasal Aerosol Solution)	B	3	ST
QVAR ReditHaler (Inhalation Aerosol Breath Activated)	B	3	ST; QL
Xhance (Nasal Exhaler Suspension)	B	3	
Zetonna (Nasal Aerosol Solution)	B	3	ST
Antileukotrienes			
Accolate (Oral Tablet)	B	3	
Montelukast Sodium (Oral Packet)	G	1	QL
Montelukast Sodium (Oral Tablet)	G	1	QL
Montelukast Sodium (Oral Tablet Chewable)	G	1	QL
Singulair (Oral Packet)	B	3	QL
Singulair (Oral Tablet)	B	3	QL
Singulair (Oral Tablet Chewable)	B	3	QL
Zafirlukast (Oral Tablet)	G	1	
Zileuton ER (Oral Tablet Extended Release 12 Hour)	G	1	ST
Zyflo (Oral Tablet Immediate Release)	B	4	ST
Bronchodilators, Anticholinergic			
Atrovent HFA (Inhalation Aerosol Solution)	B	3	
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
Ipratropium Bromide (Inhalation Solution)	G	1	B/D, PA
Ipratropium Bromide (Nasal Solution)	G	1	
Lonhala Magnair (Inhalation Solution)	B	4	QL
Seebri Neohaler (Inhalation Capsule)	B	3	ST
Spiriva HandiHaler (Inhalation Capsule)	B	2	QL
Spiriva Respimat (Inhalation Aerosol Solution)	B	2	QL
Tudorza Pressair (Inhalation Aerosol Powder Breath Activated)	B	3	ST
Yupelri (Inhalation Solution)	B	4	B/D, PA; QL
Bronchodilators, Sympathomimetic			
Albuterol Sulfate ER (Oral Tablet Extended Release 12 Hour)	G	1	
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Brand Equivalent Ventolin)	G	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
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution (Generic Proair), 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	
Arcapta Neohaler (Inhalation Capsule)	B	3	ST
Brovana (Inhalation Nebulization Solution)	B	4	PA; QL
Epinephrine (Injection Solution Auto-Injector)	G	1	QL
EpiPen 2-Pak (Injection Solution Auto-Injector)	B	3	QL
EpiPen Jr 2-Pak (Injection Solution Auto-Injector)	B	3	QL
Levalbuterol HCl (Inhalation Nebulization Solution)	G	1	B/D, PA
Levalbuterol Tartrate (Inhalation Aerosol)	G	3	ST
Metaproterenol Sulfate (Oral Syrup)	G	1	
Perforomist (Inhalation Nebulization Solution)	B	3	B/D, PA; QL
ProAir HFA (Inhalation Aerosol Solution)	B	2	
ProAir RespiClick (Inhalation Aerosol Powder Breath Activated)	B	2	
Proventil HFA (Inhalation Aerosol Solution)	B	3	ST
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Striverdi Respimat (Inhalation Aerosol Solution)	B	3	ST
Symjepi (Injection Solution Prefilled Syringe)	B	3	QL
Terbutaline Sulfate (Oral Tablet)	G	1	
Ventolin HFA (Inhalation Aerosol Solution)	B	3	ST
Xopenex Concentrate (Inhalation Nebulization Solution)	B	3	B/D, PA
Xopenex HFA (Inhalation Aerosol)	B	3	ST
Xopenex (0.31MG/3ML Inhalation Nebulization Solution, 0.63MG/3ML Inhalation Nebulization Solution)	B	3	B/D, PA
Xopenex (1.25MG/3ML Inhalation Nebulization Solution)	B	4	B/D, PA
Cystic Fibrosis Agents			
Bethkis (Inhalation Nebulization Solution)	B	4	B/D, PA; QL
Cayston (Inhalation Solution Reconstituted)	B	4	PA; LA
Kalydeco (Oral Packet)	B	4	PA; LA

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Kalydeco (Oral Tablet)	B	4	PA; LA
Orkambi (Oral Packet)	B	4	PA; LA; QL
Orkambi (Oral Tablet)	B	4	PA; LA; QL
Pulmozyme (Inhalation Solution)	B	4	B/D, PA; QL
Symdeko (Oral Tablet Therapy Pack)	B	4	PA; QL
TOBI (Inhalation Nebulization Solution)	B	4	B/D, PA; QL
TOBI Podhaler (Inhalation Capsule)	B	4	PA; QL
Tobramycin (300MG/5ML Inhalation Nebulization Solution)	G	1	B/D, PA; QL
Trikafta (Oral Tablet Therapy Pack)	B	4	PA; LA; QL
Mast Cell Stabilizers			
Cromolyn Sodium (Inhalation Nebulization Solution)	G	1	B/D, PA
Phosphodiesterase Inhibitors, Airways Disease			
Daliresp (Oral Tablet)	B	3	PA
Theo-24 (Oral Capsule Extended Release 24 Hour)	G	3	
Theophylline ER (300MG Oral Tablet Extended Release 12 Hour)	G	1	
Theophylline ER (Oral Tablet Extended Release 24 Hour)	G	1	
Theophylline (Oral Solution)	G	1	
Pulmonary Antihypertensives			
Adcirca (Oral Tablet)	B	4	PA
Adempas (Oral Tablet)	B	4	PA; LA
Alyq (Oral Tablet)	G	1	PA
Ambrisentan (Oral Tablet)	G	1	PA; LA; QL
Bosentan (Oral Tablet)	G	1	PA; LA; QL
Letairis (Oral Tablet)	B	4	PA; LA; QL
Opsumit (Oral Tablet)	B	4	PA; LA
Orenitram (0.125MG Oral Tablet Extended Release)	B	3	PA; LA
Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release)	B	4	PA; LA
Revatio (Oral Suspension Reconstituted)	B	4	PA
Revatio (Oral Tablet)	B	4	PA
Sildenafil Citrate (Oral Suspension Reconstituted)	G	1	PA
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	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
Tadalafil (PAH) (20MG Oral Tablet)	G	1	PA
Tracleer (Oral Tablet)	B	4	PA; LA; QL
Tracleer (Oral Tablet Soluble)	B	4	PA; LA; QL
Uptravi (Oral Tablet)	B	4	PA; LA; QL
Uptravi (Oral Tablet Therapy Pack)	B	4	PA; LA
Ventavis (Inhalation Solution)	B	4	PA; LA
Pulmonary Fibrosis Agents			
Esbriet (Oral Capsule)	B	4	PA; LA; QL
Esbriet (Oral Tablet)	B	4	PA; LA; QL
Ofev (Oral Capsule)	B	4	PA; LA; QL
Respiratory Tract Agents, Other			
Acetylcysteine (Inhalation Solution)	G	1	B/D, PA
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	B	1	QL
Advair HFA (Inhalation Aerosol)	B	2	QL
AirDuo RespiClick 113/14 (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
AirDuo RespiClick 232/14 (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
AirDuo RespiClick 55/14 (Inhalation Aerosol Powder Breath Activated)	B	3	ST; QL
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Bevespi Aerosphere (Inhalation Aerosol)	B	3	ST
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Clarinex-D 12 Hour (Oral Tablet Extended Release 12 Hour)	B	3	
Combivent Respimat (Inhalation Aerosol Solution)	B	2	QL
Duaklir Pressair (Inhalation Aerosol Powder Breath Activated)	B	4	ST; QL
Dulera (Inhalation Aerosol)	B	3	QL
Fasenra Pen (Subcutaneous Solution Auto-Injector)	B	4	PA; LA
Fasenra (Subcutaneous Solution Prefilled Syringe)	B	4	PA; LA

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Fluticasone-Salmeterol (100-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 250-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 500-50MCG/DOSE Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	1	QL
Fluticasone-Salmeterol (113-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 232-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 55-14MCG/ACT Inhalation Aerosol Powder Breath Activated) (Brand Equivalent AirDuo)	G	2	QL
Ipratropium-Albuterol (Inhalation Solution)	G	1	B/D, PA
Nucala (Subcutaneous Solution Auto-Injector)	B	4	PA; LA; QL
Nucala (Subcutaneous Solution Prefilled Syringe)	B	4	PA; LA; QL
Nucala (Subcutaneous Solution Reconstituted)	B	4	PA; LA; QL
Stiolto Respimat (Inhalation Aerosol Solution)	B	2	
Symbicort (Inhalation Aerosol)	B	2	QL
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	2	QL
Utibron Neohaler (Inhalation Capsule)	B	3	ST
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	1	QL
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			
Chlorzoxazone (500MG Oral Tablet)	G	1	PA; HRM
Cyclobenzaprine HCl (7.5MG Oral Tablet)	G	1	PA; HRM
Fexmid (Oral Tablet)	G	3	PA; HRM
Sleep Disorder Agents			
Sleep Promoting Agents			
Ambien (Oral Tablet Immediate Release)	B	3	PA; HRM; QL
Belsomra (Oral Tablet)	B	2	QL
DayVigo (Oral Tablet)	B	3	ST; QL
Doxepin HCl (Oral Tablet)	G	1	
Hetlioz (Oral Capsule)	B	4	PA; LA; QL
Ramelteon (Oral Tablet)	G	1	
Restoril (22.5MG Oral Capsule)	B	4	HRM; QL
Rozerem (Oral Tablet)	B	3	ST
Silenor (Oral Tablet)	B	3	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Temazepam (Oral Capsule)	G	1	HRM; QL
Zaleplon (Oral Capsule)	G	1	HRM; QL
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	1	PA; HRM; QL
Wakefulness Promoting Agents			
Armodafinil (Oral Tablet)	G	1	PA; QL
Modafinil (Oral Tablet)	G	1	PA; QL
Nuvigil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	B	4	PA; QL
Nuvigil (50MG Oral Tablet)	B	3	PA; QL
Provigil (Oral Tablet)	B	4	PA; QL
Sunosi (Oral Tablet)	B	3	PA; QL
Wakix (Oral Tablet)	B	4	PA; QL
Xyrem (Oral Solution)	B	4	PA; LA; QL

Covered drugs with a quantity limit (QL)

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

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

Drugs are listed in alphabetical order in the chart below. **Brand name** drugs in **bold** type (for example, **Humalog**) and generic drugs in plain type (for example, Simvastatin).

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
Abacavir-Lamivudine-Zidovudine (Oral Tablet)	G	Maximum of 2 tablets per day
Abilify MyCite (Oral Tablet)	B	Maximum of 1 tablet per day
Abilify (Oral Tablet)	B	Maximum of 1 tablet per day
Accupril (Oral Tablet)	B	Maximum of 2 tablets per day
Accuretic (10-12.5MG Oral Tablet)	B	Maximum of 1 tablet per day
Accuretic (20-12.5MG Oral Tablet, 20-25MG Oral Tablet)	B	Maximum of 2 tablets per day
Acetaminophen-Caffeine-Dihydrocodeine (Oral Tablet)	G	Maximum of 10 tablets per day
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	Maximum of 150 ml per day
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	Maximum of 13 tablets per day
ActHIB (Intramuscular Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Actiq (Buccal Lozenge On A Handle)	B	Maximum of 4 lozenges per day
Actoplus Met (Oral Tablet Immediate Release)	B	Maximum of 3 tablets per day
Actos (15MG Oral Tablet)	B	Maximum of 3 tablets per day
Actos (30MG Oral Tablet, 45MG Oral Tablet)	B	Maximum of 1 tablet per day
Adacel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Adderall (20MG Oral Tablet)	G	Maximum of 3 tablets per day
Adderall (5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day

Drug Name	Brand or Generic	Quantity Limit
Adderall XR (Oral Capsule Extended Release 24 Hour)	B	Maximum of 2 capsules per day
Adlyxin Starter Pack (Subcutaneous Pen-Injector Kit)	B	Maximum of 1 kit (6 ml) per 28 days
Adlyxin (Subcutaneous Solution Pen-Injector)	B	Maximum of 2 pens (6 ml) per 28 days
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Advair HFA (Inhalation Aerosol)	B	Maximum of 1 inhaler (12 grams) per 30 days
Adzenys ER (Oral Suspension Extended Release)	B	Maximum of 15 ml per day
Adzenys XR-ODT (Oral Tablet Extended Release Dispersible)	B	Maximum of 1 tablet per day
Aggrenox (Oral Capsule Extended Release 12 Hour)	B	Maximum of 2 capsules per day
Aimovig (140MG/ML Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1 ml) per 30 days
Aimovig (70MG/ML Subcutaneous Solution Auto-Injector)	B	Maximum of 2 pens (2 ml) per 30 days
AirDuo RespiClick 113/14 (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
AirDuo RespiClick 232/14 (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
AirDuo RespiClick 55/14 (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
Ajovy (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1.5 ml) per 30 days
Ajovy (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (1.5 ml) per 30 days
Albendazole (Oral Tablet)	G	Maximum of 16 tablets per day
Aldara (External Cream)	B	Maximum of 24 grams per 30 days
Aliskiren Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Almotriptan Malate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Alogliptin Benzoate (Oral Tablet)	G	Maximum of 1 tablet per day
Alogliptin-Metformin HCl (Oral Tablet)	B	Maximum of 2 tablets per day
Alogliptin-Pioglitazone (Oral Tablet)	G	Maximum of 1 tablet per day
Alora (Transdermal Patch Twice Weekly)	B	Maximum of 8 patches per 28 days

Drug Name	Brand or Generic	Quantity Limit
Alprazolam ER (0.5MG Oral Tablet Extended Release 24 Hour, 1MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Alprazolam ER (2MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 5 tablets per day
Alprazolam ER (3MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 3 tablets per day
Alprazolam Intensol (Oral Concentrate)	G	Maximum of 10 ml per day
Alprazolam (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Alprazolam (2MG Oral Tablet Immediate Release)	G	Maximum of 5 tablets per day
Alprazolam ODT (0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Alprazolam ODT (2MG Oral Tablet Dispersible)	G	Maximum of 5 tablets per day
Altace (Oral Capsule)	B	Maximum of 2 capsules per day
Altoprev (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Alunbrig (180MG Oral Tablet, 90MG Oral Tablet)	B	Maximum of 1 tablet per day
Alunbrig (30MG Oral Tablet)	B	Maximum of 4 tablets per day
Alunbrig (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (30 tablets) per 30 days
Alvesco (160MCG/ACT Inhalation Aerosol Solution)	B	Maximum of 2 inhalers (12.2 grams) per 30 days
Alvesco (80MCG/ACT Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (6.1 grams) per 30 days
Amaryl (1MG Oral Tablet)	B	Maximum of 8 tablets per day
Amaryl (2MG Oral Tablet)	B	Maximum of 4 tablets per day
Amaryl (4MG Oral Tablet)	B	Maximum of 2 tablets per day
Ambien (Oral Tablet Immediate Release)	B	Maximum of 1 tablet per day
Ambrisentan (Oral Tablet)	G	Maximum of 1 tablet per day
Amerge (Oral Tablet)	B	Maximum of 12 tablets per 30 days
Amitiza (Oral Capsule)	B	Maximum of 2 capsules per day
Amlodipine-Atorvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Benazepril (Oral Capsule)	G	Maximum of 1 capsule per day

Drug Name	Brand or Generic	Quantity Limit
Amlodipine-Olmesartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Valsartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amphetamine ER (Oral Suspension Extended Release)	G	Maximum of 15 ml per day
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 2 capsules per day
Amphetamine-Dextroamphetamine (10MG Oral Tablet, 12.5MG Oral Tablet, 15MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Amphetamine-Dextroamphetamine (20MG Oral Tablet)	G	Maximum of 3 tablets per day
Ampyra (Oral Tablet Extended Release 12 Hour)	B	Maximum of 2 tablets per day
Anovera (Vaginal Ring)	B	Maximum of 1 ring per 365 days
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
ApexiCon E (External Cream)	G	Maximum of 240 grams per 30 days
Apokyn (Subcutaneous Solution Cartridge)	B	Maximum of 3 ml per day
Apriso (Oral Capsule Extended Release 24 Hour)	B	Maximum of 4 capsules per day
Aptensio XR (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Aptiom (200MG Oral Tablet, 400MG Oral Tablet)	B	Maximum of 1 tablet per day
Aptiom (600MG Oral Tablet, 800MG Oral Tablet)	B	Maximum of 2 tablets per day
Aptivus (Oral Capsule)	B	Maximum of 4 capsules per day
Aptivus (Oral Solution)	B	Maximum of 4 bottles (380 ml) per 30 days
Aricept (10MG Oral Tablet)	B	Maximum of 2 tablets per day
Aricept (23MG Oral Tablet, 5MG Oral Tablet)	B	Maximum of 1 tablet per day
Aripiprazole (1MG/ML Oral Solution)	G	Maximum of 25 ml per day
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Aripiprazole ODT (10MG Oral Tablet Dispersible)	G	Maximum of 3 tablets per day

Drug Name	Brand or Generic	Quantity Limit
Aripiprazole ODT (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
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (30 blisters) per 30 days
Asacol HD (Oral Tablet Delayed Release)	B	Maximum of 6 tablets per day
Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
Asmanex (30 Metered Doses) (110MCG/INH Inhalation Aerosol Powder Breath Activated)	B	Maximum of 2 inhalers per 30 days
Asmanex (30 Metered Doses) (220MCG/INH Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
Asmanex HFA (Inhalation Aerosol)	B	Maximum of 1 inhaler (13 grams) per 30 days
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	Maximum of 2 capsules per day
Atacand HCT (Oral Tablet)	B	Maximum of 1 tablet per day
Atacand (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet)	B	Maximum of 1 tablet per day
Atacand (8MG Oral Tablet)	B	Maximum of 3 tablets per day
Atazanavir Sulfate (150MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 1 capsule per day
Atazanavir Sulfate (200MG Oral Capsule)	G	Maximum of 2 capsules per day
Ativan (0.5MG Oral Tablet, 1MG Oral Tablet)	B	Maximum of 4 tablets per day
Ativan (2MG Oral Tablet)	B	Maximum of 5 tablets per day
Atorvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
Atripla (Oral Tablet)	B	Maximum of 1 tablet per day
Aubagio (Oral Tablet)	B	Maximum of 1 tablet per day
Austedo (Oral Tablet)	B	Maximum of 4 tablets per day
Avalide (Oral Tablet)	B	Maximum of 1 tablet per day
Avandia (2MG Oral Tablet)	B	Maximum of 4 tablets per day
Avandia (4MG Oral Tablet)	B	Maximum of 2 tablets per day

Drug Name	Brand or Generic	Quantity Limit
Avapro (150MG Oral Tablet, 300MG Oral Tablet)	B	Maximum of 1 tablet per day
Avapro (75MG Oral Tablet)	B	Maximum of 3 tablets per day
Ayvakit (Oral Tablet)	B	Maximum of 1 tablet per day
Azor (Oral Tablet)	B	Maximum of 1 tablet per day
Balversa (3MG Oral Tablet)	B	Maximum of 3 tablets per day
Balversa (4MG Oral Tablet)	B	Maximum of 2 tablets per day
Balversa (5MG Oral Tablet)	B	Maximum of 1 tablet per day
BCG Vaccine (Injection)	B	1 vaccination dose (1 vial) per day
Belbuca (Buccal Film)	B	Maximum of 2 films per day
Belsomra (Oral Tablet)	B	Maximum of 1 tablet per day
Benazepril HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Benicar HCT (Oral Tablet)	B	Maximum of 1 tablet per day
Benicar (20MG Oral Tablet, 40MG Oral Tablet)	B	Maximum of 1 tablet per day
Benicar (5MG Oral Tablet)	B	Maximum of 2 tablets per day
Bethkis (Inhalation Nebulization Solution)	B	Maximum of 2 ampules (8 ml) per day
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Biktarvy (Oral Tablet)	B	Maximum of 1 tablet per day
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 2 tablets per day
Boostrix (5-2.5-18.5 Intramuscular Suspension, 5-2.5-18.5 (0.5ML Syringe) Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Bosentan (Oral Tablet)	G	Maximum of 2 tablets per day
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Brilinta (Oral Tablet)	B	Maximum of 2 tablets per day
BRIVIACT (10MG/ML Oral Solution)	B	Maximum of 20 ml per day
BRIVIACT (100MG Oral Tablet, 10MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	B	Maximum of 2 tablets per day
Brovana (Inhalation Nebulization Solution)	B	Maximum of 2 vials (4 ml) per day
Brukinsa (Oral Capsule)	B	Maximum of 4 capsules per day
Bunavail (Buccal Film)	B	Maximum of 2 films per day
Buprenorphine HCl (Tablet Sublingual)	G	Maximum of 3 tablets per day
Buprenorphine HCl-Naloxone HCl (12-3MG Sublingual Film, 4-1MG Sublingual Film)	G	Maximum of 2 films per day

Drug Name	Brand or Generic	Quantity Limit
Buprenorphine HCl-Naloxone HCl (2-0.5MG Sublingual Film, 8-2MG Sublingual Film)	G	Maximum of 3 films per day
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	G	Maximum of 3 tablets per day
Buprenorphine (Transdermal Patch Weekly)	G	Maximum of 4 patches per 28 days
Butorphanol Tartrate (Nasal Solution)	G	Maximum of 2 bottles (5 ml) per 30 days
Butrans (Transdermal Patch Weekly)	B	Maximum of 4 patches per 28 days
Bydureon BCise (Subcutaneous Auto-Injector)	B	Maximum of 4 pens (3.4 ml) per 28 days
Bydureon (Subcutaneous Pen-Injector)	B	Maximum of 4 pens per 28 days
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (2.4 ml) per 30 days
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (1.2 ml) per 30 days
Bystolic (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	B	Maximum of 1 tablet per day
Bystolic (20MG Oral Tablet)	B	Maximum of 2 tablets per day
Cablivi (Injection Kit)	B	Maximum of 1 kit per day
Caduet (Oral Tablet)	B	Maximum of 1 tablet per day
Canasa (Rectal Suppository)	B	Maximum of 1 suppository per day
Candesartan Cilexetil (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet)	G	Maximum of 1 tablet per day
Candesartan Cilexetil (8MG Oral Tablet)	G	Maximum of 3 tablets per day
Candesartan Cilexetil-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Caplyta (Oral Capsule)	B	Maximum of 1 capsule per day
Captopril (100MG Oral Tablet)	G	Maximum of 4 tablets per day
Captopril (12.5MG Oral Tablet, 25MG Oral Tablet)	G	Maximum of 3 tablets per day
Captopril (50MG Oral Tablet)	G	Maximum of 9 tablets per day
Captopril-Hydrochlorothiazide (25-15MG Oral Tablet, 50-15MG Oral Tablet)	G	Maximum of 3 tablets per day
Captopril-Hydrochlorothiazide (25-25MG Oral Tablet, 50-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Cardura XL (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Celebrex (Oral Capsule)	B	Maximum of 2 capsules per day
Celecoxib (Oral Capsule)	G	Maximum of 2 capsules per day
Cequa (Ophthalmic Solution)	B	Maximum of 2 vials per day

Drug Name	Brand or Generic	Quantity Limit
Chloroquine Phosphate (Oral Tablet)	G	Maximum of 2 tablets per day
Cialis (2.5MG Oral Tablet, 5MG Oral Tablet)	B	Maximum of 1 tablet per day
Cimduo (Oral Tablet)	B	Maximum of 1 tablet per day
Cinacalcet HCl (30MG Oral Tablet, 60MG Oral Tablet)	G	Maximum of 2 tablets per day
Cinacalcet HCl (90MG Oral Tablet)	G	Maximum of 4 tablets per day
Cleocin-T (External Gel)	B	Maximum of 75 grams per 30 days
Clindagel (External Gel)	B	Maximum of 75 ml per 30 days
Clindamycin Phosphate (External Gel)	G	Maximum of 75 grams per 30 days
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 (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
Clobex (External Lotion)	B	Maximum of 118 ml per 30 days
Clobex Spray (External Liquid)	B	Maximum of 125 ml per 30 days
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Clonazepam (2MG Oral Tablet)	G	Maximum of 10 tablets per day
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Clonazepam ODT (2MG Oral Tablet Dispersible)	G	Maximum of 10 tablets per day
Clopidogrel Bisulfate (75MG Oral Tablet)	G	Maximum of 4 tablets per day
Clorazepate Dipotassium (15MG Oral Tablet)	G	Maximum of 6 tablets per day
Clorazepate Dipotassium (3.75MG Oral Tablet)	G	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5MG Oral Tablet)	G	Maximum of 12 tablets per day
Clovique (Oral Capsule)	G	Maximum of 8 capsules per day
Codeine Sulfate (15MG Oral Tablet)	B	Maximum of 6 tablets per day
Codeine Sulfate (30MG Oral Tablet, 60MG Oral Tablet)	G	Maximum of 6 tablets per day
Combivent Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 20 days
Combivir (Oral Tablet)	B	Maximum of 2 tablets per day
Complera (Oral Tablet)	B	Maximum of 1 tablet per day

Drug Name	Brand or Generic	Quantity Limit
Concerta (18MG Oral Tablet Extended Release)	B	Maximum of 3 tablets per day
Concerta (27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release)	B	Maximum of 2 tablets per day
Concerta (54MG Oral Tablet Extended Release)	B	Maximum of 1 tablet per day
ConZip (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Copiktra (Oral Capsule)	B	Maximum of 2 capsules per day
Cordran (External Lotion)	B	Maximum of 240 ml per 30 days
Corlanor (Oral Solution)	B	Maximum of 15 ml per day
Corlanor (Oral Tablet)	B	Maximum of 2 tablets per day
Cotempla XR-ODT (Oral Tablet Extended Release Dispersible)	B	Maximum of 2 tablets per day
Cozaar (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Cozaar (25MG Oral Tablet, 50MG Oral Tablet)	B	Maximum of 2 tablets per day
Crestor (Oral Tablet)	B	Maximum of 1 tablet per day
Crixivan (200MG Oral Capsule)	B	Maximum of 9 capsules per day
Crixivan (400MG Oral Capsule)	B	Maximum of 6 capsules per day
Cymbalta (Oral Capsule Delayed Release Particles)	B	Maximum of 2 capsules per day
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
Daptacel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Daurismo (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Daurismo (25MG Oral Tablet)	B	Maximum of 2 tablets per day
Daytrana (Transdermal Patch)	B	Maximum of 1 patch per day
DayVigo (Oral Tablet)	B	Maximum of 1 tablet per day
Delstrigo (Oral Tablet)	B	Maximum of 1 tablet per day
Descovy (Oral Tablet)	B	Maximum of 1 tablet per day
Desoximetasone (External Cream)	G	Maximum of 100 grams per 30 days
Dexedrine (10MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 6 capsules per day
Dexedrine (15MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 4 capsules per day

Drug Name	Brand or Generic	Quantity Limit
Dexedrine (5MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 3 capsules per day
Dexilant (Oral Capsule Delayed Release)	B	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 (Oral Tablet)	G	Maximum of 6 tablets per day
Diastat AcuDial (Rectal Gel)	B	Maximum of 5 packages per 30 days
Diastat Pediatric (Rectal Gel)	B	Maximum of 5 packages per 30 days
Diazepam Intensol (5MG/ML Oral Concentrate)	G	Maximum of 8 ml per day
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 4 tablets per day
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	G	Maximum of 5 packages per 30 days
Diclofenac Epolamine (Transdermal Patch)	G	Maximum of 2 patches per day
Didanosine (250MG Oral Capsule Delayed Release, 400MG Oral Capsule Delayed Release)	G	Maximum of 1 capsule per day
Diflorasone Diacetate (External Cream)	G	Maximum of 240 grams per 30 days
Diflorasone Diacetate (External Ointment)	G	Maximum of 240 grams per 30 days
Digitek (125MCG Oral Tablet)	G	Maximum of 1 tablet per day
Digox (125MCG Oral Tablet)	G	Maximum of 1 tablet per day
Digoxin (Oral Solution)	G	Maximum of 5 ml per day
Digoxin (125MCG Oral Tablet)	G	Maximum of 1 tablet per day
Dihydroergotamine Mesylate (Nasal Solution)	G	Maximum of 16 vials (16 ml) per 28 days
Dilaudid (Oral Liquid)	B	Maximum of 50 ml per day
Dilaudid (2MG Oral Tablet, 4MG Oral Tablet)	B	Maximum of 8 tablets per day
Dilaudid (8MG Oral Tablet)	B	Maximum of 6 tablets per day
Diovan HCT (Oral Tablet)	B	Maximum of 1 tablet per day
Diovan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	B	Maximum of 2 tablets per day
Diovan (320MG Oral Tablet)	B	Maximum of 1 tablet per day

Drug Name	Brand or Generic	Quantity Limit
Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Dolophine (10MG Oral Tablet)	B	Maximum of 12 tablets per day
Dolophine (5MG Oral Tablet)	B	Maximum of 8 tablets per day
Donepezil HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Donepezil HCl (23MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Donepezil HCl ODT (10MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Donepezil HCl ODT (5MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day
Dotti (Transdermal Patch Twice Weekly)	G	Maximum of 8 patches per 28 days
Dovato (Oral Tablet)	B	Maximum of 1 tablet per day
Doxepin HCl (External Cream)	G	Maximum of 90 grams per 30 days
Drizalma Sprinkle (20MG Oral Capsule Delayed Release Sprinkle, 30MG Oral Capsule Delayed Release Sprinkle, 60MG Oral Capsule Delayed Release Sprinkle)	B	Maximum of 2 capsules per day
Drizalma Sprinkle (40MG Oral Capsule Delayed Release Sprinkle)	B	Maximum of 3 capsules per day
Duaklir Pressair (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
Duetact (Oral Tablet)	B	Maximum of 1 tablet per day
Dulera (120 Inhalation Aerosol)	B	Maximum of 1 inhaler (13 grams) per 30 days
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	G	Maximum of 2 capsules per day
Duloxetine HCl (40MG Oral Capsule Delayed Release Particles)	G	Maximum of 3 capsules per day
Duragesic-100 (Transdermal Patch 72 Hour)	B	Maximum of 15 patches per 30 days
Duragesic-12 (Transdermal Patch 72 Hour)	B	Maximum of 15 patches per 30 days
Duragesic-25 (Transdermal Patch 72 Hour)	B	Maximum of 15 patches per 30 days
Duragesic-50 (Transdermal Patch 72 Hour)	B	Maximum of 15 patches per 30 days
Duragesic-75 (Transdermal Patch 72 Hour)	B	Maximum of 15 patches per 30 days
Dvorah (Oral Tablet)	G	Maximum of 10 tablets per day
Dyanavel XR (Oral Suspension Extended Release)	B	Maximum of 8 ml per day

Drug Name	Brand or Generic	Quantity Limit
Econazole Nitrate (External Cream)	G	Maximum of 90 grams per 30 days
Edarbi (Oral Tablet)	B	Maximum of 1 tablet per day
Edarbyclor (Oral Tablet)	B	Maximum of 1 tablet per day
Eduvant (Oral Tablet)	B	Maximum of 1 tablet per day
Efavirenz (Oral Capsule)	G	Maximum of 3 capsules per day
Efavirenz (Oral Tablet)	G	Maximum of 1 tablet per day
Eletriptan Hydrobromide (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Elidel (External Cream)	B	Maximum of 100 grams per 30 days
Eliquis Starter Pack (Oral Tablet)	B	Maximum of 1 pack (74 tablets) per 30 days
Eliquis (Oral Tablet)	B	Maximum of 2 tablets per day
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes or pens (3 ml) per 30 days
Emgality (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 syringes or pens (2 ml) per 30 days
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes or pens (2 ml) per 30 days
Emtriva (Oral Capsule)	B	Maximum of 1 capsule per day
Emtriva (Oral Solution)	B	Maximum of 5 bottles (850 ml) per 30 days
Enalapril Maleate (Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (10-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (5-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
Engerix-B (10MCG/0.5ML Injection Suspension)	B	1 vaccination dose (0.5 ml) per day
Engerix-B (20MCG/ML Injection Suspension)	B	1 vaccination dose (1 ml) per day
Enoxaparin Sodium (100MG/ML Subcutaneous Solution, 150MG/ML Subcutaneous Solution)	G	Maximum of 2 syringes (2 ml) per day
Enoxaparin Sodium (120MG/0.8ML Subcutaneous Solution, 80MG/0.8ML Subcutaneous Solution)	G	Maximum of 2 syringes (1.6 ml) per day
Enoxaparin Sodium (30MG/0.3ML Subcutaneous Solution)	G	Maximum of 2 syringes (0.6 ml) per day

Drug Name	Brand or Generic	Quantity Limit
Enoxaparin Sodium (40MG/0.4ML Subcutaneous Solution)	G	Maximum of 2 syringes (0.8 ml) per day
Enoxaparin Sodium (60MG/0.6ML Subcutaneous Solution)	G	Maximum of 2 syringes (1.2 ml) per day
Entresto (Oral Tablet)	B	Maximum of 2 tablets per day
Epclusa (Oral Tablet)	B	Maximum of 1 tablet per day
Epinephrine (Injection Solution Auto-Injector)	G	Maximum of 4 pens (2 boxes) per 30 days
EpiPen 2-Pak (Injection Solution Auto-Injector)	B	Maximum of 4 pens (2 boxes) per 30 days
EpiPen Jr 2-Pak (Injection Solution Auto-Injector)	B	Maximum of 4 pens (2 boxes) per 30 days
Epivir (Oral Solution)	B	Maximum of 32 ml per day
Epivir (150MG Oral Tablet)	B	Maximum of 2 tablets per day
Epivir (300MG Oral Tablet)	B	Maximum of 1 tablet per day
Epzicom (Oral Tablet)	B	Maximum of 1 tablet per day
Esbriet (Oral Capsule)	B	Maximum of 9 capsules per day
Esbriet (267MG Oral Tablet)	B	Maximum of 9 tablets per day
Esbriet (801MG Oral Tablet)	B	Maximum of 3 tablets per day
Esomeprazole Magnesium (20MG Oral Capsule Delayed Release) (Generic Nexium)	G	Maximum of 3 capsules per day
Esomeprazole Magnesium (40MG Oral Capsule Delayed Release) (Generic Nexium)	G	Maximum of 2 capsules per day
Estradiol (Transdermal Patch Twice Weekly)	G	Maximum of 8 patches per 28 days
Eucrisa (External Ointment)	B	Maximum of 100 grams per 30 days
Eventy (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes (2.34 ml) per 28 days
Evotaz (Oral Tablet)	B	Maximum of 1 tablet per day
Exelon (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day
Exforge (Oral Tablet)	B	Maximum of 1 tablet per day
Extina (External Foam)	B	Maximum of 100 grams per 28 days
Ezallor Sprinkle (Oral Capsule Sprinkle)	B	Maximum of 1 capsule per day
Ezetimibe-Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	Maximum of 2 tablets per day
Farxiga (Oral Tablet)	B	Maximum of 1 tablet per day

Drug Name	Brand or Generic	Quantity Limit
Fentanyl Citrate (1200MCG Buccal Lozenge On A Handle, 1600MCG Buccal Lozenge On A Handle, 200MCG Buccal Lozenge On A Handle, 400MCG Buccal Lozenge On A Handle, 600MCG Buccal Lozenge On A Handle, 800MCG Buccal Lozenge On A Handle)	G	Maximum of 4 lozenges per day
Fentanyl Citrate (100MCG Buccal Tablet, 200MCG Buccal Tablet, 400MCG Buccal Tablet, 600MCG Buccal Tablet, 800MCG Buccal Tablet)	G	Maximum of 4 tablets per day
Fentanyl (Transdermal Patch 72 Hour)	G	Maximum of 15 patches per 30 days
Fentora (Buccal Tablet)	B	Maximum of 4 tablets per day
Fintepla (Oral Solution)	B	Maximum of 12 ml per day
Firazyr (Subcutaneous Solution)	B	Maximum of 3 syringes (9 ml) per day
Firdapse (Oral Tablet)	B	Maximum of 8 tablets per day
Flector (Transdermal Patch)	B	Maximum of 2 patches per day
FloLipid (20MG/5ML Oral Suspension)	B	Maximum of 5 ml per day
FloLipid (40MG/5ML Oral Suspension)	B	Maximum of 10 ml per day
Flovent HFA (110MCG/ACT Inhalation Aerosol)	B	Maximum of 1 inhaler (12 grams) per 30 days
Flovent HFA (220MCG/ACT Inhalation Aerosol)	B	Maximum of 2 inhalers (24 grams) per 30 days
Flovent HFA (44MCG/ACT Inhalation Aerosol)	B	Maximum of 1 inhaler (10.6 grams) per 30 days
Flurandrenolide (External Lotion)	G	Maximum of 240 ml per 30 days
Fluticasone-Salmeterol (100-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 250-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 500-50MCG/DOSE Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	Maximum of 1 inhaler (60 blisters) per 30 days
Fluticasone-Salmeterol (113-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 232-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 55-14MCG/ACT Inhalation Aerosol Powder Breath Activated) (Brand Equivalent AirDuo)	G	Maximum of 1 inhaler per 30 days
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Fluvastatin Sodium (20MG Oral Capsule)	G	Maximum of 1 capsule per day

Drug Name	Brand or Generic	Quantity Limit
Fluvastatin Sodium (40MG Oral Capsule)	G	Maximum of 2 capsules per day
Focalin (Oral Tablet)	B	Maximum of 2 tablets per day
Fortamet (1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Fortamet (500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 5 tablets per day
Fosamprenavir Calcium (Oral Tablet)	G	Maximum of 4 tablets per day
Fosinopril Sodium (Oral Tablet)	G	Maximum of 2 tablets per day
Fosinopril Sodium-HCTZ (Oral Tablet)	G	Maximum of 4 tablets per day
Frova (Oral Tablet)	B	Maximum of 12 tablets per 30 days
Frovatriptan Succinate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Fuzeon (Subcutaneous Solution Reconstituted)	B	Maximum of 2 vials per day
Fycompa (Oral Suspension)	B	Maximum of 24 ml per day
Fycompa (Oral Tablet)	B	Maximum of 1 tablet per day
Gardasil 9 (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Genvoya (Oral Tablet)	B	Maximum of 1 tablet per day
Geodon (Oral Capsule)	B	Maximum of 2 capsules per day
Gilenya (0.5MG Oral Capsule)	B	Maximum of 1 pack (30 capsules) per 30 days
Gleevec (Oral Tablet)	B	Maximum of 3 tablets per day
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 (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

Drug Name	Brand or Generic	Quantity Limit
Glipizide-Metformin HCl (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)	G	Maximum of 4 tablets per day
Gloperba (Oral Solution)	B	Maximum of 20 ml per day
Glucotrol (10MG Oral Tablet Immediate Release)	B	Maximum of 4 tablets per day
Glucotrol (5MG Oral Tablet Immediate Release)	B	Maximum of 8 tablets per day
Glucotrol XL (10MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Glucotrol XL (2.5MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 8 tablets per day
Glucotrol XL (5MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 4 tablets per day
Glumetza (1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Glumetza (500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 4 tablets per day
Glyxambi (Oral Tablet)	B	Maximum of 1 tablet per day
Harvoni (33.75-150MG Oral Packet)	B	Maximum of 1 carton (28 packets) per 28 days
Harvoni (45-200MG Oral Packet)	B	Maximum of 2 cartons (56 packets) per 28 days
Harvoni (90-400MG Oral Tablet)	B	Maximum of 1 tablet per day
Havrix (Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
Hetlioz (Oral Capsule)	B	Maximum of 1 capsule per day
Hiberix (Injection Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Hydrocodone Bitartrate ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	G	Maximum of 2 capsules per day
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	G	Maximum of 180 ml per day
Hydrocodone-Acetaminophen (10-300MG Oral Tablet, 5-300MG Oral Tablet, 7.5-300MG Oral Tablet)	G	Maximum of 13 tablets per day
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
Hydrocodone-Ibuprofen (Oral Tablet)	G	Maximum of 5 tablets per day
Hydrocortisone Butyrate (External Lotion)	G	Maximum of 118 ml per 30 days

Drug Name	Brand or Generic	Quantity Limit
Hydromorphone HCl ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	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 (Oral Tablet)	G	Maximum of 3 tablets per day
Hysingla ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	B	Maximum of 1 tablet per day
Hyzaar (100-12.5MG Oral Tablet, 100-25MG Oral Tablet)	B	Maximum of 1 tablet per day
Hyzaar (50-12.5MG Oral Tablet)	B	Maximum of 2 tablets per day
Icatibant Acetate (Subcutaneous Solution)	G	Maximum of 3 syringes (9 ml) per day
Imatinib Mesylate (Oral Tablet)	G	Maximum of 3 tablets per day
Imbruvica (140MG Oral Capsule)	B	Maximum of 4 capsules per day
Imbruvica (70MG Oral Capsule)	B	Maximum of 1 capsule per day
Imbruvica (Oral Tablet)	B	Maximum of 1 tablet per day
Imiquimod (5% External Cream)	G	Maximum of 24 grams per 30 days
Imitrex (Nasal Solution)	B	Maximum of 12 devices per 30 days
Imitrex (Oral Tablet)	B	Maximum of 12 tablets per 30 days
Imitrex STATdose Refill (6MG/0.5ML Subcutaneous Solution Cartridge)	B	Maximum of 12 injections (6 ml) per 30 days
Imitrex STATdose System (4MG/0.5ML Subcutaneous Solution Auto-Injector)	B	Maximum of 12 injections (6 ml) per 30 days
Imitrex (Subcutaneous Solution)	B	Maximum of 12 injections (6 ml) per 30 days
Imovax Rabies (Intramuscular Injectable)	B	1 vaccination dose (1 injection) per day
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (30 blisters) per 30 days
Infanrix (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Ingrezza (Oral Capsule)	B	Maximum of 1 capsule per day
Ingrezza (Oral Capsule Therapy Pack)	B	Maximum of 1 pack (28 capsules) per 28 days
Inlyta (Oral Tablet)	B	Maximum of 4 tablets per day
Inqovi (Oral Tablet)	B	Maximum of 1 pack (5 tablets) per 28 days

Drug Name	Brand or Generic	Quantity Limit
Inrebic (Oral Capsule)	B	Maximum of 4 capsules per day
Intelence (100MG Oral Tablet, 200MG Oral Tablet)	B	Maximum of 2 tablets per day
Intelence (25MG Oral Tablet)	B	Maximum of 4 tablets per day
Intrarosa (Vaginal Insert)	B	Maximum of 1 vaginal insert per day
Invega (1.5MG Oral Tablet Extended Release 24 Hour, 3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Invega (6MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Invirase (Oral Tablet)	B	Maximum of 4 tablets per day
Invokamet (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Invokamet XR (Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Invokana (Oral Tablet)	B	Maximum of 1 tablet per day
IPOL (Injection)	B	1 vaccination dose (0.5 ml) per day
Irbesartan (150MG Oral Tablet, 300MG Oral Tablet)	G	Maximum of 1 tablet per day
Irbesartan (75MG Oral Tablet)	G	Maximum of 3 tablets per day
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Iressa (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress HD (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress (Oral Packet)	B	Maximum of 2 packets per day
Isentress (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress (Oral Tablet Chewable)	B	Maximum of 6 tablets per day
Ixiaro (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Jakafi (Oral Tablet)	B	Maximum of 2 tablets per day
Janumet (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Janumet XR (100-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Janumet XR (50-1000MG Oral Tablet Extended Release 24 Hour, 50-500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Januvia (Oral Tablet)	B	Maximum of 1 tablet per day
Jardiance (Oral Tablet)	B	Maximum of 1 tablet per day
Jentadueto (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day

Drug Name	Brand or Generic	Quantity Limit
Jentaduetto XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Jentaduetto XR (5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Jornay PM (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Juluca (Oral Tablet)	B	Maximum of 1 tablet per day
Jynarque (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day
Kadian (100MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 3 capsules per day
Kadian (10MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 30MG Oral Capsule Extended Release 24 Hour, 40MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 2 capsules per day
Kadian (200MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Kaletra (Oral Solution)	B	Maximum of 2 bottles (320 ml) per 30 days
Kaletra (100-25MG Oral Tablet)	B	Maximum of 8 tablets per day
Kaletra (200-50MG Oral Tablet)	B	Maximum of 4 tablets per day
Kazano (Oral Tablet)	B	Maximum of 2 tablets per day
Ketoconazole (External Cream)	G	Maximum of 90 grams per 30 days
Ketoconazole (External Foam)	G	Maximum of 100 grams per 28 days
Ketodan (External Foam)	G	Maximum of 100 grams per 28 days
Keveyis (Oral Tablet)	B	Maximum of 4 tablets per day
Kinrix (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Klonopin (0.5MG Oral Tablet, 1MG Oral Tablet)	B	Maximum of 4 tablets per day
Klonopin (2MG Oral Tablet)	B	Maximum of 10 tablets per day
Kombiglyze XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Kombiglyze XR (5-1000MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Koselugo (10MG Oral Capsule)	B	Maximum of 8 capsules per day

Drug Name	Brand or Generic	Quantity Limit
Koselugo (25MG Oral Capsule)	B	Maximum of 4 capsules per day
Kynmobi (10MG Sublingual Film, 15MG Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film)	B	Maximum of 5 films per day
Lamivudine (10MG/ML Oral Solution)	G	Maximum of 32 ml per day
Lamivudine (150MG Oral Tablet)	G	Maximum of 2 tablets per day
Lamivudine (300MG Oral Tablet)	G	Maximum of 1 tablet per day
Lamivudine-Zidovudine (Oral Tablet)	G	Maximum of 2 tablets per day
Lanoxin (125MCG Oral Tablet)	B	Maximum of 1 tablet per day
Lanoxin (62.5MCG Oral Tablet)	B	Maximum of 2 tablets per day
Lansoprazole (Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Latuda (120MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 60MG Oral Tablet)	B	Maximum of 1 tablet per day
Latuda (80MG Oral Tablet)	B	Maximum of 2 tablets per day
Ledipasvir-Sofosbuvir (Oral Tablet)	G	Maximum of 1 tablet per day
Lescol XL (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Letairis (Oral Tablet)	B	Maximum of 1 tablet per day
Levorphanol Tartrate (Oral Tablet)	G	Maximum of 6 tablets per day
Lexiva (Oral Suspension)	B	Maximum of 60 ml per day
Lexiva (Oral Tablet)	B	Maximum of 4 tablets per day
Lialda (Oral Tablet Delayed Release)	B	Maximum of 4 tablets per day
Lidocaine (5% External Ointment)	G	Maximum of 152 grams per 30 days
Lidocaine (5% External Patch)	G	Maximum of 3 patches per day
Lidoderm (External Patch)	B	Maximum of 3 patches per day
Linzess (Oral Capsule)	B	Maximum of 1 capsule per day
Lipitor (Oral Tablet)	B	Maximum of 1 tablet per day
Lisinopril (Oral Tablet)	G	Maximum of 2 tablets per day
Lisinopril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Lisinopril-Hydrochlorothiazide (20-12.5MG Oral Tablet)	G	Maximum of 4 tablets per day
Lisinopril-Hydrochlorothiazide (20-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Livalo (Oral Tablet)	B	Maximum of 1 tablet per day
Locoid (External Lotion)	B	Maximum of 118 ml per 30 days

Drug Name	Brand or Generic	Quantity Limit
Lokelma (Oral Packet)	B	Maximum of 90 packets per 30 days
Lonhala Magnair (Inhalation Solution)	B	Maximum of 2 vials (2 ml) per day
Lopinavir-Ritonavir (Oral Solution)	G	Maximum of 2 bottles (320 ml) per 30 days
Lorazepam Intensol (Oral Concentrate)	G	Maximum of 5 ml per day
Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Lorazepam (2MG Oral Tablet)	G	Maximum of 5 tablets per day
Lorbrena (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Lorbrena (25MG Oral Tablet)	B	Maximum of 3 tablets per day
Lorcet HD (Oral Tablet)	G	Maximum of 12 tablets per day
Lorcet (Oral Tablet)	G	Maximum of 12 tablets per day
Losartan Potassium (100MG Oral Tablet)	G	Maximum of 1 tablet per day
Losartan Potassium (25MG Oral Tablet, 50MG Oral Tablet)	G	Maximum of 2 tablets per day
Losartan Potassium-HCTZ (100-12.5MG Oral Tablet, 100-25MG Oral Tablet)	G	Maximum of 1 tablet per day
Losartan Potassium-HCTZ (50-12.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Lotensin (Oral Tablet)	B	Maximum of 2 tablets per day
Lotrel (Oral Capsule)	B	Maximum of 1 capsule per day
Lovastatin (10MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 1 tablet per day
Lovastatin (40MG Oral Tablet)	G	Maximum of 2 tablets per day
Lovenox (100MG/ML Subcutaneous Solution, 150MG/ML Subcutaneous Solution)	B	Maximum of 2 syringes (2 ml) per day
Lovenox (120MG/0.8ML Subcutaneous Solution, 80MG/0.8ML Subcutaneous Solution)	B	Maximum of 2 syringes (1.6 ml) per day
Lovenox (30MG/0.3ML Subcutaneous Solution)	B	Maximum of 2 syringes (0.6 ml) per day
Lovenox (40MG/0.4ML Subcutaneous Solution)	B	Maximum of 2 syringes (0.8 ml) per day
Lovenox (60MG/0.6ML Subcutaneous Solution)	B	Maximum of 2 syringes (1.2 ml) per day
Lucemyra (Oral Tablet)	B	Maximum of 16 tablets per day
Luliconazole (External Cream)	B	Maximum of 60 grams per 28 days
Luzu (External Cream)	B	Maximum of 60 grams per 28 days

Drug Name	Brand or Generic	Quantity Limit
Lyrica CR (165MG Oral Tablet Extended Release 24 Hour, 82.5MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 3 tablets per day
Lyrica CR (330MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Lyrica (100MG Oral Capsule, 150MG Oral Capsule, 200MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	B	Maximum of 3 capsules per day
Lyrica (225MG Oral Capsule, 300MG Oral Capsule)	B	Maximum of 2 capsules per day
Lyrica (Oral Solution)	B	Maximum of 30 ml per day
Mavyret (Oral Tablet)	B	Maximum of 3 tablets per day
Maxalt (Oral Tablet)	B	Maximum of 12 tablets per 30 days
Maxalt-MLT (Oral Tablet Dispersible)	B	Maximum of 12 tablets per 30 days
Mayzent (0.25MG Oral Tablet)	B	Maximum of 8 tablets per day
Mayzent (2MG Oral Tablet)	B	Maximum of 1 tablet per day
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Memantine HCl (2MG/ML Oral Solution)	G	Maximum of 10 ml per day
Memantine HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Memantine HCl (5MG Oral Tablet)	G	Maximum of 3 tablets per day
Menactra (Intramuscular Injectable)	B	1 vaccination dose (0.5 ml) per day
Menveo (Intramuscular Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Mesalamine ER (0.375MG Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	Maximum of 4 capsules per day
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	G	Maximum of 4 tablets per day
Mesalamine (800MG Oral Tablet Delayed Release) (Generic Asacol)	G	Maximum of 6 tablets per day
Mesalamine (Rectal Suppository)	G	Maximum of 1 suppository per day
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	G	Maximum of 2 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	G	Maximum of 4 tablets per day

Drug Name	Brand or Generic	Quantity Limit
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	G	Maximum of 2 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	G	Maximum of 5 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 4 tablets per day
Metformin HCl ER (750MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 2 tablets per day
Metformin HCl (500MG/5ML Oral Solution)	G	Maximum of 25.5 ml per day
Metformin HCl (1000MG Oral Tablet Immediate Release)	G	Maximum of 2.5 tablets per day
Metformin HCl (500MG Oral Tablet Immediate Release)	G	Maximum of 5 tablets per day
Metformin HCl (850MG Oral Tablet Immediate Release)	G	Maximum of 3 tablets per day
Methadone HCl (10MG/5ML Oral Solution)	G	Maximum of 60 ml per day
Methadone HCl (5MG/5ML Oral Solution)	G	Maximum of 120 ml per day
Methadone HCl (10MG Oral Tablet)	G	Maximum of 12 tablets per day
Methadone HCl (5MG Oral Tablet)	G	Maximum of 8 tablets per day
Methylin (10MG/5ML Oral Solution)	B	Maximum of 30 ml per day
Methylin (5MG/5ML Oral Solution)	B	Maximum of 60 ml per day
Methylphenidate HCl 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 Osmotic Release (18MG Oral Tablet Extended Release) (Generic Concerta), Methylphenidate HCl ER (20MG Oral Tablet Extended Release) (Generic Metadate ER)	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

Drug Name	Brand or Generic	Quantity Limit
Methylphenidate HCl ER (54MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Methylphenidate HCl ER Osmotic Release (27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release) (Generic Concerta)	G	Maximum of 2 tablets per day
Methylphenidate HCl ER Osmotic Release (54MG Oral Tablet Extended Release, 72MG Oral Tablet Extended Release) (Generic Concerta)	G	Maximum of 1 tablet per day
Methylphenidate HCl (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
Micardis HCT (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)	B	Maximum of 1 tablet per day
Micardis HCT (80-12.5MG Oral Tablet)	B	Maximum of 2 tablets per day
Micardis (Oral Tablet)	B	Maximum of 1 tablet per day
Migranal (Nasal Solution)	B	Maximum of 16 vials (16 ml) per 28 days
Minivelle (Transdermal Patch Twice Weekly)	B	Maximum of 8 patches per 28 days
Minocycline HCl ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Minolira (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
M-M-R II (Injection Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Modafinil (100MG Oral Tablet)	G	Maximum of 1 tablet per day
Modafinil (200MG Oral Tablet)	G	Maximum of 2 tablets per day
Moexipril HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Montelukast Sodium (Oral Packet)	G	Maximum of 1 packet per day
Montelukast Sodium (Oral Tablet)	G	Maximum of 1 tablet per day
Montelukast Sodium (Oral Tablet Chewable)	G	Maximum of 1 tablet per day

Drug Name	Brand or Generic	Quantity Limit
Morphine Sulfate (100MG/5ML 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, 40MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour) (Generic Kadian)	G	Maximum of 2 capsules per day
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 3 tablets per day
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 2 tablets per day
Morphine Sulfate ER (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 4 tablets per day
Morphine Sulfate (10MG/5ML Oral Solution)	G	Maximum of 100 ml per day
Morphine Sulfate (20MG/5ML Oral Solution)	G	Maximum of 50 ml per day
Morphine Sulfate (15MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Morphine Sulfate (30MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Motegrity (Oral Tablet)	B	Maximum of 1 tablet per day
Movantik (Oral Tablet)	B	Maximum of 1 tablet per day

Drug Name	Brand or Generic	Quantity Limit
MS Contin (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release)	B	Maximum of 3 tablets per day
MS Contin (200MG Oral Tablet Extended Release)	B	Maximum of 2 tablets per day
MS Contin (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release)	B	Maximum of 4 tablets per day
Mupirocin (External Ointment)	G	Maximum of 110 grams per 30 days
Mycapssa (Oral Capsule Delayed Release)	B	Maximum of 112 capsules per 28 days
Mydayis (12.5MG Oral Capsule Extended Release 24 Hour, 25MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 2 capsules per day
Mydayis (37.5MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Namenda (10MG Oral Tablet)	B	Maximum of 2 tablets per day
Namenda (5MG Oral Tablet)	B	Maximum of 3 tablets per day
Namenda XR (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Namenda XR Titration Pack (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	B	Maximum of 1 capsule per day
Namzaric (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Naratriptan HCl (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Nateglinide (120MG Oral Tablet)	G	Maximum of 3 tablets per day
Nateglinide (60MG Oral Tablet)	G	Maximum of 6 tablets per day
Nayzilam (Nasal Solution)	B	Maximum of 10 devices per 30 days
Nebupent (Inhalation Solution Reconstituted)	B	Maximum of 1 vial (300 mg) per 28 days
Nerlynx (Oral Tablet)	B	Maximum of 6 tablets per day
Nesina (Oral Tablet)	B	Maximum of 1 tablet per day
Nevirapine ER (100MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Nevirapine (Oral Suspension)	G	Maximum of 40 ml per day

Drug Name	Brand or Generic	Quantity Limit
Nevirapine (Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
Nexium (20MG Oral Capsule Delayed Release)	B	Maximum of 3 capsules per day
Nexium (40MG Oral Capsule Delayed Release)	B	Maximum of 2 capsules per day
Nexletol (Oral Tablet)	B	Maximum of 1 tablet per day
Nexlizet (Oral Tablet)	B	Maximum of 1 tablet per day
Nolix (External Lotion)	G	Maximum of 240 ml per 30 days
Norco (Oral Tablet)	G	Maximum of 12 tablets per day
Northera (100MG Oral Capsule)	B	Maximum of 3 capsules per day
Northera (200MG Oral Capsule, 300MG Oral Capsule)	B	Maximum of 6 capsules per day
Norvir (Oral Packet)	B	Maximum of 12 packets per day
Norvir (Oral Solution)	B	Maximum of 16 ml per day
Norvir (Oral Tablet)	B	Maximum of 12 tablets per day
Nourianz (Oral Tablet)	B	Maximum of 1 tablet per day
Noxafil (Oral Suspension)	B	Maximum of 20 ml per day
Noxafil (Oral Tablet Delayed Release)	B	Maximum of 6 tablets per day
Nucala (Subcutaneous Solution Auto-Injector)	B	Maximum of 3 ml per 28 days
Nucala (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 ml per 28 days
Nucala (Subcutaneous Solution Reconstituted)	B	Maximum of 3 vials per 28 days
Nucynta ER (Oral Tablet Extended Release 12 Hour)	B	Maximum of 2 tablets per day
Nucynta (Oral Tablet Immediate Release)	B	Maximum of 6 tablets per day
Nuedexta (Oral Capsule)	B	Maximum of 2 capsules per day
Nuplazid (Oral Capsule)	B	Maximum of 1 capsule per day
Nuplazid (10MG Oral Tablet)	B	Maximum of 1 tablet per day
Nurtec ODT (Oral Tablet Dispersible)	B	Maximum of 15 tablets per 30 days
Nuvigil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	B	Maximum of 1 tablet per day
Nuvigil (50MG Oral Tablet)	B	Maximum of 2 tablets per day
Nuzyra (Oral Tablet)	B	Maximum of 2 tablets per day
Nyamyc (External Powder)	G	Maximum of 120 grams per 30 days
Nystatin (External Powder)	G	Maximum of 120 grams per 30 days
Nystop (External Powder)	G	Maximum of 120 grams per 30 days
Ocaliva (Oral Tablet)	B	Maximum of 1 tablet per day

Drug Name	Brand or Generic	Quantity Limit
Odefsey (Oral Tablet)	B	Maximum of 1 tablet per day
Odomzo (Oral Capsule)	B	Maximum of 1 capsule per day
Ofev (Oral Capsule)	B	Maximum of 2 capsules per day
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG 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
Olumiant (Oral Tablet)	B	Maximum of 1 tablet per day
Olux (External Foam)	B	Maximum of 100 grams per 30 days
Olux-E (External Foam)	B	Maximum of 100 grams per 30 days
Omeprazole (10MG Oral Capsule Delayed Release)	G	Maximum of 3 capsules per day
Onfi (Oral Suspension)	B	Maximum of 16 ml per day
Onfi (Oral Tablet)	B	Maximum of 2 tablets per day
Onglyza (Oral Tablet)	B	Maximum of 1 tablet per day
Onzetra Xsail (Nasal Exhaler Powder)	B	Maximum of 1 kit (16 exhalers) per 30 days
Oriahnn (Oral Capsule Therapy Pack)	B	Maximum of 1 pack (56 capsules) per 28 days
Orilissa (150MG Oral Tablet)	B	Maximum of 1 tablet per day
Orilissa (200MG Oral Tablet)	B	Maximum of 2 tablets per day
Orkambi (Oral Packet)	B	Maximum of 56 packets per 28 days
Orkambi (Oral Tablet)	B	Maximum of 112 tablets per 28 days
Oseni (Oral Tablet)	B	Maximum of 1 tablet per day
Osphena (Oral Tablet)	B	Maximum of 1 tablet per day
Oxbryta (Oral Tablet)	B	Maximum of 3 tablets per day
Oxervate (Ophthalmic Solution)	B	Maximum of 2 vials (2 ml) per day
Oxiconazole Nitrate (External Cream)	G	Maximum of 90 grams per 30 days
Oxistat (External Cream)	B	Maximum of 90 grams per 30 days
Oxistat (External Lotion)	B	Maximum of 60 ml per 30 days

Drug Name	Brand or Generic	Quantity Limit
Oxycodone HCl ER (Oral Tablet ER 12 Hour Abuse-Deterrent)	G	Maximum of 3 tablets per day
Oxycodone HCl (5MG Oral Capsule)	G	Maximum of 12 capsules per day
Oxycodone HCl (100MG/5ML Oral Concentrate)	G	Maximum of 6 ml per day
Oxycodone HCl (5MG/5ML Oral Solution)	G	Maximum of 130 ml per day
Oxycodone HCl (10MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	Maximum of 12 tablets per day
Oxycodone HCl (15MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Oxycodone HCl (20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
Oxycodone-Aspirin (Oral Tablet)	G	Maximum of 12 tablets per day
OxyContin (Oral Tablet ER 12 Hour Abuse-Deterrent)	B	Maximum of 3 tablets per day
Oxymorphone HCl ER (10MG Oral Tablet Extended Release 12 Hour, 15MG Oral Tablet Extended Release 12 Hour, 20MG Oral Tablet Extended Release 12 Hour, 5MG Oral Tablet Extended Release 12 Hour, 7.5MG Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
Oxymorphone HCl ER (30MG Oral Tablet Extended Release 12 Hour)	G	Maximum of 4 tablets per day
Oxymorphone HCl ER (40MG Oral Tablet Extended Release 12 Hour)	G	Maximum of 3 tablets per day
Oxymorphone HCl (Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (1.5 ml) per 28 days
Ozempic (1MG/DOSE) (Subcutaneous Solution Pen-Injector)	B	Maximum of 2 pens (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

Drug Name	Brand or Generic	Quantity Limit
Paliperidone ER (6MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Palynziq (10MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 28 syringes per 28 days
Palynziq (2.5MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 8 syringes per 28 days
Palynziq (20MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 56 syringes per 28 days
Pantoprazole Sodium (20MG Oral Tablet Delayed Release)	G	Maximum of 3 tablets per day
Pantoprazole Sodium (40MG Oral Tablet Delayed Release)	G	Maximum of 2 tablets per day
Pediarix (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Pedvax HIB (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Pemazyre (Oral Tablet)	B	Maximum of 1 tablet per day
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	Maximum of 1 vial (300 mg) per 28 days
Pentasa (250MG Oral Capsule Extended Release)	B	Maximum of 12 capsules per day
Pentasa (500MG Oral Capsule Extended Release)	B	Maximum of 8 capsules per day
Percocet (Oral Tablet)	G	Maximum of 12 tablets per day
Perforomist (Inhalation Nebulization Solution)	B	Maximum of 2 vials (4 ml) per day
Perindopril Erbumine (Oral Tablet)	G	Maximum of 2 tablets per day
Picato (0.015% External Gel)	B	Maximum of 3 tubes per 30 days
Picato (0.05% External Gel)	B	Maximum of 2 tubes per 30 days
Pifeltro (Oral Tablet)	B	Maximum of 1 tablet per day
Pimecrolimus (External Cream)	G	Maximum of 100 grams per 30 days
Pioglitazone HCl (15MG Oral Tablet)	G	Maximum of 3 tablets per day
Pioglitazone HCl (30MG Oral Tablet, 45MG Oral Tablet)	G	Maximum of 1 tablet per day
Pioglitazone HCl-Glimepiride (Oral Tablet)	G	Maximum of 1 tablet per day
Pioglitazone HCl-Metformin HCl (Oral Tablet)	G	Maximum of 3 tablets per day
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 tablet per day
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day

Drug Name	Brand or Generic	Quantity Limit
Plaquenil (Oral Tablet)	B	Maximum of 3 tablets per day
Plavix (Oral Tablet)	B	Maximum of 4 tablets per day
Posaconazole (Oral Tablet Delayed Release)	G	Maximum of 6 tablets per day
Pradaxa (Oral Capsule)	B	Maximum of 2 capsules per day
Praluent (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 pens (2 ml) per 28 days
Pravastatin Sodium (Oral Tablet)	G	Maximum of 1 tablet per day
Pregabalin (100MG Oral Capsule, 150MG Oral Capsule, 200MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG 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
Prevacid (Oral Capsule Delayed Release)	B	Maximum of 2 capsules per day
Prevymis (Oral Tablet)	B	Maximum of 1 tablet per day
Prezcobix (Oral Tablet)	B	Maximum of 1 tablet per day
Prezista (Oral Suspension)	B	Maximum of 2 bottles (400 ml) per 30 days
Prezista (150MG Oral Tablet)	B	Maximum of 6 tablets per day
Prezista (600MG Oral Tablet, 75MG Oral Tablet)	B	Maximum of 2 tablets per day
Prezista (800MG Oral Tablet)	B	Maximum of 1 tablet per day
Prinivil (Oral Tablet)	B	Maximum of 2 tablets per day
Prolate (Oral Tablet)	G	Maximum of 13 tablets per day
Prolia (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe per 180 days
Promacta (Oral Packet)	B	Maximum of 6 packets per day
Promacta (12.5MG Oral Tablet, 25MG Oral Tablet)	B	Maximum of 1 tablet per day
Promacta (50MG Oral Tablet, 75MG Oral Tablet)	B	Maximum of 2 tablets per day
ProQuad (Subcutaneous Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Protonix (20MG Oral Tablet Delayed Release)	B	Maximum of 3 tablets per day
Protonix (40MG Oral Tablet Delayed Release)	B	Maximum of 2 tablets per day
Provigil (100MG Oral Tablet)	B	Maximum of 1 tablet per day

Drug Name	Brand or Generic	Quantity Limit
Provigil (200MG Oral Tablet)	B	Maximum of 2 tablets per day
PRUDOXIN (External Cream)	B	Maximum of 90 grams per 30 days
Psorcon (External Cream)	G	Maximum of 240 grams per 30 days
Pulmozyme (Inhalation Solution)	B	Maximum of 2 ampules (5 ml) per day
Qbrelis (Oral Solution)	B	Maximum of 80 ml per day
Qinlock (Oral Tablet)	B	Maximum of 3 tablets per day
Qtern (Oral Tablet)	B	Maximum of 1 tablet per day
Quadracel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Quetiapine Fumarate ER (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Quetiapine Fumarate ER (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Quetiapine Fumarate (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	G	Maximum of 3 tablets per day
Quetiapine Fumarate (25MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Quetiapine Fumarate (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
QuilliChew ER (20MG Oral Tablet Chewable Extended Release, 40MG Oral Tablet Chewable Extended Release)	B	Maximum of 1 tablet per day
QuilliChew ER (30MG Oral Tablet Chewable Extended Release)	B	Maximum of 2 tablets per day
Quinapril HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Quinapril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Quinapril-Hydrochlorothiazide (20-12.5MG Oral Tablet, 20-25MG Oral Tablet)	G	Maximum of 2 tablets per day
QVAR RediHaler (Inhalation Aerosol Breath Activated)	B	Maximum of 2 inhalers (21.2 grams) per 30 days
RabAvert (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Ramipril (Oral Capsule)	G	Maximum of 2 capsules per day
Rapaflo (Oral Capsule)	B	Maximum of 1 capsule per day

Drug Name	Brand or Generic	Quantity Limit
Rayaldee (Oral Capsule Extended Release)	B	Maximum of 2 capsules per day
Recombivax HB (10MCG/ML Injection Suspension, 10MCG/ML (1ML Syringe) Injection Suspension, 40MCG/ML Injection Suspension)	B	1 vaccination dose (1 ml) per day
Recombivax HB (5MCG/0.5ML Injection Suspension)	B	1 vaccination dose (0.5 ml) per day
Rectiv (Rectal Ointment)	B	Maximum of 30 grams per 30 days
Relexxii (Oral Tablet Extended Release)	G	Maximum of 1 tablet per day
Relpax (Oral Tablet)	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
Repatha Pushtrox System (Subcutaneous Solution Cartridge)	B	Maximum of 1 cartridge (3.5 ml) per 28 days
Repatha (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 28 days
Repatha SureClick (Subcutaneous Solution Auto-Injector)	B	Maximum of 3 pens (3 ml) per 28 days
Restasis Single-Use Vials (Ophthalmic Emulsion)	B	Maximum of 2 vials per day
Restoril (22.5MG Oral Capsule)	B	Maximum of 1 capsule per day
Retevmo (40MG Oral Capsule)	B	Maximum of 6 capsules per day
Retevmo (80MG Oral Capsule)	B	Maximum of 4 capsules per day
Retrovir (Oral Capsule)	B	Maximum of 6 capsules per day
Retrovir (Oral Syrup)	B	Maximum of 64 ml per day
Rexulti (Oral Tablet)	B	Maximum of 1 tablet per day
Reyataz (150MG Oral Capsule, 300MG Oral Capsule)	B	Maximum of 1 capsule per day
Reyataz (200MG Oral Capsule)	B	Maximum of 2 capsules per day
Reyataz (Oral Packet)	B	Maximum of 6 packets per day
Reyvow (100MG Oral Tablet)	B	Maximum of 8 tablets per 30 days
Reyvow (50MG Oral Tablet)	B	Maximum of 4 tablets per 30 days
Rinvoq (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Riomet ER (Oral Suspension Reconstituted ER)	B	Maximum of 20 ml per day
Riomet (Oral Solution)	B	Maximum of 25.5 ml per day
Ritalin (Oral Tablet)	B	Maximum of 3 tablets per day

Drug Name	Brand or Generic	Quantity Limit
Ritonavir (Oral Tablet)	G	Maximum of 12 tablets per day
Rivastigmine (Transdermal Patch 24 Hour)	G	Maximum of 1 patch per day
Rizatriptan Benzoate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	Maximum of 12 tablets per 30 days
Rosuvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
Rotarix (Oral Suspension Reconstituted)	B	1 vaccination dose (1 ml) per day
RotaTeq (Oral Solution)	B	1 vaccination dose (2 ml) per day
Roxicodone (15MG Oral Tablet)	B	Maximum of 8 tablets per day
Roxicodone (30MG Oral Tablet)	B	Maximum of 6 tablets per day
Roxicodone (5MG Oral Tablet)	B	Maximum of 12 tablets per day
Rozlytrek (100MG Oral Capsule)	B	Maximum of 5 capsules per day
Rozlytrek (200MG Oral Capsule)	B	Maximum of 3 capsules per day
Rukobia (Oral Tablet Extended Release 12 Hour)	B	Maximum of 2 tablets per day
Ruzurgi (Oral Tablet)	B	Maximum of 10 tablets per day
Rybelsus (Oral Tablet)	B	Maximum of 1 tablet per day
Rydapt (Oral Capsule)	B	Maximum of 8 capsules per day
Sabril (Oral Packet)	B	Maximum of 6 packets per day
Sabril (Oral Tablet)	B	Maximum of 6 tablets per day
Sancuso (Transdermal Patch)	B	Maximum of 4 patches per 28 days
Savaysa (Oral Tablet)	B	Maximum of 1 tablet per day
Secuado (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day
Segluromet (2.5-1000MG Oral Tablet, 7.5-1000MG Oral Tablet, 7.5-500MG Oral Tablet)	B	Maximum of 2 tablets per day
Segluromet (2.5-500MG Oral Tablet)	B	Maximum of 4 tablets per day
Selzentry (Oral Solution)	B	Maximum of 8 bottles (1840 ml) per 30 days
Selzentry (150MG Oral Tablet, 75MG Oral Tablet)	B	Maximum of 2 tablets per day
Selzentry (25MG Oral Tablet, 300MG Oral Tablet)	B	Maximum of 4 tablets per day
Sensipar (30MG Oral Tablet, 60MG Oral Tablet)	B	Maximum of 2 tablets per day
Sensipar (90MG Oral Tablet)	B	Maximum of 4 tablets per day
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 inhalations) per 30 days

Drug Name	Brand or Generic	Quantity Limit
Seroquel (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	B	Maximum of 3 tablets per day
Seroquel (25MG Oral Tablet Immediate Release)	B	Maximum of 4 tablets per day
Seroquel (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Seroquel XR (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Seroquel XR (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Shingrix (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Silodosin (Oral Capsule)	G	Maximum of 1 capsule per day
Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Singulair (Oral Packet)	B	Maximum of 1 packet per day
Singulair (Oral Tablet)	B	Maximum of 1 tablet per day
Singulair (Oral Tablet Chewable)	B	Maximum of 1 tablet per day
Sofosbuvir-Velpatasvir (Oral Tablet)	G	Maximum of 1 tablet per day
Solifenacin Succinate (Oral Tablet)	G	Maximum of 1 tablet per day
Soliqua (Subcutaneous Solution Pen-Injector)	B	Maximum of 6 pens (18 ml) per 30 days
Solodyn (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Somavert (Subcutaneous Solution Reconstituted)	B	Maximum of 1 vial per day
Sovaldi (150MG Oral Packet)	B	Maximum of 1 carton (28 packets) per 28 days
Sovaldi (200MG Oral Packet)	B	Maximum of 2 cartons (56 packets) per 28 days
Sovaldi (400MG Oral Tablet)	B	Maximum of 1 tablet per day
Spiriva HandiHaler (Inhalation Capsule)	B	Maximum of 1 capsule per day
Spiriva Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 30 days
Starlix (120MG Oral Tablet)	B	Maximum of 3 tablets per day

Drug Name	Brand or Generic	Quantity Limit
Stavudine (Oral Capsule)	G	Maximum of 2 capsules per day
Steglatro (15MG Oral Tablet)	B	Maximum of 1 tablet per day
Steglatro (5MG Oral Tablet)	B	Maximum of 2 tablets per day
Steglujan (Oral Tablet)	B	Maximum of 1 tablet per day
Stribild (Oral Tablet)	B	Maximum of 1 tablet per day
Suboxone (12-3MG Sublingual Film, 4-1MG Sublingual Film)	B	Maximum of 2 films per day
Suboxone (2-0.5MG Sublingual Film, 8-2MG Sublingual Film)	B	Maximum of 3 films per day
Subsys (100MCG Sublingual Liquid, 200MCG Sublingual Liquid, 400MCG Sublingual Liquid, 600MCG Sublingual Liquid, 800MCG Sublingual Liquid)	B	Maximum of 4 sprays per day
Sumatriptan (Nasal Solution)	G	Maximum of 12 devices per 30 days
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	Maximum of 12 tablets per 30 days
Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)	G	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	G	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector)	G	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan-Naproxen Sodium (Oral Tablet)	G	Maximum of 9 tablets per 30 days
Sunosi (Oral Tablet)	B	Maximum of 1 tablet per day
Sustiva (Oral Capsule)	B	Maximum of 3 capsules per day
Sustiva (Oral Tablet)	B	Maximum of 1 tablet per day
Symbicort (120 Inhalation Aerosol)	B	Maximum of 1 inhaler (10.2 grams) per 30 days
Symdeko (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Symfi Lo (Oral Tablet)	B	Maximum of 1 tablet per day
Symfi (Oral Tablet)	B	Maximum of 1 tablet per day
Symjepi (Injection Solution Prefilled Syringe)	B	Maximum of 4 syringes per 30 days
Sympazan (Oral Film)	B	Maximum of 2 films per day
Symproic (Oral Tablet)	B	Maximum of 1 tablet per day
Symtuza (Oral Tablet)	B	Maximum of 1 tablet per day

Drug Name	Brand or Generic	Quantity Limit
Synjardy (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Synjardy XR (10-1000MG Oral Tablet Extended Release 24 Hour, 25-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Synjardy XR (12.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Syprine (Oral Capsule)	B	Maximum of 8 capsules per day
Tabrecta (Oral Tablet)	B	Maximum of 4 tablets per day
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Talzenna (0.25MG Oral Capsule)	B	Maximum of 3 capsules per day
Talzenna (1MG Oral Capsule)	B	Maximum of 1 capsule per day
Targretin (External Gel)	B	Maximum of 60 grams per 30 days
Tasmar (Oral Tablet)	B	Maximum of 6 tablets per day
Tavalisse (Oral Tablet)	B	Maximum of 2 tablets per day
Tazverik (Oral Tablet)	B	Maximum of 8 tablets per day
TDVAX (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Tecfidera (Oral Capsule Delayed Release)	B	Maximum of 2 capsules per day
Tekturna HCT (Oral Tablet)	B	Maximum of 1 tablet per day
Tekturna (Oral Tablet)	B	Maximum of 1 tablet per day
Telmisartan (Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-Amlodipine (Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-HCTZ (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-HCTZ (80-12.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Temazepam (Oral Capsule)	G	Maximum of 1 capsule per day
Tenivac (Intramuscular Injectable)	B	1 vaccination dose (0.5 ml) per day
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Thalomid (100MG Oral Capsule, 50MG Oral Capsule)	B	Maximum of 1 capsule per day
Thalomid (150MG Oral Capsule, 200MG Oral Capsule)	B	Maximum of 2 capsules per day
Tibsovo (Oral Tablet)	B	Maximum of 2 tablets per day
Tivicay (10MG Oral Tablet, 25MG Oral Tablet)	B	Maximum of 1 tablet per day
Tivicay (50MG Oral Tablet)	B	Maximum of 2 tablets per day
Tivicay PD (Oral Tablet Soluble)	B	Maximum of 6 tablets per day

Drug Name	Brand or Generic	Quantity Limit
TOBI (Inhalation Nebulization Solution)	B	Maximum of 2 ampules (10 ml) per day
TOBI Podhaler (Inhalation Capsule)	B	Maximum of 8 capsules per day
Tobramycin (300MG/5ML Inhalation Nebulization Solution)	G	Maximum of 2 ampules (10 ml) per day
Tolcapone (Oral Tablet)	G	Maximum of 6 tablets per day
Topicort (External Cream)	G	Maximum of 100 grams per 30 days
Tosymra (Nasal Solution)	B	Maximum of 12 devices per 30 days
Toviaz (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Tracleer (Oral Tablet)	B	Maximum of 2 tablets per day
Tracleer (Oral Tablet Soluble)	B	Maximum of 8 tablets per day
Tradjenta (Oral Tablet)	B	Maximum of 1 tablet per day
Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Tramadol HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Tramadol HCl ER (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Tramadol HCl (50MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Tramadol-Acetaminophen (Oral Tablet)	G	Maximum of 8 tablets per day
Trandolapril (1MG Oral Tablet, 2MG Oral Tablet)	G	Maximum of 1 tablet per day
Trandolapril (4MG Oral Tablet)	G	Maximum of 2 tablets per day
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	G	Maximum of 1 tablet per day
Tranxene-T (Oral Tablet)	B	Maximum of 12 tablets per day
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Treximet (Oral Tablet)	B	Maximum of 9 tablets per 30 days
Trezix (Oral Capsule)	G	Maximum of 10 capsules per day
Tribenzor (Oral Tablet)	B	Maximum of 1 tablet per day
Trientine HCl (Oral Capsule)	G	Maximum of 8 capsules per day

Drug Name	Brand or Generic	Quantity Limit
Trijardy XR (10-5-1000MG Oral Tablet Extended Release 24 Hour, 25-5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Trijardy XR (12.5-2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-2.5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Trikafta (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (84 tablets) per 28 days
Triumeq (Oral Tablet)	B	Maximum of 1 tablet per day
Trizivir (Oral Tablet)	B	Maximum of 2 tablets per day
Trulicity (0.75MG/0.5ML Subcutaneous Solution Pen-Injector, 1.5MG/0.5ML Subcutaneous Solution Pen-Injector)	B	Maximum of 4 pens (2 ml) per 28 days
Trumenba (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Truvada (Oral Tablet)	B	Maximum of 1 tablet per day
Tukysa (150MG Oral Tablet)	B	Maximum of 4 tablets per day
Tukysa (50MG Oral Tablet)	B	Maximum of 12 tablets per day
Turalio (Oral Capsule)	B	Maximum of 4 capsules per day
Twinrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day
Twynsta (Oral Tablet)	B	Maximum of 1 tablet per day
Tybost (Oral Tablet)	B	Maximum of 1 tablet per day
Typhim Vi (Intramuscular Solution)	B	1 vaccination dose (0.5 ml) per day
Ubrelvy (Oral Tablet)	B	Maximum of 16 tablets per 30 days
Ultracet (Oral Tablet)	B	Maximum of 8 tablets per day
Ultram (Oral Tablet Immediate Release)	B	Maximum of 8 tablets per day
Uptravi (1000MCG Oral Tablet, 1200MCG Oral Tablet, 1400MCG Oral Tablet, 1600MCG Oral Tablet, 400MCG Oral Tablet, 600MCG Oral Tablet, 800MCG Oral Tablet)	B	Maximum of 2 tablets per day
Uptravi (200MCG Oral Tablet)	B	Maximum of 5 tablets per day
Valacyclovir HCl (1GM Oral Tablet)	G	Maximum of 4 tablets per day
Valacyclovir HCl (500MG Oral Tablet)	G	Maximum of 2 tablets per day
Valchlor (External Gel)	B	Maximum of 60 grams per 30 days
Valcyte (Oral Solution Reconstituted)	B	Maximum of 36 ml per day
Valcyte (Oral Tablet)	B	Maximum of 4 tablets per day

Drug Name	Brand or Generic	Quantity Limit
Valganciclovir HCl (50MG/ML Oral Solution Reconstituted)	G	Maximum of 36 ml per day
Valganciclovir HCl (450MG Oral Tablet)	G	Maximum of 4 tablets per day
Valium (Oral Tablet)	B	Maximum of 4 tablets per day
Valsartan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	G	Maximum of 2 tablets per day
Valsartan (320MG Oral Tablet)	G	Maximum of 1 tablet per day
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Valtoco 10 MG Dose (Nasal Liquid)	B	Maximum of 10 blister packs (10 spray devices) per 30 days
Valtoco 15 MG Dose (Nasal Liquid Therapy Pack)	B	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 20 MG Dose (Nasal Liquid Therapy Pack)	B	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 5 MG Dose (Nasal Liquid)	B	Maximum of 10 blister packs (10 spray devices) per 30 days
Valtrex (1GM Oral Tablet)	B	Maximum of 4 tablets per day
Valtrex (500MG Oral Tablet)	B	Maximum of 2 tablets per day
Vancocin HCl (125MG Oral Capsule)	B	Maximum of 4 capsules per day
Vancocin (250MG Oral Capsule)	B	Maximum of 8 capsules per day
Vancomycin HCl (125MG Oral Capsule)	G	Maximum of 4 capsules per day
Vancomycin HCl (250MG Oral Capsule)	G	Maximum of 8 capsules per day
VAQTA (Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
Varivax (Subcutaneous Injectable)	B	1 vaccination dose (1 injection) per day
Vaseretic (Oral Tablet)	B	Maximum of 2 tablets per day
Vasotec (Oral Tablet)	B	Maximum of 2 tablets per day
Veltassa (Oral Packet)	B	Maximum of 1 packet per day
Vesicare (Oral Tablet)	B	Maximum of 1 tablet per day
Viberzi (Oral Tablet)	B	Maximum of 2 tablets per day
Victoza (Subcutaneous Solution Pen-Injector)	B	Maximum of 3 pens (9 ml) per 30 days
Viekira Pak (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (112 tablets) per 28 days
Vigabatrin (Oral Packet)	G	Maximum of 6 packets per day
Vigabatrin (Oral Tablet)	G	Maximum of 6 tablets per day
Vigadrone (Oral Packet)	G	Maximum of 6 packets per day
Vimpat (Oral Solution)	B	Maximum of 40 ml per day
Vimpat (Oral Tablet)	B	Maximum of 2 tablets per day

Drug Name	Brand or Generic	Quantity Limit
Viracept (250MG Oral Tablet)	B	Maximum of 10 tablets per day
Viracept (625MG Oral Tablet)	B	Maximum of 4 tablets per day
Viramune (Oral Suspension)	B	Maximum of 40 ml per day
Viramune (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Viramune XR (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Viread (Oral Powder)	B	Maximum of 4 bottles (240 grams) per 30 days
Viread (Oral Tablet)	B	Maximum of 1 tablet per day
Vitrakvi (100MG Oral Capsule)	B	Maximum of 4 capsules per day
Vitrakvi (25MG Oral Capsule)	B	Maximum of 6 capsules per day
Vitrakvi (Oral Solution)	B	Maximum of 20 ml per day
Vivelle-Dot (Transdermal Patch Twice Weekly)	B	Maximum of 8 patches per 28 days
Vivlodex (Oral Capsule)	B	Maximum of 1 capsule per day
Vosevi (Oral Tablet)	B	Maximum of 1 tablet per day
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	B	Maximum of 1 capsule per day
Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)	B	Maximum of 4 capsules per day
Vyndamax (Oral Capsule)	B	Maximum of 1 capsule per day
Vyndaqel (Oral Capsule)	B	Maximum of 4 capsules per day
Vytorin (Oral Tablet)	B	Maximum of 1 tablet per day
Wakix (Oral Tablet)	B	Maximum of 2 tablets per day
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	Maximum of 1 inhaler (60 blisters) per 30 days
Xanax (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	B	Maximum of 4 tablets per day
Xanax (2MG Oral Tablet Immediate Release)	B	Maximum of 5 tablets per day
Xanax XR (0.5MG Oral Tablet Extended Release 24 Hour, 1MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Xanax XR (2MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 5 tablets per day
Xanax XR (3MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 3 tablets per day

Drug Name	Brand or Generic	Quantity Limit
Xarelto (10MG Oral Tablet, 20MG Oral Tablet)	B	Maximum of 1 tablet per day
Xarelto (15MG Oral Tablet, 2.5MG Oral Tablet)	B	Maximum of 2 tablets per day
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (51 tablets) per 30 days
Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (350MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (100MG Oral Tablet, 50MG Oral Tablet)	B	Maximum of 1 tablet per day
Xcopri (150MG Oral Tablet, 200MG Oral Tablet)	B	Maximum of 2 tablets per day
Xcopri (Oral Tablet Titration Therapy Pack)	B	Maximum of 1 pack (28 tablets) per 28 days
Xeljanz (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Xenleta (Oral Tablet)	B	Maximum of 2 tablets per day
Xermelo (Oral Tablet)	B	Maximum of 3 tablets per day
Xigduo XR (10-1000MG Oral Tablet Extended Release 24 Hour, 10-500MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Xigduo XR (2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Xiidra (Ophthalmic Solution)	B	Maximum of 2 vials per day
Xofluza (40 MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per 30 days
Xofluza (80 MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per 30 days
Xolegel (External Gel)	B	Maximum of 90 grams per 30 days
Xospata (Oral Tablet)	B	Maximum of 3 tablets per day
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 20 tablets per 28 days
Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days

Drug Name	Brand or Generic	Quantity Limit
Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 16 tablets per 28 days
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 12 tablets per 28 days
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 24 tablets per 28 days
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 16 tablets per 28 days
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 32 tablets per 28 days
Xtampza ER (13.5MG Oral Capsule ER 12 Hour Abuse-Deterrent, 18MG Oral Capsule ER 12 Hour Abuse-Deterrent, 9MG Oral Capsule ER 12 Hour Abuse-Deterrent)	B	Maximum of 3 capsules per day
Xtampza ER (27MG Oral Capsule ER 12 Hour Abuse-Deterrent, 36MG Oral Capsule ER 12 Hour Abuse-Deterrent)	B	Maximum of 6 capsules per day
Xultophy (Subcutaneous Solution Pen-Injector)	B	Maximum of 5 pens (15 ml) per 30 days
Xyrem (Oral Solution)	B	Maximum of 18 ml per day
YF-Vax (Subcutaneous Injectable)	B	1 vaccination dose (1 injection) per day
Yupelri (Inhalation Solution)	B	Maximum of 1 vial (3 ml) per day
Zaleplon (10MG Oral Capsule)	G	Maximum of 2 capsules per day
Zaleplon (5MG Oral Capsule)	G	Maximum of 1 capsule per day
Zelboraf (Oral Tablet)	B	Maximum of 8 tablets per day
Zelnorm (Oral Tablet)	B	Maximum of 2 tablets per day
Zembrace SymTouch (Subcutaneous Solution Auto-Injector)	B	Maximum of 16 syringes (8 ml) per 30 days
Zenzedi (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 6 tablets per day
Zenzedi (15MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 3 tablets per day
Zenzedi (30MG Oral Tablet)	G	Maximum of 2 tablets per day
Zepatier (Oral Tablet)	B	Maximum of 1 tablet per day
Zestoretic (10-12.5MG Oral Tablet)	B	Maximum of 1 tablet per day
Zestoretic (20-12.5MG Oral Tablet)	B	Maximum of 4 tablets per day
Zestoretic (20-25MG Oral Tablet)	B	Maximum of 2 tablets per day
Zestril (Oral Tablet)	B	Maximum of 2 tablets per day
Ziac (Oral Tablet)	B	Maximum of 2 tablets per day

Drug Name	Brand or Generic	Quantity Limit
Ziagen (Oral Solution)	B	Maximum of 32 ml per day
Ziagen (Oral Tablet)	B	Maximum of 2 tablets per day
Zidovudine (Oral Capsule)	G	Maximum of 6 capsules per day
Zidovudine (Oral Syrup)	G	Maximum of 64 ml per day
Zidovudine (Oral Tablet)	G	Maximum of 2 tablets per day
Ziprasidone HCl (Oral Capsule)	G	Maximum of 2 capsules per day
Zocor (10MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	B	Maximum of 1 tablet per day
Zohydro ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	B	Maximum of 2 capsules per day
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 (Oral Tablet Immediate Release)	G	Maximum of 1 tablet per day
Zomig (2.5MG Nasal Solution)	B	Maximum of 18 devices per 30 days
Zomig (5MG Nasal Solution)	B	Maximum of 12 devices per 30 days
Zomig (Oral Tablet)	B	Maximum of 12 tablets per 30 days
Zomig ZMT (Oral Tablet Dispersible)	B	Maximum of 12 tablets per 30 days
Zonalon (External Cream)	B	Maximum of 90 grams per 30 days
ZTlido (External Patch)	B	Maximum of 3 patches per day
Zubsolv (1.4-0.36MG Tablet Sublingual, 5.7-1.4MG Tablet Sublingual)	B	Maximum of 3 tablets per day
Zubsolv (11.4-2.9MG Tablet Sublingual)	B	Maximum of 1 tablet per day
Zubsolv (2.9-0.71MG Tablet Sublingual)	B	Maximum of 5 tablets per day
Zubsolv (8.6-2.1MG Tablet Sublingual)	B	Maximum of 2 tablets per day
Zypitamag (2MG Oral Tablet, 4MG Oral Tablet)	B	Maximum of 1 tablet per day
Zyprexa (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	B	Maximum of 1 tablet per day
Zyprexa Zydys (Oral Tablet Dispersible)	B	Maximum of 1 tablet per day

Required information

Benefits, drug list (formulary), pharmacy network and/or copayments/coinsurance may change from time to time during each plan year. You will receive notice when necessary.

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

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