



Complete Drug List (Formulary) 2024

Group PPO Plus MAPD Formulary
FSRBC

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
Hours of Operation



PlanURL.com

United
Healthcare®

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What is a Drug List?

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

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

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

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

Note to existing members:

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

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

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

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

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

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

How can I find a drug on the Drug List?

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

1. **By name.** Turn to the section “Covered drugs by name (**Drug index**)” on pages 12-30 to see the list of drug names in alphabetical order. Find the name of your drug. The page number where you can find the drug will be next to it.
2. **By medical condition.** Turn to the section “Covered drugs by category” on pages 31-99. The drugs in this Drug List are grouped into categories depending on the type of medical condition they are used to treat. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. This is where you will find drugs that treat heart conditions.

What are generic drugs?

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

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

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

What is a compounded drug?

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

Drug payment stage and drug tiers

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

- **Your drug payment stage.** Your plan has different stages of drug coverage. When you fill a prescription, the amount you pay depends on the coverage stage you're in.
- **Your drug's tier.** Each covered drug is in 1 of 5 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	Lower-cost, commonly used generic drugs.
Tier 2: Generic	Many generic drugs.
Tier 3: Preferred Brand	Many common brand name drugs, called preferred brands and some higher-cost generic drugs.
Tier 4: Non-preferred Drug	Non-preferred generic and non-preferred brand name drugs. In addition, Part D eligible compound medications are covered in Tier 4.
Tier 5: Specialty Tier	Unique and/or very high-cost brand and generic drugs.

Getting Extra Help

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

Are there any rules or limits on my drug coverage?

Yes, some drugs may have coverage rules or have limits on the amount you can get. If your drug has any coverage rules or limits, there will be a code(s) in the “Coverage rules or limits on use” column of the “Covered drugs by category” chart starting on page 31. The codes and what they mean are shown below and on the next page.

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

Coverage rules and limits

PA - Prior authorization

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

QL - Quantity limits

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

ST - Step therapy

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

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

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

Other special coverage rules

B/D - Medicare Part B or Part D

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

HRM - High-risk medication

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

LA - Limited access

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

MME - Morphine milligram equivalent

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

7D - 7-day limit

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

DL - Dispensing limit

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

What if my drug is not on this list?

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

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

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

How can I get an exception?

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

Types of exceptions you can ask for

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

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

Who can ask for an exception?

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

How long does it take to get an exception?

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

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

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

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

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

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

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

Can the Drug List change?

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

Changes that can affect you this year

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

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

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

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

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

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

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

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

Drugs with dosages other than a 1-month supply

Drugs packaged in an extended day supply

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

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

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

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

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

For more information

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

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

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

Covered drugs by name (Drug index)

A		
Abacavir Sulfate57	Albendazole52	Amlodipine -Valsartan -HCTZ66
Abacavir Sulfate -Lamivudine57	Albuterol Sulfate96	Ammonium Lactate72
Abelcet45	Albuterol Sulfate HFA96	Amnesteem71
Abilify Maintena54	Alclometasone Dipropionate71	Amoxapine44
Abiraterone Acetate47	Alcohol Prep Pads.....92	Amoxicillin37
Acamprosate Calcium33	Alecensa49	Amoxicillin -Potassium Clavulanate37
Acarbose60	Alendronate Sodium91	Amoxicillin -Potassium Clavulanate ER37
Accutane71	Alfuzosin HCl ER79	Amphetamine -Dextroamphetamine69
Acebutolol HCl65	Aliskiren Fumarate66	Amphetamine -Dextroamphetamine ER69
Acetaminophen -Caffeine -Dihydrocodeine32	Allopurinol45	Amphotericin B45
Acetaminophen -Codeine32	Alosetron HCl77	Ampicillin37
Acetazolamide66	Alprazolam59	Ampicillin Sodium37
Acetazolamide ER66	Altavera81	Ampicillin -Sulbactam Sodium37
Acetic Acid95	Alunbrig49	Anagrelide HCl63
Acetylcysteine97	Alyacen 1/3581	Anastrozole48
Acitretin71	Alyq96	Anoro Ellipta97
ActHIB89	Amantadine HCl52	Anzemet44
Actimmune88	Ambrisentan96	Apomorphine HCl53
Acyclovir56	Amethia81	Apraclonidine HCl94
Acyclovir Sodium56	Amikacin Sulfate34	Aprepitant44
Adacel89	Amiloride HCl67	Apri81
Adapalene71	Amiloride -Hydrochlorothiazide66	Apriso91
Adefovir Dipivoxil56	Amiodarone HCl64	Aptiom41
Adempas96	Amitriptyline HCl44	Aptivus58
Advair Diskus97	Amlodipine Besylate65	Aralast NP78
Advair HFA97	Amlodipine -Atorvastatin66	Aranelle81
Aimovig46	Amlodipine -Benazepril66	Aranesp63
Ala -Cort71	Amlodipine -Olmesartan66	Arcalyst87
	Amlodipine -Valsartan66	

Aripiprazole	54	Azithromycin	38	Betamethasone Valerate	72
Aripiprazole ODT	54	Aztreonam	34	Betaseron	70
Aristada	54	B		Betaxolol HCl	94
Aristada Initio	54	BCG Vaccine	89	Bethanechol Chloride	79
Armodafinil	99	BIVIGAM	87	Betimol	94
Arnuity Ellipta	95	BRIVIACT	39	Bexarotene	51
Asenapine Maleate	54	Bacitracin	93	Bexsero	89
Ashlyna	81	Bacitracin -Polymyxin B	93	Bicalutamide	47
Aspirin -Dipyridamole ER	63	Baclofen	55	Bicillin C -R	37
Atazanavir Sulfate	58	Balsalazide Disodium	91	Bicillin C -R 900/300	37
Atenolol	65	Balversa	49	Bicillin L -A	37
Atenolol -Chlorthalidone	66	Balziva	81	Biktaryv	56
Atomoxetine HCl	69	Baqsimi One Pack	61	Bisoprolol Fumarate	65
Atorvastatin Calcium	68	Baraclude	56	Bisoprolol -Hydrochlorothiazide	66
Atovaquone	52	Belsomra	98	Blisovi 24 Fe	81
Atovaquone -Proguanil HCl	52	Benazepril HCl	64	Blisovi Fe 1.5/30	81
Atropine Sulfate	92	Benazepril -Hydrochlorothiazide	66	Boostrix	89
Atrovent HFA	95	Benlysta	87	Bosentan	97
Aubra EQ	81	Benznidazole	52	Bosulif	49
Austedo	70	Benzoyl Peroxide -Erythromycin	71	Braftovi	49
Auvelity	42	Benzotropine Mesylate	52	Breo Ellipta	97
Aviane	81	Bepotastine Besilate	93	Breztri Aerosphere	97
Avonex Pen	70	Bepreve	93	Briellyn	81
Avonex Prefilled	70	Berinert	86	Brilinta	63
Ayvakit	49	Besivance	93	Brimonidine Tartrate	94
Azathioprine	88	Besremi	88	Brimonidine Tartrate -Timolol	92
Azelaic Acid	71	Betaine	78	Brinzolamide	94
Azelastine HCl	95	Betamethasone Dipropionate	72	Bromocriptine Mesylate	53
Azelastine -Fluticasone	95	Betamethasone Dipropionate Aug	72	Bronchitol	97

Brukina	49	Caprelsa	49	Cefuroxime Axetil	36
Budesonide	95	Captopril	64	Cefuroxime Sodium	36
Budesonide ER	91	Carac	73	Celecoxib	31
Bumetanide	67	Carbamazepine	41	Cephalexin	36
Buprenorphine	32	Carbamazepine ER	41	Cetirizine HCl	95
Buprenorphine HCl	34	Carbidopa	53	Chemet	76
Buprenorphine HCl -Naloxone HCl	34	Carbidopa -Levodopa	53	Chenodal	77
Bupropion HCl	42	Carbidopa -Levodopa ER	53	Chlordiazepoxide HCl	59
Bupropion HCl SR	42	Carbidopa -Levodopa ODT	53	Chlordiazepoxide -Clidinium	77
Bupropion HCl XL	42	Carbidopa -Levodopa -Entacapone	52	Chlorhexidine Gluconate	71
Buspirone HCl	59	Carglumic Acid	74	Chloroquine Phosphate	52
Butalbital -Acetaminophen -Caffeine	32	Carisoprodol	98	Chlorpromazine HCl	53
Butalbital -Aspirin -Caffeine	32	Carteolol HCl	94	Chlorthalidone	67
Butorphanol Tartrate	32	Cartia XT	65	Chlorzoxazone	98
Bydureon BCise	60	Carvedilol	65	Cholbam	78
C		Caspofungin Acetate	45	Cholestyramine	68
Cabergoline	86	Cayston	96	Cholestyramine Light	68
Cablivi	63	Cefaclor	35	Ciclopirox	74
Cabometyx	49	Cefadroxil	35	Ciclopirox Olamine	74
Calcipotriene	73	Cefazolin Sodium	35	Cilostazol	63
Calcitonin Salmon	91	Cefdinir	36	Cimduo	57
Calcitriol	91	Cefepime HCl	36	Cinacalcet HCl	91
Calcium Acetate	76	Cefixime	36	Cinryze	86
Calquence	49	Cefotetan Disodium	36	Ciprofloxacin HCl	93
Camila	85	Cefoxitin Sodium	36	Ciprofloxacin in D5W	38
Camrese Lo	81	Cefpodoxime Proxetil	36	Ciprofloxacin -Dexamethasone	95
Candesartan Cilexetil	64	Cefprozil	36	Citalopram Hydrobromide	43
Candesartan Cilexetil -HCTZ	66	Ceftazidime	36	Claravis	71
Caplyta	54	Ceftriaxone Sodium	36	Clarithromycin	38

Clarithromycin ER	38	Colesevelam HCl	68	Cystaran	92
Clenpiq	77	Colestipol HCl	68	D	
Climara Pro	81	Colistimethate Sodium	35	Dalfampridine ER	70
Clindacin ETZ	74	Combigan	92	Dalvance	35
Clindamycin HCl	34	Combivent Respimat	97	Danazol	81
Clindamycin Palmitate HCl	34	Cometriq	49	Dantrolene Sodium	56
Clindamycin Phosphate	74	Complera	57	Dapsone	46
Clindamycin Phosphate in D5W	34	Compro	44	Daptacel	89
Clindamycin Phosphate -Benzoyl Peroxide	71	Constulose	77	Daptomycin	35
Clobazam	40	Copiktra	49	Darunavir	58
Clobetasol Propionate	72	Corlanor	67	Daurismo	49
Clobetasol Propionate Emollient Base	72	Cosentyx	87	DayVigo	98
Clodan	72	Cosentyx Sensoready	87	Deblitane	85
Clomipramine HCl	44	Cotellic	49	Deferasirox	76
Clonazepam	59	Creon	78	Deferasirox Granules	76
Clonazepam ODT	59	Crinone	85	Deferiprone	76
Clonidine	64	Cromolyn Sodium	96	Delstrigo	57
Clonidine HCl	64	Cryelle -28	81	Demeclocycline HCl	39
Clonidine HCl ER	69	Cyclobenzaprine HCl	98	Demser	67
Clopidogrel Bisulfate	63	Cyclophosphamide	47	Depo -SubQ Provera 104	85
Clorazepate Dipotassium	59	Cycloset	60	Descovy	57
Clotrimazole	74	Cyclosporine	92	Desipramine HCl	44
Clotrimazole -Betamethasone	73	Cyclosporine Modified	88	Desmopressin Acetate	80
Clozapine	55	Cyltezo	88	Desmopressin Acetate Spray	80
Clozapine ODT	55	Cyltezo -CD/UC/HS Starter	88	Desogestrel -Ethinyl Estradiol	81
Coartem	52	Cyltezo -Psoriasis Starter	88	Desonide	72
Codeine Sulfate	32	Cyproheptadine HCl	95	Desoximetasone	72
Colchicine	45	Cyred EQ	81	Desvenlafaxine Succinate ER	43
		Cystagon	78	Dexamethasone	80

Dexamethasone Sodium Phosphate	93	Dimethyl Fumarate Starter Pack	70	Duavee	81
Dexmethylphenidate HCl	70	Dipentum	91	Dulera	97
Dexmethylphenidate HCl ER	69	Diphenoxylate -Atropine	77	Duloxetine HCl	70
Dextroamphetamine Sulfate	69	Diphtheria -Tetanus Toxoids DT	89	Dupixent	87
Dextroamphetamine Sulfate ER	69	Disulfiram	34	Dutasteride	79
Dextrose	75	Diuril	68	Dymista	95
Dextrose -NaCl	75	Divalproex Sodium	59	E	
Diacomit	40	Divalproex Sodium ER	59	Econazole Nitrate	74
Diazepam	59	Dofetilide	64	Edarbi	64
Diazepam Intensol	59	Dolishale	81	Edarbyclor	67
Diazoxide	61	Donepezil HCl	42	Edurant	57
Diclofenac Potassium	31	Donepezil HCl ODT	42	Efavirenz	57
Diclofenac Sodium	93	Doptelet	63	Efavirenz -Emtricitabine -Tenofovir	57
Diclofenac Sodium ER	31	Dorzolamide HCl	94	Efavirenz -Lamivudine -Tenofovir	57
Dicloxacillin Sodium	37	Dorzolamide HCl -Timolol Maleate	92	Egrifta SV	80
Dicyclomine HCl	77	Dorzolamide HCl -Timolol Maleate Preservative Free	92	Elestrin	81
Dificid	38	Dotti	81	Eliquis	62
Diflunisal	31	Dovato	56	Eliquis Starter Pack	62
Digoxin	67	Doxazosin Mesylate	64	Elmiron	80
Dihydroergotamine Mesylate	46	Doxepin HCl	72	EluRyng	81
Dilantin	41	Doxercalciferol	91	Emcyt	47
Dilantin INFATABS	41	Doxy 100	39	Emend	44
Dilt -XR	66	Doxycycline Hyclate	39	Emgality	46
Diltiazem HCl	66	Doxycycline Monohydrate	39	Emsam	43
Diltiazem HCl ER	66	Dronabinol	44	Emtricitabine	57
Diltiazem HCl ER Beads	65	Drospirenone -Ethinyl Estradiol	81	Emtricitabine -Tenofovir Disoproxil Fumarate	57
Diltiazem HCl ER Coated Beads	66	Droxia	48	Emtriva	57
Dimethyl Fumarate	70	Droxidopa	64	Enalapril Maleate	64
				Enalapril -Hydrochlorothiazide	67

Enbrel	88	Erythromycin	93	Fanapt Titration Pack	54	
Enbrel Mini	88	Erythromycin Base	38	Farxiga	60	
Enbrel SureClick	88	Erythromycin Ethylsuccinate	38	Fasenra	97	
Endari	75	Escitalopram Oxalate	43	Fasenra Pen	97	
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Fluphenazine HCl	53	Gatifloxacin	93	Griseofulvin Ultramicrosize ...	45
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Flurbiprofen Sodium	94	GaviLyte -C	77	Gvoke HypoPen 2 -Pack	61
Fluticasone Propionate	95	GaviLyte -G	77	Gvoke Kit	61
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Fluvoxamine Maleate	43	Gemfibrozil	68	Haegarda	86
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Fosinopril Sodium	64	Genotropin MiniQuick	80	Haloperidol Lactate	53
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Januvia	60	Ketoprofen	31	Lansoprazole	78
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Junel Fe 1.5/30	82	Korlym	81	Lenvima 14MG Daily Dose	50
Junel Fe 1/20	82	Koselugo	50	Lenvima 18MG Daily Dose	50
Junel Fe 24	82	Krazati	48	Lenvima 20MG Daily Dose	50
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KCl in Dextrose -NaCl	75	LARIN 1.5/30	82	Lenvima 4MG Daily Dose	50
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Levorphanol Tartrate	32	Lotemax SM	94	Matzim LA	66
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Levoxyl	85	Lovastatin	68	Mayzent	70
Lexiva	58	Low -Ogestrel	83	Mayzent Starter Pack	70
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Lidocaine HCl	33	Lubiprostone	77	Medroxyprogesterone Acetate	85
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Methazolamide	94	Miglitol	60	Nadolol	65
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Methimazole	86	Mili	83	Naftifine HCl	74
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Orkambi	96	Penicillin G Potassium	37	Piqray	51
Orserdu	47	Penicillin G Procaine	37	Pirfenidone	97
Oseltamivir Phosphate	59	Penicillin G Sodium	37	Piroxicam	31
Osphena	85	Penicillin V Potassium	37	Plasma -Lyte 148	75
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Oxcarbazepine	41	Perforomist	96	Polycin	93
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Oxybutynin Chloride	79	Periogard	71	Polymyxin B -Trimethoprim ..	93
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Paromomycin Sulfate	34	Pimecrolimus	73	Prasugrel HCl	63
Paroxetine HCl	43	Pimozide	53	Pravastatin Sodium	68
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Prazosin HCl	64	Proctosol HC	91	Quetiapine Fumarate	55
PreHevbrio	90	Proctozone -HC	91	Quetiapine Fumarate ER	55
Prednisolone	80	Procysbi	79	Quinapril HCl	64
Prednisolone Acetate	94	Progesterone	85	Quinidine Gluconate ER	65
Prednisolone Sodium Phosphate	94	Prograf	89	Quinidine Sulfate	65
Prednisone	80	Prolastin -C	79	Quinine Sulfate	52
Prednisone Intensol	80	Prolensa	94	R	
Pregabalin	70	Prolia	91	RAVICTI	79
Premarin	84	Promacta	63	RabAvert	90
Premasol	75	Promethazine HCl	44	Rabeprazole Sodium	78
Premphase	84	Promethegan	44	Raloxifene HCl	85
Prempro	84	Propafenone HCl	65	Ramelteon	98
Prenatal	76	Propafenone HCl ER	65	Ramipril	64
Prevalite	69	Propranolol HCl	65	Ranolazine ER	67
Prevymis	56	Propranolol HCl ER	65	Rasagiline Mesylate	53
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Revlimid	47	Rozlytrek	51	Sevelamer HCl	76	
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Ridaura	87	Rydapt	51	Silver Sulfadiazine	73	
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Rifampin	47	S			Simvastatin	68
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Risperdal Consta	55	Sandimmune	89	Skyrizi Pen	87	
Risperidone	55	Santyl	73	Sodium Chloride	76	
Risperidone ODT	55	Sapropterin Dihydrochloride	79	Sodium Fluoride	76	
Ritonavir	58	Savella	70	Sodium Oxybate	99	
Rivastigmine	42	Savella Titration Pack	70	Sodium Phenylbutyrate	79	
Rivastigmine Tartrate	42	Scemblix	51	Sodium Polystyrene Sulfonate	76	
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Somavert	86	Sumatriptan Succinate	46	Tarina 24 Fe	84
Sorafenib Tosylate	51	Sunitinib Malate	51	Tarina Fe 1/20 EQ	84
Sorine	65	Sunlenca	58	Tasigna	51
Sotalol HCl	65	Suprax	36	Tasimelteon	98
Sotalol HCl AF	65	Sutab	77	Tazarotene	71
Spiriva HandiHaler	96	Syeda	84	Tazicef	36
Spiriva Respimat	96	Symbicort	98	Taztia XT	66
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Sprycel	51	Synarel	86	Telmisartan -Amlodipine	67
Sronyx	84	Synjardy	61	Telmisartan -HCTZ	67
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Stribild	57	TDVAX	90	Terazosin HCl	79
Suboxone	34	TOBI Podhaler	96	Terbinafine HCl	45
Subvenite	40	TPN Electrolytes	76	Terconazole	45
Sucraid	79	Tabloid	48	Teriflunomide	71
Sucrafate	78	Tabrecta	47	Teriparatide	92
Sulfacetamide Sodium	93	Tacrolimus	89	Testosterone	81
Sulfacetamide -Prednisolone	92	Tadalafil	97	Testosterone Cypionate	81
Sulfadiazine	39	Tafinlar	51	Testosterone Enanthate	81
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Theophylline	96	Tracleer	97	Triamterene -HCTZ	67
Theophylline ER	96	Tradjenta	61	Triderm	73
Thioridazine HCl	53	Tramadol HCl	33	Trientine HCl	76
Thiothixene	54	Tramadol HCl ER	32	Trifluoperazine HCl	54
Tiadyt ER	66	Tramadol -Acetaminophen	33	Trifluridine	93
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Ticovac	90	Tranylcypromine Sulfate	43	Trimethoprim	35
Tigecycline	35	Travasol	76	Trimipramine Maleate	44
Tilia Fe	84	Travoprost	94	Trintellix	43
Timolol Maleate	94	Trazodone HCl	43	Triumeq	58
Timolol Maleate Ophthalmic Gel Forming	94	Trecator	47	Triumeq PD	58
Tinidazole	35	Trelegy Ellipta	98	Trivora	84
Tivicay	57	Trelstar Mixject	86	Trizivir	58
Tivicay PD	57	Tresiba	62	TrophAmine	76
Tizanidine HCl	56	Tresiba FlexTouch	62	Trulance	77
TobraDex	92	Tretinoin	71	Trulicity	61
TobraDex ST	92	Trexall	89	Trumenba	90
Tobramycin	96	Tri -Estarylla	84	Tukysa	48
Tobramycin Sulfate	34	Tri -Legest Fe	84	Turalio	51
Tobramycin -Dexamethasone	93	Tri -Lo -Estarylla	84	Twinrix	90
Tobrex	93	Tri -Lo -Sprintec	84	Tyblume	84
Tolcapone	53	Tri -Milli	84	Tybost	58
Tolvaptan	76	Tri -Nymyo	84	Tymlos	92
Topiramate	40	Tri -Sprintec	84	Typhim Vi	90
Toremifene Citrate	48	Tri -VyLibra	84	Tyvaya	93
Torse mide	67	Tri -VyLibra Lo	84	Tyvaso DPI Maintenance Kit	97

Tyvaso DPI Titration Kit	97	Venlafaxine HCl ER	43	Vyfemla	84
U					
Udenyca	63	Ventavis	97	Vyndamax	79
Unithroid	86	Ventolin HFA	96	Vyndaqel	79
Ursodiol	78	Verapamil HCl	66	Vyzulta	94
V					
VAQTA	90	Verapamil HCl ER	66	W	
Valacyclovir HCl	56	Verquvo	69	WYMZYA Fe	85
Valchlor	47	Versacloz	55	Warfarin Sodium	62
Valganciclovir HCl	56	Verzenio	51	Welireg	51
Valproic Acid	40	Vestura	84	Wixela Inhub	98
Valsartan	64	Vibramycin	39	X	
Valsartan -Hydrochlorothiazide	67	Victoza	61	Xalkori	51
Valtoco 10MG Dose	41	Vienna	84	Xarelto	62
Valtoco 15MG Dose	41	Vigabatrin	41	Xarelto Starter Pack	63
Valtoco 20MG Dose	41	Vigadrone	41	Xatmep	89
Valtoco 5MG Dose	41	Viibryd	43	Xcopri	40
Vancomycin HCl	35	Viibryd Starter Pack	43	Xeljanz	88
Varenicline Tartrate	34	Vilazodone HCl	43	Xeljanz XR	88
Varivax	90	Viracept	59	Xermelo	77
Vascepa	69	Viread	58	Xgeva	92
Velivet	84	Vitrakvi	51	Xifaxan	35
Velphoro	76	Vivitrol	34	Xigduo XR	61
Veltassa	76	Vizimpro	51	Xiidra	93
Vemlidy	56	Vonjo	48	Xofluza	59
Venclexta	51	Voriconazole	45	Xolair	88
Venclexta Starting Pack	51	Vosevi	56	Xospata	51
Venlafaxine Besylate ER	43	Votrient	51	Xpovio	48
Venlafaxine HCl	43	Vraylar	55	Xtampza ER	32
		Vumerity	71	Xtandi	47
		VyLibra	85	Xulane	85

Y		Zydelig	51
YF -Vax	91	Zyflo	95
Yuvaferm	85	Zykadia	51
Z		Zyprexa Relprev	55
Zafemy	85		
Zafirlukast	95		
Zaleplon	98		
Zarxio	63		
Zejula	51		
Zelapar ODT	53		
Zelboraf	51		
Zemaira	79		
Zenatane	71		
Zenpep	79		
Zerbaxa	36		
Zidovudine	58		
Zileuton ER	95		
Ziprasidone HCl	55		
Ziprasidone Mesylate	55		
Zirgan	56		
Zokinvy	79		
Zolinza	48		
Zolpidem Tartrate	98		
Zolpidem Tartrate ER	98		
Zonisade	42		
Zonisamide	42		
Zorbtive	81		
Zovia 1/35	85		
Ztalmy	41		

Covered drugs by category

The list below has information about the drugs covered by this plan. If you have trouble finding your drug, turn to the “Covered drugs by name (**Drug index**)” on pages 12-30.

The first column lists the drug name, which may include the dosage form and strength. **Brand name (B)** drugs are listed in **bold** type (for example, **Humalog**) and generic (G) drugs are listed in plain type (for example, Simvastatin). The **(B)** or (G) identifier is listed in the “Brand or Generic” column. The information in the “Coverage rules or limits on use” column lists any special requirements for coverage of your drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 100-128.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Analgesics			
Nonsteroidal Anti-inflammatory Drugs			
Celecoxib (Oral Capsule)	G	3	QL
Diclofenac Potassium (50MG Oral Tablet)	G	3	
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	G	3	
Diclofenac Sodium (1% External Gel)	G	3	
Diclofenac Sodium (Oral Tablet Delayed Release)	G	2	
Diflunisal (Oral Tablet)	G	3	
Etodolac ER (Oral Tablet Extended Release 24 Hour)	G	4	
Etodolac (Oral Capsule)	G	3	
Etodolac (Oral Tablet Immediate Release)	G	3	
Flurbiprofen (100MG Oral Tablet)	G	3	
Ibu (600MG Oral Tablet, 800MG Oral Tablet)	G	2	
Ibuprofen (Oral Suspension)	G	2	
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	G	2	
Indomethacin (25MG Oral Capsule Immediate Release, 50MG Oral Capsule Immediate Release)	G	4	HRM
Ketoprofen (25MG Oral Capsule Immediate Release, 50MG Oral Capsule Immediate Release)	G	4	
Meloxicam (Oral Tablet)	G	1	
Nabumetone (Oral Tablet)	G	3	
Naproxen (Oral Suspension)	G	5	
Naproxen (Oral Tablet Immediate Release)	G	2	
Naproxen (375MG Oral Tablet Delayed Release) (Generic EC-Naprosyn)	G	2	
Naproxen (500MG Oral Tablet Delayed Release) (Generic EC-Naprosyn)	G	3	
Piroxicam (Oral Capsule)	G	3	
Sulindac (Oral Tablet)	G	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Opioid Analgesics, Long-acting			
Buprenorphine (Transdermal Patch Weekly)	G	3	7D; DL; QL
Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour)	G	4	7D; MME; DL; QL
Fentanyl (12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour)	G	3	7D; MME; DL; QL
Hydromorphone HCl ER (Oral Tablet Extended Release 24 Hour)	G	4	7D; MME; DL; QL
Levorphanol Tartrate (3MG Oral Tablet)	G	5	7D; MME; DL; QL
Methadone HCl (Oral Solution)	G	2	7D; MME; DL; QL
Methadone HCl (Oral Tablet)	G	2	7D; MME; DL; QL
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 200MG Oral Tablet Extended Release) (Generic MS Contin)	G	4	7D; MME; DL; QL
Morphine Sulfate ER (15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	G	3	7D; MME; DL; QL
Tramadol HCl ER (Biphasic) (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	G	3	7D; MME; DL; QL
Tramadol HCl ER (Biphasic) (300MG Oral Tablet Extended Release 24 Hour)	G	4	7D; MME; DL; QL
Tramadol HCl ER (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	G	3	7D; MME; DL; QL
Tramadol HCl ER (300MG Oral Tablet Extended Release 24 Hour)	G	4	7D; MME; DL; QL
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	B	4	7D; MME; DL; QL
Opioid Analgesics, Short-acting			
Acetaminophen-Caffeine-Dihydrocodeine (Oral Capsule)	G	4	7D; MME; DL; QL
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	2	7D; MME; DL; QL
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	2	7D; MME; DL; QL
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	G	4	HRM; QL
Butalbital-Aspirin-Caffeine (Oral Capsule)	G	4	HRM; QL
Butorphanol Tartrate (Nasal Solution)	G	3	7D; MME; DL; QL
Codeine Sulfate (15MG Oral Tablet, 30MG Oral Tablet)	G	3	7D; MME; DL; QL
Codeine Sulfate (60MG Oral Tablet)	G	4	7D; MME; DL; QL
Endocet (Oral Tablet)	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
Fentanyl Citrate (1200MCG Buccal Lozenge On A Handle, 1600MCG Buccal Lozenge On A Handle, 400MCG Buccal Lozenge On A Handle, 600MCG Buccal Lozenge On A Handle, 800MCG Buccal Lozenge On A Handle)	G	5	PA; DL; QL
Fentanyl Citrate (200MCG Buccal Lozenge On A Handle)	G	4	PA; DL; QL
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	G	3	7D; MME; DL; QL
Hydrocodone-Acetaminophen (10-300MG Oral Tablet, 10-325MG Oral Tablet, 5-300MG Oral Tablet, 5-325MG Oral Tablet, 7.5-300MG Oral Tablet, 7.5-325MG Oral Tablet)	G	3	7D; MME; DL; QL
Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	G	3	7D; MME; DL; QL
Hydromorphone HCl (1MG/ML Oral Liquid)	G	3	7D; MME; DL; QL
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release, 8MG Oral Tablet Immediate Release)	G	2	7D; MME; DL; QL
Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution)	G	4	7D; DL
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)	G	2	7D; MME; DL; QL
Morphine Sulfate (Oral Solution)	G	2	7D; MME; DL; QL
Morphine Sulfate (Oral Tablet Immediate Release)	G	3	7D; MME; DL; QL
Oxycodone HCl (100MG/5ML Oral Concentrate)	G	4	7D; MME; DL; QL
Oxycodone HCl (5MG/5ML Oral Solution)	G	3	7D; MME; DL; QL
Oxycodone HCl (10MG Oral Tablet Immediate Release, 15MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	2	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	3	7D; MME; DL; QL
Tramadol HCl (50MG Oral Tablet Immediate Release)	G	2	7D; MME; DL; QL
Tramadol-Acetaminophen (Oral Tablet)	G	2	7D; MME; DL; QL
Anesthetics			
Local Anesthetics			
Lidocaine (5% External Patch)	G	4	PA; QL
Lidocaine HCl (4% External Solution)	G	4	
Lidocaine Viscous (2% Mouth/Throat Solution)	G	2	
Lidocaine-Prilocaine (External Cream)	G	2	
Anti-Addiction/Substance Abuse Treatment Agents			
Alcohol Deterrents/Anti-craving			
Acamprosate Calcium (Oral Tablet Delayed Release)	G	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Disulfiram (Oral Tablet)	G	3	
Naltrexone HCl (Oral Tablet)	G	3	
Vivitrol (Intramuscular Suspension Reconstituted)	B	5	
Opioid Dependence			
Buprenorphine HCl (Tablet Sublingual)	G	2	QL
Buprenorphine HCl-Naloxone HCl (Sublingual Film)	G	4	QL
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	G	2	QL
Suboxone (Sublingual Film)	B	4	QL
Opioid Reversal Agents			
Naloxone HCl (0.4MG/ML Injection Solution)	G	2	
Naloxone HCl (Injection Solution Cartridge)	G	2	
Naloxone HCl (Injection Solution Prefilled Syringe)	G	2	
Naloxone HCl (Nasal Liquid)	G	3	
Narcan (Nasal Liquid)	B	3	
Smoking Cessation Agents			
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	G	2	
Nicotrol (Inhalation Inhaler)	B	4	
Varenicline Tartrate (Oral Tablet)	G	4	
Varenicline Tartrate (Oral Tablet Therapy Pack)	G	4	
Antibacterials			
Aminoglycosides			
Amikacin Sulfate (500MG/2ML Injection Solution)	G	4	
Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	G	4	
Gentamicin Sulfate (40MG/ML Injection Solution)	G	4	
Neomycin Sulfate (Oral Tablet)	G	2	
Paromomycin Sulfate (250MG Oral Capsule)	G	4	
Streptomycin Sulfate (Intramuscular Solution Reconstituted)	G	5	
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	G	4	
Antibacterials, Other			
Aztreonam (Injection Solution Reconstituted)	G	4	
Clindamycin HCl (Oral Capsule)	G	2	
Clindamycin Palmitate HCl (Oral Solution Reconstituted)	G	3	
Clindamycin Phosphate in D5W (Intravenous Solution)	G	3	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Clindamycin Phosphate (300MG/2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution)	G	3	
Clindamycin Phosphate (Vaginal Cream)	G	3	
Colistimethate Sodium (CBA) (Injection Solution Reconstituted)	G	4	
Dalvance (Intravenous Solution Reconstituted)	B	5	PA
Daptomycin (Intravenous Solution Reconstituted)	G	4	
Linezolid (Intravenous Solution)	G	4	
Linezolid (Oral Suspension Reconstituted)	G	5	QL
Linezolid (Oral Tablet)	G	4	QL
Methenamine Hippurate (Oral Tablet)	G	3	
Metronidazole (0.75% External Cream)	G	3	
Metronidazole (0.75% External Gel)	G	3	
Metronidazole (1% External Gel)	G	4	
Metronidazole (0.75% External Lotion)	G	4	
Metronidazole (500MG/100ML Intravenous Solution)	G	2	
Metronidazole (250MG Oral Tablet, 500MG Oral Tablet)	G	2	
Metronidazole (0.75% Vaginal Gel)	G	3	
Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin)	G	3	HRM
Nitrofurantoin Monohydrate (Generic Macrobid)	G	3	HRM
Nitrofurantoin (Oral Suspension)	G	5	HRM
Polymyxin B Sulfate (Injection Solution Reconstituted)	G	4	
Tigecycline (Intravenous Solution Reconstituted)	G	5	
Tinidazole (Oral Tablet)	G	3	
Trimethoprim (Oral Tablet)	G	2	
Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)	G	4	
Vancomycin HCl (Oral Capsule)	G	4	QL
Xifaxan (200MG Oral Tablet)	B	4	PA
Xifaxan (550MG Oral Tablet)	B	5	PA
Beta-lactam, Cephalosporins			
Cefaclor (Oral Capsule)	G	3	
Cefadroxil (Oral Capsule)	G	2	
Cefadroxil (Oral Suspension Reconstituted)	G	3	
Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cefdinir (Oral Capsule)	G	2	
Cefdinir (Oral Suspension Reconstituted)	G	3	
Cefepime HCl (Injection Solution Reconstituted)	G	4	
Cefepime HCl (2GM Intravenous Solution Reconstituted)	G	4	
Cefixime (Oral Capsule)	G	4	
Cefixime (Oral Suspension Reconstituted)	G	4	
Cefotetan Disodium (Injection Solution Reconstituted)	G	4	
Cefoxitin Sodium (Intravenous Solution Reconstituted)	G	4	
Cefpodoxime Proxetil (Oral Suspension Reconstituted)	G	4	
Cefpodoxime Proxetil (Oral Tablet)	G	3	
Cefprozil (Oral Suspension Reconstituted)	G	3	
Cefprozil (Oral Tablet)	G	3	
Ceftazidime (Injection Solution Reconstituted)	G	4	
Ceftazidime (Intravenous Solution Reconstituted)	G	4	
Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	2	
Ceftriaxone Sodium (2GM Injection Solution Reconstituted)	G	3	
Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	G	3	
Cefuroxime Axetil (Oral Tablet)	G	2	
Cefuroxime Sodium (Injection Solution Reconstituted)	G	4	
Cefuroxime Sodium (Intravenous Solution Reconstituted)	G	4	
Cephalexin (250MG Oral Capsule, 500MG Oral Capsule)	G	2	
Cephalexin (750MG Oral Capsule)	G	4	
Cephalexin (Oral Suspension Reconstituted)	G	2	
Cephalexin (Oral Tablet)	G	3	
Suprax (500MG/5ML Oral Suspension Reconstituted)	B	3	
Suprax (Oral Tablet Chewable)	B	3	
Tazicef (Injection Solution Reconstituted)	G	4	
Tazicef (2GM Intravenous Solution Reconstituted, 6GM Intravenous Solution Reconstituted)	G	4	
Teflaro (Intravenous Solution Reconstituted)	B	5	
Zerbaxa (Intravenous Solution Reconstituted)	B	5	PA
Beta-lactam, Penicillins			
Amoxicillin (Oral Capsule)	G	2	
Amoxicillin (Oral Suspension Reconstituted)	G	2	
Amoxicillin (Oral Tablet Immediate Release)	G	2	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Amoxicillin (Oral Tablet Chewable)	G	2	
Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour)	G	4	
Amoxicillin-Potassium Clavulanate (200-28.5MG/5ML Oral Suspension Reconstituted, 400-57MG/5ML Oral Suspension Reconstituted, 600-42.9MG/5ML Oral Suspension Reconstituted)	G	2	
Amoxicillin-Potassium Clavulanate (250-62.5MG/5ML Oral Suspension Reconstituted)	G	3	
Amoxicillin-Potassium Clavulanate (250-125MG Oral Tablet Immediate Release)	G	3	
Amoxicillin-Potassium Clavulanate (500-125MG Oral Tablet Immediate Release, 875-125MG Oral Tablet Immediate Release)	G	2	
Amoxicillin-Potassium Clavulanate (200-28.5MG Oral Tablet Chewable, 400-57MG Oral Tablet Chewable)	G	3	
Ampicillin (Oral Capsule)	G	2	
Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted)	G	4	
Ampicillin Sodium (10GM Intravenous Solution Reconstituted)	G	4	
Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)	G	4	
Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted)	G	4	
Bicillin C-R 900/300 (Intramuscular Suspension)	B	4	
Bicillin C-R (Intramuscular Suspension)	B	4	
Bicillin L-A (Intramuscular Suspension Prefilled Syringe)	B	4	
Dicloxacillin Sodium (Oral Capsule)	G	3	
Nafcillin Sodium (Injection Solution Reconstituted)	G	4	
Nafcillin Sodium (10GM Intravenous Solution Reconstituted)	G	4	
Oxacillin Sodium in Dextrose (Intravenous Solution)	B	4	
Oxacillin Sodium (Injection Solution Reconstituted)	G	4	
Oxacillin Sodium (Intravenous Solution Reconstituted)	G	4	
Penicillin G Potassium (2000000UNIT Injection Solution Reconstituted)	G	4	
Penicillin G Procaine (600000UNIT/ML Intramuscular Suspension)	G	4	
Penicillin G Sodium (Injection Solution Reconstituted)	G	4	
Penicillin V Potassium (Oral Solution Reconstituted)	G	2	
Penicillin V Potassium (Oral Tablet)	G	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Piperacillin-Tazobactam (2.25 (2-0.25)GM Intravenous Solution Reconstituted, 3.375 (3-0.375)GM Intravenous Solution Reconstituted)	G	3	
Piperacillin-Tazobactam (4.5 (4-0.5)GM Intravenous Solution Reconstituted, 40.5 (36-4.5)GM Intravenous Solution Reconstituted)	G	4	
Carbapenems			
Ertapenem Sodium (Injection Solution Reconstituted)	G	4	
Imipenem-Cilastatin (Intravenous Solution Reconstituted)	G	4	
Meropenem (1GM Intravenous Solution Reconstituted)	G	4	
Meropenem (500MG Intravenous Solution Reconstituted)	G	3	
Macrolides			
Azithromycin (Intravenous Solution Reconstituted)	G	4	
Azithromycin (Oral Suspension Reconstituted)	G	2	
Azithromycin (Oral Tablet)	G	2	
Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	G	4	
Clarithromycin (Oral Suspension Reconstituted)	G	4	
Clarithromycin (Oral Tablet Immediate Release)	G	3	
Difcid (Oral Suspension Reconstituted)	B	5	
Difcid (Oral Tablet)	B	5	
Erythrocin Lactobionate (Intravenous Solution Reconstituted)	B	4	
Erythromycin Base (Oral Capsule Delayed Release Particles)	G	4	
Erythromycin Base (Oral Tablet Immediate Release)	G	4	
Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted)	G	4	
Erythromycin Ethylsuccinate (400MG/5ML Oral Suspension Reconstituted)	G	5	
Erythromycin Ethylsuccinate (Oral Tablet)	G	4	
Erythromycin (Oral Tablet Delayed Release)	G	4	
Quinolones			
Ciprofloxacin HCl (100MG Oral Tablet Immediate Release)	G	4	
Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	G	2	
Ciprofloxacin in D5W (200MG/100ML Intravenous Solution)	G	4	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution)	G	4	
Levofloxacin (25MG/ML Oral Solution)	G	4	
Levofloxacin (250MG Oral Tablet, 500MG Oral Tablet, 750MG Oral Tablet)	G	2	
Moxifloxacin HCl in NaCl (Intravenous Solution)	G	4	
Moxifloxacin HCl (Oral Tablet)	G	3	
Ofloxacin (Oral Tablet)	G	4	
Sulfonamides			
Sulfadiazine (Oral Tablet)	G	4	
Sulfamethoxazole-Trimethoprim (Oral Suspension)	G	3	
Sulfamethoxazole-Trimethoprim (Oral Tablet)	G	2	
Tetracyclines			
Demeclocycline HCl (Oral Tablet)	G	4	
Doxy 100 (Intravenous Solution Reconstituted)	G	4	
Doxycycline Hyclate (Oral Capsule)	G	3	
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release)	G	3	
Doxycycline Hyclate (50MG Oral Tablet)	G	4	
Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule)	G	3	
Doxycycline Monohydrate (Oral Suspension Reconstituted)	G	4	
Doxycycline Monohydrate (100MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	G	3	
Minocycline HCl (Oral Capsule)	G	2	
Minocycline HCl (Oral Tablet Immediate Release)	G	4	
Tetracycline HCl (Oral Capsule)	G	3	
Vibramycin (50MG/5ML Oral Syrup)	B	4	
Anticonvulsants			
Anticonvulsants, Other			
BRIVIACT (Oral Solution)	B	5	PA
BRIVIACT (Oral Tablet)	B	5	PA
Epidiolex (Oral Solution)	B	5	PA
Eprontia (Oral Solution)	B	4	
Felbamate (Oral Suspension)	G	4	
Felbamate (Oral Tablet)	G	4	
Fintepla (Oral Solution)	B	5	PA; QL
Fycompa (Oral Suspension)	B	5	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Fycompa (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	5	QL
Fycompa (2MG Oral Tablet)	B	4	QL
Lamotrigine (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release)	G	2	
Lamotrigine (25MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	G	3	
Levetiracetam ER (Oral Tablet Extended Release 24 Hour)	G	3	
Levetiracetam (Oral Solution)	G	2	
Levetiracetam (Oral Tablet Immediate Release)	G	2	
Roweepira (Oral Tablet Immediate Release)	G	2	
Spritam ODT (Oral Tablet Disintegrating Soluble)	B	4	
Subvenite (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet)	G	2	
Topiramate (Oral Capsule Sprinkle Immediate Release)	G	4	
Topiramate (Oral Tablet)	G	2	
Valproic Acid (Oral Capsule)	G	3	
Valproic Acid (Oral Solution)	G	2	
Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; QL
Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack)	B	5	PA; QL
Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet)	B	5	PA; QL
Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack)	B	4	PA; QL
Xcopri (14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack)	B	5	PA; QL
Calcium Channel Modifying Agents			
Ethosuximide (Oral Capsule)	G	3	
Ethosuximide (Oral Solution)	G	3	
Methsuximide (Oral Capsule)	G	4	
Gamma-aminobutyric Acid (GABA) Augmenting Agents			
Clobazam (2.5MG/ML Oral Suspension)	G	4	PA; QL
Clobazam (10MG Oral Tablet, 20MG Oral Tablet)	G	3	PA; QL
Diacomit (Oral Capsule)	B	5	QL
Diacomit (Oral Packet)	B	5	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
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	G	4	QL
Gabapentin (Oral Capsule)	G	2	
Gabapentin (250MG/5ML Oral Solution)	G	3	
Gabapentin (600MG Oral Tablet, 800MG Oral Tablet)	G	2	
Nayzilam (Nasal Solution)	B	4	PA; QL
Phenobarbital (Oral Elixir)	G	4	HRM
Phenobarbital (Oral Tablet)	G	4	HRM
Primidone (Oral Tablet)	G	2	
Sympazan (10MG Oral Film, 20MG Oral Film)	B	5	PA; QL
Sympazan (5MG Oral Film)	B	4	PA; QL
Tiagabine HCl (Oral Tablet)	G	4	
Valtoco 10MG Dose (Nasal Liquid)	B	4	PA; QL
Valtoco 15MG Dose (Nasal Liquid Therapy Pack)	B	5	PA; QL
Valtoco 20MG Dose (Nasal Liquid Therapy Pack)	B	5	PA; QL
Valtoco 5MG Dose (Nasal Liquid)	B	4	PA; QL
Vigabatrin (Oral Packet)	G	5	PA; QL
Vigabatrin (Oral Tablet)	G	5	PA; QL
Vigadrone (Oral Packet)	G	5	PA; QL
Ztalmy (Oral Suspension)	B	5	PA
Sodium Channel Agents			
Aptiom (Oral Tablet)	B	5	QL
Carbamazepine ER (100MG Oral Capsule Extended Release 12 Hour, 200MG Oral Capsule Extended Release 12 Hour, 300MG Oral Capsule Extended Release 12 Hour)	G	3	
Carbamazepine ER (100MG Oral Tablet Extended Release 12 Hour, 200MG Oral Tablet Extended Release 12 Hour, 400MG Oral Tablet Extended Release 12 Hour)	G	4	
Carbamazepine (100MG/5ML Oral Suspension)	G	3	
Carbamazepine (200MG Oral Tablet Immediate Release)	G	2	
Carbamazepine (100MG Oral Tablet Chewable)	G	3	
Dilantin INFATABS (Oral Tablet Chewable)	B	3	
Dilantin (Oral Capsule)	B	3	
Epitol (Oral Tablet)	G	2	
Lacosamide (Oral Solution)	G	4	QL
Lacosamide (Oral Tablet)	G	4	QL
Oxcarbazepine (300MG/5ML Oral Suspension)	G	4	
Oxcarbazepine (150MG Oral Tablet, 300MG Oral Tablet, 600MG Oral Tablet)	G	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Phenytek (Oral Capsule)	B	2	
Phenytoin (125MG/5ML Oral Suspension)	G	2	
Phenytoin (Oral Tablet Chewable)	G	2	
Phenytoin Sodium Extended (Oral Capsule)	G	2	
Rufinamide (Oral Suspension)	G	5	
Rufinamide (200MG Oral Tablet)	G	4	
Rufinamide (400MG Oral Tablet)	G	5	
Zonisade (Oral Suspension)	B	5	ST
Zonisamide (Oral Capsule)	G	2	
Antidementia Agents			
Antidementia Agents, Other			
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	B	3	PA; QL
Namzaric (Oral Capsule Extended Release 24 Hour)	B	3	PA; QL
Cholinesterase Inhibitors			
Donepezil HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	2	QL
Donepezil HCl ODT (Oral Tablet Dispersible)	G	2	QL
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	G	4	
Galantamine Hydrobromide (Oral Solution)	G	4	
Galantamine Hydrobromide (Oral Tablet)	G	3	
Rivastigmine Tartrate (Oral Capsule)	G	3	
Rivastigmine (Transdermal Patch 24 Hour)	G	4	ST; QL
N-methyl-D-aspartate (NMDA) Receptor Antagonist			
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	4	PA; QL
Memantine HCl (Oral Solution)	G	4	PA; QL
Memantine HCl (Oral Tablet)	G	2	PA; QL
Memantine HCl Titration Pak (Oral Tablet)	G	2	PA; QL
Antidepressants			
Antidepressants, Other			
Auvelity (Oral Tablet Extended Release)	B	4	
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	G	2	
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	2	
Bupropion HCl (Oral Tablet Immediate Release)	G	2	
Mirtazapine (Oral Tablet)	G	2	
Mirtazapine ODT (Oral Tablet Dispersible)	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
Monoamine Oxidase Inhibitors			
Emsam (Transdermal Patch 24 Hour)	B	5	
Marplan (Oral Tablet)	B	4	
Phenelzine Sulfate (Oral Tablet)	G	3	
Tranylcypromine Sulfate (Oral Tablet)	G	4	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)			
Citalopram Hydrobromide (Oral Solution)	G	3	
Citalopram Hydrobromide (Oral Tablet)	G	1	
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	3	
Escitalopram Oxalate (Oral Solution)	G	4	
Escitalopram Oxalate (Oral Tablet)	G	2	
Fetzima (Oral Capsule Extended Release 24 Hour)	B	4	ST
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	B	4	ST
Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)	G	2	
Fluoxetine HCl (90MG Oral Capsule Delayed Release)	G	4	
Fluoxetine HCl (20MG/5ML Oral Solution)	G	3	
Fluvoxamine Maleate (Oral Tablet)	G	3	
Nefazodone HCl (Oral Tablet)	G	4	
Paroxetine HCl (10MG/5ML Oral Suspension)	G	4	HRM
Paroxetine HCl (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 40MG Oral Tablet Immediate Release)	G	2	HRM
Sertraline HCl (Oral Concentrate)	G	3	
Sertraline HCl (Oral Tablet)	G	1	
Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	G	1	
Trintellix (Oral Tablet)	B	4	
Venlafaxine Besylate ER (Oral Tablet Extended Release 24 Hour)	B	4	
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	G	2	
Venlafaxine HCl (Oral Tablet Immediate Release)	G	2	
Viibryd (Oral Tablet)	B	4	
Viibryd Starter Pack (Oral Kit)	B	4	
Vilazodone HCl (Oral Tablet)	G	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tricyclics			
Amitriptyline HCl (Oral Tablet)	G	4	HRM
Amoxapine (Oral Tablet)	G	3	HRM
Clomipramine HCl (Oral Capsule)	G	4	HRM
Desipramine HCl (Oral Tablet)	G	4	HRM
Doxepin HCl (Oral Capsule)	G	4	HRM
Doxepin HCl (Oral Concentrate)	G	4	HRM
Imipramine HCl (Oral Tablet)	G	4	HRM
Imipramine Pamoate (Oral Capsule)	G	4	HRM
Nortriptyline HCl (Oral Capsule)	G	2	HRM
Nortriptyline HCl (Oral Solution)	G	3	HRM
Protriptyline HCl (Oral Tablet)	G	4	HRM
Trimipramine Maleate (Oral Capsule)	G	4	HRM
Antiemetics			
Antiemetics, Other			
Compro (Rectal Suppository)	G	4	
Meclizine HCl (12.5MG Oral Tablet)	G	2	HRM
Meclizine HCl (25MG Oral Tablet)	G	4	HRM
Metoclopramide HCl (5MG/5ML Oral Solution)	G	2	
Metoclopramide HCl (Oral Tablet)	G	2	
Perphenazine (Oral Tablet)	G	3	
Prochlorperazine Maleate (Oral Tablet)	G	2	
Prochlorperazine (Rectal Suppository)	G	4	
Promethazine HCl (Oral Syrup)	G	4	HRM
Promethazine HCl (Oral Tablet)	G	3	HRM
Promethazine HCl (Rectal Suppository)	G	4	HRM; QL
Promethegan (25MG Rectal Suppository)	G	4	HRM; QL
Scopolamine (Transdermal Patch 72 Hour)	G	3	HRM
Emetogenic Therapy Adjuncts			
Anzemet (Oral Tablet)	B	4	B/D,PA; QL
Aprepitant (Oral Therapy Pack, Oral Capsule)	G	4	PA; QL
Dronabinol (Oral Capsule)	G	4	PA
Emend (Oral Suspension Reconstituted)	B	4	PA; QL
Granisetron HCl (Oral Tablet)	G	3	B/D,PA; QL
Ondansetron HCl (Oral Solution)	G	3	B/D,PA; QL
Ondansetron HCl (4MG Oral Tablet, 8MG Oral Tablet)	G	2	B/D,PA; QL
Ondansetron ODT (Oral Tablet Dispersible)	G	2	B/D,PA; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Sancuso (Transdermal Patch)	B	5	QL
Antifungals			
Antifungals			
Abelcet (Intravenous Suspension)	B	4	B/D,PA
Amphotericin B (Intravenous Solution Reconstituted)	G	4	B/D,PA
Caspofungin Acetate (Intravenous Solution Reconstituted)	G	4	
Clotrimazole (Mouth/Throat Troche)	G	2	
Fluconazole in Sodium Chloride (200-0.9MG/100ML-% Intravenous Solution, 400-0.9MG/200ML-% Intravenous Solution)	G	3	
Fluconazole (Oral Suspension Reconstituted)	G	3	
Fluconazole (Oral Tablet)	G	2	
Flucytosine (Oral Capsule)	G	5	
Griseofulvin Microsize (Oral Suspension)	G	4	
Griseofulvin Microsize (Oral Tablet)	G	4	
Griseofulvin Ultramicrosize (Oral Tablet)	G	4	
Itraconazole (Oral Capsule)	G	4	PA
Itraconazole (Oral Solution)	G	5	PA
Ketoconazole (Oral Tablet)	G	2	
Micafungin Sodium (Intravenous Solution Reconstituted)	G	4	
Miconazole 3 (Vaginal Suppository)	G	3	
Noxafil (Oral Suspension)	B	5	QL
Nystatin (Mouth/Throat Suspension)	G	2	
Nystatin (Oral Tablet)	G	3	
Posaconazole (Oral Suspension)	G	5	QL
Posaconazole (Oral Tablet Delayed Release)	G	5	PA; QL
Terbinafine HCl (Oral Tablet)	G	2	QL
Terconazole (Vaginal Cream)	G	3	
Terconazole (Vaginal Suppository)	G	3	
Voriconazole (Intravenous Solution Reconstituted)	G	5	PA
Voriconazole (Oral Suspension Reconstituted)	G	5	QL
Voriconazole (Oral Tablet)	G	4	QL
Antigout Agents			
Antigout Agents			
Allopurinol (100MG Oral Tablet, 300MG Oral Tablet)	G	1	
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	B	3	
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	G	3	
Febuxostat (Oral Tablet)	G	3	ST

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Probenecid (Oral Tablet)	G	3	
Probenecid-Colchicine (Oral Tablet)	G	3	
Antimigraine Agents			
Acute			
Naratriptan HCl (Oral Tablet)	G	3	QL
Nurtec ODT (Oral Tablet Dispersible)	B	5	PA; QL
Rizatriptan Benzoate (Oral Tablet)	G	3	QL
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	3	QL
Sumatriptan (Nasal Solution)	G	4	QL
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	2	QL
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector)	G	4	QL
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	G	3	QL
Ergot Alkaloids			
Dihydroergotamine Mesylate (Nasal Solution)	G	5	PA; QL
Ergotamine-Caffeine (Oral Tablet)	G	3	
Migergot (Rectal Suppository)	B	5	
Prophylactic			
Aimovig (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Emgality (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Timolol Maleate (Oral Tablet)	G	3	
Antimyasthenic Agents			
Parasympathomimetics			
Pyridostigmine Bromide ER (Oral Tablet Extended Release)	G	4	
Pyridostigmine Bromide (Oral Solution)	G	4	
Pyridostigmine Bromide (60MG Oral Tablet Immediate Release)	G	3	
Antimycobacterials			
Antimycobacterials, Other			
Dapsone (Oral Tablet)	G	3	
Rifabutin (Oral Capsule)	G	4	
Antituberculars			

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
Ethambutol HCl (Oral Tablet)	G	3	
Isoniazid (Oral Syrup)	G	4	
Isoniazid (Oral Tablet)	G	2	
Priftin (Oral Tablet)	B	4	
Pyrazinamide (Oral Tablet)	G	4	
Rifampin (600MG Intravenous Solution Reconstituted)	G	4	
Rifampin (150MG Oral Capsule, 300MG Oral Capsule)	G	3	
Sirturo (Oral Tablet)	B	5	PA
Trecator (Oral Tablet)	B	4	
Antineoplastics			
Alkylating Agents			
Cyclophosphamide (Oral Capsule)	G	3	B/D,PA
Cyclophosphamide (Oral Tablet)	B	3	B/D,PA
Gleostine (100MG Oral Capsule)	B	5	
Gleostine (10MG Oral Capsule, 40MG Oral Capsule)	B	4	
Leukeran (Oral Tablet)	B	5	
Matulane (Oral Capsule)	B	5	
Valchlor (External Gel)	B	5	PA; QL
Antiandrogens			
Abiraterone Acetate (250MG Oral Tablet)	G	4	PA
Abiraterone Acetate (500MG Oral Tablet)	G	5	PA
Bicalutamide (Oral Tablet)	G	2	
Erleada (Oral Tablet)	B	5	PA
Nilutamide (Oral Tablet)	G	5	
Nubeqa (Oral Tablet)	B	5	PA
Xtandi (Oral Capsule)	B	5	PA
Xtandi (Oral Tablet)	B	5	PA
Antiangiogenic Agents			
Fotivda (Oral Capsule)	B	5	PA; QL
Lenalidomide (Oral Capsule)	G	5	PA
Pomalyst (Oral Capsule)	B	5	PA
Qinlock (Oral Tablet)	B	5	PA; QL
Revlimid (Oral Capsule)	B	5	PA
Tabrecta (Oral Tablet)	B	5	PA; QL
Thalomid (Oral Capsule)	B	5	PA; QL
Antiestrogens/Modifiers			
Emcyt (Oral Capsule)	B	4	
Orserdu (Oral Tablet)	B	5	PA; QL
Soltamox (Oral Solution)	B	5	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tamoxifen Citrate (Oral Tablet)	G	2	
Toremifene Citrate (Oral Tablet)	G	5	
Antimetabolites			
Droxia (Oral Capsule)	B	4	
Hydroxyurea (Oral Capsule)	G	2	
Mercaptopurine (Oral Tablet)	G	3	
Onureg (Oral Tablet)	B	5	PA; QL
Purixan (Oral Suspension)	B	5	PA
Tabloid (Oral Tablet)	B	5	PA
Antineoplastics, Other			
IDHIFA (Oral Tablet)	B	5	PA
Krazati (Oral Tablet)	B	5	PA; QL
Lonsurf (Oral Tablet)	B	5	PA
Lumakras (Oral Tablet)	B	5	PA; QL
Ninlaro (Oral Capsule)	B	5	PA
Pemazyre (Oral Tablet)	B	5	PA; QL
Retevmo (Oral Capsule)	B	5	PA; QL
Synribo (Subcutaneous Solution Reconstituted)	B	5	PA
Tazverik (Oral Tablet)	B	5	PA; QL
Tukysa (Oral Tablet)	B	5	PA; QL
Vonjo (Oral Capsule)	B	5	PA; QL
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	B	5	PA; QL
Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack)	B	5	PA; QL
Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)	B	5	PA; QL
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	B	5	PA; QL
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)	B	5	PA; QL
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	B	5	PA; QL
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	B	5	PA; QL
Zolanza (Oral Capsule)	B	5	PA
Aromatase Inhibitors, 3rd Generation			
Anastrozole (Oral Tablet)	G	2	
Exemestane (Oral Tablet)	G	4	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Letrozole (Oral Tablet)	G	2	
Molecular Target Inhibitors			
Alecensa (Oral Capsule)	B	5	PA
Alunbrig (Oral Tablet)	B	5	PA; QL
Alunbrig (Oral Tablet Therapy Pack)	B	5	PA; QL
Ayvakit (Oral Tablet)	B	5	PA; QL
Balversa (Oral Tablet)	B	5	PA; QL
Bosulif (Oral Tablet)	B	5	PA
Braftovi (Oral Capsule)	B	5	PA
Brukinsa (Oral Capsule)	B	5	PA; QL
Cabometyx (Oral Tablet)	B	5	PA
Calquence (100MG Oral Capsule)	B	5	PA; QL
Calquence (Oral Tablet)	B	5	PA; QL
Caprelsa (Oral Tablet)	B	5	PA
Cometriq (100MG Daily Dose) (Oral Kit)	B	5	PA
Cometriq (140MG Daily Dose) (Oral Kit)	B	5	PA
Cometriq (60MG Daily Dose) (Oral Kit)	B	5	PA
Copiktra (Oral Capsule)	B	5	PA; QL
Cotellic (Oral Tablet)	B	5	PA
Daurismo (Oral Tablet)	B	5	PA; QL
Erivedge (Oral Capsule)	B	5	PA
Erlotinib HCl (Oral Tablet)	G	4	PA
Everolimus (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	5	PA
Everolimus (Oral Tablet Soluble)	G	5	PA
Exkivity (Oral Capsule)	B	5	PA; QL
Gavreto (Oral Capsule)	B	5	PA; QL
Gefitinib (Oral Tablet)	G	5	PA
Gilotrif (Oral Tablet)	B	5	PA
Ibrance (Oral Capsule)	B	5	PA
Ibrance (Oral Tablet)	B	5	PA
Iclusig (Oral Tablet)	B	5	PA; QL
Imatinib Mesylate (Oral Tablet)	G	3	PA
Imbruvica (Oral Capsule)	B	5	PA; QL
Imbruvica (Oral Suspension)	B	5	PA; QL
Imbruvica (140MG Oral Tablet, 280MG Oral Tablet, 420MG Oral Tablet)	B	5	PA; QL
Inlyta (Oral Tablet)	B	5	PA; QL
Inqovi (Oral Tablet)	B	5	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Inrebic (Oral Capsule)	B	5	PA; QL
Jakafi (Oral Tablet)	B	5	PA
Jaypirca (Oral Tablet)	B	5	PA; QL
Kisqali (200MG Dose) (Oral Tablet)	B	5	PA
Kisqali (400MG Dose) (Oral Tablet)	B	5	PA
Kisqali (600MG Dose) (Oral Tablet)	B	5	PA
Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)	B	5	PA
Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)	B	5	PA
Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)	B	5	PA
Koselugo (Oral Capsule)	B	5	PA; QL
Lapatinib Ditosylate (Oral Tablet)	G	5	PA
Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA
Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA
Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA
Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA
Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA
Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA
Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA
Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA
Lorbrena (Oral Tablet)	B	5	PA; QL
Lynparza (Oral Tablet)	B	5	PA
Lytgobi (12MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; QL
Lytgobi (16MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; QL
Lytgobi (20MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; QL
Mekinist (Oral Solution Reconstituted)	B	5	PA
Mekinist (Oral Tablet)	B	5	PA
Mektovi (Oral Tablet)	B	5	PA
Nerlynx (Oral Tablet)	B	5	PA; QL
Odomzo (Oral Capsule)	B	5	PA
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; QL
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; QL
Rezlidhia (Oral Capsule)	B	5	PA; QL
Rozlytrek (Oral Capsule)	B	5	PA; QL
Rubraca (Oral Tablet)	B	5	PA
Rydapt (Oral Capsule)	B	5	PA; QL
Scemblix (Oral Tablet)	B	5	PA; QL
Sorafenib Tosylate (Oral Tablet)	G	5	PA
Sprycel (Oral Tablet)	B	5	PA
Stivarga (Oral Tablet)	B	5	PA
Sunitinib Malate (Oral Capsule)	G	5	PA
Tafinlar (Oral Capsule)	B	5	PA
Tafinlar (Oral Tablet Soluble)	B	5	PA
Tagrisso (Oral Tablet)	B	5	PA
Talzenna (0.25MG Oral Capsule, 0.5MG Oral Capsule, 0.75MG Oral Capsule, 1MG Oral Capsule)	B	5	PA; QL
Tasigna (Oral Capsule)	B	5	PA
Tepmetko (Oral Tablet)	B	5	PA; QL
Tibsovo (Oral Tablet)	B	5	PA; QL
Turalio (125MG Oral Capsule)	B	5	PA; QL
Venclexta (100MG Oral Tablet, 50MG Oral Tablet)	B	5	PA
Venclexta (10MG Oral Tablet)	B	3	PA
Venclexta Starting Pack (Oral Tablet Therapy Pack)	B	5	PA
Verzenio (Oral Tablet)	B	5	PA
Vittrakvi (Oral Capsule)	B	5	PA; QL
Vittrakvi (Oral Solution)	B	5	PA; QL
Vizimpro (Oral Tablet)	B	5	PA
Votrient (Oral Tablet)	B	5	PA
Welireg (Oral Tablet)	B	5	PA; QL
Xalkori (Oral Capsule)	B	5	PA
Xospata (Oral Tablet)	B	5	PA; QL
Zejula (Oral Capsule)	B	5	PA
Zelboraf (Oral Tablet)	B	5	PA
Zydelig (Oral Tablet)	B	5	PA
Zykadia (Oral Tablet)	B	5	PA
Retinoids			
Bexarotene (External Gel)	G	5	PA; QL
Bexarotene (Oral Capsule)	G	5	PA
Panretin (External Gel)	B	5	PA
Tretinoin (Oral Capsule)	G	5	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Treatment Adjuncts			
Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet)	G	3	
Leucovorin Calcium (25MG Oral Tablet)	G	4	
Leucovorin Calcium (5MG Oral Tablet)	G	2	
Mesnex (Oral Tablet)	B	4	
Antiparasitics			
Anthelmintics			
Albendazole (Oral Tablet)	G	4	QL
Ivermectin (Oral Tablet)	G	2	PA
Praziquantel (Oral Tablet)	G	4	
Antiprotozoals			
Atovaquone (Oral Suspension)	G	4	QL
Atovaquone-Proguanil HCl (Oral Tablet)	G	4	
Benznidazole (Oral Tablet)	B	4	
Chloroquine Phosphate (Oral Tablet)	G	4	QL
Coartem (Oral Tablet)	B	4	
Hydroxychloroquine Sulfate (200MG Oral Tablet)	G	2	QL
Impavido (Oral Capsule)	B	5	
Mefloquine HCl (Oral Tablet)	G	2	
Nitazoxanide (Oral Tablet)	G	5	QL
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	4	B/D,PA; QL
Pentamidine Isethionate (Injection Solution Reconstituted)	G	4	
Primaquine Phosphate (Oral Tablet)	G	3	
Pyrimethamine (Oral Tablet)	G	5	
Quinine Sulfate (Oral Capsule)	G	4	PA
Antiparkinson Agents			
Anticholinergics			
Benztropine Mesylate (Oral Tablet)	G	2	HRM
Trihexyphenidyl HCl (Oral Solution)	G	3	HRM
Trihexyphenidyl HCl (Oral Tablet)	G	3	HRM
Antiparkinson Agents, Other			
Amantadine HCl (Oral Capsule)	G	3	
Amantadine HCl (Oral Solution)	G	2	
Amantadine HCl (Oral Tablet)	G	3	
Carbidopa-Levodopa-Entacapone (Oral Tablet)	G	4	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Entacapone (Oral Tablet)	G	4	
Tolcapone (Oral Tablet)	G	5	QL
Dopamine Agonists			
Apomorphine HCl (Subcutaneous Solution Cartridge)	G	5	PA; QL
Bromocriptine Mesylate (Oral Capsule)	G	4	
Bromocriptine Mesylate (Oral Tablet)	G	4	
Pramipexole Dihydrochloride (Oral Tablet Immediate Release)	G	2	
Ropinirole HCl (Oral Tablet Immediate Release)	G	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors			
Carbidopa (Oral Tablet)	G	4	
Carbidopa-Levodopa ER (Oral Tablet Extended Release)	G	3	
Carbidopa-Levodopa (Oral Tablet Immediate Release)	G	2	
Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	G	4	
Rytary (Oral Capsule Extended Release)	B	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors			
Rasagiline Mesylate (Oral Tablet)	G	4	
Selegiline HCl (Oral Capsule)	G	3	
Selegiline HCl (Oral Tablet)	G	3	
Zelapar ODT (Oral Tablet Dispersible)	B	5	
Antipsychotics			
1st Generation/Typical			
Chlorpromazine HCl (Oral Concentrate)	G	4	
Chlorpromazine HCl (Oral Tablet)	G	4	
Fluphenazine Decanoate (Injection Solution)	G	3	
Fluphenazine HCl (2.5MG/ML Injection Solution)	G	3	
Fluphenazine HCl (5MG/ML Oral Concentrate)	G	4	
Fluphenazine HCl (2.5MG/5ML Oral Elixir)	G	3	
Fluphenazine HCl (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	G	4	
Haloperidol Decanoate (Intramuscular Solution)	G	3	
Haloperidol Lactate (Injection Solution)	G	2	
Haloperidol Lactate (Oral Concentrate)	G	2	
Haloperidol (Oral Tablet)	G	2	
Loxapine Succinate (Oral Capsule)	G	3	
Molindone HCl (Oral Tablet)	G	4	
Pimozide (Oral Tablet)	G	3	
Thioridazine HCl (Oral Tablet)	G	3	
Thiothixene (10MG Oral Capsule, 5MG Oral Capsule)	G	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Thiothixene (1MG Oral Capsule, 2MG Oral Capsule)	G	3	
Trifluoperazine HCl (Oral Tablet)	G	3	
2nd Generation/Atypical			
Abilify Maintena (Intramuscular Prefilled Syringe)	B	5	
Abilify Maintena (Intramuscular Suspension Reconstituted ER)	B	5	
Aripiprazole (1MG/ML Oral Solution)	G	4	QL
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	2	QL
Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	G	4	QL
Aristada Initio (Intramuscular Prefilled Syringe)	B	5	
Aristada (Intramuscular Prefilled Syringe)	B	5	
Asenapine Maleate (Tablet Sublingual)	G	4	
Caplyta (Oral Capsule)	B	5	PA; QL
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	5	ST; QL
Fanapt Titration Pack (Oral Tablet)	B	4	ST; QL
Invega Hafyera (Intramuscular Suspension Prefilled Syringe)	B	5	
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	5	
Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)	B	4	
Invega Trinza (Intramuscular Suspension Prefilled Syringe)	B	5	
Lurasidone HCl (Oral Tablet)	G	3	QL
Lybalvi (Oral Tablet)	B	5	ST; QL
Nuplazid (Oral Capsule)	B	5	PA; QL
Nuplazid (Oral Tablet)	B	5	PA; QL
Olanzapine (10MG Intramuscular Solution Reconstituted)	G	4	
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	2	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	3	QL
Paliperidone ER (Oral Tablet Extended Release 24 Hour)	G	4	QL
Perseris (Subcutaneous Prefilled Syringe)	B	5	
Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)	G	3	QL
Quetiapine Fumarate (Oral Tablet Immediate Release)	G	2	QL
Rexulti (Oral Tablet)	B	5	QL
Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER)	B	4	
Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER)	B	5	
Risperidone (1MG/ML Oral Solution)	G	2	
Risperidone (0.25MG Oral Tablet, 0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet)	G	2	
Risperidone ODT (0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible, 3MG Oral Tablet Dispersible, 4MG Oral Tablet Dispersible)	G	4	
Secuado (Transdermal Patch 24 Hour)	B	5	ST; QL
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	B	5	PA; QL
Vraylar (Oral Capsule Therapy Pack)	B	4	PA; QL
Ziprasidone HCl (Oral Capsule)	G	3	QL
Ziprasidone Mesylate (Intramuscular Solution Reconstituted)	G	4	
Zyprexa Relprevv (210MG Intramuscular Suspension Reconstituted)	B	4	
Treatment-Resistant			
Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	3	
Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)	G	4	
Versacloz (Oral Suspension)	B	5	
Antispasticity Agents			
Antispasticity Agents			
Baclofen (Oral Tablet)	G	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Dantrolene Sodium (100MG Oral Capsule, 50MG Oral Capsule)	G	4	
Dantrolene Sodium (25MG Oral Capsule)	G	3	
Tizanidine HCl (Oral Tablet)	G	2	
Antivirals			
Anti-cytomegalovirus (CMV) Agents			
Prevymis (Oral Tablet)	B	5	PA; QL
Valganciclovir HCl (50MG/ML Oral Solution Reconstituted)	G	5	QL
Valganciclovir HCl (450MG Oral Tablet)	G	3	QL
Zirgan (Ophthalmic Gel)	B	4	
Anti-hepatitis B (HBV) Agents			
Adefovir Dipivoxil (Oral Tablet)	G	4	
Baraclude (Oral Solution)	B	4	
Entecavir (Oral Tablet)	G	4	
Lamivudine (100MG Oral Tablet)	G	3	
Vemlidy (Oral Tablet)	B	5	
Anti-hepatitis C (HCV) Agents			
Epclusa (Oral Packet)	B	5	PA; QL
Epclusa (Oral Tablet)	B	5	PA; QL
Mavyret (Oral Packet)	B	5	PA; QL
Mavyret (Oral Tablet)	B	5	PA; QL
Ribavirin (Oral Capsule)	G	4	
Ribavirin (Oral Tablet)	G	3	
Sofosbuvir-Velpatasvir (Oral Tablet)	B	5	PA; QL
Vosevi (Oral Tablet)	B	5	PA; QL
Antitherpetic Agents			
Acyclovir (External Ointment)	G	3	
Acyclovir (Oral Capsule)	G	2	
Acyclovir (Oral Suspension)	G	4	
Acyclovir (Oral Tablet)	G	2	
Acyclovir Sodium (Intravenous Solution)	G	4	B/D,PA
Famciclovir (Oral Tablet)	G	3	
Valacyclovir HCl (Oral Tablet)	G	3	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)			
Biktarvy (Oral Tablet)	B	5	QL
Dovato (Oral Tablet)	B	5	QL
Genvoya (Oral Tablet)	B	5	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
ISENTRESS HD (Oral Tablet)	B	5	QL
ISENTRESS (Oral Packet)	B	4	QL
ISENTRESS (Oral Tablet)	B	5	QL
ISENTRESS (100MG Oral Tablet Chewable)	B	4	QL
ISENTRESS (25MG Oral Tablet Chewable)	B	3	QL
JULUCA (Oral Tablet)	B	5	QL
STRIBILD (Oral Tablet)	B	5	QL
TIVICAY (10MG Oral Tablet, 25MG Oral Tablet)	B	4	QL
TIVICAY (50MG Oral Tablet)	B	5	QL
TIVICAY PD (Oral Tablet Soluble)	B	5	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)			
COMPLERA (Oral Tablet)	B	5	QL
DELSTRIGO (Oral Tablet)	B	5	QL
EDURANT (Oral Tablet)	B	5	QL
Efavirenz (Oral Capsule)	G	4	QL
Efavirenz (Oral Tablet)	G	4	QL
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)	G	4	QL
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)	G	5	QL
Etravirine (Oral Tablet)	G	5	QL
INTELENCE (25MG Oral Tablet)	B	4	QL
Nevirapine ER (Oral Tablet Extended Release 24 Hour)	G	4	QL
Nevirapine (Oral Suspension)	G	4	QL
Nevirapine (Oral Tablet Immediate Release)	G	2	QL
PIFELTRO (Oral Tablet)	B	5	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)			
Abacavir Sulfate (Oral Solution)	G	4	QL
Abacavir Sulfate (Oral Tablet)	G	4	QL
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	4	QL
CIMDUO (Oral Tablet)	B	5	QL
DESCOVY (Oral Tablet)	B	5	QL
Emtricitabine (Oral Capsule)	G	4	QL
Emtricitabine-Tenofovir Disoproxil Fumarate (100MG-150MG Oral Tablet, 133MG-200MG Oral Tablet, 167MG-250MG Oral Tablet)	G	5	QL
Emtricitabine-Tenofovir Disoproxil Fumarate (200MG-300MG Oral Tablet)	G	4	QL
EMTRIVA (Oral Solution)	B	4	QL
Lamivudine (10MG/ML Oral Solution)	G	3	QL
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet)	G	3	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Lamivudine-Zidovudine (Oral Tablet)	G	4	QL
Odefsey (Oral Tablet)	B	5	QL
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	3	QL
Triumeq (Oral Tablet)	B	5	QL
Triumeq PD (Oral Tablet Soluble)	B	5	QL
Trizivir (Oral Tablet)	B	5	QL
Viread (Oral Powder)	B	5	QL
Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	B	5	QL
Zidovudine (Oral Capsule)	G	4	QL
Zidovudine (Oral Syrup)	G	3	QL
Zidovudine (Oral Tablet)	G	3	QL
Anti-HIV Agents, Other			
Fuzeon (Subcutaneous Solution Reconstituted)	B	5	QL
Maraviroc (Oral Tablet)	G	5	QL
Rukobia (Oral Tablet Extended Release 12 Hour)	B	5	QL
Selzentry (Oral Solution)	B	5	QL
Selzentry (25MG Oral Tablet)	B	3	QL
Selzentry (75MG Oral Tablet)	B	5	QL
Sunlenca (Oral Tablet Therapy Pack)	B	5	QL
Tybost (Oral Tablet)	B	4	QL
Anti-HIV Agents, Protease Inhibitors			
Aptivus (Oral Capsule)	B	5	QL
Atazanavir Sulfate (Oral Capsule)	G	4	QL
Darunavir (Oral Tablet)	G	5	QL
Evotaz (Oral Tablet)	B	5	QL
Fosamprenavir Calcium (Oral Tablet)	G	5	QL
Lexiva (Oral Suspension)	B	4	QL
Lopinavir-Ritonavir (Oral Solution)	G	4	QL
Lopinavir-Ritonavir (Oral Tablet)	G	4	QL
Norvir (Oral Packet)	B	4	QL
Prezcobix (Oral Tablet)	B	5	QL
Prezista (Oral Suspension)	B	5	QL
Prezista (150MG Oral Tablet)	B	5	QL
Prezista (75MG Oral Tablet)	B	4	QL
Reyataz (Oral Packet)	B	5	QL
Ritonavir (Oral Tablet)	G	3	QL
Symtuza (Oral Tablet)	B	5	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
Viracept (Oral Tablet)	B	5	QL
Anti-influenza Agents			
Oseltamivir Phosphate (Oral Capsule)	G	3	
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	3	
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	B	3	
Rimantadine HCl (Oral Tablet)	G	4	
Xofluza (40MG Dose) (Oral Tablet Therapy Pack)	B	3	QL
Xofluza (80MG Dose) (Oral Tablet Therapy Pack)	B	3	QL
Anxiolytics			
Anxiolytics, Other			
Bupirone HCl (Oral Tablet)	G	2	
Hydroxyzine HCl (10MG/5ML Oral Syrup)	G	3	HRM
Hydroxyzine HCl (10MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	4	HRM
Hydroxyzine Pamoate (Oral Capsule)	G	3	HRM
Benzodiazepines			
Alprazolam (Oral Tablet Immediate Release)	G	2	QL
Chlordiazepoxide HCl (Oral Capsule)	G	2	
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet)	G	2	QL
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible)	G	3	QL
Clorazepate Dipotassium (Oral Tablet)	G	4	QL
Diazepam Intensol (Oral Concentrate)	G	3	QL
Diazepam (5MG/5ML Oral Solution)	G	2	
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	2	QL
Lorazepam Intensol (Oral Concentrate)	G	2	QL
Lorazepam (Oral Tablet)	G	2	QL
Bipolar Agents			
Mood Stabilizers			
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	G	2	
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	G	3	
Divalproex Sodium (Oral Tablet Delayed Release)	G	2	
Lithium Carbonate ER (Oral Tablet Extended Release)	G	2	
Lithium Carbonate (Oral Capsule)	G	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Lithium Carbonate (Oral Tablet Immediate Release)	G	2	
Blood Glucose Regulators			
Antidiabetic Agents			
Acarbose (Oral Tablet)	G	2	
Bydureon BCise (Subcutaneous Auto-Injector)	B	4	PA; QL
Cycloset (Oral Tablet)	B	4	PA
Farxiga (Oral Tablet)	B	3	QL
Glimepiride (Oral Tablet)	G	4	HRM; QL
Glipizide ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Glipizide (Oral Tablet Immediate Release)	G	1	QL
Glipizide-Metformin HCl (Oral Tablet)	G	3	QL
Glyxambi (Oral Tablet)	B	3	QL
Janumet (Oral Tablet Immediate Release)	B	3	QL
Janumet XR (Oral Tablet Extended Release 24 Hour)	B	3	QL
Januvia (Oral Tablet)	B	3	QL
Jardiance (Oral Tablet)	B	3	QL
Jentadueto (2.5-1000MG Oral Tablet, 2.5-500MG Oral Tablet)	B	3	QL
Jentadueto XR (Oral Tablet Extended Release 24 Hour)	B	3	QL
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	1	QL
Metformin HCl (500MG/5ML Oral Solution)	G	4	QL
Metformin HCl (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 850MG Oral Tablet Immediate Release)	G	1	QL
Miglitol (Oral Tablet)	G	4	
Mounjaro (Subcutaneous Solution Pen-Injector)	B	3	PA; QL
Nateglinide (Oral Tablet)	G	3	QL
Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector)	B	3	PA; QL
Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector)	B	3	PA; QL
Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector)	B	3	PA; QL
Pioglitazone HCl (Oral Tablet)	G	1	QL
Pioglitazone HCl-Glimepiride (Oral Tablet)	G	4	HRM; QL
Pioglitazone HCl-Metformin HCl (Oral Tablet)	G	3	QL
Repaglinide (Oral Tablet)	G	1	QL
Rybelsus (Oral Tablet)	B	3	PA; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Soliqua (Subcutaneous Solution Pen-Injector)	B	3	PA; QL
SymlinPen 120 (Subcutaneous Solution Pen-Injector)	B	5	PA
SymlinPen 60 (Subcutaneous Solution Pen-Injector)	B	5	PA
Synjardy (Oral Tablet Immediate Release)	B	3	QL
Synjardy XR (Oral Tablet Extended Release 24 Hour)	B	3	QL
Tradjenta (Oral Tablet)	B	3	QL
Trijardy XR (Oral Tablet Extended Release 24 Hour)	B	3	QL
Trulicity (Subcutaneous Solution Pen-Injector)	B	3	PA; QL
Victoza (Subcutaneous Solution Pen-Injector)	B	3	PA; QL
Xigduo XR (Oral Tablet Extended Release 24 Hour)	B	3	QL
Glycemic Agents			
Baqsimi One Pack (Nasal Powder)	B	3	
Diazoxide (Oral Suspension)	G	4	
GlucaGen HypoKit (Injection Solution Reconstituted)	B	4	
Glucagon (Injection Kit) (Lilly)	B	3	
Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector)	B	3	
Gvoke Kit (Subcutaneous Solution)	B	3	
Gvoke PFS (Subcutaneous Solution Prefilled Syringe)	B	3	
Insulins			
Humalog (Injection Solution)	B	3	
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)	B	3	
Humalog KwikPen (Subcutaneous Solution Pen-Injector)	B	3	
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)	B	3	
Humalog Mix 50/50 (Subcutaneous Suspension)	B	3	
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)	B	3	
Humalog Mix 75/25 (Subcutaneous Suspension)	B	3	
Humalog (Subcutaneous Solution Cartridge)	B	3	
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)	B	3	
Humulin 70/30 (Subcutaneous Suspension)	B	3	
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)	B	3	
Humulin N (Subcutaneous Suspension)	B	3	
Humulin R (Injection Solution)	B	3	
Humulin R U-500 (Concentrated) (Subcutaneous Solution)	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)	B	3	
Lantus SoloStar (Subcutaneous Solution Pen-Injector)	B	3	
Lantus (Subcutaneous Solution)	B	3	
Levemir FlexPen (Subcutaneous Solution Pen-Injector)	B	3	
Levemir (Subcutaneous Solution)	B	3	
Lyumjev (Injection Solution)	B	3	
Lyumjev KwikPen (Subcutaneous Solution Pen-Injector)	B	3	
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)	B	3	
Toujeo SoloStar (Subcutaneous Solution Pen-Injector)	B	3	
Tresiba FlexTouch (Subcutaneous Solution Pen-Injector)	B	3	
Tresiba (Subcutaneous Solution)	B	3	
Blood Products and Modifiers			
Anticoagulants			
Eliquis (Oral Tablet)	B	3	QL
Eliquis Starter Pack (Oral Tablet)	B	3	QL
Enoxaparin Sodium (100MG/ML Injection Solution Prefilled Syringe, 120MG/0.8ML Injection Solution Prefilled Syringe, 150MG/ML Injection Solution Prefilled Syringe, 60MG/0.6ML Injection Solution Prefilled Syringe, 80MG/0.8ML Injection Solution Prefilled Syringe)	G	4	
Enoxaparin Sodium (30MG/0.3ML Injection Solution Prefilled Syringe, 40MG/0.4ML Injection Solution Prefilled Syringe)	G	3	
Fondaparinux Sodium (10MG/0.8ML Subcutaneous Solution, 5MG/0.4ML Subcutaneous Solution, 7.5MG/0.6ML Subcutaneous Solution)	G	5	
Fondaparinux Sodium (2.5MG/0.5ML Subcutaneous Solution)	G	4	
Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution)	G	3	
Heparin Sodium (1000UNIT/ML Injection Solution)	G	3	B/D,PA
Jantoven (Oral Tablet)	G	1	
Warfarin Sodium (Oral Tablet)	G	1	
Xarelto (Oral Suspension Reconstituted)	B	3	QL
Xarelto (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
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	3	QL
Blood Products and Modifiers, Other			
Anagrelide HCl (Oral Capsule)	G	3	
Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution)	B	5	PA
Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution)	B	4	PA
Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe)	B	5	PA
Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe)	B	4	PA
Leukine (Injection Solution Reconstituted)	B	5	PA
Neulasta (Subcutaneous Solution Prefilled Syringe)	B	5	PA
Promacta (Oral Packet)	B	5	PA; QL
Promacta (Oral Tablet)	B	5	PA; QL
Pyrukynd (Oral Tablet)	B	5	PA; QL
Pyrukynd Taper Pack (Oral Tablet Therapy Pack)	B	5	PA; QL
Retacrit (Injection Solution)	B	4	PA
Udenyca (Subcutaneous Solution Auto-Injector)	B	5	PA
Udenyca (Subcutaneous Solution Prefilled Syringe)	B	5	PA
Zarxio (Injection Solution Prefilled Syringe)	B	5	
Hemostasis Agents			
Tranexamic Acid (Oral Tablet)	G	3	
Platelet Modifying Agents			
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	4	QL
Brilinta (Oral Tablet)	B	3	QL
Cablivi (Injection Kit)	B	5	PA; QL
Cilostazol (Oral Tablet)	G	2	
Clopidogrel Bisulfate (75MG Oral Tablet)	G	2	
Doptelet (Oral Tablet)	B	5	PA; QL
Prasugrel HCl (Oral Tablet)	G	3	
Cardiovascular Agents			
Alpha-adrenergic Agonists			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Clonidine HCl (Oral Tablet Immediate Release)	G	2	
Clonidine (0.1MG/24HR Transdermal Patch Weekly)	G	3	
Clonidine (0.2MG/24HR Transdermal Patch Weekly, 0.3MG/24HR Transdermal Patch Weekly)	G	4	
Droxidopa (Oral Capsule)	G	4	PA; QL
Midodrine HCl (Oral Tablet)	G	3	
Alpha-adrenergic Blocking Agents			
Doxazosin Mesylate (Oral Tablet)	G	2	
Phenoxybenzamine HCl (Oral Capsule)	G	5	
Prazosin HCl (Oral Capsule)	G	2	
Angiotensin II Receptor Antagonists			
Candesartan Cilexetil (Oral Tablet)	G	3	QL
Edarbi (Oral Tablet)	B	4	QL
Irbesartan (Oral Tablet)	G	1	QL
Losartan Potassium (Oral Tablet)	G	1	QL
Olmesartan Medoxomil (Oral Tablet)	G	2	QL
Telmisartan (Oral Tablet)	G	2	QL
Valsartan (Oral Tablet)	G	1	QL
Angiotensin-converting Enzyme (ACE) Inhibitors			
Benazepril HCl (Oral Tablet)	G	1	QL
Captopril (100MG Oral Tablet)	G	4	QL
Captopril (12.5MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	3	QL
Enalapril Maleate (Oral Solution)	G	4	
Enalapril Maleate (Oral Tablet)	G	1	QL
Fosinopril Sodium (Oral Tablet)	G	1	QL
Lisinopril (Oral Tablet)	G	1	QL
Moexipril HCl (Oral Tablet)	G	2	QL
Perindopril Erbumine (Oral Tablet)	G	3	QL
Quinapril HCl (Oral Tablet)	G	1	QL
Ramipril (Oral Capsule)	G	1	QL
Trandolapril (Oral Tablet)	G	1	QL
Antiarrhythmics			
Amiodarone HCl (200MG Oral Tablet)	G	2	
Dofetilide (Oral Capsule)	G	3	QL
Flecainide Acetate (Oral Tablet)	G	2	
Mexiletine HCl (Oral Capsule)	G	3	
Multaq (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
Propafenone HCl ER (Oral Capsule Extended Release 12 Hour)	G	4	
Propafenone HCl (Oral Tablet)	G	3	
Quinidine Gluconate ER (Oral Tablet Extended Release)	G	4	
Quinidine Sulfate (Oral Tablet)	G	2	
Sorine (Oral Tablet)	G	2	
Sotalol HCl AF (Oral Tablet)	G	3	
Sotalol HCl (Oral Tablet)	G	2	
Beta-adrenergic Blocking Agents			
Acebutolol HCl (Oral Capsule)	G	3	
Atenolol (Oral Tablet)	G	1	
Betaxolol HCl (Oral Tablet)	G	3	
Bisoprolol Fumarate (Oral Tablet)	G	2	
Carvedilol (Oral Tablet)	G	1	
Labetalol HCl (Oral Tablet)	G	2	
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	G	2	
Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	1	
Nadolol (Oral Tablet)	G	3	
Nebivolol HCl (Oral Tablet)	G	3	QL
Pindolol (Oral Tablet)	G	3	
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour)	G	3	
Propranolol HCl (Oral Solution)	G	2	
Propranolol HCl (Oral Tablet)	G	2	
Calcium Channel Blocking Agents, Dihydropyridines			
Amlodipine Besylate (Oral Tablet)	G	1	
Felodipine ER (Oral Tablet Extended Release 24 Hour)	G	2	
Nicardipine HCl (Oral Capsule)	G	4	
Nifedipine ER (Oral Tablet Extended Release 24 Hour)	G	2	
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	G	2	
Nimodipine (Oral Capsule)	G	4	
Nymalize (Oral Solution)	B	4	
Calcium Channel Blocking Agents, Nondihydropyridines			
Cartia XT (Oral Capsule Extended Release 24 Hour)	G	2	
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour)	G	2	

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	2	
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour)	G	3	
Diltiazem HCl ER (Oral Tablet Extended Release 24 Hour)	G	3	
Diltiazem HCl (Oral Tablet Immediate Release)	G	2	
Dilt-XR (Oral Capsule Extended Release 24 Hour)	G	2	
Matzim LA (Oral Tablet Extended Release 24 Hour)	G	3	
Taztia XT (Oral Capsule Extended Release 24 Hour)	G	2	
Tiadyt ER (Oral Capsule Extended Release 24 Hour)	G	2	
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)	G	4	
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	3	
Verapamil HCl ER (Oral Tablet Extended Release)	G	2	
Verapamil HCl (Oral Tablet Immediate Release)	G	2	
Cardiovascular Agents, Other			
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	G	3	
Acetazolamide (Oral Tablet)	G	3	
Aliskiren Fumarate (Oral Tablet)	G	4	QL
Amiloride-Hydrochlorothiazide (Oral Tablet)	G	2	
Amlodipine-Atorvastatin (Oral Tablet)	G	4	QL
Amlodipine-Benazepril (Oral Capsule)	G	2	QL
Amlodipine-Olmesartan (Oral Tablet)	G	2	QL
Amlodipine-Valsartan (Oral Tablet)	G	3	QL
Amlodipine-Valsartan-HCTZ (Oral Tablet)	G	4	
Atenolol-Chlorthalidone (Oral Tablet)	G	1	
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	3	QL
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Candesartan Cilexetil-HCTZ (Oral Tablet)	G	3	QL
Corlanor (Oral Solution)	B	4	PA; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Corlanor (Oral Tablet)	B	4	PA; QL
Demser (Oral Capsule)	B	5	
Digoxin (Oral Solution)	G	4	HRM
Digoxin (Oral Tablet)	G	4	HRM
Edarbyclor (Oral Tablet)	B	4	QL
Enalapril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Entresto (Oral Tablet)	B	3	QL
Fosinopril Sodium-HCTZ (Oral Tablet)	G	3	QL
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	2	QL
Kerendia (Oral Tablet)	B	4	PA; QL
Lanoxin (Oral Tablet)	B	4	HRM
Lisinopril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Losartan Potassium-HCTZ (Oral Tablet)	G	1	QL
Metoprolol-Hydrochlorothiazide (Oral Tablet)	G	3	
Metyrosine (Oral Capsule)	G	5	
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	2	QL
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	G	3	QL
Pentoxifylline ER (Oral Tablet Extended Release)	G	2	
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	3	
Spirolactone-HCTZ (Oral Tablet)	G	2	
Telmisartan-Amlodipine (Oral Tablet)	G	4	QL
Telmisartan-HCTZ (Oral Tablet)	G	3	QL
Triamterene-HCTZ (Oral Capsule)	G	2	
Triamterene-HCTZ (Oral Tablet)	G	2	
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Diuretics, Loop			
Bumetanide (Injection Solution)	G	4	
Bumetanide (Oral Tablet)	G	3	
Furosemide (Injection Solution)	G	4	B/D,PA
Furosemide (Oral Solution)	G	2	
Furosemide (Oral Tablet)	G	1	
Torseamide (Oral Tablet)	G	2	
Diuretics, Potassium-sparing			
Amiloride HCl (Oral Tablet)	G	2	
Eplerenone (Oral Tablet)	G	3	
Spirolactone (Oral Tablet)	G	2	
Triamterene (Oral Capsule)	G	4	
Diuretics, Thiazide			
Chlorthalidone (Oral Tablet)	G	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Diuril (Oral Suspension)	B	4	
Hydrochlorothiazide (Oral Capsule)	G	1	
Hydrochlorothiazide (Oral Tablet)	G	1	
Indapamide (Oral Tablet)	G	2	
Metolazone (Oral Tablet)	G	3	
Dyslipidemics, Fibric Acid Derivatives			
Fenofibrate Micronized (134MG Oral Capsule, 200MG Oral Capsule, 67MG Oral Capsule)	G	3	
Fenofibrate (145MG Oral Tablet)	G	3	
Fenofibrate (160MG Oral Tablet, 48MG Oral Tablet, 54MG Oral Tablet)	G	2	
Fenofibric Acid (Oral Capsule Delayed Release)	G	3	
Gemfibrozil (Oral Tablet)	G	2	
Dyslipidemics, HMG CoA Reductase Inhibitors			
Atorvastatin Calcium (Oral Tablet)	G	1	QL
Fluvastatin Sodium (Oral Capsule)	G	4	QL
Livalo (Oral Tablet)	B	3	QL
Lovastatin (Oral Tablet)	G	1	QL
Pravastatin Sodium (Oral Tablet)	G	1	QL
Rosuvastatin Calcium (Oral Tablet)	G	2	QL
Simvastatin (Oral Tablet)	G	1	QL
Dyslipidemics, Other			
Cholestyramine Light (Oral Packet)	G	4	
Cholestyramine (Oral Packet)	G	4	
Colesevelam HCl (Oral Packet)	G	4	
Colesevelam HCl (Oral Tablet)	G	4	
Colestipol HCl (Oral Packet)	G	4	
Colestipol HCl (Oral Tablet)	G	3	
Ezetimibe (Oral Tablet)	G	2	
Ezetimibe-Simvastatin (Oral Tablet)	G	3	QL
Juxtapid (Oral Capsule)	B	5	PA
Niacin (Antihyperlipidemic) (Oral Tablet Immediate Release)	G	4	
Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release)	G	3	
Niacor (Oral Tablet)	G	4	
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	G	3	
Praluent (Subcutaneous Solution Auto-Injector)	B	3	PA; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Prevalite (Oral Packet)	G	4	
Repatha Pushtronex System (Subcutaneous Solution Cartridge)	B	3	PA; QL
Repatha (Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Repatha SureClick (Subcutaneous Solution Auto-Injector)	B	3	PA; QL
Vascepa (Oral Capsule)	B	3	
Vasodilators, Direct-acting Arterial			
Hydralazine HCl (Oral Tablet)	G	2	
Minoxidil (Oral Tablet)	G	2	
Vasodilators, Direct-acting Arterial/Venous			
Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	2	
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour)	G	2	
Isosorbide Mononitrate (Oral Tablet Immediate Release)	G	2	
Nitro-Bid (Transdermal Ointment)	B	4	
Nitroglycerin (Tablet Sublingual)	G	2	
Nitroglycerin (Transdermal Patch 24 Hour)	G	2	
Nitroglycerin (Translingual Solution)	G	4	
Nitrostat (Tablet Sublingual)	B	3	
Rectiv (Rectal Ointment)	B	4	QL
Verquvo (Oral Tablet)	B	3	PA; QL
Central Nervous System Agents			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	3	QL
Amphetamine-Dextroamphetamine (Oral Tablet)	G	3	QL
Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)	G	4	QL
Dextroamphetamine Sulfate (10MG Oral Tablet, 5MG Oral Tablet)	G	3	QL
Dextroamphetamine Sulfate (15MG Oral Tablet, 20MG Oral Tablet, 30MG Oral Tablet)	G	4	QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			
Atomoxetine HCl (Oral Capsule)	G	4	
Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)	G	3	PA
Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour)	G	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Dexmethylphenidate HCl (Oral Tablet)	G	3	QL
Guanfacine HCl ER (Oral Tablet Extended Release 24 Hour)	G	4	HRM
Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release)	G	3	QL
Methylphenidate HCl (Oral Solution)	G	4	QL
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	G	3	QL
Central Nervous System, Other			
Austedo (Oral Tablet)	B	5	PA; QL
Ingrezza (Oral Capsule)	B	5	PA; QL
Ingrezza (Oral Capsule Therapy Pack)	B	5	PA; QL
Nuedexta (Oral Capsule)	B	5	PA; QL
Riluzole (Oral Tablet)	G	3	
Skyclarys (Oral Capsule)	B	5	PA; QL
Tetrabenazine (12.5MG Oral Tablet)	G	4	PA
Tetrabenazine (25MG Oral Tablet)	G	5	PA
Fibromyalgia Agents			
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	G	2	QL
Pregabalin (Oral Capsule)	G	3	QL
Pregabalin (Oral Solution)	G	3	QL
Savella (Oral Tablet)	B	3	
Savella Titration Pack (Oral Tablet)	B	3	
Multiple Sclerosis Agents			
Avonex Pen (Intramuscular Auto-Injector Kit)	B	5	
Avonex Prefilled (Intramuscular Prefilled Syringe Kit)	B	5	
Betaseron (Subcutaneous Kit)	B	5	
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	3	QL
Dimethyl Fumarate (Oral Capsule Delayed Release)	G	4	QL
Dimethyl Fumarate Starter Pack (Oral Capsule)	G	4	QL
Fingolimod HCl (Oral Capsule)	G	5	QL
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	G	5	
Glatopa (Subcutaneous Solution Prefilled Syringe)	G	5	
Mayzent (Oral Tablet)	B	5	QL
Mayzent Starter Pack (Oral Tablet Therapy Pack)	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
Rebif Rebidose (Subcutaneous Solution Auto-Injector)	B	5	ST
Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)	B	5	ST
Rebif (Subcutaneous Solution Prefilled Syringe)	B	5	ST
Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)	B	5	ST
Teriflunomide (Oral Tablet)	G	5	QL
Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)	B	5	ST; QL
Dental and Oral Agents			
Dental and Oral Agents			
Chlorhexidine Gluconate (Mouth Solution)	G	2	
Periogard (Mouth Solution)	G	2	
Pilocarpine HCl (Oral Tablet)	G	3	
Triamcinolone Acetonide (Dental Paste)	G	3	
Dermatological Agents			
Acne and Rosacea Agents			
Accutane (Oral Capsule)	G	4	PA
Acitretin (Oral Capsule)	G	4	
Adapalene (External Cream)	G	4	
Adapalene (0.3% External Gel)	G	3	
Amnesteem (Oral Capsule)	G	4	PA
Azelaic Acid (External Gel)	G	4	QL
Benzoyl Peroxide-Erythromycin (External Gel)	G	3	
Claravis (Oral Capsule)	G	4	PA
Clindamycin Phosphate-Benzoyl Peroxide (1.2-5% External Gel)	G	2	
Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel)	G	3	
Finacea (External Foam)	B	4	QL
Isotretinoin (Oral Capsule)	G	4	PA
Neuac (External Gel)	G	2	
Tazarotene (External Cream)	G	4	PA; QL
Tretinoin (External Cream)	G	4	PA
Tretinoin (0.01% External Gel)	G	4	PA
Zenatane (Oral Capsule)	G	4	PA
Dermatitis and Pruritus Agents			
Ala-Cort (External Cream)	G	2	
Alclometasone Dipropionate (External Cream)	G	3	
Alclometasone Dipropionate (External Ointment)	G	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ammonium Lactate (External Cream)	G	2	
Ammonium Lactate (External Lotion)	G	2	
Betamethasone Dipropionate Aug (External Cream)	G	2	
Betamethasone Dipropionate Aug (External Gel)	G	3	
Betamethasone Dipropionate Aug (External Lotion)	G	3	
Betamethasone Dipropionate Aug (External Ointment)	G	3	
Betamethasone Dipropionate (External Cream)	G	3	
Betamethasone Dipropionate (External Lotion)	G	3	
Betamethasone Dipropionate (External Ointment)	G	3	
Betamethasone Valerate (External Cream)	G	3	
Betamethasone Valerate (External Lotion)	G	3	
Betamethasone Valerate (External Ointment)	G	3	
Clobetasol Propionate Emollient Base (External Cream)	G	4	
Clobetasol Propionate (External Cream)	G	2	
Clobetasol Propionate (External Gel)	G	3	
Clobetasol Propionate (External Ointment)	G	2	
Clobetasol Propionate (External Shampoo)	G	4	
Clobetasol Propionate (External Solution)	G	3	
Clodan (External Shampoo)	G	4	
Desonide (External Ointment)	G	3	QL
Desoximetasone (External Cream)	G	4	QL
Doxepin HCl (External Cream)	G	4	PA; QL
Fluocinolone Acetonide (External Cream)	G	3	
Fluocinolone Acetonide (External Ointment)	G	3	
Fluocinolone Acetonide (External Solution)	G	3	
Fluocinolone Acetonide Scalp (External Oil)	G	3	
Fluocinonide Emulsified Base (External Cream)	G	3	QL
Fluocinonide (0.05% External Cream)	G	3	QL
Fluocinonide (External Gel)	G	3	QL
Fluocinonide (External Ointment)	G	3	QL
Fluocinonide (External Solution)	G	3	QL
Fluticasone Propionate (External Cream)	G	3	
Fluticasone Propionate (External Ointment)	G	3	
Halobetasol Propionate (External Cream)	G	4	
Halobetasol Propionate (External Ointment)	G	4	
Hydrocortisone Butyrate (External Ointment)	G	4	
Hydrocortisone (1% External Cream)	G	2	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Hydrocortisone (2.5% External Lotion)	G	3	
Hydrocortisone (1% External Ointment, 2.5% External Ointment)	G	1	
Hydrocortisone Valerate (External Cream)	G	4	
Hydrocortisone Valerate (External Ointment)	G	4	
Mometasone Furoate (External Cream)	G	2	
Mometasone Furoate (External Ointment)	G	2	
Mometasone Furoate (External Solution)	G	2	
Pimecrolimus (External Cream)	G	4	ST; QL
Selenium Sulfide (External Lotion)	G	2	
Tacrolimus (External Ointment)	G	4	ST
Triamcinolone Acetonide (External Cream)	G	2	
Triamcinolone Acetonide (External Lotion)	G	3	
Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment)	G	2	
Triderm (External Cream)	G	2	
Dermatological Agents, Other			
Calcipotriene (External Cream)	G	4	QL
Calcipotriene (External Ointment)	G	4	QL
Calcipotriene (External Solution)	G	3	
Calcitriol (External Ointment)	G	4	
Carac (External Cream)	B	5	
Clotrimazole-Betamethasone (External Cream)	G	2	QL
Clotrimazole-Betamethasone (External Lotion)	G	4	
Diclofenac Sodium (3% External Gel)	G	3	PA; QL
Fluorouracil (0.5% External Cream)	B	5	
Fluorouracil (5% External Cream)	G	3	QL
Fluorouracil (External Solution)	G	3	
Imiquimod (5% External Cream)	G	2	QL
Imiquimod Pump (3.75% External Cream)	G	4	PA
Methoxsalen Rapid (Oral Capsule)	G	5	
Podofilox (External Solution)	G	3	
Regranex (External Gel)	B	5	PA
Santyl (External Ointment)	B	4	
Silver Sulfadiazine (External Cream)	G	2	
SSD (External Cream)	G	2	
Pediculicides/Scabicides			
Malathion (External Lotion)	G	4	
Permethrin (External Cream)	G	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Topical Anti-infectives			
Ciclopirox (External Gel)	G	3	
Ciclopirox (External Shampoo)	G	3	
Ciclopirox (External Solution)	G	3	
Ciclopirox Olamine (External Cream)	G	2	
Ciclopirox Olamine (External Suspension)	G	3	
Clindacin ETZ (External Swab)	G	3	QL
Clindamycin Phosphate (External Gel)	G	3	QL
Clindamycin Phosphate (External Lotion)	G	3	QL
Clindamycin Phosphate (External Solution)	G	2	QL
Clindamycin Phosphate (External Swab)	G	3	QL
Clotrimazole (External Cream)	G	2	
Clotrimazole (External Solution)	G	3	
Econazole Nitrate (External Cream)	G	2	QL
Ery (External Pad)	G	3	
Erythromycin (External Gel)	G	3	
Erythromycin (External Solution)	G	3	
Gentamicin Sulfate (External Cream)	G	3	
Gentamicin Sulfate (External Ointment)	G	2	
Jublia (External Solution)	B	4	
Ketoconazole (External Cream)	G	2	QL
Ketoconazole (External Foam)	G	4	QL
Ketoconazole (External Shampoo)	G	2	
Ketodan (External Foam)	G	4	QL
Mupirocin Calcium (External Cream)	G	4	
Mupirocin (External Ointment)	G	2	QL
Naftifine HCl (External Cream)	G	4	
Nyamyc (External Powder)	G	2	QL
Nystatin (External Cream)	G	2	
Nystatin (External Ointment)	G	2	
Nystatin (External Powder)	G	2	QL
Nystop (External Powder)	G	2	QL
Oxiconazole Nitrate (External Cream)	G	4	QL
Electrolytes/Minerals/Metals/Vitamins			
Electrolyte/Mineral Replacement			
Carglumic Acid (Oral Tablet Soluble)	G	5	
Dextrose (10% Intravenous Solution)	G	3	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Dextrose (5% Intravenous Solution)	G	3	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)	G	3	
Dextrose-NaCl (5-0.9% Intravenous Solution)	G	3	B/D,PA
Endari (Oral Packet)	B	5	PA
Intralipid (Intravenous Emulsion)	B	4	B/D,PA
Isolyte-P in D5W (Intravenous Solution)	B	4	
Isolyte-S pH 7.4 (Intravenous Solution)	B	4	
KCl in Dextrose-NaCl (Intravenous Solution)	G	3	
KCl-Lactated Ringers-D5W (Intravenous Solution)	G	3	
Klor-Con 10 (Oral Tablet Extended Release)	G	2	
Klor-Con M10 (Oral Tablet Extended Release)	G	2	
Klor-Con M15 (Oral Tablet Extended Release)	G	2	
Klor-Con M20 (Oral Tablet Extended Release)	G	2	
Klor-Con (Oral Packet)	G	4	
Klor-Con 8 (Oral Tablet Extended Release)	G	2	
Magnesium Sulfate (Injection Solution)	G	1	
Nutrilipid (Intravenous Emulsion)	B	4	B/D,PA
Plasma-Lyte 148 (Intravenous Solution)	B	4	
Plasma-Lyte A (Intravenous Solution)	B	4	
Plenamaine (Intravenous Solution)	B	4	B/D,PA
Potassium Chloride CR (Oral Tablet Extended Release)	G	2	
Potassium Chloride ER (Oral Capsule Extended Release)	G	2	
Potassium Chloride ER (Oral Tablet Extended Release)	G	2	
Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution, 20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)	G	3	B/D,PA
Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 2MEQ/ML (30ML) Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution, 40MEQ/100ML Intravenous Solution)	G	1	B/D,PA
Potassium Chloride (Oral Packet)	G	4	
Potassium Chloride (20MEQ/15ML(10%) Oral Solution)	G	3	
Potassium Chloride (40MEQ/15ML(20%) Oral Solution)	G	4	
Potassium Citrate ER (Oral Tablet Extended Release)	G	3	
Potassium Chloride in Dextrose 5% (20MEQ/L Intravenous Solution)	G	3	B/D,PA
Premasol (Intravenous Solution)	B	4	B/D,PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Prosol (Intravenous Solution)	B	4	B/D,PA
Sodium Chloride (0.45% Intravenous Solution)	G	4	
Sodium Chloride (0.9% Intravenous Solution, 3% Intravenous Solution, 5% Intravenous Solution)	G	4	B/D,PA
Sodium Chloride (Irrigation Solution)	G	1	
Sodium Fluoride (Oral Tablet)	G	2	
TPN Electrolytes (Intravenous Concentrate)	B	4	
Travasol (Intravenous Solution)	B	4	B/D,PA
TrophAmine (Intravenous Solution)	B	4	B/D,PA
Electrolyte/Mineral/Metal Modifiers			
Chemet (Oral Capsule)	B	5	
Deferasirox Granules (Oral Packet)	G	5	PA
Deferasirox (Oral Tablet) (Generic Jadenu)	G	3	PA
Deferasirox (125MG Oral Tablet Soluble) (Generic Exjade)	G	4	PA
Deferasirox (250MG Oral Tablet Soluble, 500MG Oral Tablet Soluble) (Generic Exjade)	G	5	PA
Deferiprone (Oral Tablet)	G	5	PA
Ferriprox (Oral Solution)	B	5	PA
Tolvaptan (Oral Tablet)	G	5	PA
Trientine HCl (Oral Capsule)	G	5	PA; QL
Phosphate Binders			
Calcium Acetate (Phosphate Binder) (Oral Capsule)	G	3	
Calcium Acetate (667MG Oral Tablet)	G	3	
Lanthanum Carbonate (Oral Tablet Chewable)	G	5	
Sevelamer Carbonate (Oral Packet)	G	4	
Sevelamer Carbonate (Oral Tablet) (Generic Renvela)	G	3	
Sevelamer HCl (Oral Tablet)	G	4	
Velphoro (Oral Tablet Chewable)	B	5	
Potassium Binders			
Lokelma (Oral Packet)	B	4	QL
Sodium Polystyrene Sulfonate (Oral Powder)	G	3	
SPS (Oral Suspension)	G	3	
Veltassa (Oral Packet)	B	4	QL
Vitamins			
Prenatal (27-1MG Oral Tablet)	G	2	
Gastrointestinal Agents			
Anti-Constipation Agents			

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Constulose (Oral Solution)	G	2	
Enulose (Oral Solution)	G	2	
Generlac (Oral Solution)	G	2	
Lactulose (10GM/15ML Oral Solution)	G	2	
Linzess (Oral Capsule)	B	3	QL
Lubiprostone (Oral Capsule)	G	4	QL
Motegrity (Oral Tablet)	B	4	QL
Movantik (Oral Tablet)	B	3	QL
Relistor (Oral Tablet)	B	5	PA
Relistor (Subcutaneous Solution)	B	5	PA
Trulance (Oral Tablet)	B	4	
Anti-Diarrheal Agents			
Alosetron HCl (0.5MG Oral Tablet)	G	4	PA
Alosetron HCl (1MG Oral Tablet)	G	5	PA
Diphenoxylate-Atropine (Oral Liquid)	G	4	HRM
Diphenoxylate-Atropine (Oral Tablet)	G	4	HRM
Loperamide HCl (Oral Capsule)	G	2	
Xermelo (Oral Tablet)	B	5	PA; QL
Antispasmodics, Gastrointestinal			
Chlordiazepoxide-Clidinium (Oral Capsule)	G	4	HRM
Dicyclomine HCl (Oral Capsule)	G	2	HRM
Dicyclomine HCl (Oral Solution)	G	4	HRM
Dicyclomine HCl (Oral Tablet)	G	2	HRM
Glycopyrrolate (Oral Solution) (Generic Cuvposa)	G	4	PA
Methscopolamine Bromide (Oral Tablet)	G	4	HRM
Gastrointestinal Agents, Other			
Chenodal (Oral Tablet)	B	5	PA
Clenpiq (Oral Solution)	B	3	
GaviLyte-C (Oral Solution Reconstituted)	G	2	
GaviLyte-G (Oral Solution Reconstituted)	G	2	
Myalept (Subcutaneous Solution Reconstituted)	B	5	PA
Sodium Sulfate-Potassium Sulfate-Magnesium Sulfate (Oral Solution)	G	3	
Ocaliva (Oral Tablet)	B	5	PA; QL
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	G	2	
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	G	2	
Sutab (Oral Tablet)	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ursodiol (300MG Oral Capsule)	G	3	
Ursodiol (Oral Tablet)	G	4	
Histamine2 (H2) Receptor Antagonists			
Famotidine (Oral Suspension Reconstituted)	G	4	
Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	G	3	
Nizatidine (Oral Capsule)	G	3	
Protectants			
Misoprostol (Oral Tablet)	G	3	
Sucralfate (Oral Suspension)	G	4	
Sucralfate (Oral Tablet)	G	2	
Proton Pump Inhibitors			
Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)	G	3	QL
Esomeprazole Magnesium (Oral Packet)	G	3	
Lansoprazole (Oral Capsule Delayed Release)	G	2	QL
Nexium (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	B	3	QL
Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet)	B	3	
Omeprazole (10MG Oral Capsule Delayed Release)	G	2	QL
Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	G	2	
Pantoprazole Sodium (Oral Tablet Delayed Release)	G	2	QL
Rabeprazole Sodium (Oral Tablet Delayed Release)	G	3	
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	5	PA
Betaine (Oral Powder)	G	5	
Cholbam (Oral Capsule)	B	5	PA
Creon (Oral Capsule Delayed Release Particles)	B	3	
Cromolyn Sodium (Oral Concentrate)	G	3	
Cystagon (Oral Capsule)	B	4	
Glassia (Intravenous Solution)	B	5	PA
Levocarnitine (1GM/10ML Oral Solution)	G	4	
Levocarnitine (330MG Oral Tablet)	G	3	
Miglustat (Oral Capsule)	G	5	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
Nitisinone (10MG Oral Capsule, 2MG Oral Capsule, 5MG Oral Capsule)	G	5	
Nitisinone (20MG Oral Capsule)	G	5	
Orfadin (Oral Suspension)	B	5	
Procysbi (Oral Packet)	B	5	
Prolastin-C (Intravenous Solution Reconstituted)	B	5	PA
RAVICTI (Oral Liquid)	B	5	
Revcovi (Intramuscular Solution)	B	5	PA
Sapropterin Dihydrochloride (Oral Packet)	G	5	
Sapropterin Dihydrochloride (Oral Tablet)	G	5	
Sodium Phenylbutyrate (Oral Powder)	G	5	
Sodium Phenylbutyrate (Oral Tablet)	G	5	
Sucraid (Oral Solution)	B	5	
Tegsedi (Subcutaneous Solution Prefilled Syringe)	B	5	PA
Vyndamax (Oral Capsule)	B	5	PA; QL
Vyndaqel (Oral Capsule)	B	5	PA; QL
Zemaira (Intravenous Solution Reconstituted)	B	5	PA
Zenpep (Oral Capsule Delayed Release Particles)	B	3	
Zokinvy (Oral Capsule)	B	5	PA; QL
Genitourinary Agents			
Antispasmodics, Urinary			
Gemtesa (Oral Tablet)	B	4	
Myrbetriq (Oral Suspension Reconstituted ER)	B	3	
Myrbetriq (Oral Tablet Extended Release 24 Hour)	B	3	
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	G	2	
Oxybutynin Chloride (Oral Syrup)	G	2	
Oxybutynin Chloride (5MG Oral Tablet Immediate Release)	G	2	
Solifenacin Succinate (Oral Tablet)	G	3	QL
Benign Prostatic Hypertrophy Agents			
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	G	2	
Dutasteride (Oral Capsule)	G	3	
Finasteride (5MG Oral Tablet) (Generic Proscar)	G	2	
Silodosin (Oral Capsule)	G	3	QL
Tamsulosin HCl (Oral Capsule)	G	2	
Terazosin HCl (Oral Capsule)	G	2	
Genitourinary Agents, Other			
Bethanechol Chloride (Oral Tablet)	G	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Elmiron (Oral Capsule)	B	4	
Lithostat (Oral Tablet)	B	4	
Penicillamine (Oral Tablet)	G	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Dexamethasone (Oral Solution)	G	2	
Dexamethasone (Oral Tablet)	G	2	
Fludrocortisone Acetate (Oral Tablet)	G	2	
Hydrocortisone (Oral Tablet)	G	2	
Methylprednisolone (Oral Tablet)	G	2	
Methylprednisolone (Oral Tablet Therapy Pack)	G	2	
Prednisolone (Oral Solution)	G	2	
Prednisolone Sodium Phosphate (10MG/5ML Oral Solution, 20MG/5ML Oral Solution, 25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution)	G	4	
Prednisone Intensol (Oral Concentrate)	G	4	
Prednisone (5MG/5ML Oral Solution)	G	4	
Prednisone (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 50MG Oral Tablet, 5MG Oral Tablet)	G	2	
Prednisone (10MG (21) Oral Tablet Therapy Pack, 10MG (48) Oral Tablet Therapy Pack, 5MG (21) Oral Tablet Therapy Pack, 5MG (48) Oral Tablet Therapy Pack)	G	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
Desmopressin Acetate (Oral Tablet)	G	3	
Desmopressin Acetate Spray (Nasal Solution)	G	4	
Egrifta SV (2MG Subcutaneous Solution Reconstituted)	B	5	PA
Genotropin MiniQuick (0.2MG Subcutaneous Prefilled Syringe)	B	4	PA
Genotropin MiniQuick (0.4MG Subcutaneous Prefilled Syringe, 0.6MG Subcutaneous Prefilled Syringe, 0.8MG Subcutaneous Prefilled Syringe, 1.2MG Subcutaneous Prefilled Syringe, 1.4MG Subcutaneous Prefilled Syringe, 1.6MG Subcutaneous Prefilled Syringe, 1.8MG Subcutaneous Prefilled Syringe, 1MG Subcutaneous Prefilled Syringe, 2MG Subcutaneous Prefilled Syringe)	B	5	PA
Genotropin (12MG Subcutaneous Cartridge)	B	5	PA
Genotropin (5MG Subcutaneous Cartridge)	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
Increlex (Subcutaneous Solution)	B	5	PA
Serostim (Subcutaneous Solution Reconstituted)	B	5	PA
Zorbtive (Subcutaneous Solution Reconstituted)	B	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			
Korlym (Oral Tablet)	B	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)			
Androgens			
Danazol (Oral Capsule)	G	4	
Testosterone Cypionate (Intramuscular Solution)	G	2	
Testosterone Enanthate (Intramuscular Solution)	G	3	
Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 25MG/2.5GM 1% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel, 1.62% Transdermal Gel)	G	4	
Estrogens			
Altavera (Oral Tablet)	G	4	
Alyacen 1/35 (Oral Tablet)	G	4	
Amethia (Oral Tablet)	G	4	
Apri (Oral Tablet)	G	4	
Aranelle (Oral Tablet)	G	4	
Ashlyna (Oral Tablet)	G	4	
Aubra EQ (Oral Tablet)	G	4	
Aviane (Oral Tablet)	G	4	
Balziva (Oral Tablet)	G	4	
Blisovi 24 Fe (Oral Tablet)	G	4	
Blisovi Fe 1.5/30 (Oral Tablet)	G	4	
Briellyn (Oral Tablet)	G	4	
Camrese Lo (Oral Tablet)	G	4	
Climara Pro (Transdermal Patch Weekly)	B	4	HRM
Cryselle-28 (Oral Tablet)	G	4	
Cyred EQ (Oral Tablet)	G	4	
Desogestrel-Ethinyl Estradiol (Oral Tablet)	G	4	
Dolishale (Oral Tablet)	G	4	
Dotti (Transdermal Patch Twice Weekly)	G	3	HRM; QL
Drospirenone-Ethinyl Estradiol (Oral Tablet)	G	4	
Duavee (Oral Tablet)	B	4	HRM
Elestrin (Transdermal Gel)	B	4	HRM
EluRyng (Vaginal Ring)	G	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Enpresse-28 (Oral Tablet)	G	4	
Enskyce (Oral Tablet)	G	4	
Estarylla (Oral Tablet)	G	4	
Estradiol (Oral Tablet)	G	3	HRM
Estradiol (Transdermal Patch Twice Weekly)	G	3	HRM; QL
Estradiol (Transdermal Patch Weekly)	G	4	HRM; QL
Estradiol (Vaginal Cream)	G	2	
Estradiol (Vaginal Tablet)	G	4	
Estradiol Valerate (Intramuscular Oil)	G	4	
Estring (Vaginal Ring)	B	4	
Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet)	G	4	
Etonogestrel-Ethinyl Estradiol (Vaginal Ring)	G	4	
Falmina (Oral Tablet)	G	4	
Femring (Vaginal Ring)	B	4	
Finzala (Oral Tablet Chewable)	G	4	
Fyavolv (Oral Tablet)	G	4	HRM
Hailey 24 Fe (Oral Tablet)	G	4	
Iclevia (Oral Tablet)	G	4	
Imvexxy Maintenance Pack (Vaginal Insert)	B	3	PA
Imvexxy Starter Pack (Vaginal Insert)	B	3	PA
Introvale (Oral Tablet)	G	4	
Isibloom (Oral Tablet)	G	4	
Jasmiel (Oral Tablet)	G	4	
Jinteli (Oral Tablet)	G	4	HRM
Juleber (Oral Tablet)	G	4	
Junel 1.5/30 (Oral Tablet)	G	4	
Junel 1/20 (Oral Tablet)	G	4	
Junel Fe 1.5/30 (Oral Tablet)	G	4	
Junel Fe 1/20 (Oral Tablet)	G	4	
Junel Fe 24 (Oral Tablet)	G	4	
Kaitlib Fe (Oral Tablet Chewable)	G	4	
Kariva (Oral Tablet)	G	4	
Kelnor 1/35 (Oral Tablet)	G	4	
Kelnor 1/50 (Oral Tablet)	G	4	
Kurvelo (Oral Tablet)	G	4	
LARIN 1.5/30 (Oral Tablet)	G	4	
LARIN 1/20 (Oral Tablet)	G	4	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
LARIN Fe 1.5/30 (Oral Tablet)	G	4	
LARIN Fe 1/20 (Oral Tablet)	G	4	
Layolis Fe (Oral Tablet Chewable)	G	4	
Leena (Oral Tablet)	G	4	
Lessina (Oral Tablet)	G	4	
Levonest (Oral Tablet)	G	4	
Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet)	G	4	
Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet)	G	4	
Levonorgestrel-Ethinyl Estradiol (Oral Tablet)	G	4	
Levora 0.15/30 (28) (Oral Tablet)	G	4	
Loryna (Oral Tablet)	G	4	
Low-Ogestrel (Oral Tablet)	G	4	
Lutera (Oral Tablet)	G	4	
Lyllana (Transdermal Patch Twice Weekly)	G	3	HRM; QL
Marlissa (Oral Tablet)	G	4	
Menest (Oral Tablet)	B	4	HRM
Mibelas 24 Fe (Oral Tablet Chewable)	G	4	
Microgestin 1.5/30 (Oral Tablet)	G	4	
Microgestin 1/20 (Oral Tablet)	G	4	
Microgestin 24 Fe (Oral Tablet)	G	4	
Microgestin Fe 1.5/30 (Oral Tablet)	G	4	
Microgestin Fe 1/20 (Oral Tablet)	G	4	
Mili (Oral Tablet)	G	4	
Necon 0.5/35 (28) (Oral Tablet)	G	4	
Nikki (Oral Tablet)	G	4	
Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)	G	4	HRM
Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet)	G	4	
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG Oral Tablet)	G	4	
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	4	
Norethindrone-Ethinyl Estradiol-Fe (1-20MG-MCG/1-30MG-MCG/1-35MG-MCG Oral Tablet)	G	4	
Norgestimate-Ethinyl Estradiol (Oral Tablet)	G	4	
Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)	G	4	
Nortrel 0.5/35 (28) (Oral Tablet)	G	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Nortrel 1/35 (21) (Oral Tablet)	G	4	
Nortrel 1/35 (28) (Oral Tablet)	G	4	
Nortrel 7/7/7 (Oral Tablet)	G	4	
Nylia 1/35 (Oral Tablet)	G	4	
Nylia 7/7/7 (Oral Tablet)	G	4	
Nymyo (Oral Tablet)	G	4	
Ocella (Oral Tablet)	G	4	
Pimtreea (Oral Tablet)	G	4	
Portia-28 (Oral Tablet)	G	4	
Premarin (Oral Tablet)	B	4	HRM; QL
Premarin (Vaginal Cream)	B	3	
Premphase (Oral Tablet)	B	4	HRM; QL
Prempro (Oral Tablet)	B	4	HRM; QL
Reclipsen (Oral Tablet)	G	4	
Rivelsa (Oral Tablet)	G	4	
Setlakin (Oral Tablet)	G	4	
Sprintec 28 (Oral Tablet)	G	4	
Sronyx (Oral Tablet)	G	4	
Syeda (Oral Tablet)	G	4	
Tarina 24 Fe (Oral Tablet)	G	4	
Tarina Fe 1/20 EQ (Oral Tablet)	G	4	
Tilia Fe (Oral Tablet)	G	4	
Tri-Estarylla (Oral Tablet)	G	4	
Tri-Legest Fe (Oral Tablet)	G	4	
Tri-Lo-Estarylla (Oral Tablet)	G	4	
Tri-Lo-Sprintec (Oral Tablet)	G	4	
Tri-Mili (Oral Tablet)	G	4	
Tri-Nymyo (Oral Tablet)	G	4	
Tri-Sprintec (Oral Tablet)	G	4	
Trivora (28) (Oral Tablet)	G	4	
Tri-VyLibra Lo (Oral Tablet)	G	4	
Tri-VyLibra (Oral Tablet)	G	4	
Tyblume (Oral Tablet Chewable)	G	4	
Velivet (Oral Tablet)	G	4	
Vestura (Oral Tablet)	G	4	
Vienva (Oral Tablet)	G	4	
Vyfemla (Oral Tablet)	G	4	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
VyLibra (Oral Tablet)	G	4	
WYMZYA Fe (Oral Tablet Chewable)	G	4	
Xulane (Transdermal Patch Weekly)	G	4	
Yuvaferm (Vaginal Tablet)	G	4	
Zafemy (Transdermal Patch Weekly)	G	4	
Zovia 1/35 (28) (Oral Tablet)	G	4	
Progestins			
Camila (Oral Tablet)	G	3	
Crinone (Vaginal Gel)	B	4	PA
Deblitane (Oral Tablet)	G	3	
Depo-SubQ Provera 104 (Subcutaneous Suspension Prefilled Syringe)	B	4	
Errin (Oral Tablet)	G	3	
Incassia (Oral Tablet)	G	3	
Lyleq (Oral Tablet)	G	3	
Lyza (Oral Tablet)	G	3	
Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension)	G	4	
Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension Prefilled Syringe)	G	4	
Medroxyprogesterone Acetate (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	G	2	
Megestrol Acetate (40MG/ML Oral Suspension)	G	3	HRM
Megestrol Acetate (625MG/5ML Oral Suspension)	G	4	HRM
Megestrol Acetate (Oral Tablet)	G	3	HRM
Nora-BE (Oral Tablet)	G	3	
Norethindrone Acetate (5MG Oral Tablet)	G	2	
Norethindrone (0.35MG Oral Tablet)	G	3	
Progesterone (Oral Capsule)	G	3	
Sharobel (Oral Tablet)	G	3	
Selective Estrogen Receptor Modifying Agents			
Osphena (Oral Tablet)	B	3	PA; QL
Raloxifene HCl (Oral Tablet)	G	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
Euthyrox (Oral Tablet)	G	1	
Levothyroxine Sodium (Oral Tablet)	G	1	
Levoxyl (Oral Tablet)	G	1	
Liothyronine Sodium (Oral Tablet)	G	2	
Synthroid (Oral Tablet)	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Unithroid (Oral Tablet)	G	1	
Hormonal Agents, Suppressant (Adrenal)			
Hormonal Agents, Suppressant (Adrenal)			
Isturisa (Oral Tablet)	B	5	PA
Lysodren (Oral Tablet)	B	5	
Hormonal Agents, Suppressant (Pituitary)			
Hormonal Agents, Suppressant (Pituitary)			
Cabergoline (Oral Tablet)	G	3	
Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)	B	5	PA; QL
Firmagon (80MG Subcutaneous Solution Reconstituted)	B	4	PA; QL
Leuprolide Acetate (Subcutaneous Injection Kit)	G	4	PA; QL
Lupron Depot (1-Month) (Intramuscular Kit)	B	4	PA; QL
Lupron Depot (3-Month) (Intramuscular Kit)	B	4	PA; QL
Lupron Depot (4-Month) (Intramuscular Kit)	B	4	PA; QL
Lupron Depot (6-Month) (Intramuscular Kit)	B	4	PA; QL
Lupron Depot-Ped (1-Month) (7.5MG Intramuscular Kit)	B	5	PA; QL
Lupron Depot-Ped (3-Month) (11.25MG (Ped) Intramuscular Kit)	B	5	PA; QL
Lupron Depot-Ped (6-Month) (Intramuscular Kit)	B	5	PA; QL
Octreotide Acetate (Injection Solution)	G	4	PA
Orgovyx (Oral Tablet)	B	5	PA; QL
Signifor (Subcutaneous Solution)	B	5	PA
Somavert (Subcutaneous Solution Reconstituted)	B	5	PA; QL
Synarel (Nasal Solution)	B	5	QL
Trelstar Mixject (Intramuscular Suspension Reconstituted)	B	4	PA; QL
Hormonal Agents, Suppressant (Thyroid)			
Antithyroid Agents			
Methimazole (Oral Tablet)	G	2	
Propylthiouracil (Oral Tablet)	G	2	
Immunological Agents			
Angioedema Agents			
Berinert (Intravenous Kit)	B	5	PA
Cinryze (Intravenous Solution Reconstituted)	B	5	PA
Haegarda (Subcutaneous Solution Reconstituted)	B	5	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
Icatibant Acetate (Subcutaneous Solution Prefilled Syringe)	G	5	PA; QL
Ruconest (Intravenous Solution Reconstituted)	B	5	PA
Sajazir (Subcutaneous Solution Prefilled Syringe)	G	5	PA; QL
Immunoglobulins			
BIVIGAM (5GM/50ML Intravenous Solution)	B	5	PA
Flebogamma DIF (5GM/50ML Intravenous Solution)	B	5	PA
Gammagard (2.5GM/25ML Injection Solution)	B	5	PA
Gammagard S/D Less IgA (Intravenous Solution Reconstituted)	B	5	PA
Gammaked (1GM/10ML Injection Solution)	B	5	PA
Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)	B	5	PA
Gamunex-C (1GM/10ML Injection Solution)	B	5	PA
Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)	B	5	PA
Panzyga (Intravenous Solution)	B	5	PA
Privigen (20GM/200ML Intravenous Solution)	B	5	PA
Immunological Agents, Other			
Arcalyst (Subcutaneous Solution Reconstituted)	B	5	PA
Benlysta (Subcutaneous Solution Auto-Injector)	B	5	PA
Benlysta (Subcutaneous Solution Prefilled Syringe)	B	5	PA
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)	B	5	PA; QL
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)	B	5	PA; QL
Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	5	PA; QL
Dupixent (Subcutaneous Solution Pen-Injector)	B	5	PA
Dupixent (Subcutaneous Solution Prefilled Syringe)	B	5	PA
Kineret (Subcutaneous Solution Prefilled Syringe)	B	5	PA
Otezla (Oral Tablet)	B	5	PA; QL
Otezla (Oral Tablet Therapy Pack)	B	5	PA; QL
Ridaura (Oral Capsule)	B	5	
Rinvoq (Oral Tablet Extended Release 24 Hour)	B	5	PA; QL
Skyrizi Pen (Subcutaneous Solution Auto-Injector)	B	5	PA; QL
Skyrizi (Subcutaneous Solution Cartridge)	B	5	PA; QL
Skyrizi (Subcutaneous Solution Prefilled Syringe)	B	5	PA; QL
Stelara (Subcutaneous Solution)	B	5	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Stelara (Subcutaneous Solution Prefilled Syringe)	B	5	PA; QL
Xeljanz (Oral Solution)	B	5	PA; QL
Xeljanz (Oral Tablet Immediate Release)	B	5	PA; QL
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	B	5	PA; QL
Xolair (Subcutaneous Solution Prefilled Syringe)	B	5	PA
Xolair (Subcutaneous Solution Reconstituted)	B	5	PA
Immunostimulants			
Actimmune (Subcutaneous Solution)	B	5	
Besremi (Subcutaneous Solution Prefilled Syringe)	B	5	PA
Pegasys (Subcutaneous Solution)	B	5	PA
Pegasys (Subcutaneous Solution Prefilled Syringe)	B	5	PA
Immunosuppressants			
Azathioprine (50MG Oral Tablet)	G	2	B/D,PA
Cyclosporine Modified (Oral Capsule)	G	3	B/D,PA
Cyclosporine Modified (Oral Solution)	G	3	B/D,PA
Cyclosporine (100MG Oral Capsule, 25MG Oral Capsule)	G	4	B/D,PA
Cyltezo (Subcutaneous Auto-Injector Kit)	B	5	PA; QL
Cyltezo (Subcutaneous Prefilled Syringe Kit)	B	5	PA; QL
Cyltezo-CD/UC/HS Starter (Subcutaneous Auto-Injector Kit)	B	5	PA
Cyltezo-Psoriasis Starter (Subcutaneous Auto-Injector Kit)	B	5	PA
Enbrel Mini (Subcutaneous Solution Cartridge)	B	5	PA; QL
Enbrel (Subcutaneous Solution)	B	5	PA; QL
Enbrel (Subcutaneous Solution Prefilled Syringe)	B	5	PA; QL
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	B	5	PA; QL
Envarsus XR (Oral Tablet Extended Release 24 Hour)	B	4	B/D,PA
Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet, 1MG Oral Tablet)	G	5	B/D,PA
Gengraf (Oral Capsule)	G	3	B/D,PA
Gengraf (Oral Solution)	G	3	B/D,PA
Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit)	B	5	PA; QL
Humira Pen (Subcutaneous Pen-Injector Kit)	B	5	PA; QL
Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit)	B	5	PA
Humira Pen-Pediatric UC Start (Subcutaneous Pen-Injector Kit)	B	5	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
Humira Pen Psoriasis Starter (40MG/0.8ML Subcutaneous Pen-Injector Kit)	B	5	PA
Humira Pen Psoriasis Starter (80MG/0.8ML and 40MG/0.4ML Subcutaneous Pen-Injector Kit)	B	5	PA; QL
Humira (Subcutaneous Prefilled Syringe Kit)	B	5	PA; QL
Leflunomide (Oral Tablet)	G	3	
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	G	2	
Methotrexate Sodium (50MG/2ML Injection Solution)	G	2	
Methotrexate Sodium (Oral Tablet)	G	2	
Mycophenolate Mofetil (Oral Capsule)	G	3	B/D,PA
Mycophenolate Mofetil (Oral Suspension Reconstituted)	G	5	B/D,PA
Mycophenolate Mofetil (Oral Tablet)	G	3	B/D,PA
Mycophenolate Sodium (Oral Tablet Delayed Release)	G	4	B/D,PA
Prograf (Oral Packet)	B	4	B/D,PA
Rasuvo (Subcutaneous Solution Auto-Injector)	B	4	PA
Sandimmune (Oral Solution)	B	4	B/D,PA
Sirolimus (Oral Solution)	G	5	B/D,PA
Sirolimus (Oral Tablet)	G	4	B/D,PA
Tacrolimus (0.5MG Oral Capsule, 1MG Oral Capsule)	G	3	B/D,PA
Tacrolimus (5MG Oral Capsule)	G	4	B/D,PA
Trexall (Oral Tablet)	B	4	
Xatmep (Oral Solution)	B	4	PA
Vaccines			
ActHIB (Intramuscular Solution Reconstituted)	B	3	QL
Adacel (Intramuscular Suspension)	B	3	QL
BCG Vaccine (Injection Solution Reconstituted)	B	3	QL
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Boostrix (Intramuscular Suspension)	B	3	QL
Boostrix (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Daptacel (Intramuscular Suspension)	B	3	QL
Diphtheria-Tetanus Toxoids DT (25-5LFU/0.5ML Intramuscular Suspension)	B	3	QL
Engerix-B (Injection Suspension)	B	3	B/D,PA; QL
Engerix-B (Injection Suspension Prefilled Syringe)	B	3	B/D,PA; QL
Gardasil 9 (Intramuscular Suspension)	B	3	QL
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Havrix (Intramuscular Suspension)	B	3	QL
Hepelisav-B (Intramuscular Solution Prefilled Syringe)	B	3	B/D,PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Hiberix (Injection Solution Reconstituted)	B	3	QL
Imovax Rabies (Intramuscular Suspension Reconstituted)	B	3	B/D,PA; QL
Infanrix (Intramuscular Suspension)	B	3	QL
IPOL (Injection)	B	3	QL
Ixiaro (Intramuscular Suspension)	B	3	QL
Jynneos (Subcutaneous Suspension)	B	3	QL
Kinrix (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Menactra (Intramuscular Solution)	B	3	QL
MenQuadfi (Intramuscular Solution)	B	3	QL
Menveo (Intramuscular Solution Reconstituted)	B	3	QL
M-M-R II (Injection Solution Reconstituted)	B	3	QL
Pediarix (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Pedvax HIB (Intramuscular Suspension)	B	3	QL
Pentacel (Intramuscular Suspension Reconstituted)	B	3	QL
PreHevbrio (Intramuscular Suspension)	B	3	B/D,PA; QL
Priorix (Subcutaneous Suspension Reconstituted)	B	3	QL
ProQuad (Subcutaneous Suspension Reconstituted)	B	3	QL
Quadracel (Intramuscular Suspension)	B	3	QL
Quadracel (Intramuscular Suspension Prefilled Syringe)	B	3	QL
RabAvert (Intramuscular Suspension Reconstituted)	B	3	B/D,PA; QL
Recombivax HB (Injection Suspension)	B	3	B/D,PA; QL
Recombivax HB (Injection Suspension Prefilled Syringe)	B	3	B/D,PA; QL
Rotarix (Oral Suspension)	B	3	QL
Rotarix (Oral Suspension Reconstituted)	B	3	QL
RotaTeq (Oral Solution)	B	3	QL
Shingrix (Intramuscular Suspension Reconstituted)	B	3	PA; QL
TDVAX (Intramuscular Suspension)	B	3	QL
Tenivac (Intramuscular Injectable)	B	3	QL
Ticovac (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Trumenba (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Twinrix (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Typhim Vi (Intramuscular Solution)	B	3	QL
Typhim Vi (Intramuscular Solution Prefilled Syringe)	B	3	QL
VAQTA (Intramuscular Suspension)	B	3	QL
Varivax (Subcutaneous Injectable)	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
YF-Vax (Subcutaneous Injectable)	B	3	QL
Inflammatory Bowel Disease Agents			
Aminosalicylates			
Apriso (Oral Capsule Extended Release 24 Hour)	B	3	QL
Balsalazide Disodium (Oral Capsule)	G	4	
Dipentum (Oral Capsule)	B	5	
Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	3	QL
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	G	4	QL
Mesalamine (Rectal Enema)	G	4	
Mesalamine (Rectal Suppository)	G	4	QL
Sulfasalazine (Oral Tablet Immediate Release)	G	2	
Sulfasalazine (Oral Tablet Delayed Release)	G	2	
Glucocorticoids			
Budesonide ER (Oral Tablet Extended Release 24 Hour)	G	5	ST
Budesonide (Oral Capsule Delayed Release Particles)	G	3	
Hydrocortisone (Perianal) (2.5% External Cream)	G	2	
Hydrocortisone (Rectal Enema)	G	4	
Procto-Med HC (External Cream)	G	2	
Proctosol HC (External Cream)	G	2	
Proctozone-HC (External Cream)	G	2	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
Alendronate Sodium (Oral Solution)	G	4	
Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet)	G	1	
Calcitonin Salmon (Nasal Solution)	G	3	
Calcitriol (Oral Capsule)	G	2	B/D,PA
Calcitriol (Oral Solution)	G	4	B/D,PA
Cinacalcet HCl (Oral Tablet)	G	4	B/D,PA; QL
Doxercalciferol (Oral Capsule)	G	4	B/D,PA
Forteo (Subcutaneous Solution Pen-Injector)	B	5	PA
Ibandronate Sodium (Oral Tablet)	G	2	
Natpara (100MCG Subcutaneous Cartridge, 25MCG Subcutaneous Cartridge, 50MCG Subcutaneous Cartridge, 75MCG Subcutaneous Cartridge)	B	5	PA
Paricalcitol (Oral Capsule)	G	4	B/D,PA
Prolia (Subcutaneous Solution Prefilled Syringe)	B	4	QL
Rayaldee (Oral Capsule Extended Release)	B	5	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Risedronate Sodium (150MG Oral Tablet Immediate Release, 35MG (12 PACK) Oral Tablet Immediate Release, 35MG (4 PACK) Oral Tablet Immediate Release)	G	3	
Risedronate Sodium (30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	4	
Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector)	B	5	PA
Tymlos (Subcutaneous Solution Pen-Injector)	B	5	PA
Xgeva (Subcutaneous Solution)	B	5	PA
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
Alcohol Prep Pads	B	3	
Gauze (Non-medicated 2X2 Pad)	B	3	
Insulin Syringes, Needles	B	3	
Ophthalmic Agents			
Ophthalmic Agents, Other			
Atropine Sulfate (1% Ophthalmic Solution)	G	3	
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	G	3	
Brimonidine Tartrate-Timolol (Ophthalmic Solution)	G	3	
Combigan (Ophthalmic Solution)	B	3	
Cyclosporine (0.05% Ophthalmic Emulsion)	G	3	QL
Cystaran (Ophthalmic Solution)	B	5	
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	G	2	
Dorzolamide HCl-Timolol Maleate Preservative Free (2%-0.5% Ophthalmic Solution)	G	4	
Lacrisert (Ophthalmic Insert)	B	4	
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	G	2	
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	G	2	
Neomycin-Polymyxin-HC (Ophthalmic Suspension)	G	4	
Neo-Polycin HC (Ophthalmic Ointment)	G	3	
Restasis MultiDose (Ophthalmic Emulsion)	B	3	QL
Restasis Single-Use Vials (Ophthalmic Emulsion)	B	3	QL
Rocklatan (Ophthalmic Solution)	B	3	ST
Sulfacetamide-Prednisolone (Ophthalmic Solution)	G	2	
TobraDex (Ophthalmic Ointment)	B	3	
TobraDex ST (Ophthalmic Suspension)	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
Tobramycin-Dexamethasone (Ophthalmic Suspension)	G	3	
Tyrvaya (Nasal Solution)	B	4	QL
Xiidra (Ophthalmic Solution)	B	4	QL
Ophthalmic Anti-allergy Agents			
Azelastine HCl (Ophthalmic Solution)	G	2	
Bepotastine Besilate (Ophthalmic Solution)	G	4	
Bepreve (Ophthalmic Solution)	B	4	
Cromolyn Sodium (Ophthalmic Solution)	G	2	
Epinastine HCl (Ophthalmic Solution)	G	3	
Olopatadine HCl (0.1% Ophthalmic Solution)	G	3	
Ophthalmic Anti-Infectives			
Bacitracin (Ophthalmic Ointment)	G	3	
Bacitracin-Polymyxin B (Ophthalmic Ointment)	G	2	
Besivance (Ophthalmic Suspension)	B	4	
Ciprofloxacin HCl (Ophthalmic Solution)	G	2	
Erythromycin (Ophthalmic Ointment)	G	2	
Gatifloxacin (Ophthalmic Solution)	G	3	
Gentamicin Sulfate (Ophthalmic Solution)	G	2	
Levofloxacin (0.5% Ophthalmic Solution)	G	3	
Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox)	G	2	
Natacyn (Ophthalmic Suspension)	B	4	
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)	G	3	
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	G	3	
Neo-Polycin (Ophthalmic Ointment)	G	3	
Ofloxacin (Ophthalmic Solution)	G	2	
Polycin (Ophthalmic Ointment)	G	2	
Polymyxin B-Trimethoprim (Ophthalmic Solution)	G	2	
Sulfacetamide Sodium (Ophthalmic Ointment)	G	2	
Sulfacetamide Sodium (Ophthalmic Solution)	G	2	
Tobramycin (Ophthalmic Solution)	G	2	
Tobrex (Ophthalmic Ointment)	B	4	
Trifluridine (Ophthalmic Solution)	G	3	
Ophthalmic Anti-inflammatories			
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	G	3	
Diclofenac Sodium (Ophthalmic Solution)	G	2	
Fluorometholone (Ophthalmic Suspension)	G	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Flurbiprofen Sodium (Ophthalmic Solution)	G	2	
Ilevro (Ophthalmic Suspension)	B	3	
Ketorolac Tromethamine (Ophthalmic Solution)	G	3	
Lotemax (Ophthalmic Gel)	B	4	
Lotemax (Ophthalmic Ointment)	B	4	
Lotemax (Ophthalmic Suspension)	B	4	
Lotemax SM (Ophthalmic Gel)	B	4	
Loteprednol Etabonate (Ophthalmic Gel)	G	4	
Loteprednol Etabonate (Ophthalmic Suspension)	G	4	
Prednisolone Acetate (Ophthalmic Suspension)	G	3	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	G	2	
Prolensa (Ophthalmic Solution)	B	4	
Ophthalmic Beta-Adrenergic Blocking Agents			
Betaxolol HCl (Ophthalmic Solution)	G	3	
Betimol (Ophthalmic Solution)	B	4	
Carteolol HCl (Ophthalmic Solution)	G	2	
Levobunolol HCl (Ophthalmic Solution)	G	2	
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	G	3	
Timolol Maleate (Ophthalmic Solution) (Generic Timoptic)	G	2	
Ophthalmic Intraocular Pressure Lowering Agents, Other			
Apraclonidine HCl (Ophthalmic Solution)	G	3	
Brimonidine Tartrate (0.15% Ophthalmic Solution)	G	4	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	G	2	
Brinzolamide (Ophthalmic Suspension)	G	4	
Dorzolamide HCl (Ophthalmic Solution)	G	2	
Methazolamide (Oral Tablet)	G	4	
Pilocarpine HCl (Ophthalmic Solution)	G	3	
Rhopressa (Ophthalmic Solution)	B	3	ST
Simbrinza (Ophthalmic Suspension)	B	3	
Ophthalmic Prostaglandin and Prostanamide Analogs			
Latanoprost (Ophthalmic Solution)	G	1	
Lumigan (Ophthalmic Solution)	B	3	
Travoprost (BAK Free) (Ophthalmic Solution)	G	4	
Vyzulta (Ophthalmic Solution)	B	4	
Otic Agents			

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Otic Agents			
Acetic Acid (Otic Solution)	G	2	
Ciprofloxacin-Dexamethasone (Otic Suspension)	G	4	
Flac (Otic Oil)	G	3	
Fluocinolone Acetonide (Otic Oil)	G	3	
Hydrocortisone-Acetic Acid (Otic Solution)	G	4	
Neomycin-Polymyxin-HC (1% Otic Solution)	G	3	
Neomycin-Polymyxin-HC (Otic Suspension)	G	3	
Ofloxacin (Otic Solution)	G	3	
Respiratory Tract/Pulmonary Agents			
Antihistamines			
Azelastine HCl (0.1% Nasal Solution)	G	3	
Azelastine-Fluticasone (Nasal Suspension)	G	4	
Cetirizine HCl (1MG/ML Oral Solution)	G	2	
Cyproheptadine HCl (Oral Syrup)	G	4	HRM
Cyproheptadine HCl (Oral Tablet)	G	4	HRM
Dymista (Nasal Suspension)	B	4	
Levocetirizine Dihydrochloride (Oral Tablet)	G	2	
Anti-inflammatories, Inhaled Corticosteroids			
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Budesonide (Inhalation Suspension)	G	4	B/D,PA
Flovent Diskus (Inhalation Aerosol Powder Breath Activated)	B	3	
Flovent HFA (Inhalation Aerosol)	B	3	QL
Flunisolide (Nasal Solution)	G	3	
Fluticasone Propionate (Nasal Suspension)	G	2	
Mometasone Furoate (Nasal Suspension)	G	4	
Antileukotrienes			
Montelukast Sodium (Oral Packet)	G	3	QL
Montelukast Sodium (Oral Tablet)	G	2	QL
Montelukast Sodium (Oral Tablet Chewable)	G	2	QL
Zafirlukast (Oral Tablet)	G	3	
Zileuton ER (Oral Tablet Extended Release 12 Hour)	G	5	ST
Zyflo (Oral Tablet Immediate Release)	B	5	ST
Bronchodilators, Anticholinergic			
Atrovent HFA (Inhalation Aerosol Solution)	B	4	
Ipratropium Bromide (Inhalation Solution)	G	2	B/D,PA
Ipratropium Bromide (Nasal Solution)	G	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Spiriva HandiHaler (Inhalation Capsule)	B	3	QL
Spiriva Respimat (Inhalation Aerosol Solution)	B	3	QL
Bronchodilators, Sympathomimetic			
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proair), Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil)	G	2	
Albuterol Sulfate (Inhalation Nebulization Solution)	G	2	B/D,PA
Albuterol Sulfate (Oral Syrup)	G	4	
Albuterol Sulfate (Oral Tablet Immediate Release)	G	4	
Epinephrine (Injection Solution Auto-Injector)	G	3	QL
Formoterol Fumarate (Inhalation Nebulization Solution)	G	4	B/D,PA; QL
Levalbuterol HCl (Inhalation Nebulization Solution)	G	4	B/D,PA
Perforomist (Inhalation Nebulization Solution)	B	4	B/D,PA; QL
ProAir RespiClick (Inhalation Aerosol Powder Breath Activated)	B	3	
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Ventolin HFA (Inhalation Aerosol Solution)	B	3	
Cystic Fibrosis Agents			
Cayston (Inhalation Solution Reconstituted)	B	5	PA
Kalydeco (Oral Packet)	B	5	PA
Kalydeco (Oral Tablet)	B	5	PA
Orkambi (Oral Packet)	B	5	PA; QL
Orkambi (Oral Tablet)	B	5	PA; QL
Pulmozyme (Inhalation Solution)	B	5	B/D,PA; QL
TOBI Podhaler (Inhalation Capsule)	B	5	PA; QL
Tobramycin (Inhalation Nebulization Solution)	G	5	B/D,PA; QL
Mast Cell Stabilizers			
Cromolyn Sodium (Inhalation Nebulization Solution)	G	4	B/D,PA
Phosphodiesterase Inhibitors, Airways Disease			
Roflumilast (Oral Tablet)	G	4	PA
Theophylline ER (Oral Tablet Extended Release 12 Hour)	G	4	
Theophylline ER (Oral Tablet Extended Release 24 Hour)	G	2	
Theophylline (Oral Solution)	G	4	
Pulmonary Antihypertensives			
Adempas (Oral Tablet)	B	5	PA
Alyq (Oral Tablet)	G	4	PA
Ambrisentan (Oral Tablet)	G	5	PA; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Bosentan (Oral Tablet)	G	5	PA; QL
Opsumit (Oral Tablet)	B	5	PA
Orenitram Month 1 (Oral Tablet Extended Release Therapy Pack)	B	5	PA; QL
Orenitram Month 2 (Oral Tablet Extended Release Therapy Pack)	B	5	PA; QL
Orenitram Month 3 (Oral Tablet Extended Release Therapy Pack)	B	5	PA; QL
Orenitram (0.125MG Oral Tablet Extended Release)	B	4	PA
Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release)	B	5	PA
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	3	PA
Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca)	G	4	PA
Tracleer (Oral Tablet Soluble)	B	5	PA; QL
Tyvaso DPI Maintenance Kit (Inhalation Powder)	B	5	PA
Tyvaso DPI Titration Kit (Inhalation Powder)	B	5	PA
Ventavis (Inhalation Solution)	B	5	PA
Pulmonary Fibrosis Agents			
Ofev (Oral Capsule)	B	5	PA; QL
Pirfenidone (Oral Capsule)	G	5	PA; QL
Pirfenidone (Oral Tablet)	G	5	PA; QL
Respiratory Tract Agents, Other			
Acetylcysteine (Inhalation Solution)	G	2	B/D,PA
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Advair HFA (Inhalation Aerosol)	B	3	QL
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Breztri Aerosphere (Inhalation Aerosol)	B	3	QL
Bronchitol (Inhalation Capsule)	B	5	PA; QL
Combivent Respimat (Inhalation Aerosol Solution)	B	3	QL
Dulera (Inhalation Aerosol)	B	4	QL
Fasenra Pen (Subcutaneous Solution Auto-Injector)	B	5	PA
Fasenra (Subcutaneous Solution Prefilled Syringe)	B	5	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Fluticasone-Salmeterol (100-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 250-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 500-50MCG/ACT Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	3	QL
Fluticasone-Salmeterol (113-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 232-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 55-14MCG/ACT Inhalation Aerosol Powder Breath Activated) (Brand Equivalent AirDuo RespiClick)	B	3	QL
Ipratropium-Albuterol (Inhalation Solution)	G	2	B/D,PA
Nucala (Subcutaneous Solution Auto-Injector)	B	5	PA; QL
Nucala (Subcutaneous Solution Prefilled Syringe)	B	5	PA; QL
Nucala (Subcutaneous Solution Reconstituted)	B	5	PA; QL
Stiolto Respimat (Inhalation Aerosol Solution)	B	3	
Symbicort (Inhalation Aerosol)	B	3	QL
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	3	QL
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			
Carisoprodol (350MG Oral Tablet)	G	2	PA; HRM; QL
Chlorzoxazone (500MG Oral Tablet)	G	4	HRM
Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	2	HRM
Methocarbamol (500MG Oral Tablet, 750MG Oral Tablet)	G	4	HRM
Sleep Disorder Agents			
Sleep Promoting Agents			
Belsomra (Oral Tablet)	B	3	QL
DayVigo (Oral Tablet)	B	3	QL
Eszopiclone (Oral Tablet)	G	3	HRM; QL
Hetlioz LQ (Oral Suspension)	B	5	PA; QL
Ramelteon (Oral Tablet)	G	4	
Tasimelteon (Oral Capsule)	G	5	PA; QL
Temazepam (15MG Oral Capsule, 30MG Oral Capsule)	G	2	HRM; QL
Temazepam (22.5MG Oral Capsule, 7.5MG Oral Capsule)	G	4	HRM; QL
Zaleplon (Oral Capsule)	G	3	HRM; QL
Zolpidem Tartrate ER (Oral Tablet Extended Release)	G	4	HRM; QL
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	2	HRM; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Wakefulness Promoting Agents			
Armodafinil (Oral Tablet)	G	3	PA; QL
Modafinil (Oral Tablet)	G	3	PA; QL
Sodium Oxybate (Oral Solution)	B	5	PA; QL

Covered drugs with a quantity limit (QL)

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

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

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

Drug name	Brand or Generic	Quantity limit
Abacavir Sulfate (Oral Solution)	G	Maximum of 32 ml per day
Abacavir Sulfate (Oral Tablet)	G	Maximum of 2 tablets per day
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	Maximum of 1 tablet per day
Acetaminophen-Caffeine-Dihydrocodeine (Oral Capsule)	G	Maximum of 10 capsules per day
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	Maximum of 150 ml per day
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	Maximum of 13 tablets per day
ActHIB (Intramuscular Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Adacel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
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
Aimovig (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1 ml) per 30 days
Albendazole (Oral Tablet)	G	Maximum of 16 tablets per day
Aliskiren Fumarate (Oral Tablet)	G	Maximum of 1 tablet 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
Alunbrig (180MG Oral Tablet, 90MG Oral Tablet)	B	Maximum of 1 tablet per day
Alunbrig (30MG Oral Tablet)	B	Maximum of 4 tablets per day
Alunbrig (Oral Tablet Therapy Pack)	B	Maximum of 2 packs (60 tablets) per year
Ambrisentan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Atorvastatin (Oral Tablet)	G	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Amlodipine-Benazepril (Oral Capsule)	G	Maximum of 1 capsule per day
Amlodipine-Olmesartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Valsartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 2 capsules per day
Amphetamine-Dextroamphetamine (10MG Oral Tablet, 12.5MG Oral Tablet, 15MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Amphetamine-Dextroamphetamine (20MG Oral Tablet)	G	Maximum of 3 tablets per day
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Anzemet (Oral Tablet)	B	Maximum of 2 tablets per day
Apomorphine HCl (Subcutaneous Solution Cartridge)	G	Maximum of 2 ml per day
Aprepitant (125MG Oral Capsule)	G	Maximum of 2 capsules per 28 days
Aprepitant (40MG Oral Capsule, 80MG Oral Capsule)	G	Maximum of 4 capsules per 28 days
Aprepitant (80 & 125MG Oral Capsule)	G	Maximum of 6 capsules (2 packs) per 28 days
Apriso (Oral Capsule Extended Release 24 Hour)	B	Maximum of 4 capsules 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
Aripiprazole (1MG/ML Oral Solution)	G	Maximum of 25 ml per day
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Armodafinil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	G	Maximum of 1 tablet per day
Armodafinil (50MG Oral Tablet)	G	Maximum of 2 tablets per day
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (30 blisters) per 30 days
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	Maximum of 2 capsules per day
Atazanavir Sulfate (150MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 1 capsule per day
Atazanavir Sulfate (200MG Oral Capsule)	G	Maximum of 2 capsules per day
Atorvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Atovaquone (Oral Suspension)	G	Maximum of 14 ml per day
Austedo (Oral Tablet)	B	Maximum of 4 tablets per day
Ayvakit (Oral Tablet)	B	Maximum of 1 tablet per day
Azelaic Acid (External Gel)	G	Maximum of 50 grams per 30 days
Balversa (3MG Oral Tablet)	B	Maximum of 3 tablets per day
Balversa (4MG Oral Tablet)	B	Maximum of 2 tablets per day
Balversa (5MG Oral Tablet)	B	Maximum of 1 tablet per day
BCG Vaccine (Injection Solution Reconstituted)	B	1 vaccination dose (1 vial) per day
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
Bexarotene (External Gel)	G	Maximum of 60 grams per 30 days
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Biktarvy (Oral Tablet)	B	Maximum of 1 tablet per day
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 2 tablets per day
Boostrix (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Boostrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Bosentan (Oral Tablet)	G	Maximum of 2 tablets per day
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Breztri Aerosphere (120 Inhalation Aerosol)	B	Maximum of 1 inhaler (10.7 grams) per 30 days
Brilinta (Oral Tablet)	B	Maximum of 2 tablets per day
Bronchitol (Inhalation Capsule)	B	Maximum of 20 capsules per day
Brukinsa (Oral Capsule)	B	Maximum of 4 capsules 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
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
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	G	Maximum of 6 tablets per day
Butalbital-Aspirin-Caffeine (Oral Capsule)	G	Maximum of 6 capsules per day
Butorphanol Tartrate (Nasal Solution)	G	Maximum of 2 bottles (5 ml) per 30 days

Drug name	Brand or Generic	Quantity limit
Bydureon BCise (Subcutaneous Auto-Injector)	B	Maximum of 4 pens (3.4 ml) per 28 days
Cablivi (Injection Kit)	B	Maximum of 1 kit per day
Calcipotriene (External Cream)	G	Maximum of 120 grams per 30 days
Calcipotriene (External Ointment)	G	Maximum of 120 grams per 30 days
Calquence (100MG Oral Capsule)	B	Maximum of 2 capsules per day
Calquence (Oral Tablet)	B	Maximum of 2 tablets 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
Carisoprodol (350MG Oral Tablet)	G	Maximum of 4 tablets per day
Celecoxib (Oral Capsule)	G	Maximum of 2 capsules per day
Chloroquine Phosphate (Oral Tablet)	G	Maximum of 2 tablets 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
Clindacin ETZ (External Swab)	G	Maximum of 69 pads per 30 days
Clindamycin Phosphate (External Gel)	G	Maximum of 75 grams per 30 days
Clindamycin Phosphate (External Lotion)	G	Maximum of 60 ml per 30 days
Clindamycin Phosphate (External Solution)	G	Maximum of 60 ml per 30 days
Clindamycin Phosphate (External Swab)	G	Maximum of 69 pads per 30 days
Clobazam (2.5MG/ML Oral Suspension)	G	Maximum of 16 ml per day
Clobazam (10MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 2 tablets per day
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Clonazepam (2MG Oral Tablet)	G	Maximum of 10 tablets per day
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Clonazepam ODT (2MG Oral Tablet Dispersible)	G	Maximum of 10 tablets per day
Clorazepate Dipotassium (15MG Oral Tablet)	G	Maximum of 6 tablets per day
Clorazepate Dipotassium (3.75MG Oral Tablet)	G	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5MG Oral Tablet)	G	Maximum of 12 tablets per day

Drug name	Brand or Generic	Quantity limit
Clotrimazole-Betamethasone (External Cream)	G	Maximum of 90 grams per 30 days
Codeine Sulfate (Oral Tablet)	G	Maximum of 6 tablets per day
Combivent Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 20 days
Complera (Oral Tablet)	B	Maximum of 1 tablet per day
Copiktra (Oral Capsule)	B	Maximum of 2 capsules per day
Corlanor (Oral Solution)	B	Maximum of 15 ml per day
Corlanor (Oral Tablet)	B	Maximum of 2 tablets per day
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 10 syringes (10 ml) per 30 days
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)	B	Maximum of 10 pens (10 ml) per 30 days
Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 20 syringes (10 ml) per 30 days
Cyclosporine (0.05% Ophthalmic Emulsion)	G	Maximum of 2 vials per day
Cyltezo (Subcutaneous Auto-Injector Kit)	B	Maximum of 4 pens per 28 days
Cyltezo (10MG/0.2ML Subcutaneous Prefilled Syringe Kit, 20MG/0.4ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 2 syringes per 28 days
Cyltezo (40MG/0.8ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 4 syringes per 28 days
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
Darunavir (600MG Oral Tablet)	G	Maximum of 2 tablets per day
Darunavir (800MG Oral Tablet)	G	Maximum of 1 tablet per day
Daurismo (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Daurismo (25MG Oral Tablet)	B	Maximum of 2 tablets per day
DayVigo (Oral Tablet)	B	Maximum of 1 tablet per day
Delstrigo (Oral Tablet)	B	Maximum of 1 tablet per day
Descovy (Oral Tablet)	B	Maximum of 1 tablet per day
Desonide (External Ointment)	G	Maximum of 120 grams per 30 days
Desoximetasone (External Cream)	G	Maximum of 100 grams per 30 days
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

Drug name	Brand or Generic	Quantity limit
Dextroamphetamine Sulfate ER (5MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 3 capsules per day
Dextroamphetamine Sulfate (10MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 6 tablets per day
Dextroamphetamine Sulfate (15MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 3 tablets per day
Dextroamphetamine Sulfate (30MG Oral Tablet)	G	Maximum of 2 tablets per day
Diacomit (250MG Oral Capsule)	B	Maximum of 12 capsules per day
Diacomit (500MG Oral Capsule)	B	Maximum of 6 capsules per day
Diacomit (250MG Oral Packet)	B	Maximum of 12 packets per day
Diacomit (500MG Oral Packet)	B	Maximum of 6 packets per day
Diazepam Intensol (Oral Concentrate)	G	Maximum of 8 ml per day
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 4 tablets per day
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	G	Maximum of 5 packages per 30 days
Diclofenac Sodium (3% External Gel)	G	Maximum of 100 grams per 30 days
Dihydroergotamine Mesylate (Nasal Solution)	G	Maximum of 16 vials (16 ml) per 28 days
Dimethyl Fumarate (120MG Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Dimethyl Fumarate (240MG Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Dimethyl Fumarate Starter Pack (Oral Capsule)	G	Maximum of 2 packs (120 capsules) per year
Diphtheria-Tetanus Toxoids DT (25-5LFU/0.5ML Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Dofetilide (125MCG Oral Capsule)	G	Maximum of 6 capsules per day
Dofetilide (250MCG Oral Capsule, 500MCG Oral Capsule)	G	Maximum of 2 capsules per day
Donepezil HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Donepezil HCl (5MG Oral Tablet)	G	Maximum of 1 tablet per day
Donepezil HCl ODT (10MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Donepezil HCl ODT (5MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day
Doptelet (Oral Tablet)	B	Maximum of 3 tablets per day
Dotti (Transdermal Patch Twice Weekly)	G	Maximum of 8 patches per 28 days
Dovato (Oral Tablet)	B	Maximum of 1 tablet per day
Doxepin HCl (External Cream)	G	Maximum of 90 grams per 30 days
Droxidopa (100MG Oral Capsule)	G	Maximum of 3 capsules per day

Drug name	Brand or Generic	Quantity limit
Droxidopa (200MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 6 capsules per day
Dulera (120 Inhalation Aerosol)	B	Maximum of 1 inhaler (13 grams) per 30 days
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles)	G	Maximum of 4 capsules per day
Duloxetine HCl (30MG Oral Capsule Delayed Release Particles)	G	Maximum of 3 capsules per day
Duloxetine HCl (60MG Oral Capsule Delayed Release Particles)	G	Maximum of 2 capsules per day
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
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)	G	Maximum of 1 tablet per day
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)	G	Maximum of 1 tablet per day
Eliquis (Oral Tablet)	B	Maximum of 2 tablets per day
Eliquis Starter Pack (Oral Tablet)	B	Maximum of 2 packs (148 tablets) per year
Emend (Oral Suspension Reconstituted)	B	Maximum of 2 kits per 28 days
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
Emtricitabine (Oral Capsule)	G	Maximum of 1 capsule per day
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Emtriva (Oral Solution)	B	Maximum of 5 bottles (850 ml) per 30 days
Enalapril Maleate (Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (10-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (5-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Enbrel Mini (Subcutaneous Solution Cartridge)	B	Maximum of 8 cartridges per 28 days
Enbrel (Subcutaneous Solution)	B	Maximum of 8 vials (4 ml) per 28 days
Enbrel (25MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 8 syringes (4 ml) per 28 days

Drug name	Brand or Generic	Quantity limit
Enbrel (50MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 8 syringes (8 ml) per 28 days
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	B	Maximum of 8 pens per 28 days
Endocet (Oral Tablet)	G	Maximum of 12 tablets per day
Engerix-B (Injection Suspension)	B	1 vaccination dose (1 ml) per day
Engerix-B (10MCG/0.5ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Engerix-B (20MCG/ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day
Entresto (Oral Tablet)	B	Maximum of 2 tablets per day
Epclusa (Oral Packet)	B	Maximum of 1 carton (28 packets) per 28 days
Epclusa (Oral Tablet)	B	Maximum of 1 tablet per day
Epinephrine (Injection Solution Auto-Injector)	G	Maximum of 4 pens (2 boxes) per 30 days
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
Estradiol (Transdermal Patch Weekly)	G	Maximum of 4 patches per 28 days
Eszopiclone (Oral Tablet)	G	Maximum of 1 tablet per day
Etravirine (Oral Tablet)	G	Maximum of 2 tablets per day
Evotaz (Oral Tablet)	B	Maximum of 1 tablet per day
Exkivity (Oral Capsule)	B	Maximum of 4 capsules per day
Ezetimibe-Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	Maximum of 2 tablets per day
Fanapt Titration Pack (Oral Tablet)	B	Maximum of 2 packs per year
Farxiga (Oral Tablet)	B	Maximum of 1 tablet per day
Fentanyl Citrate (Buccal Lozenge On A Handle)	G	Maximum of 4 lozenges per day
Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour)	G	Maximum of 15 patches per 30 days
Finacea (External Foam)	B	Maximum of 50 grams per 30 days
Fingolimod HCl (Oral Capsule)	G	Maximum of 1 capsule per day
Fintepla (Oral Solution)	B	Maximum of 12 ml per day

Drug name	Brand or Generic	Quantity limit
Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)	B	Maximum of 2 kits (4 vials) per 365 days
Firmagon (80MG Subcutaneous Solution Reconstituted)	B	Maximum of 1 kit per 28 days
Flovent HFA (110MCG/ACT Inhalation Aerosol)	B	Maximum of 1 inhaler (12 grams) per 30 days
Flovent HFA (220MCG/ACT Inhalation Aerosol)	B	Maximum of 2 inhalers (24 grams) per 30 days
Flovent HFA (44MCG/ACT Inhalation Aerosol)	B	Maximum of 1 inhaler (10.6 grams) per 30 days
Fluocinonide Emulsified Base (External Cream)	G	Maximum of 60 grams per 30 days
Fluocinonide (0.05% External Cream)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Gel)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Ointment)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Solution)	G	Maximum of 60 ml per 30 days
Fluorouracil (5% External Cream)	G	Maximum of 40 grams per 30 days
Fluticasone-Salmeterol (100-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 250-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 500-50MCG/ACT Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	Maximum of 1 inhaler (60 blisters) per 30 days
Fluticasone-Salmeterol (113-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 232-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 55-14MCG/ACT Inhalation Aerosol Powder Breath Activated) (Brand Equivalent AirDuo RespiClick)	B	Maximum of 1 inhaler per 30 days
Fluvastatin Sodium (20MG Oral Capsule)	G	Maximum of 1 capsule per day
Fluvastatin Sodium (40MG Oral Capsule)	G	Maximum of 2 capsules per day
Formoterol Fumarate (Inhalation Nebulization Solution)	G	Maximum of 2 vials (4 ml) per day
Fosamprenavir Calcium (Oral Tablet)	G	Maximum of 4 tablets per day
Fosinopril Sodium (Oral Tablet)	G	Maximum of 2 tablets per day
Fosinopril Sodium-HCTZ (Oral Tablet)	G	Maximum of 4 tablets per day
Fotivda (Oral Capsule)	B	Maximum of 21 capsules per 28 days
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

Drug name	Brand or Generic	Quantity limit
Gavreto (Oral Capsule)	B	Maximum of 4 capsules per day
Genvoya (Oral Tablet)	B	Maximum of 1 tablet 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
Glipizide-Metformin HCl (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)	G	Maximum of 4 tablets per day
Glyxambi (Oral Tablet)	B	Maximum of 1 tablet per day
Granisetron HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Havrix (1440EL U/ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
Havrix (720EL U/0.5ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
Hepelisav-B (Intramuscular Solution Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Hetlioz LQ (Oral Suspension)	B	Maximum of 158 ml per 30 days
Hiberix (Injection Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Humira Pediatric Crohns Start (80MG/0.8ML & 40MG/0.4ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 2 kits per year
Humira Pediatric Crohns Start (80MG/0.8ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 2 kits per year
Humira Pen (40MG/0.4ML Subcutaneous Pen-Injector Kit)	B	Maximum of 2 kits (4 pens) per 28 days
Humira Pen (40MG/0.8ML Subcutaneous Pen-Injector Kit, 80MG/0.8ML Subcutaneous Pen-Injector Kit)	B	Maximum of 1 kit (2 pens) per 28 days
Humira Pen Psoriasis Starter (80MG/0.8ML and 40MG/0.4ML Subcutaneous Pen-Injector Kit)	B	Maximum of 2 kits per year
Humira (10MG/0.1ML Subcutaneous Prefilled Syringe Kit, 20MG/0.2ML Subcutaneous Prefilled Syringe Kit, 40MG/0.8ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 1 kit (2 syringes) per 28 days

Drug name	Brand or Generic	Quantity limit
Humira (40MG/0.4ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 2 kits (4 syringes) per 28 days
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 (7.5-200MG Oral Tablet)	G	Maximum of 5 tablets per day
Hydromorphone HCl ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Hydromorphone HCl (1MG/ML Oral Liquid)	G	Maximum of 50 ml per day
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Hydromorphone HCl (8MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Hydroxychloroquine Sulfate (200MG Oral Tablet)	G	Maximum of 3 tablets per day
Icatibant Acetate (Subcutaneous Solution Prefilled Syringe)	G	Maximum of 6 syringes (18 ml) per 30 days
Iclusig (Oral Tablet)	B	Maximum of 1 tablet per day
Imbruvica (140MG Oral Capsule)	B	Maximum of 4 capsules per day
Imbruvica (70MG Oral Capsule)	B	Maximum of 1 capsule per day
Imbruvica (Oral Suspension)	B	Maximum of 8 ml per day
Imbruvica (140MG Oral Tablet, 280MG Oral Tablet, 420MG Oral Tablet)	B	Maximum of 1 tablet per day
Imiquimod (5% External Cream)	G	Maximum of 24 packets per 30 days
Imovax Rabies (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Infanrix (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Ingrezza (Oral Capsule)	B	Maximum of 1 capsule per day
Ingrezza (Oral Capsule Therapy Pack)	B	Maximum of 1 pack (28 capsules) per 28 days
Inlyta (Oral Tablet)	B	Maximum of 4 tablets per day
Inqovi (Oral Tablet)	B	Maximum of 1 pack (5 tablets) per 28 days
Inrebic (Oral Capsule)	B	Maximum of 4 capsules per day
Intelence (25MG Oral Tablet)	B	Maximum of 4 tablets per day
IPOL (Injection)	B	1 vaccination dose (0.5 ml) per day

Drug name	Brand or Generic	Quantity limit
Irbesartan (150MG Oral Tablet, 300MG Oral Tablet)	G	Maximum of 1 tablet per day
Irbesartan (75MG Oral Tablet)	G	Maximum of 3 tablets per day
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Isentress HD (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress (Oral Packet)	B	Maximum of 2 packets per day
Isentress (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress (Oral Tablet Chewable)	B	Maximum of 6 tablets per day
Ixiaro (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Janumet (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Janumet XR (100-1000MG Oral Tablet Extended Release 24 Hour, 50-500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Janumet XR (50-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Januvia (Oral Tablet)	B	Maximum of 1 tablet per day
Jardiance (Oral Tablet)	B	Maximum of 1 tablet per day
Jaypirca (100MG Oral Tablet)	B	Maximum of 3 tablets per day
Jaypirca (50MG Oral Tablet)	B	Maximum of 1 tablet per day
Jentadueto (2.5-1000MG Oral Tablet, 2.5-500MG Oral Tablet)	B	Maximum of 2 tablets per day
Jentadueto XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Jentadueto XR (5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Juluca (Oral Tablet)	B	Maximum of 1 tablet per day
Jynneos (Subcutaneous Suspension)	B	1 vaccination dose (0.5 ml) per day
Kerendia (Oral Tablet)	B	Maximum of 1 tablet per day
Ketoconazole (External Cream)	G	Maximum of 90 grams per 30 days
Ketoconazole (External Foam)	G	Maximum of 100 grams per 28 days
Ketodan (External Foam)	G	Maximum of 100 grams per 28 days
Kinrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Koselugo (10MG Oral Capsule)	B	Maximum of 8 capsules per day
Koselugo (25MG Oral Capsule)	B	Maximum of 4 capsules per day
Krazati (Oral Tablet)	B	Maximum of 6 tablets per day
Lacosamide (Oral Solution)	G	Maximum of 40 ml per day
Lacosamide (Oral Tablet)	G	Maximum of 2 tablets per day
Lamivudine (10MG/ML Oral Solution)	G	Maximum of 32 ml per day

Drug name	Brand or Generic	Quantity limit
Lamivudine (150MG Oral Tablet)	G	Maximum of 2 tablets per day
Lamivudine (300MG Oral Tablet)	G	Maximum of 1 tablet per day
Lamivudine-Zidovudine (Oral Tablet)	G	Maximum of 2 tablets per day
Lansoprazole (Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Leuprolide Acetate (Subcutaneous Injection Kit)	G	Maximum of 2 kits per 28 days
Levorphanol Tartrate (3MG Oral Tablet)	G	Maximum of 6 tablets per day
Lexiva (Oral Suspension)	B	Maximum of 60 ml per day
Lidocaine (5% External Patch)	G	Maximum of 3 patches per day
Linezolid (Oral Suspension Reconstituted)	G	Maximum of 60 ml per day
Linezolid (Oral Tablet)	G	Maximum of 2 tablets per day
Linzess (Oral Capsule)	B	Maximum of 1 capsule per day
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
Lokelma (Oral Packet)	B	Maximum of 3 packets per day
Lopinavir-Ritonavir (Oral Solution)	G	Maximum of 3 bottles (480 ml) per 30 days
Lopinavir-Ritonavir (100-25MG Oral Tablet)	G	Maximum of 8 tablets per day
Lopinavir-Ritonavir (200-50MG Oral Tablet)	G	Maximum of 4 tablets per day
Lorazepam Intensol (Oral Concentrate)	G	Maximum of 5 ml per day
Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Lorazepam (2MG Oral Tablet)	G	Maximum of 5 tablets per day
Lorbrena (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Lorbrena (25MG Oral Tablet)	B	Maximum of 3 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
Lovastatin (10MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 1 tablet per day
Lovastatin (40MG Oral Tablet)	G	Maximum of 2 tablets per day
Lubiprostone (Oral Capsule)	G	Maximum of 2 capsules per day
Lumakras (120MG Oral Tablet)	B	Maximum of 8 tablets per day
Lumakras (320MG Oral Tablet)	B	Maximum of 3 tablets per day

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

Drug name	Brand or Generic	Quantity limit
Menveo (Intramuscular Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	Maximum of 4 capsules per day
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	G	Maximum of 4 tablets per day
Mesalamine (Rectal Suppository)	G	Maximum of 1 suppository per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 4 tablets per day
Metformin HCl ER (750MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 2 tablets per day
Metformin HCl (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
Methylphenidate HCl ER (10MG Oral Tablet Extended Release)	G	Maximum of 4 tablets per day
Methylphenidate HCl ER (20MG Oral Tablet Extended Release)	G	Maximum of 3 tablets per day
Methylphenidate HCl (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
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
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)	G	Maximum of 10 ml 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

Drug name	Brand or Generic	Quantity limit
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
Mounjaro (Subcutaneous Solution Pen-Injector)	B	Maximum of 4 pens (2 ml) per 28 days
Movantik (Oral Tablet)	B	Maximum of 1 tablet per day
Mupirocin (External Ointment)	G	Maximum of 110 grams per 30 days
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	B	Maximum of 1 capsule per day
Namzaric (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Naratriptan HCl (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Nateglinide (120MG Oral Tablet)	G	Maximum of 3 tablets per day
Nateglinide (60MG Oral Tablet)	G	Maximum of 6 tablets per day
Nayzilam (Nasal Solution)	B	Maximum of 10 devices per 30 days
Nebivolol HCl (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Nebivolol HCl (20MG Oral Tablet)	G	Maximum of 2 tablets per day
Nerlynx (Oral Tablet)	B	Maximum of 6 tablets 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
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
Nitazoxanide (Oral Tablet)	G	Maximum of 2 tablets per day
Norvir (Oral Packet)	B	Maximum of 12 packets per day
Noxafil (Oral Suspension)	B	Maximum of 20 ml per day

Drug name	Brand or Generic	Quantity limit
Nucala (Subcutaneous Solution Auto-Injector)	B	Maximum of 3 ml per 28 days
Nucala (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 ml per 28 days
Nucala (40MG/0.4ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 0.4 ml per 28 days
Nucala (Subcutaneous Solution Reconstituted)	B	Maximum of 3 vials per 28 days
Nuedexta (Oral Capsule)	B	Maximum of 2 capsules per day
Nuplazid (Oral Capsule)	B	Maximum of 1 capsule per day
Nuplazid (Oral Tablet)	B	Maximum of 1 tablet per day
Nurtec ODT (Oral Tablet Dispersible)	B	Maximum of 18 tablets per 30 days
Nyamyc (External Powder)	G	Maximum of 120 grams per 30 days
Nystatin (External 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
Odefsey (Oral Tablet)	B	Maximum of 1 tablet per day
Ofev (Oral Capsule)	B	Maximum of 2 capsules per day
Olanzapine (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Olanzapine (15MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 1 tablet per day
Olanzapine ODT (10MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Olanzapine ODT (15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day
Olmesartan Medoxomil (20MG Oral Tablet, 40MG Oral Tablet)	G	Maximum of 1 tablet per day
Olmesartan Medoxomil (5MG Oral Tablet)	G	Maximum of 2 tablets per day
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Omeprazole (10MG Oral Capsule Delayed Release)	G	Maximum of 3 capsules per day
Ondansetron HCl (Oral Solution)	G	Maximum of 30 ml per day
Ondansetron HCl (4MG Oral Tablet)	G	Maximum of 6 tablets per day
Ondansetron HCl (8MG Oral Tablet)	G	Maximum of 3 tablets per day
Ondansetron ODT (4MG Oral Tablet Dispersible)	G	Maximum of 6 tablets per day
Ondansetron ODT (8MG Oral Tablet Dispersible)	G	Maximum of 3 tablets per day
Onureg (Oral Tablet)	B	Maximum of 14 tablets per 28 days
Orenitram Month 1 (Oral Tablet Extended Release Therapy Pack)	B	Maximum of 2 packs (336 tablets) per year

Drug name	Brand or Generic	Quantity limit
Orenitram Month 2 (Oral Tablet Extended Release Therapy Pack)	B	Maximum of 2 packs (672 tablets) per year
Orenitram Month 3 (Oral Tablet Extended Release Therapy Pack)	B	Maximum of 2 packs (504 tablets) per year
Orgovyx (Oral Tablet)	B	Maximum of 30 tablets per 28 days
Orkambi (Oral Packet)	B	Maximum of 56 packets per 28 days
Orkambi (Oral Tablet)	B	Maximum of 4 tablets per day
Orserdu (345MG Oral Tablet)	B	Maximum of 1 tablet per day
Orserdu (86MG Oral Tablet)	B	Maximum of 3 tablets per day
Osphena (Oral Tablet)	B	Maximum of 1 tablet per day
Otezla (Oral Tablet)	B	Maximum of 2 tablets per day
Otezla (Oral Tablet Therapy Pack)	B	Maximum of 2 kits per year
Oxiconazole Nitrate (External Cream)	G	Maximum of 90 grams per 30 days
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
Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (2MG/3ML Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (3 ml) per 28 days
Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (3 ml) per 28 days
Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (3 ml) per 28 days
Paliperidone ER (1.5MG Oral Tablet Extended Release 24 Hour, 3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Paliperidone ER (6MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Pantoprazole Sodium (20MG Oral Tablet Delayed Release)	G	Maximum of 3 tablets per day
Pantoprazole Sodium (40MG Oral Tablet Delayed Release)	G	Maximum of 2 tablets per day
Pediarix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day

Drug name	Brand or Generic	Quantity limit
Pedvax HIB (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Pemazyre (Oral Tablet)	B	Maximum of 14 tablets per 21 days
Pentacel (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	Maximum of 1 vial (300 mg) per 28 days
Perforomist (Inhalation Nebulization Solution)	B	Maximum of 2 vials (4 ml) per day
Perindopril Erbumine (Oral Tablet)	G	Maximum of 2 tablets per day
Pifeltro (Oral Tablet)	B	Maximum of 1 tablet per day
Pimecrolimus (External Cream)	G	Maximum of 100 grams per 30 days
Pioglitazone HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Pioglitazone HCl-Glimepiride (Oral Tablet)	G	Maximum of 1 tablet per day
Pioglitazone HCl-Metformin HCl (Oral Tablet)	G	Maximum of 3 tablets per day
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 tablet per day
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day
Pirfenidone (Oral Capsule)	G	Maximum of 9 capsules per day
Pirfenidone (267MG Oral Tablet)	G	Maximum of 6 tablets per day
Pirfenidone (534MG Oral Tablet, 801MG Oral Tablet)	G	Maximum of 3 tablets per day
Posaconazole (Oral Suspension)	G	Maximum of 20 ml per day
Posaconazole (Oral Tablet Delayed Release)	G	Maximum of 6 tablets per day
Praluent (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 pens (2 ml) per 28 days
Pravastatin Sodium (Oral Tablet)	G	Maximum of 1 tablet per day
Pregabalin (100MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	G	Maximum of 4 capsules per day
Pregabalin (150MG Oral Capsule, 200MG Oral Capsule)	G	Maximum of 3 capsules per day
Pregabalin (225MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 2 capsules per day
Pregabalin (Oral Solution)	G	Maximum of 30 ml per day
PreHevbrio (Intramuscular Suspension)	B	1 vaccination dose (1 ml) per day
Premarin (Oral Tablet)	B	Maximum of 1 tablet per day
Premphase (Oral Tablet)	B	Maximum of 1 tablet per day
Prempro (Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
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 (75MG Oral Tablet)	B	Maximum of 10 tablets per day
Priorix (Subcutaneous Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Prolia (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe per 180 days
Promacta (Oral Packet)	B	Maximum of 6 packets per day
Promacta (12.5MG Oral Tablet, 25MG Oral Tablet)	B	Maximum of 1 tablet per day
Promacta (50MG Oral Tablet, 75MG Oral Tablet)	B	Maximum of 2 tablets per day
Promethazine HCl (12.5MG Rectal Suppository)	G	Maximum of 6 suppositories per day
Promethazine HCl (25MG Rectal Suppository)	G	Maximum of 4 suppositories per day
Promethegan (25MG Rectal Suppository)	G	Maximum of 4 suppositories per day
ProQuad (Subcutaneous Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Pulmozyme (Inhalation Solution)	B	Maximum of 2 ampules (5 ml) per day
Pyrukynd (20MG Oral Tablet, 5MG Oral Tablet)	B	Maximum of 1 pack (56 tablets) per 28 days
Pyrukynd (50MG Oral Tablet)	B	Maximum of 2 packs (112 tablets) per 28 days
Pyrukynd Taper Pack (5MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (7 tablets) per 7 days
Pyrukynd Taper Pack (7 x 20MG & 7 x 5MG Oral Tablet Therapy Pack, 7 x 50MG & 7 x 20MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (14 tablets) per 14 days
Qinlock (Oral Tablet)	B	Maximum of 3 tablets per day
Quadracel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Quadracel (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Quetiapine Fumarate ER (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Quetiapine Fumarate ER (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Quetiapine Fumarate (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	G	Maximum of 3 tablets per day
Quetiapine Fumarate (25MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Quetiapine Fumarate (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
Quinapril HCl (Oral Tablet)	G	Maximum of 2 tablets per day
RabAvert (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Ramipril (Oral Capsule)	G	Maximum of 2 capsules per day
Rayaldee (Oral Capsule Extended Release)	B	Maximum of 2 capsules per day
Recombivax HB (10MCG/ML Injection Suspension, 40MCG/ML Injection Suspension)	B	1 vaccination dose (1 ml) per day
Recombivax HB (5MCG/0.5ML Injection Suspension)	B	1 vaccination dose (0.5 ml) per day
Recombivax HB (10MCG/ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day
Recombivax HB (5MCG/0.5ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Rectiv (Rectal Ointment)	B	Maximum of 30 grams 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 Pushtronex System (Subcutaneous Solution Cartridge)	B	Maximum of 2 cartridges (7 ml) per 28 days
Repatha (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 28 days
Repatha SureClick (Subcutaneous Solution Auto-Injector)	B	Maximum of 3 pens (3 ml) per 28 days
Restasis MultiDose (Ophthalmic Emulsion)	B	Maximum of 1 bottle (5.5 ml) per 25 days
Restasis Single-Use Vials (Ophthalmic Emulsion)	B	Maximum of 2 vials per day
Retevmo (40MG Oral Capsule)	B	Maximum of 6 capsules per day
Retevmo (80MG Oral Capsule)	B	Maximum of 4 capsules per day
Rexulti (Oral Tablet)	B	Maximum of 1 tablet per day
Reyataz (Oral Packet)	B	Maximum of 6 packets per day
Rezlidhia (Oral Capsule)	B	Maximum of 2 capsules per day

Drug name	Brand or Generic	Quantity limit
Rinvoq (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Ritonavir (Oral Tablet)	G	Maximum of 12 tablets per day
Rivastigmine (Transdermal Patch 24 Hour)	G	Maximum of 1 patch per day
Rizatriptan Benzoate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	Maximum of 12 tablets per 30 days
Rosuvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
Rotarix (Oral Suspension)	B	1 vaccination dose (1.5 ml) per day
Rotarix (Oral Suspension Reconstituted)	B	1 vaccination dose (1 ml) per day
RotaTaq (Oral Solution)	B	1 vaccination dose (2 ml) per day
Rozlytrek (100MG Oral Capsule)	B	Maximum of 5 capsules per day
Rozlytrek (200MG Oral Capsule)	B	Maximum of 3 capsules per day
Rukobia (Oral Tablet Extended Release 12 Hour)	B	Maximum of 2 tablets per day
Rybelsus (Oral Tablet)	B	Maximum of 1 tablet per day
Rydapt (Oral Capsule)	B	Maximum of 8 capsules per day
Sajazir (Subcutaneous Solution Prefilled Syringe)	G	Maximum of 6 syringes (18 ml) per 30 days
Sancuso (Transdermal Patch)	B	Maximum of 4 patches per 28 days
Scemblix (20MG Oral Tablet)	B	Maximum of 2 tablets per day
Scemblix (40MG Oral Tablet)	B	Maximum of 10 tablets per day
Secuado (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day
Selzentry (Oral Solution)	B	Maximum of 8 bottles (1840 ml) per 30 days
Selzentry (25MG Oral Tablet)	B	Maximum of 16 tablets per day
Selzentry (75MG Oral Tablet)	B	Maximum of 2 tablets per day
Serevent Diskus (60 Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 inhalations) per 30 days
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
Skyclarys (Oral Capsule)	B	Maximum of 3 capsules per day
Skyrizi Pen (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1 ml) per 28 days
Skyrizi (180MG/1.2ML Subcutaneous Solution Cartridge)	B	Maximum of 1 cartridge (1.2 ml) per 56 days
Skyrizi (360MG/2.4ML Subcutaneous Solution Cartridge)	B	Maximum of 1 cartridge (2.4 ml) per 56 days

Drug name	Brand or Generic	Quantity limit
Skyrizi (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (1 ml) per 28 days
Sodium Oxybate (Oral Solution)	B	Maximum of 18 ml per day
Sofosbuvir-Velpatasvir (Oral Tablet)	B	Maximum of 1 tablet per day
Solifenacin Succinate (Oral Tablet)	G	Maximum of 1 tablet per day
Soliqua (Subcutaneous Solution Pen-Injector)	B	Maximum of 5 pens (15 ml) per 25 days
Somavert (Subcutaneous Solution Reconstituted)	B	Maximum of 1 vial 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
Stelara (Subcutaneous Solution)	B	Maximum of 6 vials (3 ml) per 84 days
Stelara (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 6 syringes (3 ml) per 84 days
Stelara (90MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 84 days
Stribild (Oral Tablet)	B	Maximum of 1 tablet per day
Suboxone (12-3MG Sublingual Film, 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
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
Sunlenca (4 x 300MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs (8 tablets) per year
Sunlenca (5 x 300MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs (10 tablets) per year
Symbicort (120 Inhalation Aerosol)	B	Maximum of 1 inhaler (10.2 grams) per 30 days
Sympazan (Oral Film)	B	Maximum of 2 films per day
Symtuza (Oral Tablet)	B	Maximum of 1 tablet per day
Synarel (Nasal Solution)	B	Maximum of 4 bottles (32 ml) per 26 days

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, 12.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Synjardy XR (25-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Tabrecta (Oral Tablet)	B	Maximum of 4 tablets per day
Talzenna (0.25MG Oral Capsule)	B	Maximum of 3 capsules per day
Talzenna (0.5MG Oral Capsule, 0.75MG Oral Capsule, 1MG Oral Capsule)	B	Maximum of 1 capsule per day
Tasimelteon (Oral Capsule)	G	Maximum of 1 capsule per day
Tazarotene (External Cream)	G	Maximum of 60 grams per 30 days
Tazverik (Oral Tablet)	B	Maximum of 8 tablets per day
TDVAX (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Telmisartan (Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-Amlodipine (Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-HCTZ (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-HCTZ (80-12.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Temazepam (Oral Capsule)	G	Maximum of 1 capsule per day
Tenivac (Intramuscular Injectable)	B	1 vaccination dose (0.5 ml) per day
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Tepmetko (Oral Tablet)	B	Maximum of 2 tablets per day
Terbinafine HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Teriflunomide (Oral Tablet)	G	Maximum of 1 tablet per day
Thalomid (100MG Oral Capsule, 50MG Oral Capsule)	B	Maximum of 1 capsule per day
Thalomid (150MG Oral Capsule, 200MG Oral Capsule)	B	Maximum of 2 capsules per day
Tibsovo (Oral Tablet)	B	Maximum of 2 tablets per day
Ticovac (1.2MCG/0.25ML Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.25 ml) per day
Ticovac (2.4MCG/0.5ML Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Tivicay (10MG Oral Tablet, 25MG Oral Tablet)	B	Maximum of 1 tablet per day
Tivicay (50MG Oral Tablet)	B	Maximum of 2 tablets per day
Tivicay PD (Oral Tablet Soluble)	B	Maximum of 6 tablets per day
TOBI Podhaler (Inhalation Capsule)	B	Maximum of 8 capsules per day

Drug name	Brand or Generic	Quantity limit
Tobramycin (300MG/4ML Inhalation Nebulization Solution)	G	Maximum of 2 ampules (8 ml) per day
Tobramycin (300MG/5ML Inhalation Nebulization Solution)	G	Maximum of 2 ampules (10 ml) per day
Tolcapone (Oral Tablet)	G	Maximum of 6 tablets per day
Tracleer (Oral Tablet Soluble)	B	Maximum of 8 tablets per day
Tradjenta (Oral Tablet)	B	Maximum of 1 tablet per day
Tramadol HCl ER (Biphasic) (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Tramadol HCl ER (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Tramadol HCl (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
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Trelstar Mixject (11.25MG Intramuscular Suspension Reconstituted)	B	Maximum of 1 vial per 84 days
Trelstar Mixject (22.5MG Intramuscular Suspension Reconstituted)	B	Maximum of 1 vial per 168 days
Trelstar Mixject (3.75MG Intramuscular Suspension Reconstituted)	B	Maximum of 1 vial per 28 days
Trientine HCl (Oral Capsule)	G	Maximum of 8 capsules per day
Trijardy XR (10-5-1000MG Oral Tablet Extended Release 24 Hour, 25-5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Trijardy XR (12.5-2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-2.5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Triumeq (Oral Tablet)	B	Maximum of 1 tablet per day
Triumeq PD (Oral Tablet Soluble)	B	Maximum of 6 tablets per day
Trizivir (Oral Tablet)	B	Maximum of 2 tablets per day
Trulicity (Subcutaneous Solution Pen-Injector)	B	Maximum of 4 pens (2 ml) per 28 days
Trumenba (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Tukysa (150MG Oral Tablet)	B	Maximum of 4 tablets per day
Tukysa (50MG Oral Tablet)	B	Maximum of 12 tablets per day

Drug name	Brand or Generic	Quantity limit
Turalio (125MG Oral Capsule)	B	Maximum of 4 capsules per day
Twinrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day
Tybost (Oral Tablet)	B	Maximum of 1 tablet per day
Typhim Vi (Intramuscular Solution)	B	1 vaccination dose (0.5 ml) per day
Typhim Vi (Intramuscular Solution Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Tyrvaya (Nasal Solution)	B	Maximum of 2 bottles (8.4 ml) per 30 days
Valacyclovir HCl (1GM Oral Tablet)	G	Maximum of 4 tablets per day
Valacyclovir HCl (500MG Oral Tablet)	G	Maximum of 2 tablets per day
Valchlor (External Gel)	B	Maximum of 60 grams per 30 days
Valganciclovir HCl (50MG/ML Oral Solution Reconstituted)	G	Maximum of 36 ml per day
Valganciclovir HCl (450MG Oral Tablet)	G	Maximum of 4 tablets per day
Valsartan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	G	Maximum of 2 tablets per day
Valsartan (320MG Oral Tablet)	G	Maximum of 1 tablet per day
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Valtoco 10MG Dose (Nasal Liquid)	B	Maximum of 10 blister packs (10 spray devices) per 30 days
Valtoco 15MG Dose (Nasal Liquid Therapy Pack)	B	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 20MG Dose (Nasal Liquid Therapy Pack)	B	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 5MG Dose (Nasal Liquid)	B	Maximum of 10 blister packs (10 spray devices) per 30 days
Vancomycin HCl (125MG Oral Capsule)	G	Maximum of 4 capsules per day
Vancomycin HCl (250MG Oral Capsule)	G	Maximum of 8 capsules per day
VAQTA (25UNIT/0.5ML Intramuscular Suspension, 25UNIT/0.5ML 0.5ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
VAQTA (50UNIT/ML Intramuscular Suspension, 50UNIT/ML 1ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
Varivax (Subcutaneous Injectable)	B	1 vaccination dose (1 injection) per day
Veltassa (Oral Packet)	B	Maximum of 1 packet per day
Verquvo (Oral Tablet)	B	Maximum of 1 tablet per day
Victoza (Subcutaneous Solution Pen-Injector)	B	Maximum of 3 pens (9 ml) per 30 days
Vigabatrin (Oral Packet)	G	Maximum of 6 packets per day
Vigabatrin (Oral Tablet)	G	Maximum of 6 tablets per day

Drug name	Brand or Generic	Quantity limit
Vigadrone (Oral Packet)	G	Maximum of 6 packets per day
Viracept (250MG Oral Tablet)	B	Maximum of 10 tablets per day
Viracept (625MG Oral Tablet)	B	Maximum of 4 tablets per day
Viread (Oral Powder)	B	Maximum of 4 bottles (240 grams) per 30 days
Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	B	Maximum of 1 tablet per day
Vitrakvi (100MG Oral Capsule)	B	Maximum of 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
Vonjo (Oral Capsule)	B	Maximum of 4 capsules per day
Voriconazole (Oral Suspension Reconstituted)	G	Maximum of 20 ml per day
Voriconazole (200MG Oral Tablet)	G	Maximum of 4 tablets per day
Voriconazole (50MG Oral Tablet)	G	Maximum of 16 tablets per day
Vosevi (Oral Tablet)	B	Maximum of 1 tablet per day
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	B	Maximum of 1 capsule per day
Vraylar (Oral Capsule Therapy Pack)	B	Maximum of 2 packs (14 capsules) per year
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
Welireg (Oral Tablet)	B	Maximum of 3 tablets per day
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	Maximum of 1 inhaler (60 blisters) per 30 days
Xarelto (Oral Suspension Reconstituted)	B	Maximum of 20 ml per day
Xarelto (10MG Oral Tablet, 20MG Oral Tablet)	B	Maximum of 1 tablet per day
Xarelto (15MG Oral Tablet, 2.5MG Oral Tablet)	B	Maximum of 2 tablets per day
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (100MG Oral Tablet, 50MG Oral Tablet)	B	Maximum of 1 tablet per day
Xcopri (150MG Oral Tablet, 200MG Oral Tablet)	B	Maximum of 2 tablets per day
Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack, 14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Xeljanz (Oral Solution)	B	Maximum of 10 ml per day
Xeljanz (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Xermelo (Oral Tablet)	B	Maximum of 3 tablets per day
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 (40MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per 30 days
Xofluza (80MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 tablet per 30 days
Xospata (Oral Tablet)	B	Maximum of 3 tablets per day
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days
Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 4 tablets per 28 days
Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 4 tablets per 28 days
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 24 tablets per 28 days
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days
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
YF-Vax (Subcutaneous Injectable)	B	1 vaccination dose (1 injection) per day
Zaleplon (10MG Oral Capsule)	G	Maximum of 2 capsules per day
Zaleplon (5MG Oral Capsule)	G	Maximum of 1 capsule 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
Zokinvy (Oral Capsule)	B	Maximum of 4 capsules per day

Drug name	Brand or Generic	Quantity limit
Zolpidem Tartrate ER (Oral Tablet Extended Release)	G	Maximum of 1 tablet per day
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	Maximum of 1 tablet per day

Required information

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

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

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