



Complete drug list (Formulary) 2022

UnitedHealthcare Medicare Advantage (PPO)
Southwest Research Institute

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

 **Toll Free 1-800-457-8506 TTY 771**

 **www.uhcretiree.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, 2021.

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.

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 12-42 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 43-151. 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 4 drug tiers. Each tier has a copay or coinsurance amount. The chart below shows the differences between the tiers.

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

| Drug tier | Includes |
|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Tier 1: Preferred generic | Most generic drugs. |
| Tier 2: Preferred brand | Many common brand name drugs, called preferred brands and some higher-cost generic drugs. |
| Tier 3: Non-preferred drug | Non-preferred generic and non-preferred brand name drugs. In addition, Part D eligible compound medications are covered in Tier 3. |
| Tier 4: Specialty tier | Unique and/or very high-cost brand 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" (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 43. 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 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 having the pharmacy contact the plan.

DL - Dispensing limit

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

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 him or her to prescribe a covered drug.
2. **Ask the plan to make an exception** and cover your drug. Review the next section for more exception information.

How can I get an exception?

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

Types of exceptions you can ask for

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

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

Who can ask for an exception?

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

How long does it take to get an exception?

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

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

As a new or continuing member in our plan, we may cover a temporary supply of your drug if it's not on our drug list or if it has rules or limits. For example, you may need a prior authorization from us before you can fill your prescription. During the time when you are getting a temporary supply, you should talk with your doctor to decide if there is a similar drug on the drug list you can take instead. If you and your doctor decide this is the only drug that will work for you, you will need to ask for an exception. 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 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 Sulfate | 82 | Actemra ACTPen | 134 | Adzenys XR -ODT | 102 |
| Abacavir Sulfate -Lamivudine | 82 | Acthar | 123 | Aemcolo | 50 |
| Abacavir -Lamivudine -Zidovudine | 83 | Acticlate | 56 | Afinitor | 71 |
| Abelcet | 65 | Actimmune | 135 | Afinitor Disperz | 71 |
| Abilify | 77 | Actiq | 47 | Afrezza | 88 |
| Abilify Maintena | 77 | Actonel | 139 | Agrylin | 91 |
| Abilify MyCite | 77 | Actoplus Met | 86 | Aimovig | 68 |
| Abiraterone Acetate | 70 | Actos | 86 | AirDuo Digihaler | 149 |
| Absorica | 106 | Acular | 142 | AirDuo RespiClick 113/14 | 149 |
| Absorica LD | 106 | Acular LS | 142 | AirDuo RespiClick 232/14 | 149 |
| Acamprosate Calcium | 49 | Acuvail | 142 | AirDuo RespiClick 55/14 .. | 149 |
| Acanya | 106 | Acyclovir | 81 | Ajovy | 69 |
| Acarbose | 86 | Acyclovir Sodium | 81 | Aklief | 106 |
| Accolate | 146 | Aczone | 113 | Ala Scalp | 108 |
| Accupril | 93 | Adacel | 137 | Ala -Cort | 108 |
| Accuretic | 97 | Adapalene | 106 | Albendazole | 74 |
| Accutane | 106 | Adapalene -Benzoyl Peroxide | 106 | Albenza | 74 |
| Acebutolol HCl | 95 | Adcirca | 148 | Albuterol Sulfate | 147 |
| Acetaminophen -Caffeine -Dihydrocodeine | 47 | Adderall | 102 | Albuterol Sulfate HFA | 147 |
| Acetaminophen -Codeine | 47 | Adderall XR | 102 | Alclometasone Dipropionate | 108 |
| Acetazolamide | 97 | Adefovir Dipivoxil | 80 | Alcohol Prep Pads..... | 140 |
| Acetazolamide ER | 97 | Adempas | 148 | Aldactazide | 97 |
| Acetic Acid | 144 | Adlyxin | 86 | Aldactone | 99 |
| Acetylcysteine | 149 | Adlyxin Starter Pack | 86 | Aldara | 111 |
| Aciphex | 120 | Admelog | 88 | Alecensa | 71 |
| Acitretin | 106 | Admelog SoloStar | 88 | Alendronate Sodium | 139 |
| ActHIB | 137 | Advair Diskus | 149 | Alfuzosin HCl ER | 123 |
| Actemra | 134 | Advair HFA | 149 | Aliskiren Fumarate | 97 |
| | | Adzenys ER | 102 | Alkindi Sprinkle | 124 |

| | | | | | |
|----------------------------------|-----|----------------------------------------------------|-----|-----------------------------------------|-----|
| Allopurinol | 67 | Amerge | 67 | Ampicillin | 54 |
| Almotriptan Malate | 67 | Amethia | 126 | Ampicillin Sodium | 54 |
| Alocril | 141 | Amikacin Sulfate | 50 | Ampicillin -Sulbactam Sodium | 54 |
| Alogliptin Benzoate | 86 | Amiloride HCl | 99 | Ampyra | 105 |
| Alogliptin -Metformin HCl | 86 | Amiloride -Hydrochlorothiazide | 97 | Amzeeq | 113 |
| Alogliptin -Pioglitazone | 86 | Aminosyn II | 115 | Anafranil | 64 |
| Alomide | 141 | Aminosyn -PF | 115 | Anagrelide HCl | 91 |
| Alora | 126 | Amiodarone HCl | 94 | Anastrozole | 71 |
| Alosetron HCl | 118 | Amitiza | 118 | Ancobon | 66 |
| Alphagan P | 144 | Amitriptyline HCl | 64 | AndroGel | 126 |
| Alprazolam | 85 | Amlodipine Besylate | 95 | AndroGel Pump | 126 |
| Alprazolam ER | 85 | Amlodipine -Atorvastatin | 97 | Androderm | 126 |
| Alprazolam Intensol | 85 | Amlodipine -Benazepril | 97 | Annovera | 126 |
| Alprazolam ODT | 85 | Amlodipine -Olmesartan | 97 | Anoro Ellipta | 149 |
| Alex | 142 | Amlodipine -Valsartan | 97 | Antara | 100 |
| Altabax | 113 | Amlodipine -Valsartan -HCTZ | 97 | Anusol -HC | 139 |
| Altace | 93 | Ammonium Lactate | 108 | ApexiCon E | 108 |
| Altavera | 126 | Amnesteem | 106 | Apidra | 88 |
| Altoprev | 100 | Amoxapine | 64 | Apidra SoloStar | 88 |
| Altreno | 106 | Amoxicillin | 53 | Aplenzin | 62 |
| Alunbrig | 71 | Amoxicillin -Clarithromycin -Lansoprazole | 118 | Apokyn | 76 |
| Alvesco | 145 | Amoxicillin -Potassium Clavulanate | 53 | Apraclonidine HCl | 144 |
| Alyacen 1/35 | 126 | Amoxicillin -Potassium Clavulanate ER | 53 | Aprepitant | 65 |
| Alyq | 148 | Amphetamine ER | 102 | Apri | 126 |
| AmBisome | 66 | Amphetamine Sulfate | 102 | Apriso | 138 |
| Amantadine HCl | 75 | Amphetamine -Dextroamphetamine | 102 | Aptensio XR | 103 |
| Ambien | 150 | Amphetamine -Dextroamphetamine ER . . | 102 | Aptiom | 61 |
| Ambrisentan | 148 | Amphotericin B | 66 | Aptivus | 83 |
| Amcinonide | 108 | | | Aralast NP | 121 |

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| Basaglar KwikPen | 88 | Betimol | 143 | Brilinta | 92 |
| Baxdela | 56 | Betoptic -S | 143 | Brimonidine Tartrate | 144 |
| Beconase AQ | 145 | Bevespi Aerosphere | 149 | Brinzolamide | 144 |
| Belbuca | 45 | Bexarotene | 74 | BromSite | 142 |
| Belsomra | 150 | Bexsero | 137 | Bromfenac Sodium | 142 |
| Benazepril HCl | 93 | Beyaz | 126 | Bromocriptine Mesylate | 76 |
| Benazepril -Hydrochlorothiazide | 97 | BiDil | 97 | Bronchitol | 149 |
| Benicar | 93 | Bicalutamide | 70 | Brovana | 147 |
| Benicar HCT | 97 | Bicillin C -R | 54 | Brukinsa | 72 |
| Benlysta | 134 | Bicillin C -R 900/300 | 54 | Bryhali | 108 |
| BenzaClin with Pump | 107 | Bicillin L -A | 54 | Budesonide | 146 |
| Benzamycin | 107 | Biktarvy | 81 | Budesonide ER | 139 |
| Benznidazole | 75 | Biltricide | 74 | Budesonide -Formoterol Fumarate | 149 |
| Benzoyl Peroxide -Erythromycin | 107 | Bimatoprost | 144 | Bumetanide | 99 |
| Benztropine Mesylate | 75 | Bisoprolol Fumarate | 95 | Buphenyl | 121 |
| Bepotastine Besilate | 141 | Bisoprolol -Hydrochlorothiazide | 97 | Buprenorphine | 45 |
| Bepreve | 141 | Bleph -10 | 142 | Buprenorphine HCl | 49 |
| Berinert | 133 | Blephamide | 140 | Buprenorphine HCl -Naloxone HCl | 49 |
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| Besivance | 142 | Blisovi 24 Fe | 127 | Bupropion HCl ER | 62 |
| Betamethasone Dipropionate | 108 | Blisovi Fe 1.5/30 | 127 | Bupropion HCl SR | 62 |
| Betamethasone Dipropionate Aug | 108 | Boniva | 139 | Bupropion HCl XL | 62 |
| Betamethasone Valerate ... | 108 | Boostrix | 137 | Buspirone HCl | 84 |
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| Bethkis | 147 | Breztri Aerosphere | 149 | Byetta 5MCG Pen | 86 |
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| Cabergoline | 132 | |
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| Carbidopa -Levodopa -Entacapone | 75 | |
| Cardizem | 96 | |
| Cardizem CD | 96 | |
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| Ceftazidime | 52 | |
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| Chlordiazepoxide HCl | 85 | |
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| Chlorpromazine HCl | 77 | Clarithromycin | 55 | Clomipramine HCl | 64 |
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| Chlorzoxazone | 150 | Clenpiq | 119 | Clonazepam ODT | 85 |
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| Cimduo | 83 | Clindamycin Phosphate | 113 | Clozapine | 80 |
| Cimetidine | 119 | Clindamycin Phosphate in D5W | 50 | Clozapine ODT | 80 |
| Cimetidine HCl | 119 | Clindamycin Phosphate -Benzoyl Peroxide | 107 | Clozaril | 80 |
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| Tretinoin | 108 | Trileptal | 61 | U |
| Tretinoin Microsphere | 108 | Trilipix | 100 | Ubrelvy |
| Trexall | 137 | Trimethobenzamide HCl | 65 | Uceris |
| Treximet | 68 | Trimethoprim | 51 | Udenyca |
| Trezix | 49 | Trimipramine Maleate | 65 | Ukoniq |
| Tri -Estarylla | 130 | Trintellix | 64 | Uloric |
| Tri -Legest Fe | 130 | Triumeq | 83 | Ultracet |
| Tri -Lo -Estarylla | 130 | Trivora | 130 | Ultram |
| Tri -Lo -Sprintec | 130 | Trizivir | 83 | Ultravate |
| Tri -Mili | 130 | Trokendi XR | 59 | Unasyn |
| Tri -Nymyo | 130 | TrophAmine | 116 | Unithroid |
| Tri -Previfem | 130 | Trospium Chloride | 123 | Uptravi |
| Tri -Sprintec | 130 | Trospium Chloride ER | 123 | Urocit -K 10 |
| Tri -VyLibra | 130 | Trulance | 118 | Urocit -K 15 |
| Tri -VyLibra Lo | 130 | Trulicity | 88 | Urocit -K 5 |
| TriLyte | 119 | Trumenba | 138 | Uroxatral |
| Triamcinolone Acetonide .. | 111 | Trusopt | 144 | Urso 250 |
| Triamterene | 99 | Truvada | 83 | Urso Forte |
| Triamterene -HCTZ | 99 | Tudorza Pressair | 147 | Ursodiol |
| Trianex | 111 | Tukysa | 71 | V |
| Tribenzor | 99 | Turalio | 74 | VAQTA |
| Tricor | 100 | Twinrix | 138 | Vabomere |
| Triderm | 111 | Twynsta | 99 | Vagifem |
| Trientine HCl | 117 | Tybost | 83 | Valacyclovir HCl |
| Trifluoperazine HCl | 77 | Tydemy | 130 | Valchlor |
| Trifluridine | 142 | Tygacil | 51 | Valcyte |
| Trihexyphenidyl HCl | 75 | Tykerb | 74 | Valganciclovir HCl |
| Trijardy XR | 88 | Tymlos | 140 | Valium |
| Trikafta | 148 | Typhim Vi | 138 | Valproic Acid |

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|-----------------------------------------|-----|----------------------------|-----|--------------------|-----|
| Valsartan | 93 | Ventavis | 149 | Viracept | 84 |
| Valsartan -Hydrochlorothiazide | 99 | Ventolin HFA | 147 | Viramune | 82 |
| Valtoco 10MG Dose | 60 | Verapamil HCl | 97 | Viramune XR | 82 |
| Valtoco 15MG Dose | 60 | Verapamil HCl ER | 97 | Viread | 83 |
| Valtoco 20MG Dose | 60 | Verdeso | 111 | Vistaril | 85 |
| Valtoco 5MG Dose | 60 | Veregen | 113 | Vitrakvi | 74 |
| Valtrex | 81 | Verelan | 97 | Vivelle -Dot | 131 |
| Vancocin | 52 | Verelan PM | 97 | Vivitrol | 49 |
| Vancocin HCl | 51 | Verquvo | 102 | Vivlodex | 44 |
| Vancomycin HCl | 52 | Versacloz | 80 | Vizimpro | 74 |
| Vandazole | 52 | Verzenio | 74 | Vogelxo | 126 |
| Vanos | 111 | Vesicare | 123 | Vogelxo Pump | 126 |
| Varivax | 138 | Vesicare LS | 123 | Voriconazole | 67 |
| Varizig | 134 | Vestura | 130 | Vosevi | 81 |
| Varubi | 65 | Vfend | 67 | Votrient | 74 |
| Vascepa | 101 | Vfend IV | 67 | Vraylar | 79 |
| Vaseretic | 99 | Viberzi | 118 | Vumerity | 106 |
| Vasotec | 94 | Vibramycin | 57 | VyLibra | 131 |
| Vecamyl | 99 | Victoza | 88 | Vyfemla | 131 |
| Vectical | 112 | Viekira Pak | 81 | Vyndamax | 122 |
| Velivet | 130 | Vienna | 130 | Vyndaqel | 122 |
| Velphoro | 117 | Vigabatrin | 60 | Vytorin | 101 |
| Veltassa | 117 | Vigadrone | 60 | Vyvanse | 103 |
| Veltin | 108 | Vigamox | 142 | Vyzulta | 144 |
| Vemlidy | 81 | Viibryd | 64 | | |
| Venclexta | 74 | Viibryd Starter Pack | 64 | | |
| Venclexta Starting Pack | 74 | Vimovo | 44 | | |
| Venlafaxine HCl | 64 | Vimpat | 61 | | |
| Venlafaxine HCl ER | 64 | Viokace | 122 | | |

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| WYMZYA Fe | 131 |
| Wakix | 150 |
| Warfarin Sodium | 91 |
| Welchol | 101 |

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| Wellbutrin SR | 63 | Xopenex Concentrate | 147 | Zegerid | 120 |
| Wellbutrin XL | 63 | Xopenex HFA | 147 | Zejula | 74 |
| Wixela Inhub | 150 | Xospata | 74 | Zelapar ODT | 77 |
| X | | | | | |
| Xalatan | 144 | Xpovio | 71 | Zelboraf | 74 |
| Xalkori | 74 | Xtampza ER | 47 | Zemaira | 122 |
| Xanax | 85 | Xtandi | 70 | Zembrace SymTouch | 68 |
| Xanax XR | 85 | Xulane | 131 | Zemdri | 50 |
| Xarelto | 91 | Xultophy | 88 | Zemplar | 140 |
| Xarelto Starter Pack | 91 | Xuriden | 122 | Zenatane | 108 |
| Xatmep | 137 | Xyosted | 126 | Zenpep | 122 |
| Xcopri | 59 | Xyrem | 151 | Zenzedi | 103 |
| Xeljanz | 135 | Xywav | 151 | Zepatier | 81 |
| Xeljanz XR | 135 | Y | | | |
| Xelpros | 144 | YAZ | 131 | Zeposia | 106 |
| Xenazine | 104 | YF -Vax | 138 | Zeposia 7 -Day Starter Pack | 106 |
| Xenleta | 52 | Yasmin 28 | 131 | Zeposia Starter Kit | 106 |
| Xepi | 114 | Yonsa | 70 | Zerbaxa | 53 |
| Xerese | 113 | Yupelri | 147 | Zerviate | 141 |
| Xermelo | 118 | Yuvafem | 131 | Zestoretic | 99 |
| Xgeva | 140 | Z | | | |
| Xhance | 146 | ZTlido | 49 | Zestril | 94 |
| Xifaxan | 52 | Zafemy | 131 | Zetia | 101 |
| Xigduo XR | 88 | Zafirlukast | 146 | Zetonna | 146 |
| Xiidra | 141 | Zaleplon | 150 | Ziac | 99 |
| Xofluza | 84 | Zanaflex | 80 | Ziagen | 83 |
| Xolair | 135 | Zarah | 131 | Ziana | 108 |
| Xolegel | 114 | Zarontin | 59 | Zidovudine | 83 |
| Xopenex | 147 | Zarxio | 92 | Ziextenzo | 92 |
| | | Zavesca | 122 | Zileuton ER | 146 |
| | | | | Zilxi | 114 |
| | | | | Zioptan | 144 |

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| Ziprasidone HCl | 79 | Zyclara Pump | 113 |
| Ziprasidone Mesylate | 79 | Zydelig | 74 |
| Zipsor | 45 | Zyflo | 146 |
| Zirgan | 80 | Zykadia | 74 |
| Zithromax | 56 | Zylet | 141 |
| Zithromax Tri -Pak | 56 | Zyloprim | 67 |
| Zithromax Z -Pak | 56 | Zymaxid | 142 |
| Zocor | 100 | Zypitamag | 100 |
| Zolinza | 71 | Zyprexa | 80 |
| Zolmitriptan | 68 | Zyprexa Relprevv | 80 |
| Zolmitriptan ODT | 68 | Zyprexa Zydis | 80 |
| Zoloft | 64 | Zytiga | 70 |
| Zolpidem Tartrate | 150 | Zyvox | 52 |
| Zomacton | 125 | | |
| Zomig | 68 | | |
| Zomig ZMT | 68 | | |
| Zonalon | 111 | | |
| Zonegran | 61 | | |
| Zonisamide | 61 | | |
| Zontivity | 91 | | |
| Zorbitive | 125 | | |
| Zortress | 137 | | |
| Zorvolex | 45 | | |
| Zosyn | 55 | | |
| Zovia 1/35 | 131 | | |
| Zovirax | 81 | | |
| Zubsolv | 49 | | |
| Zuplenz | 65 | | |
| Zyclara | 113 | | |

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 12-42.

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 152-195.

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Analgesics | | | |
| Nonsteroidal Anti-inflammatory Drugs | | | |
| Arthrotec (Oral Tablet Delayed Release) | B | 3 | |
| Cambia (Oral Packet) | B | 4 | |
| Celebrex (Oral Capsule) | B | 3 | QL |
| Celecoxib (Oral Capsule) | G | 2 | QL |
| Daypro (Oral Tablet) | B | 3 | |
| Diclofenac Epolamine (External Patch) | G | 3 | PA; QL |
| Diclofenac Potassium (Oral Tablet) | G | 2 | |
| Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour) | G | 2 | |
| Diclofenac Sodium (1% External Gel) | G | 2 | |
| Diclofenac Sodium (External Solution) | G | 2 | PA |
| Diclofenac Sodium (Oral Tablet Delayed Release) | G | 1 | |
| Diclofenac-Misoprostol (Oral Tablet Delayed Release) | G | 3 | |
| Diflunisal (Oral Tablet) | G | 2 | |
| Duexis (Oral Tablet) | B | 4 | ST |
| Etodolac ER (Oral Tablet Extended Release 24 Hour) | G | 3 | |
| Etodolac (Oral Capsule) | G | 2 | |
| Etodolac (Oral Tablet Immediate Release) | G | 2 | |
| Feldene (Oral Capsule) | B | 3 | |
| Fenoprofen Calcium (400MG Oral Capsule) | G | 3 | |
| Fenoprofen Calcium (Oral Tablet) | G | 3 | |
| Flector (External Patch) | B | 3 | PA; QL |
| Flurbiprofen (100MG Oral Tablet) | G | 2 | |
| Ibu (600MG Oral Tablet, 800MG Oral Tablet) | G | 1 | |
| Ibuprofen (Oral Suspension) | G | 1 | |
| Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet) | G | 1 | |
| Indocin (Rectal Suppository) | G | 4 | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|----------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Ketoprofen ER (Oral Capsule Extended Release 24 Hour) | G | 3 | |
| Ketoprofen (25MG Oral Capsule Immediate Release) | G | 4 | |
| Ketoprofen (50MG Oral Capsule Immediate Release, 75MG Oral Capsule Immediate Release) | G | 2 | |
| Ketorolac Tromethamine (Nasal Solution) | G | 4 | |
| Licart (External Patch 24 Hour) | B | 3 | PA; QL |
| Lodine (Oral Tablet) | G | 4 | |
| Meclofenamate Sodium (Oral Capsule) | G | 3 | |
| Mefenamic Acid (Oral Capsule) | G | 3 | |
| Meloxicam (Oral Capsule) | G | 3 | QL |
| Meloxicam (Oral Tablet) | G | 1 | |
| Mobic (Oral Tablet) | B | 3 | |
| Nabumetone (Oral Tablet) | G | 2 | |
| Nalfon (Oral Capsule) | B | 3 | |
| Nalfon (Oral Tablet) | G | 3 | |
| Naprelan (375MG Oral Tablet Extended Release 24 Hour, 500MG Oral Tablet Extended Release 24 Hour) | B | 4 | |
| Naprelan (750MG Oral Tablet Extended Release 24 Hour) | B | 3 | |
| Naproxen (Oral Suspension) | G | 4 | |
| Naproxen (Oral Tablet Immediate Release) | G | 1 | |
| Naproxen (375MG Oral Tablet Delayed Release) (Generic EC-Naprosyn) | G | 1 | |
| Naproxen (500MG Oral Tablet Delayed Release) (Generic EC-Naprosyn) | G | 2 | |
| Naproxen Sodium ER (375MG Oral Tablet Extended Release 24 Hour) (Generic Naprelan) | G | 4 | |
| Naproxen Sodium ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Naprelan) | G | 3 | |
| Naproxen Sodium (275MG Oral Tablet Immediate Release, 550MG Oral Tablet Immediate Release) | G | 2 | |
| Naproxen-Esomeprazole (Oral Tablet Delayed Release) | G | 4 | ST |
| Oxaprozin (Oral Tablet) | G | 2 | |
| Pennsaid (External Solution) | B | 4 | PA |
| Piroxicam (Oral Capsule) | G | 2 | |
| Relafen DS (Oral Tablet) | G | 4 | ST |
| Sprix (Nasal Solution) | B | 4 | |
| Sulindac (Oral Tablet) | G | 1 | |
| Vimovo (Oral Tablet Delayed Release) | B | 4 | ST |
| Vivlodex (Oral Capsule) | B | 4 | QL |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Zipsor (Oral Capsule) | B | 4 | ST |
| Zorvolex (Oral Capsule) | B | 3 | ST |
| Opioid Analgesics, Long-acting | | | |
| Belbuca (150MCG Buccal Film, 300MCG Buccal Film, 450MCG Buccal Film, 75MCG Buccal Film) | B | 3 | PA; 7D; DL; QL |
| Belbuca (600MCG Buccal Film, 750MCG Buccal Film, 900MCG Buccal Film) | B | 4 | PA; 7D; DL; QL |
| Buprenorphine (Transdermal Patch Weekly) | G | 2 | 7D; DL; QL |
| Butrans (10MCG/HR Transdermal Patch Weekly, 15MCG/HR Transdermal Patch Weekly, 5MCG/HR Transdermal Patch Weekly, 7.5MCG/HR Transdermal Patch Weekly) | B | 3 | 7D; DL; QL |
| Butrans (20MCG/HR Transdermal Patch Weekly) | B | 4 | 7D; DL; QL |
| ConZip (Oral Capsule Extended Release 24 Hour) | B | 3 | 7D; MME; DL; QL |
| Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 37.5MCG/HR Transdermal Patch 72 Hour, 62.5MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour) | G | 3 | 7D; MME; DL; QL |
| Fentanyl (12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour) | G | 2 | 7D; MME; DL; QL |
| Fentanyl (87.5MCG/HR Transdermal Patch 72 Hour) | G | 4 | 7D; MME; DL; QL |
| Hydrocodone Bitartrate ER (10MG Oral Capsule Extended Release 12 Hour, 15MG Oral Capsule Extended Release 12 Hour, 20MG Oral Capsule Extended Release 12 Hour, 30MG Oral Capsule Extended Release 12 Hour, 40MG Oral Capsule Extended Release 12 Hour, 50MG Oral Capsule Extended Release 12 Hour) | G | 3 | 7D; MME; DL; QL |
| Hydrocodone Bitartrate ER (100MG Oral Tablet ER 24 Hour Abuse-Deterrent, 120MG Oral Tablet ER 24 Hour Abuse-Deterrent) | G | 4 | PA; 7D; MME; DL; QL |
| Hydrocodone Bitartrate ER (20MG Oral Tablet ER 24 Hour Abuse-Deterrent, 30MG Oral Tablet ER 24 Hour Abuse-Deterrent, 40MG Oral Tablet ER 24 Hour Abuse-Deterrent, 60MG Oral Tablet ER 24 Hour Abuse-Deterrent, 80MG Oral Tablet ER 24 Hour Abuse-Deterrent) | G | 3 | PA; 7D; MME; DL; QL |
| Hydromorphone HCl ER (Oral Tablet Extended Release 24 Hour) | G | 3 | 7D; MME; DL; QL |
| Hysingla ER (100MG Oral Tablet ER 24 Hour Abuse-Deterrent, 120MG Oral Tablet ER 24 Hour Abuse-Deterrent, 60MG Oral Tablet ER 24 Hour Abuse-Deterrent, 80MG Oral Tablet ER 24 Hour Abuse-Deterrent) | B | 4 | PA; 7D; MME; DL; QL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Hysingla ER (20MG Oral Tablet ER 24 Hour Abuse-Deterrent, 30MG Oral Tablet ER 24 Hour Abuse-Deterrent, 40MG Oral Tablet ER 24 Hour Abuse-Deterrent) | B | 3 | PA; 7D; MME; DL; QL |
| Levorphanol Tartrate (Oral Tablet) | G | 4 | 7D; MME; DL; QL |
| Methadone HCl (Oral Solution) | G | 1 | 7D; MME; DL; QL |
| Methadone HCl (Oral Tablet) | G | 1 | 7D; MME; DL; QL |
| Morphine Sulfate ER Beads (Oral Capsule Extended Release 24 Hour) (Generic Avinza) | G | 3 | 7D; MME; DL; QL |
| Morphine Sulfate ER (Oral Capsule Extended Release 24 Hour) (Generic Kadian) | G | 3 | 7D; MME; DL; QL |
| Morphine Sulfate ER (100MG Oral Tablet Extended Release, 200MG Oral Tablet Extended Release) (Generic MS Contin) | G | 3 | 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 | 2 | 7D; MME; DL; QL |
| MS Contin (100MG Oral Tablet Extended Release, 200MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) | B | 4 | 7D; MME; DL; QL |
| MS Contin (15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release) | B | 3 | 7D; MME; DL; QL |
| Nucynta ER (Oral Tablet Extended Release 12 Hour) | B | 2 | 7D; MME; DL; QL |
| Oxycodone HCl ER (10MG Oral Tablet ER 12 Hour Abuse-Deterrent, 15MG Oral Tablet ER 12 Hour Abuse-Deterrent, 20MG Oral Tablet ER 12 Hour Abuse-Deterrent, 30MG Oral Tablet ER 12 Hour Abuse-Deterrent, 40MG Oral Tablet ER 12 Hour Abuse-Deterrent, 60MG Oral Tablet ER 12 Hour Abuse-Deterrent) | G | 3 | PA; 7D; MME; DL; QL |
| Oxycodone HCl ER (80MG Oral Tablet ER 12 Hour Abuse-Deterrent) | G | 4 | PA; 7D; MME; DL; QL |
| OxyContin (10MG Oral Tablet ER 12 Hour Abuse-Deterrent, 15MG Oral Tablet ER 12 Hour Abuse-Deterrent, 20MG Oral Tablet ER 12 Hour Abuse-Deterrent, 30MG Oral Tablet ER 12 Hour Abuse-Deterrent) | B | 3 | PA; 7D; MME; DL; QL |
| OxyContin (40MG Oral Tablet ER 12 Hour Abuse-Deterrent, 60MG Oral Tablet ER 12 Hour Abuse-Deterrent, 80MG Oral Tablet ER 12 Hour Abuse-Deterrent) | B | 4 | PA; 7D; MME; DL; QL |
| Oxymorphone HCl ER (Oral Tablet Extended Release 12 Hour) | G | 3 | 7D; MME; DL; QL |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Tramadol HCl ER (Biphasic) (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour) | G | 2 | 7D; MME; DL; QL |
| Tramadol HCl ER (Biphasic) (300MG Oral Tablet Extended Release 24 Hour) | G | 3 | 7D; MME; DL; QL |
| Tramadol HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour) | G | 3 | 7D; MME; DL; QL |
| Tramadol HCl ER (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour) | G | 2 | 7D; MME; DL; QL |
| Tramadol HCl ER (300MG Oral Tablet Extended Release 24 Hour) | G | 3 | 7D; MME; DL; QL |
| Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent) | B | 2 | 7D; MME; DL; QL |
| Opioid Analgesics, Short-acting | | | |
| Acetaminophen-Caffeine-Dihydrocodeine (320.5-30-16MG Oral Capsule) | G | 3 | 7D; MME; DL; QL |
| Acetaminophen-Caffeine-Dihydrocodeine (325-30-16MG Oral Tablet) | G | 4 | 7D; MME; DL; QL |
| Acetaminophen-Codeine (120-12MG/5ML Oral Solution) | G | 1 | 7D; MME; DL; QL |
| Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet) | G | 1 | 7D; MME; DL; QL |
| Actiq (Buccal Lozenge On A Handle) | B | 4 | PA; DL; QL |
| Butorphanol Tartrate (Nasal Solution) | G | 2 | 7D; MME; DL; QL |
| Codeine Sulfate (15MG Oral Tablet) | B | 2 | 7D; MME; DL; QL |
| Codeine Sulfate (30MG Oral Tablet) | G | 2 | 7D; MME; DL; QL |
| Codeine Sulfate (60MG Oral Tablet) | B | 3 | 7D; MME; DL; QL |
| Dilaudid (Oral Liquid) | B | 3 | 7D; MME; DL; QL |
| Dilaudid (2MG Oral Tablet, 4MG Oral Tablet) | B | 3 | 7D; MME; DL; QL |
| Dilaudid (8MG Oral Tablet) | B | 4 | 7D; MME; DL; QL |
| Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet) | G | 2 | 7D; MME; DL; QL |
| 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 | 4 | PA; DL; QL |
| Fentanyl Citrate (200MCG Buccal Lozenge On A Handle) | G | 3 | PA; DL; QL |
| Fentanyl Citrate (100MCG Buccal Tablet, 200MCG Buccal Tablet, 400MCG Buccal Tablet, 600MCG Buccal Tablet, 800MCG Buccal Tablet) | G | 4 | PA; DL; QL |
| Fentora (Buccal Tablet) | B | 4 | PA; DL; QL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution) | G | 2 | 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 | 2 | 7D; MME; DL; QL |
| Hydrocodone-Ibuprofen (10-200MG Oral Tablet, 5-200MG Oral Tablet) | G | 3 | 7D; MME; DL; QL |
| Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet) | G | 2 | 7D; MME; DL; QL |
| Hydromorphone HCl (1MG/ML Oral Liquid) | G | 2 | 7D; MME; DL; QL |
| Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release, 8MG Oral Tablet Immediate Release) | G | 1 | 7D; MME; DL; QL |
| Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution) | G | 3 | 7D; DL |
| Lazanda (Nasal Solution) | B | 4 | PA; DL; QL |
| Morphine Sulfate (10MG/5ML Oral Solution, 100MG/5ML Oral Solution, 20MG/5ML Oral Solution) | G | 1 | 7D; MME; DL; QL |
| Morphine Sulfate (Oral Tablet Immediate Release) | G | 2 | 7D; MME; DL; QL |
| Nucynta (100MG Oral Tablet Immediate Release) | B | 4 | 7D; MME; DL; QL |
| Nucynta (50MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release) | B | 3 | 7D; MME; DL; QL |
| Oxycodone HCl (5MG Oral Capsule) | G | 2 | 7D; MME; DL; QL |
| Oxycodone HCl (100MG/5ML Oral Concentrate) | G | 3 | 7D; MME; DL; QL |
| Oxycodone HCl (5MG/5ML Oral Solution) | G | 2 | 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 | 1 | 7D; MME; DL; QL |
| Oxycodone-Acetaminophen (10-300MG Oral Tablet, 5-300MG Oral Tablet) | G | 4 | 7D; MME; DL; QL |
| Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet) | G | 2 | 7D; MME; DL; QL |
| Oxymorphone HCl (Oral Tablet Immediate Release) | G | 3 | 7D; MME; DL; QL |
| Percocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet) | G | 4 | 7D; MME; DL; QL |
| Percocet (2.5-325MG Oral Tablet) | G | 3 | 7D; MME; DL; QL |
| Prolate (Oral Tablet) | G | 4 | 7D; MME; DL; QL |
| Roxicodone (15MG Oral Tablet, 5MG Oral Tablet) | B | 3 | 7D; MME; DL; QL |
| Roxicodone (30MG Oral Tablet) | B | 4 | 7D; MME; DL; QL |
| Subsys (Sublingual Liquid) | B | 4 | PA; DL; QL |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Tramadol HCl (100MG Oral Tablet Immediate Release) | G | 2 | 7D; MME; DL; QL |
| Tramadol HCl (50MG Oral Tablet Immediate Release) | G | 1 | 7D; MME; DL; QL |
| Tramadol-Acetaminophen (Oral Tablet) | G | 1 | 7D; MME; DL; QL |
| Trezix (Oral Capsule) | G | 3 | 7D; MME; DL; QL |
| Ultracet (Oral Tablet) | B | 3 | 7D; MME; DL; QL |
| Ultram (Oral Tablet Immediate Release) | B | 3 | 7D; MME; DL; QL |
| Anesthetics | | | |
| Local Anesthetics | | | |
| Lidocaine (5% External Ointment) | G | 2 | QL |
| Lidocaine (5% External Patch) | G | 3 | PA; QL |
| Lidocaine HCl (4% External Solution) | G | 3 | |
| Lidocaine Viscous (2% Mouth/Throat Solution) | G | 1 | |
| Lidocaine-Prilocaine (External Cream) | G | 2 | |
| Lidoderm (External Patch) | B | 4 | PA; QL |
| Pliaglis (External Cream) | B | 3 | |
| ZTlido (External Patch) | B | 3 | PA; QL |
| Anti-Addiction/Substance Abuse Treatment Agents | | | |
| Alcohol Deterrents/Anti-craving | | | |
| Acamprosate Calcium (Oral Tablet Delayed Release) | G | 3 | |
| Disulfiram (Oral Tablet) | G | 2 | |
| Naltrexone HCl (Oral Tablet) | G | 2 | |
| Vivitrol (Intramuscular Suspension Reconstituted) | B | 4 | |
| Opioid Dependence | | | |
| Buprenorphine HCl (Tablet Sublingual) | G | 1 | QL |
| Buprenorphine HCl-Naloxone HCl (Sublingual Film) | G | 3 | QL |
| Buprenorphine HCl-Naloxone HCl (Tablet Sublingual) | G | 1 | QL |
| Lucemyra (Oral Tablet) | B | 4 | QL |
| Suboxone (Sublingual Film) | B | 3 | QL |
| Zubsolv (Tablet Sublingual) | B | 3 | QL |
| Opioid Reversal Agents | | | |
| Naloxone HCl (0.4MG/ML Injection Solution) | G | 1 | |
| Naloxone HCl (Injection Solution Cartridge) | G | 1 | |
| Naloxone HCl (Injection Solution Prefilled Syringe) | G | 1 | |
| Narcan (Nasal Liquid) | B | 2 | |
| Smoking Cessation Agents | | | |
| Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent) | G | 1 | |
| Chantix Continuing Month Pak (Oral Tablet) | B | 2 | |
| Chantix (Oral Tablet) | B | 2 | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Chantix Starting Month Pak (Oral Tablet) | B | 2 | |
| Nicotrol (Inhalation Inhaler) | B | 3 | |
| Nicotrol NS (Nasal Solution) | B | 3 | |
| Antibacterials | | | |
| Aminoglycosides | | | |
| Amikacin Sulfate (500MG/2ML Injection Solution) | G | 3 | |
| Arikayce (Inhalation Suspension) | B | 4 | PA |
| Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution) | G | 1 | |
| Gentamicin Sulfate (40MG/ML Injection Solution) | G | 1 | |
| Humatin (Oral Capsule) | G | 4 | |
| Neomycin Sulfate (Oral Tablet) | G | 1 | |
| Paromomycin Sulfate (Oral Capsule) | G | 3 | |
| Streptomycin Sulfate (Intramuscular Solution Reconstituted) | G | 4 | |
| Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution) | G | 3 | |
| Zemdri (Intravenous Solution) | B | 4 | |
| Antibacterials, Other | | | |
| Aemcolo (Oral Tablet Delayed Release) | B | 3 | PA |
| Azactam (Injection Solution Reconstituted) | B | 3 | |
| Aztreonam (1GM Injection Solution Reconstituted) | G | 3 | |
| Cleocin (Oral Capsule) | B | 3 | |
| Cleocin (Oral Solution Reconstituted) | G | 3 | |
| Cleocin Phosphate (900MG/6ML Injection Solution) | B | 3 | |
| Cleocin (Vaginal Cream) | B | 3 | |
| Cleocin (Vaginal Suppository) | B | 3 | |
| Clindamycin HCl (Oral Capsule) | G | 1 | |
| Clindamycin Palmitate HCl (Oral Solution Reconstituted) | G | 3 | |
| Clindamycin Phosphate in D5W (Intravenous Solution) | G | 2 | |
| Clindamycin Phosphate (300MG/2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution) | G | 2 | |
| Clindamycin Phosphate (Vaginal Cream) | G | 2 | |
| Clindesse (Vaginal Cream) | B | 3 | |
| Colistimethate Sodium (CBA) (Injection Solution Reconstituted) | G | 4 | |
| Cubicin (Intravenous Solution Reconstituted) | B | 4 | |
| Dalvance (Intravenous Solution Reconstituted) | B | 4 | PA |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|-------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Daptomycin (Intravenous Solution Reconstituted) | G | 4 | |
| Firvanq (Oral Solution Reconstituted) | B | 3 | |
| Flagyl (Oral Capsule) | B | 3 | |
| Flagyl (Oral Tablet) | B | 3 | |
| Fosfomycin Tromethamine (Oral Packet) | G | 3 | |
| Hiprex (Oral Tablet) | B | 3 | |
| Linezolid (Intravenous Solution) | G | 3 | |
| Linezolid (Oral Suspension Reconstituted) | G | 4 | |
| Linezolid (Oral Tablet) | G | 3 | |
| Macrobid (Oral Capsule) | B | 3 | HRM |
| Macrodantin (Oral Capsule) | B | 3 | HRM |
| Methenamine Hippurate (Oral Tablet) | G | 2 | |
| MetroCream (External Cream) | B | 3 | |
| Metrogel (External Gel) | B | 3 | |
| MetroLotion (External Lotion) | B | 3 | |
| Metronidazole (0.75% External Cream) | G | 2 | |
| Metronidazole (0.75% External Gel, 1% External Gel) | G | 3 | |
| Metronidazole (0.75% External Lotion) | G | 3 | |
| Metronidazole in NaCl 0.79% (Intravenous Solution) | G | 1 | |
| Metronidazole (375MG Oral Capsule) | G | 3 | |
| Metronidazole (250MG Oral Tablet, 500MG Oral Tablet) | G | 1 | |
| Metronidazole (0.75% Vaginal Gel) | G | 2 | |
| Monurol (Oral Packet) | B | 3 | |
| Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrodantin) | G | 2 | HRM |
| Nitrofurantoin Macrocrystal (25MG Oral Capsule) (Generic Macrodantin) | G | 3 | HRM |
| Nitrofurantoin Monohydrate (Generic Macrobid) | G | 2 | HRM |
| Nitrofurantoin (Oral Suspension) | G | 4 | HRM |
| Noritrate (External Cream) | B | 4 | |
| Polymyxin B Sulfate (Injection Solution Reconstituted) | G | 2 | |
| Sivextro (Intravenous Solution Reconstituted) | B | 4 | PA |
| Sivextro (Oral Tablet) | B | 4 | PA |
| Solosec (Oral Packet) | B | 3 | |
| Tigecycline (Intravenous Solution Reconstituted) | G | 4 | |
| Tinidazole (Oral Tablet) | G | 2 | |
| Trimethoprim (Oral Tablet) | G | 1 | |
| Tygacil (Intravenous Solution Reconstituted) | B | 4 | |
| Vancocin HCl (125MG Oral Capsule) | B | 4 | QL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Vancocin (250MG Oral Capsule) | B | 4 | QL |
| Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted) | G | 3 | |
| Vancomycin HCl (250MG Intravenous Solution Reconstituted) | B | 3 | |
| Vancomycin HCl (Oral Capsule) | G | 3 | QL |
| Vancomycin HCl (Oral Solution Reconstituted) | G | 3 | |
| Vandazole (Vaginal Gel) | B | 2 | |
| Xenleta (Oral Tablet) | B | 4 | PA; QL |
| Xifaxan (Oral Tablet) | B | 4 | PA |
| Zyvox (600MG/300ML Intravenous Solution) | B | 3 | |
| Zyvox (Oral Suspension Reconstituted) | B | 4 | |
| Zyvox (Oral Tablet) | B | 4 | |
| Beta-lactam, Cephalosporins | | | |
| Avycaz (Intravenous Solution Reconstituted) | B | 4 | PA |
| Cefaclor ER (Oral Tablet Extended Release 12 Hour) | G | 3 | |
| Cefaclor (Oral Capsule) | G | 2 | |
| Cefaclor (Oral Suspension Reconstituted) | G | 3 | |
| Cefadroxil (Oral Capsule) | G | 1 | |
| Cefadroxil (Oral Suspension Reconstituted) | G | 2 | |
| Cefadroxil (Oral Tablet) | G | 3 | |
| Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted) | G | 2 | |
| Cefdinir (Oral Capsule) | G | 2 | |
| Cefdinir (Oral Suspension Reconstituted) | G | 2 | |
| Cefepime HCl (Injection Solution Reconstituted) | G | 3 | |
| Cefixime (Oral Capsule) | G | 2 | |
| Cefixime (Oral Suspension Reconstituted) | G | 3 | |
| Cefotetan Disodium (Injection Solution Reconstituted) | G | 3 | |
| Cefoxitin Sodium (Injection Solution Reconstituted) | G | 3 | |
| Cefoxitin Sodium (Intravenous Solution Reconstituted) | G | 3 | |
| Cefpodoxime Proxetil (Oral Suspension Reconstituted) | G | 3 | |
| Cefpodoxime Proxetil (Oral Tablet) | G | 2 | |
| Cefprozil (Oral Suspension Reconstituted) | G | 2 | |
| Cefprozil (Oral Tablet) | G | 2 | |
| Ceftazidime (Injection Solution Reconstituted) | 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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 500MG Injection Solution Reconstituted) | G | 1 | |
| Ceftriaxone Sodium (2GM Injection Solution Reconstituted) | G | 2 | |
| Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted) | G | 2 | |
| Cefuroxime Axetil (Oral Tablet) | G | 1 | |
| Cefuroxime Sodium (Injection Solution Reconstituted) | G | 1 | |
| Cefuroxime Sodium (Intravenous Solution Reconstituted) | G | 1 | |
| Cephalexin (250MG Oral Capsule, 500MG Oral Capsule) | G | 1 | |
| Cephalexin (750MG Oral Capsule) | G | 3 | |
| Cephalexin (Oral Suspension Reconstituted) | G | 1 | |
| Cephalexin (Oral Tablet) | G | 2 | |
| Suprax (Oral Capsule) | B | 3 | |
| Suprax (100MG/5ML Oral Suspension Reconstituted, 200MG/5ML Oral Suspension Reconstituted) | G | 3 | |
| Suprax (500MG/5ML Oral Suspension Reconstituted) | B | 3 | |
| Suprax (Oral Tablet Chewable) | G | 2 | |
| Tazicef (Injection Solution Reconstituted) | G | 2 | |
| Teflaro (Intravenous Solution Reconstituted) | B | 4 | |
| Zerbaxa (Intravenous Solution Reconstituted) | B | 4 | PA |
| Beta-lactam, Penicillins | | | |
| Amoxicillin (Oral Capsule) | G | 1 | |
| Amoxicillin (Oral Suspension Reconstituted) | G | 1 | |
| Amoxicillin (Oral Tablet Immediate Release) | G | 1 | |
| Amoxicillin (Oral Tablet Chewable) | G | 1 | |
| Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour) | G | 3 | |
| Amoxicillin-Potassium Clavulanate (200-28.5MG/5ML Oral Suspension Reconstituted, 400-57MG/5ML Oral Suspension Reconstituted, 600-42.9MG/5ML Oral Suspension Reconstituted) | G | 1 | |
| Amoxicillin-Potassium Clavulanate (250-62.5MG/5ML Oral Suspension Reconstituted) | G | 2 | |
| Amoxicillin-Potassium Clavulanate (250-125MG Oral Tablet Immediate Release) | G | 2 | |
| Amoxicillin-Potassium Clavulanate (500-125MG Oral Tablet Immediate Release, 875-125MG Oral Tablet Immediate Release) | G | 1 | |
| Amoxicillin-Potassium Clavulanate (200-28.5MG Oral Tablet Chewable, 400-57MG Oral Tablet Chewable) | G | 2 | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Ampicillin (Oral Capsule) | G | 1 | |
| Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted) | G | 2 | |
| Ampicillin Sodium (10GM Intravenous Solution Reconstituted) | G | 3 | |
| Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted) | G | 2 | |
| Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted) | G | 2 | |
| Bicillin C-R 900/300 (Intramuscular Suspension) | B | 3 | |
| Bicillin C-R (Intramuscular Suspension) | B | 3 | |
| Bicillin L-A (Intramuscular Suspension) | B | 3 | |
| Dicloxacillin Sodium (250MG Oral Capsule) | G | 1 | |
| Dicloxacillin Sodium (500MG Oral Capsule) | G | 2 | |
| Nafcillin Sodium (Injection Solution Reconstituted) | G | 3 | |
| Nafcillin Sodium (10GM Intravenous Solution Reconstituted) | G | 3 | |
| Oxacillin Sodium in Dextrose (1GM/50ML Intravenous Solution) | B | 3 | |
| Oxacillin Sodium in Dextrose (2GM/50ML Intravenous Solution) | B | 4 | |
| Oxacillin Sodium (Injection Solution Reconstituted) | G | 3 | |
| Oxacillin Sodium (Intravenous Solution Reconstituted) | G | 3 | |
| Penicillin G Potassium in Dextrose (40000UNIT/ML Intravenous Solution, 60000UNIT/ML Intravenous Solution) | B | 3 | |
| Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted) | G | 3 | |
| Penicillin G Procaine (Intramuscular Suspension) | G | 3 | |
| Penicillin G Sodium (Injection Solution Reconstituted) | G | 4 | |
| Penicillin V Potassium (Oral Solution Reconstituted) | G | 1 | |
| Penicillin V Potassium (Oral Tablet) | G | 1 | |
| Piperacillin-Tazobactam (2.25 (2-0.25)GM Intravenous Solution Reconstituted, 3.375 (3-0.375)GM Intravenous Solution Reconstituted) | G | 2 | |
| Piperacillin-Tazobactam (4.5 (4-0.5)GM Intravenous Solution Reconstituted, 40.5 (36-4.5)GM Intravenous Solution Reconstituted) | G | 3 | |
| Unasyn (3 (2-1)GM Injection Solution Reconstituted) | B | 3 | |
| Unasyn (Intravenous Solution Reconstituted) | B | 3 | |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|----------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Zosyn (2-0.25GM/50ML Intravenous Solution, 3-0.375GM/50ML Intravenous Solution) | B | 3 | |
| Carbapenems | | | |
| Ertapenem Sodium (Injection Solution Reconstituted) | G | 3 | |
| Imipenem-Cilastatin (Intravenous Solution Reconstituted) | G | 3 | |
| Invanz (Injection Solution Reconstituted) | B | 3 | |
| Meropenem (1GM Intravenous Solution Reconstituted) | G | 3 | |
| Meropenem (500MG Intravenous Solution Reconstituted) | G | 2 | |
| Merrem (500MG Intravenous Solution Reconstituted) | B | 3 | |
| Primaxin IV (Intravenous Solution Reconstituted) | B | 3 | |
| Vabomere (Intravenous Solution Reconstituted) | B | 4 | |
| Macrolides | | | |
| Azithromycin (Intravenous Solution Reconstituted) | G | 1 | |
| Azithromycin (Oral Packet) | B | 1 | |
| Azithromycin (Oral Suspension Reconstituted) | G | 1 | |
| Azithromycin (Oral Tablet) | G | 1 | |
| Clarithromycin ER (Oral Tablet Extended Release 24 Hour) | G | 3 | |
| Clarithromycin (Oral Suspension Reconstituted) | G | 3 | |
| Clarithromycin (Oral Tablet Immediate Release) | G | 2 | |
| Dificid (Oral Suspension Reconstituted) | B | 4 | |
| Dificid (Oral Tablet) | B | 4 | |
| E.E.S. Granules (Oral Suspension Reconstituted) | B | 3 | |
| EryPed 200 (Oral Suspension Reconstituted) | B | 3 | |
| EryPed 400 (Oral Suspension Reconstituted) | B | 4 | |
| Ery-Tab (Oral Tablet Delayed Release) | G | 3 | |
| Erythrocin Lactobionate (Intravenous Solution Reconstituted) | G | 3 | |
| Erythrocin Stearate (Oral Tablet) | G | 3 | |
| Erythromycin Base (Oral Capsule Delayed Release Particles) | G | 3 | |
| Erythromycin Base (Oral Tablet Immediate Release) | G | 3 | |
| Erythromycin Base (Oral Tablet Delayed Release) | G | 3 | |
| Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted) | G | 3 | |
| Erythromycin Ethylsuccinate (400MG/5ML Oral Suspension Reconstituted) | G | 4 | |
| Erythromycin Ethylsuccinate (Oral Tablet) | G | 3 | |
| Zithromax (Intravenous Solution Reconstituted) | B | 3 | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Zithromax (Oral Packet) | B | 3 | |
| Zithromax (Oral Suspension Reconstituted) | B | 3 | |
| Zithromax (Oral Tablet) | B | 3 | |
| Zithromax Tri-Pak (Oral Tablet) | B | 3 | |
| Zithromax Z-Pak (Oral Tablet) | B | 3 | |
| Quinolones | | | |
| Baxdela (Intravenous Solution Reconstituted) | B | 4 | |
| Baxdela (Oral Tablet) | B | 4 | |
| Cipro (Oral Suspension Reconstituted) | B | 3 | |
| Cipro (Oral Tablet Immediate Release) | B | 3 | |
| Ciprofloxacin HCl (100MG Oral Tablet Immediate Release) | G | 3 | |
| Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release) | G | 1 | |
| Ciprofloxacin in D5W (200MG/100ML Intravenous Solution) | G | 1 | |
| Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution) | G | 2 | |
| Levofloxacin (25MG/ML Intravenous Solution) | G | 3 | |
| Levofloxacin (25MG/ML Oral Solution) | G | 3 | |
| Levofloxacin (250MG Oral Tablet, 500MG Oral Tablet, 750MG Oral Tablet) | G | 1 | |
| Moxifloxacin HCl in NaCl (Intravenous Solution) | G | 3 | |
| Moxifloxacin HCl (Oral Tablet) | G | 2 | |
| Ofloxacin (Oral Tablet) | G | 3 | |
| Sulfonamides | | | |
| Bactrim DS (Oral Tablet) | B | 3 | |
| Bactrim (Oral Tablet) | B | 3 | |
| Sulfadiazine (Oral Tablet) | G | 3 | |
| Sulfamethoxazole-Trimethoprim (Oral Suspension) | G | 2 | |
| Sulfamethoxazole-Trimethoprim (Oral Tablet) | G | 1 | |
| Tetracyclines | | | |
| Acticlate (Oral Tablet) | B | 3 | |
| Demeclocycline HCl (Oral Tablet) | G | 3 | |
| Doryx MPC (Oral Tablet Delayed Release) | B | 3 | |
| Doryx (200MG Oral Tablet Delayed Release) | B | 4 | |
| Doryx (50MG Oral Tablet Delayed Release) | B | 3 | |
| Doxy 100 (Intravenous Solution Reconstituted) | 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 |
|-----------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Doxycycline Hyclate (Oral Capsule) | G | 2 | |
| Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release) | G | 2 | |
| Doxycycline Hyclate (150MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release) | G | 3 | |
| Doxycycline Hyclate (Oral Tablet Delayed Release) | G | 3 | |
| Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule) | G | 1 | |
| Doxycycline Monohydrate (150MG Oral Capsule, 75MG Oral Capsule) | G | 3 | |
| Doxycycline Monohydrate (Oral Suspension Reconstituted) | G | 3 | |
| Doxycycline Monohydrate (Oral Tablet) | G | 2 | |
| Minocycline HCl ER (Oral Tablet Extended Release 24 Hour) | G | 3 | QL |
| Minocycline HCl (Oral Capsule) | G | 1 | |
| Minocycline HCl (Oral Tablet Immediate Release) | G | 3 | |
| Minolira (Oral Tablet Extended Release 24 Hour) | B | 3 | QL |
| Mondoxyne NL (100MG Oral Capsule) | G | 1 | |
| Mondoxyne NL (75MG Oral Capsule) | G | 3 | |
| Nuzyra (Intravenous Solution Reconstituted) | B | 4 | PA |
| Nuzyra (Oral Tablet) | B | 4 | PA; QL |
| Oracea (Oral Capsule Delayed Release) | B | 3 | |
| Seysara (Oral Tablet) | B | 4 | |
| Solodyn (Oral Tablet Extended Release 24 Hour) | B | 3 | QL |
| TARGADOX (Oral Tablet) | G | 3 | |
| Tetracycline HCl (Oral Capsule) | G | 3 | |
| Vibramycin (Oral Capsule) | B | 3 | |
| Vibramycin (Oral Suspension Reconstituted) | B | 3 | |
| Vibramycin (50MG/5ML Oral Syrup) | B | 3 | |
| Anticonvulsants | | | |
| Anticonvulsants, Other | | | |
| BRIVIACT (Oral Solution) | B | 4 | PA |
| BRIVIACT (Oral Tablet) | B | 4 | PA |
| Epidiolex (Oral Solution) | B | 4 | PA |
| Felbamate (Oral Suspension) | G | 4 | |
| Felbamate (Oral Tablet) | G | 3 | |
| Felbatol (Oral Suspension) | B | 4 | |
| Felbatol (Oral Tablet) | B | 4 | |
| Fintepla (Oral Solution) | B | 4 | PA; QL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Fycompa (Oral Suspension) | B | 4 | QL |
| Fycompa (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet) | B | 4 | QL |
| Fycompa (2MG Oral Tablet) | B | 3 | QL |
| Keppra (Oral Solution) | B | 4 | |
| Keppra (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release) | B | 4 | |
| Keppra (250MG Oral Tablet Immediate Release) | B | 3 | |
| Keppra XR (Oral Tablet Extended Release 24 Hour) | B | 4 | |
| Lamictal ODT (Oral Tablet Dispersible) | B | 4 | |
| Lamictal (Oral Tablet Immediate Release) | B | 4 | |
| Lamictal (Oral Tablet Chewable) | B | 4 | |
| Lamictal Starter (35 Tablets Oral Kit, 49 Tablets Oral Kit) | B | 3 | |
| Lamictal Starter (98 Tablets Oral Kit) | B | 4 | |
| Lamictal XR (Oral Kit) | B | 3 | |
| Lamictal XR (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 250MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour) | B | 4 | |
| Lamictal XR (25MG Oral Tablet Extended Release 24 Hour) | B | 3 | |
| Lamotrigine ER (Oral Tablet Extended Release 24 Hour) | G | 3 | |
| Lamotrigine ODT (25 & 50 & 100MG Oral Tablet Dispersible Kit) | G | 3 | |
| Lamotrigine (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release) | G | 1 | |
| Lamotrigine (25MG Oral Tablet Chewable, 5MG Oral Tablet Chewable) | G | 2 | |
| Lamotrigine ODT (Oral Tablet Dispersible) | G | 3 | |
| Lamotrigine Starter Kit-Blue (Oral Kit) | G | 3 | |
| Lamotrigine Starter Kit-Green (Oral Kit) | G | 4 | |
| Lamotrigine Starter Kit-Orange (Oral Kit) | G | 3 | |
| Levetiracetam ER (Oral Tablet Extended Release 24 Hour) | G | 3 | |
| Levetiracetam (Oral Solution) | G | 1 | |
| Levetiracetam (Oral Tablet Immediate Release) | G | 1 | |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Qudexy XR (100MG Oral Capsule ER 24 Hour Sprinkle, 25MG Oral Capsule ER 24 Hour Sprinkle, 50MG Oral Capsule ER 24 Hour Sprinkle) | B | 3 | PA |
| Qudexy XR (150MG Oral Capsule ER 24 Hour Sprinkle, 200MG Oral Capsule ER 24 Hour Sprinkle) | B | 4 | PA |
| Roweepra (Oral Tablet Immediate Release) | G | 1 | |
| Spritam ODT (Oral Tablet Disintegrating Soluble) | B | 3 | |
| Topamax (100MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet) | B | 4 | |
| Topamax (25MG Oral Tablet) | B | 3 | |
| Topamax Sprinkle (15MG Oral Capsule Sprinkle) | B | 3 | |
| Topamax Sprinkle (25MG Oral Capsule Sprinkle) | B | 4 | |
| Topiramate ER (100MG Oral Capsule ER 24 Hour Sprinkle, 25MG Oral Capsule ER 24 Hour Sprinkle, 50MG Oral Capsule ER 24 Hour Sprinkle) | G | 3 | PA |
| Topiramate ER (150MG Oral Capsule ER 24 Hour Sprinkle, 200MG Oral Capsule ER 24 Hour Sprinkle) | G | 4 | PA |
| Topiramate (Oral Capsule Sprinkle Immediate Release) | G | 3 | |
| Topiramate (Oral Tablet) | G | 1 | |
| Trokendi XR (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour) | B | 4 | PA |
| Trokendi XR (25MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour) | B | 3 | PA |
| Valproic Acid (Oral Capsule) | G | 2 | |
| Valproic Acid (Oral Solution) | G | 1 | |
| Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack) | B | 4 | PA; QL |
| Xcopri (350MG Daily Dose) (Oral Tablet Therapy Pack) | B | 4 | PA; QL |
| Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet) | B | 3 | PA; QL |
| Xcopri (200MG Oral Tablet) | B | 4 | PA; QL |
| Xcopri (14x12.5MG & 14x25MG Oral Tablet Therapy Pack) | B | 3 | PA; QL |
| Xcopri (14x150MG & 14x200MG Oral Tablet Therapy Pack, 14x50MG & 14x100MG Oral Tablet Therapy Pack) | B | 4 | PA; QL |
| Calcium Channel Modifying Agents | | | |
| Celontin (Oral Capsule) | B | 3 | |
| Ethosuximide (Oral Capsule) | G | 2 | |
| Ethosuximide (Oral Solution) | G | 2 | |
| Zarontin (Oral Capsule) | B | 3 | |
| Zarontin (Oral Solution) | G | 3 | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---------------------------------------------------------------|------------------|-----------|---------------------------------|
| Gamma-aminobutyric Acid (GABA) Augmenting Agents | | | |
| Clobazam (2.5MG/ML Oral Suspension) | G | 3 | PA; QL |
| Clobazam (10MG Oral Tablet, 20MG Oral Tablet) | G | 2 | PA; QL |
| Diacomit (Oral Capsule) | B | 4 | QL |
| Diacomit (Oral Packet) | B | 4 | QL |
| Diastat AcuDial (Rectal Gel) | B | 3 | QL |
| Diastat Pediatric (Rectal Gel) | B | 3 | QL |
| Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel) | G | 3 | QL |
| Gabapentin (Oral Capsule) | G | 1 | |
| Gabapentin (250MG/5ML Oral Solution) | G | 2 | |
| Gabapentin (Oral Tablet) | G | 1 | |
| Gabitril (Oral Tablet) | B | 4 | |
| Mysoline (Oral Tablet) | B | 4 | |
| Nayzilam (Nasal Solution) | B | 3 | PA; QL |
| Neurontin (100MG Oral Capsule, 300MG Oral Capsule) | B | 3 | |
| Neurontin (400MG Oral Capsule) | B | 4 | |
| Neurontin (Oral Solution) | B | 3 | |
| Neurontin (Oral Tablet) | B | 4 | |
| Onfi (Oral Suspension) | B | 4 | PA; QL |
| Onfi (Oral Tablet) | B | 4 | PA; QL |
| Phenobarbital (Oral Elixir) | G | 3 | PA; HRM |
| Phenobarbital (Oral Tablet) | G | 3 | PA; HRM |
| Primidone (Oral Tablet) | G | 1 | |
| Sabril (Oral Packet) | B | 4 | PA; QL |
| Sabril (Oral Tablet) | B | 4 | PA; QL |
| Sympazan (10MG Oral Film, 20MG Oral Film) | B | 4 | PA; QL |
| Sympazan (5MG Oral Film) | B | 3 | PA; QL |
| Tiagabine HCl (Oral Tablet) | G | 3 | |
| Valtoco 10MG Dose (Nasal Liquid) | B | 4 | PA; QL |
| Valtoco 15MG Dose (Nasal Liquid Therapy Pack) | B | 4 | PA; QL |
| Valtoco 20MG Dose (Nasal Liquid Therapy Pack) | B | 4 | PA; QL |
| Valtoco 5MG Dose (Nasal Liquid) | B | 4 | PA; QL |
| Vigabatrin (Oral Packet) | G | 4 | PA; QL |
| Vigabatrin (Oral Tablet) | G | 4 | PA; QL |
| Vigadrone (Oral Packet) | G | 4 | PA; QL |
| Sodium Channel 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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Aptiom (Oral Tablet) | B | 4 | QL |
| Banzel (Oral Suspension) | B | 4 | |
| Banzel (Oral Tablet) | B | 4 | |
| Carbamazepine ER (100MG Oral Capsule Extended Release 12 Hour, 200MG Oral Capsule Extended Release 12 Hour, 300MG Oral Capsule Extended Release 12 Hour) | G | 2 | |
| Carbamazepine ER (100MG Oral Tablet Extended Release 12 Hour, 200MG Oral Tablet Extended Release 12 Hour, 400MG Oral Tablet Extended Release 12 Hour) | G | 3 | |
| Carbamazepine (Oral Suspension) | G | 2 | |
| Carbamazepine (Oral Tablet Immediate Release) | G | 2 | |
| Carbamazepine (Oral Tablet Chewable) | G | 2 | |
| Carbatrol (Oral Capsule Extended Release 12 Hour) | B | 3 | |
| Dilantin INFATABS (Oral Tablet Chewable) | G | 2 | |
| Dilantin (Oral Capsule) | G | 2 | |
| Dilantin (Oral Suspension) | B | 3 | |
| Epitol (Oral Tablet) | G | 2 | |
| Oxcarbazepine (300MG/5ML Oral Suspension) | G | 3 | |
| Oxcarbazepine (150MG Oral Tablet, 300MG Oral Tablet, 600MG Oral Tablet) | G | 2 | |
| Oxtellar XR (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour) | B | 3 | |
| Oxtellar XR (600MG Oral Tablet Extended Release 24 Hour) | B | 4 | |
| Phenytek (Oral Capsule) | G | 1 | |
| Phenytoin (125MG/5ML Oral Suspension) | G | 1 | |
| Phenytoin (Oral Tablet Chewable) | G | 1 | |
| Phenytoin Sodium Extended (Oral Capsule) | G | 1 | |
| Rufinamide (Oral Suspension) | G | 4 | |
| Rufinamide (Oral Tablet) | G | 4 | |
| Tegretol (Oral Suspension) | B | 3 | |
| Tegretol (Oral Tablet Immediate Release) | B | 3 | |
| Tegretol XR (Oral Tablet Extended Release 12 Hour) | B | 3 | |
| Trileptal (Oral Suspension) | B | 4 | |
| Trileptal (150MG Oral Tablet) | B | 3 | |
| Trileptal (300MG Oral Tablet, 600MG Oral Tablet) | B | 4 | |
| Vimpat (Oral Solution) | B | 3 | QL |
| Vimpat (Oral Tablet) | B | 3 | QL |
| Zonegran (Oral Capsule) | B | 4 | |
| Zonisamide (Oral Capsule) | G | 1 | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|-----------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Antidementia Agents | | | |
| Antidementia Agents, Other | | | |
| Namzaric (Oral Capsule ER 24 Hour Therapy Pack) | B | 2 | PA; QL |
| Namzaric (Oral Capsule Extended Release 24 Hour) | B | 2 | PA; QL |
| Cholinesterase Inhibitors | | | |
| Aricept (Oral Tablet) | B | 3 | QL |
| Donepezil HCl (10MG Oral Tablet, 5MG Oral Tablet) | G | 1 | QL |
| Donepezil HCl (23MG Oral Tablet) | G | 2 | QL |
| Donepezil HCl ODT (Oral Tablet Dispersible) | G | 1 | QL |
| Exelon (Transdermal Patch 24 Hour) | B | 3 | ST; QL |
| Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour) | G | 3 | |
| Galantamine Hydrobromide (Oral Solution) | G | 3 | |
| Galantamine Hydrobromide (Oral Tablet) | G | 2 | |
| Razadyne ER (Oral Capsule Extended Release 24 Hour) | B | 3 | |
| Rivastigmine Tartrate (Oral Capsule) | G | 2 | |
| Rivastigmine (Transdermal Patch 24 Hour) | G | 3 | ST; QL |
| N-methyl-D-aspartate (NMDA) Receptor Antagonist | | | |
| Memantine HCl ER (Oral Capsule Extended Release 24 Hour) | G | 3 | PA; QL |
| Memantine HCl (2MG/ML Oral Solution) | G | 3 | PA; QL |
| Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet) | G | 1 | PA; QL |
| Memantine HCl Titration Pak (Oral Tablet) | B | 1 | PA; QL |
| Namenda (10MG Oral Tablet, 5MG Oral Tablet) | B | 3 | PA; QL |
| Namenda Titration Pak (Oral Tablet) | B | 3 | PA; QL |
| Namenda XR (Oral Capsule Extended Release 24 Hour) | B | 3 | PA; QL |
| Antidepressants | | | |
| Antidepressants, Other | | | |
| Aplenzin (Oral Tablet Extended Release 24 Hour) | B | 4 | |
| Bupropion HCl SR (Oral Tablet Extended Release 12 Hour) | G | 1 | |
| Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour) | G | 1 | |
| Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour) | G | 3 | |
| Bupropion HCl (Oral Tablet Immediate Release) | G | 1 | |
| Forfivo XL (Oral Tablet Extended Release 24 Hour) | B | 3 | |

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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Mirtazapine (Oral Tablet) | G | 1 | |
| Mirtazapine ODT (Oral Tablet Dispersible) | G | 2 | |
| Olanzapine-Fluoxetine HCl (Oral Capsule) | G | 3 | |
| Remeron (Oral Tablet) | B | 3 | |
| Remeron SolTab (Oral Tablet Dispersible) | B | 3 | |
| Symbyax (Oral Capsule) | B | 3 | |
| Wellbutrin SR (Oral Tablet Extended Release 12 Hour) | B | 3 | |
| Wellbutrin XL (Oral Tablet Extended Release 24 Hour) | B | 4 | |
| Monoamine Oxidase Inhibitors | | | |
| Emsam (Transdermal Patch 24 Hour) | B | 4 | |
| Marplan (Oral Tablet) | B | 3 | |
| Nardil (Oral Tablet) | B | 3 | |
| Parnate (Oral Tablet) | B | 4 | |
| Phenelzine Sulfate (Oral Tablet) | G | 2 | |
| Tranylcypromine Sulfate (Oral Tablet) | G | 3 | |
| SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors) | | | |
| Celexa (Oral Tablet) | B | 3 | |
| Citalopram Hydrobromide (Oral Solution) | G | 2 | |
| Citalopram Hydrobromide (Oral Tablet) | G | 1 | |
| Desvenlafaxine ER (Oral Tablet Extended Release 24 Hour) (Brand Equivalent Khedezla) | B | 3 | |
| Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq) | G | 2 | |
| Effexor XR (Oral Capsule Extended Release 24 Hour) | B | 3 | |
| Escitalopram Oxalate (Oral Solution) | G | 3 | |
| Escitalopram Oxalate (Oral Tablet) | G | 1 | |
| Fetzima (120MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 40MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour) | B | 3 | ST |
| Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack) | B | 3 | ST |
| Fluoxetine HCl (PMDD) (Oral Tablet) | G | 3 | |
| Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release) | G | 1 | |
| Fluoxetine HCl (90MG Oral Capsule Delayed Release) | G | 3 | |
| Fluoxetine HCl (20MG/5ML Oral Solution) | G | 2 | |
| Fluoxetine HCl (10MG Oral Tablet) | G | 1 | |
| Fluoxetine HCl (20MG Oral Tablet, 60MG Oral Tablet) | G | 3 | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Fluvoxamine Maleate ER (Oral Capsule Extended Release 24 Hour) | G | 3 | |
| Fluvoxamine Maleate (Oral Tablet) | G | 2 | |
| Lexapro (Oral Tablet) | B | 3 | |
| Nefazodone HCl (Oral Tablet) | G | 3 | |
| Paroxetine HCl (Oral Tablet Immediate Release) | G | 1 | PA; HRM |
| Paxil (Oral Suspension) | B | 3 | PA; HRM |
| Paxil (Oral Tablet Immediate Release) | B | 3 | PA; HRM |
| Pristiq (Oral Tablet Extended Release 24 Hour) | B | 3 | |
| Prozac (10MG Oral Capsule) | B | 3 | |
| Prozac (20MG Oral Capsule, 40MG Oral Capsule) | B | 4 | |
| Sertraline HCl (Oral Concentrate) | G | 2 | |
| Sertraline HCl (Oral Tablet) | G | 1 | |
| Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet) | G | 1 | |
| Trazodone HCl (300MG Oral Tablet) | G | 2 | |
| Trintellix (Oral Tablet) | B | 3 | |
| Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour) | G | 1 | |
| Venlafaxine HCl ER (Oral Tablet Extended Release 24 Hour) | G | 3 | |
| Venlafaxine HCl (Oral Tablet Immediate Release) | G | 1 | |
| Viibryd (Oral Tablet) | B | 3 | |
| Viibryd Starter Pack (Oral Kit) | B | 3 | |
| Zoloft (Oral Concentrate) | B | 3 | |
| Zoloft (Oral Tablet) | B | 3 | |
| Tricyclics | | | |
| Amitriptyline HCl (Oral Tablet) | G | 3 | HRM |
| Amoxapine (Oral Tablet) | G | 2 | PA; HRM |
| Anafranil (Oral Capsule) | B | 4 | PA; HRM |
| Clomipramine HCl (Oral Capsule) | G | 3 | PA; HRM |
| Desipramine HCl (Oral Tablet) | G | 3 | PA; HRM |
| Doxepin HCl (Oral Capsule) | G | 3 | PA; HRM |
| Doxepin HCl (Oral Concentrate) | G | 3 | PA; HRM |
| Imipramine HCl (Oral Tablet) | G | 3 | PA; HRM |
| Imipramine Pamoate (Oral Capsule) | G | 3 | PA; HRM |
| Norpramin (Oral Tablet) | B | 3 | PA; HRM |
| Nortriptyline HCl (Oral Capsule) | G | 1 | PA; HRM |
| Nortriptyline HCl (Oral Solution) | G | 2 | PA; HRM |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|-------------------------------------------------------|------------------|-----------|---------------------------------|
| Pamelor (Oral Capsule) | B | 4 | PA; HRM |
| Protriptyline HCl (Oral Tablet) | G | 3 | PA; HRM |
| Trimipramine Maleate (Oral Capsule) | G | 3 | PA; HRM |
| Antiemetics | | | |
| Antiemetics, Other | | | |
| Compro (Rectal Suppository) | G | 3 | |
| Gimoti (Nasal Solution) | B | 4 | PA |
| Meclizine HCl (12.5MG Oral Tablet) | G | 1 | HRM |
| Metoclopramide HCl (5MG/5ML Oral Solution) | G | 1 | |
| Metoclopramide HCl (Oral Tablet) | G | 1 | |
| Metoclopramide HCl ODT (Oral Tablet Dispersible) | G | 3 | |
| Perphenazine (Oral Tablet) | G | 2 | |
| Prochlorperazine Maleate (Oral Tablet) | G | 1 | |
| Prochlorperazine (Rectal Suppository) | G | 3 | |
| Promethazine HCl (Oral Tablet) | G | 3 | PA; HRM |
| Promethazine HCl (12.5MG Rectal Suppository) | G | 3 | PA; HRM; QL |
| Reglan (Oral Tablet) | B | 3 | |
| Scopolamine (Transdermal Patch 72 Hour) | G | 2 | PA; HRM |
| Trimethobenzamide HCl (Oral Capsule) | G | 2 | B/D,PA |
| Emetogenic Therapy Adjuncts | | | |
| Aprepitant (Oral Therapy Pack, Oral Capsule) | G | 3 | PA; QL |
| Dronabinol (Oral Capsule) | G | 3 | PA |
| Emend (80MG Oral Capsule) | B | 3 | PA; QL |
| Emend (Oral Suspension Reconstituted) | B | 3 | PA; QL |
| Emend Tri-Pack (Oral Capsule) | B | 3 | PA; QL |
| Granisetron HCl (Oral Tablet) | G | 2 | B/D,PA |
| Marinol (10MG Oral Capsule, 5MG Oral Capsule) | B | 4 | PA |
| Marinol (2.5MG Oral Capsule) | B | 3 | PA |
| Ondansetron HCl (Oral Solution) | G | 2 | B/D,PA |
| Ondansetron HCl (Oral Tablet) | G | 1 | B/D,PA |
| Ondansetron ODT (Oral Tablet Dispersible) | G | 1 | B/D,PA |
| Sancuso (Transdermal Patch) | B | 4 | QL |
| Syndros (Oral Solution) | B | 4 | PA |
| Varubi (180MG Dose) (Oral Tablet Therapy Pack) | B | 3 | B/D,PA; QL |
| Zuplenz (4MG Oral Film) | B | 3 | B/D,PA |
| Zuplenz (8MG Oral Film) | B | 4 | B/D,PA |
| Antifungals | | | |
| Antifungals | | | |
| Abelcet (Intravenous Suspension) | B | 3 | B/D,PA |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|--------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| AmBisome (Intravenous Suspension Reconstituted) | B | 4 | B/D,PA |
| Amphotericin B (Intravenous Solution Reconstituted) | G | 3 | B/D,PA |
| Ancobon (Oral Capsule) | B | 4 | |
| Cancidas (Intravenous Solution Reconstituted) | B | 4 | |
| Caspofungin Acetate (50MG Intravenous Solution Reconstituted) | G | 4 | |
| Caspofungin Acetate (70MG Intravenous Solution Reconstituted) | G | 3 | |
| Clotrimazole (Mouth/Throat Troche) | G | 1 | |
| Cresemba (Oral Capsule) | B | 4 | PA |
| Diflucan (Oral Suspension Reconstituted) | B | 3 | |
| Diflucan (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet) | B | 3 | |
| Diflucan (200MG Oral Tablet) | B | 4 | |
| Eraxis (100MG Intravenous Solution Reconstituted) | B | 4 | |
| Eraxis (50MG Intravenous Solution Reconstituted) | B | 3 | |
| Fluconazole in Sodium Chloride (Intravenous Solution) | G | 2 | |
| Fluconazole (Oral Suspension Reconstituted) | G | 2 | |
| Fluconazole (Oral Tablet) | G | 1 | |
| Flucytosine (Oral Capsule) | G | 4 | |
| Griseofulvin Microsize (Oral Suspension) | G | 3 | |
| Griseofulvin Microsize (Oral Tablet) | G | 3 | |
| Griseofulvin Ultramicrosize (Oral Tablet) | G | 3 | |
| Gynazole-1 (Vaginal Cream) | G | 3 | |
| Itraconazole (Oral Capsule) | G | 3 | PA |
| Itraconazole (Oral Solution) | G | 4 | PA |
| Ketoconazole (Oral Tablet) | G | 1 | |
| Micafungin Sodium (Intravenous Solution Reconstituted) | G | 3 | |
| Miconazole 3 (Vaginal Suppository) | G | 2 | |
| Mycamine (Intravenous Solution Reconstituted) | B | 4 | |
| Noxafil (Oral Suspension) | B | 4 | QL |
| Noxafil (Oral Tablet Delayed Release) | B | 4 | PA; QL |
| Nystatin (Mouth/Throat Suspension) | G | 1 | |
| Nystatin (Oral Tablet) | G | 2 | |
| Oravig (Buccal Tablet) | B | 4 | |
| Posaconazole (Oral Tablet Delayed Release) | G | 4 | PA; QL |
| Sporanox (Oral Capsule) | B | 4 | PA |
| Sporanox (Oral Solution) | 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 |
|--------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Terbinafine HCl (Oral Tablet) | G | 1 | |
| Terconazole (Vaginal Cream) | G | 2 | |
| Terconazole (Vaginal Suppository) | G | 2 | |
| Tolsura (Oral Capsule) | B | 4 | PA |
| Vfend IV (Intravenous Solution Reconstituted) | B | 4 | PA |
| Vfend (Oral Suspension Reconstituted) | B | 4 | |
| Vfend (Oral Tablet) | B | 3 | |
| Voriconazole (Intravenous Solution Reconstituted) | G | 4 | PA |
| Voriconazole (Oral Suspension Reconstituted) | G | 3 | |
| Voriconazole (Oral Tablet) | G | 3 | |
| Antigout Agents | | | |
| Antigout Agents | | | |
| Allopurinol (Oral Tablet) | G | 1 | |
| Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare) | B | 2 | |
| Colchicine (0.6MG Oral Tablet) (Generic Colcrys) | G | 2 | |
| Colcrys (Oral Tablet) | B | 3 | PA |
| Febuxostat (Oral Tablet) | G | 3 | ST |
| Gloperba (Oral Solution) | B | 3 | PA; QL |
| Mitigare (Oral Capsule) | B | 2 | |
| Probenecid (Oral Tablet) | G | 2 | |
| Probenecid-Colchicine (Oral Tablet) | G | 2 | |
| Uloric (Oral Tablet) | B | 3 | ST |
| Zyloprim (Oral Tablet) | B | 3 | |
| Antimigraine Agents | | | |
| Acute | | | |
| Almotriptan Malate (Oral Tablet) | G | 3 | ST; QL |
| Amerge (Oral Tablet) | B | 3 | QL |
| Eletriptan Hydrobromide (Oral Tablet) | G | 3 | ST; QL |
| Frova (Oral Tablet) | B | 4 | ST; QL |
| Frovatriptan Succinate (Oral Tablet) | G | 3 | ST; QL |
| Imitrex (Nasal Solution) | B | 3 | QL |
| Imitrex (Oral Tablet) | B | 3 | QL |
| Imitrex STATdose Refill (6MG/0.5ML Subcutaneous Solution Cartridge) | B | 4 | QL |
| Imitrex STATdose System (4MG/0.5ML Subcutaneous Solution Auto-Injector) | B | 4 | QL |
| Imitrex (Subcutaneous Solution) | B | 4 | QL |
| Maxalt (Oral Tablet) | B | 3 | QL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|----------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Maxalt-MLT (Oral Tablet Dispersible) | B | 3 | QL |
| Naratriptan HCl (Oral Tablet) | G | 2 | QL |
| Nurtec ODT (Oral Tablet Dispersible) | B | 4 | PA; QL |
| Onzetra Xsail (Nasal Exhaler Powder) | B | 4 | QL |
| Relpax (Oral Tablet) | B | 3 | ST; QL |
| Reyvow (Oral Tablet) | B | 3 | PA; QL |
| Rizatriptan Benzoate (Oral Tablet) | G | 2 | QL |
| Rizatriptan Benzoate ODT (Oral Tablet Dispersible) | G | 2 | QL |
| Sumatriptan (Nasal Solution) | G | 3 | QL |
| Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet) | G | 1 | QL |
| Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge) | G | 3 | QL |
| Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution) | G | 2 | QL |
| Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector) | G | 3 | QL |
| Sumatriptan-Naproxen Sodium (Oral Tablet) | G | 3 | QL |
| Tosymra (Nasal Solution) | B | 3 | QL |
| Treximet (Oral Tablet) | B | 4 | QL |
| Ubrelvy (Oral Tablet) | B | 4 | PA; QL |
| Zembrace SymTouch (Subcutaneous Solution Auto-Injector) | B | 4 | QL |
| Zolmitriptan (2.5MG Oral Tablet, 5MG Oral Tablet) | G | 2 | QL |
| Zolmitriptan ODT (2.5MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible) | G | 3 | QL |
| Zomig (Nasal Solution) | B | 3 | QL |
| Zomig (Oral Tablet) | B | 4 | QL |
| Zomig ZMT (Oral Tablet Dispersible) | B | 4 | QL |
| Ergot Alkaloids | | | |
| Cafergot (Oral Tablet) | G | 3 | |
| Dihydroergotamine Mesylate (Nasal Solution) | G | 4 | PA; QL |
| Ergotamine-Caffeine (Oral Tablet) | G | 2 | |
| Migergot (Rectal Suppository) | G | 4 | |
| Migranal (Nasal Solution) | B | 4 | PA; QL |
| Prophylactic | | | |
| Aimovig (Subcutaneous Solution Auto-Injector) | B | 3 | PA; QL |
| Ajovy (Subcutaneous Solution Auto-Injector) | B | 3 | PA; QL |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Ajovy (Subcutaneous Solution Prefilled Syringe) | B | 3 | PA; QL |
| Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe) | B | 3 | PA; QL |
| Emgality (Subcutaneous Solution Auto-Injector) | B | 3 | PA; QL |
| Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe) | B | 3 | PA; QL |
| Timolol Maleate (Oral Tablet) | G | 2 | |
| Antimyasthenic Agents | | | |
| Parasympathomimetics | | | |
| Mestinon (Oral Solution) | B | 4 | |
| Mestinon (Oral Tablet Immediate Release) | B | 4 | |
| Mestinon (Oral Tablet Extended Release) | B | 4 | |
| Pyridostigmine Bromide ER (Oral Tablet Extended Release) | G | 3 | |
| Pyridostigmine Bromide (Oral Solution) | G | 4 | |
| Pyridostigmine Bromide (30MG Oral Tablet Immediate Release) | G | 3 | |
| Pyridostigmine Bromide (60MG Oral Tablet Immediate Release) | G | 2 | |
| Antimycobacterials | | | |
| Antimycobacterials, Other | | | |
| Dapsone (Oral Tablet) | G | 2 | |
| Mycobutin (Oral Capsule) | B | 4 | |
| Rifabutin (Oral Capsule) | G | 3 | |
| Antituberculars | | | |
| Ethambutol HCl (Oral Tablet) | G | 2 | |
| Isoniazid (Oral Syrup) | G | 3 | |
| Isoniazid (Oral Tablet) | G | 1 | |
| Myambutol (Oral Tablet) | B | 3 | |
| Paser (Oral Packet) | G | 3 | |
| Pretomanid (Oral Tablet) | B | 3 | |
| Priftin (Oral Tablet) | B | 3 | |
| Pyrazinamide (Oral Tablet) | G | 3 | |
| Rifampin (600MG Intravenous Solution Reconstituted) | G | 3 | |
| Rifampin (150MG Oral Capsule, 300MG Oral Capsule) | G | 2 | |
| Sirturo (Oral Tablet) | B | 4 | PA |
| Trecator (Oral Tablet) | B | 3 | |
| Antineoplastics | | | |
| Alkylating Agents | | | |
| Cyclophosphamide (Oral Capsule) | G | 2 | B/D,PA |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|--------------------------------------------|------------------|-----------|---------------------------------|
| Cyclophosphamide (25MG Oral Tablet) | G | 2 | B/D,PA |
| Cyclophosphamide (50MG Oral Tablet) | B | 2 | B/D,PA |
| Leukeran (Oral Tablet) | B | 4 | |
| Matulane (Oral Capsule) | B | 4 | |
| Valchlor (External Gel) | B | 4 | PA; QL |
| Antiandrogens | | | |
| Abiraterone Acetate (250MG Oral Tablet) | G | 3 | PA |
| Abiraterone Acetate (500MG Oral Tablet) | G | 4 | PA |
| Bicalutamide (Oral Tablet) | G | 1 | |
| Casodex (Oral Tablet) | B | 4 | |
| Erleada (Oral Tablet) | B | 4 | PA |
| Flutamide (Oral Capsule) | G | 3 | |
| Nilandron (Oral Tablet) | B | 4 | |
| Nilutamide (Oral Tablet) | G | 4 | |
| Nubeqa (Oral Tablet) | B | 4 | PA |
| Xtandi (Oral Capsule) | B | 4 | PA |
| Xtandi (Oral Tablet) | B | 4 | PA |
| Yonsa (Oral Tablet) | B | 4 | PA |
| Zytiga (Oral Tablet) | B | 4 | PA |
| Antiangiogenic Agents | | | |
| Fotivda (Oral Capsule) | B | 4 | PA; QL |
| Pomalyst (Oral Capsule) | B | 4 | PA |
| Qinlock (Oral Tablet) | B | 4 | PA; QL |
| Revlimid (Oral Capsule) | B | 4 | PA |
| Tabrecta (Oral Tablet) | B | 4 | PA; QL |
| Thalomid (Oral Capsule) | B | 4 | PA; QL |
| Antiestrogens/Modifiers | | | |
| Emcyt (Oral Capsule) | B | 4 | |
| Fareston (Oral Tablet) | B | 4 | |
| Soltamox (Oral Solution) | B | 4 | |
| Tamoxifen Citrate (Oral Tablet) | G | 1 | |
| Toremifene Citrate (Oral Tablet) | G | 4 | |
| Antimetabolites | | | |
| Droxia (Oral Capsule) | B | 3 | |
| Hydrea (Oral Capsule) | B | 3 | |
| Hydroxyurea (Oral Capsule) | G | 1 | |
| Mercaptopurine (Oral Tablet) | 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 |
|--------------------------------------------------------------|------------------|-----------|---------------------------------|
| Onureg (Oral Tablet) | B | 4 | PA; QL |
| Purixan (Oral Suspension) | B | 4 | PA |
| Tabloid (Oral Tablet) | B | 3 | PA |
| Antineoplastics, Other | | | |
| IDHIFA (Oral Tablet) | B | 4 | PA |
| Lonsurf (Oral Tablet) | B | 4 | PA |
| Ninlaro (Oral Capsule) | B | 4 | PA |
| Pemazyre (Oral Tablet) | B | 4 | PA; QL |
| Retevmo (Oral Capsule) | B | 4 | PA; QL |
| Synribo (Subcutaneous Solution Reconstituted) | B | 4 | PA |
| Tazverik (Oral Tablet) | B | 4 | PA; QL |
| Tukysa (Oral Tablet) | B | 4 | PA; QL |
| Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack) | B | 4 | PA; QL |
| Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack) | B | 4 | PA; QL |
| Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack) | B | 4 | PA; QL |
| Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack) | B | 4 | PA; QL |
| Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack) | B | 4 | PA; QL |
| Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack) | B | 4 | PA; QL |
| Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack) | B | 4 | PA; QL |
| Zolinza (Oral Capsule) | B | 4 | PA |
| Aromatase Inhibitors, 3rd Generation | | | |
| Anastrozole (Oral Tablet) | G | 1 | |
| Arimidex (Oral Tablet) | B | 4 | |
| Aromasin (Oral Tablet) | B | 4 | |
| Exemestane (Oral Tablet) | G | 3 | |
| Femara (Oral Tablet) | B | 3 | |
| Letrozole (Oral Tablet) | G | 1 | |
| Molecular Target Inhibitors | | | |
| Afinitor Disperz (Oral Tablet Soluble) | B | 4 | PA |
| Afinitor (Oral Tablet) | B | 4 | PA |
| Alecensa (Oral Capsule) | B | 4 | PA |
| Alunbrig (Oral Tablet) | B | 4 | PA; QL |
| Alunbrig (Oral Tablet Therapy Pack) | B | 4 | PA; QL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|--------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Ayvakit (100MG Oral Tablet, 200MG Oral Tablet, 300MG Oral Tablet) | B | 4 | PA; QL |
| Balversa (Oral Tablet) | B | 4 | PA; QL |
| Bosulif (Oral Tablet) | B | 4 | PA |
| Braftovi (Oral Capsule) | B | 4 | PA |
| Brukinsa (Oral Capsule) | B | 4 | PA; QL |
| Cabometyx (Oral Tablet) | B | 4 | PA |
| Calquence (Oral Capsule) | B | 4 | PA |
| Caprelsa (Oral Tablet) | B | 4 | PA |
| Cometriq (100MG Daily Dose) (Oral Kit) | B | 4 | PA |
| Cometriq (140MG Daily Dose) (Oral Kit) | B | 4 | PA |
| Cometriq (60MG Daily Dose) (Oral Kit) | B | 4 | PA |
| Copiktra (Oral Capsule) | B | 4 | PA; QL |
| Cotellic (Oral Tablet) | B | 4 | PA |
| Daurismo (Oral Tablet) | B | 4 | PA; QL |
| Erivedge (Oral Capsule) | B | 4 | PA |
| Erlotinib HCl (Oral Tablet) | G | 4 | PA |
| Everolimus (2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet) | G | 4 | PA |
| Farydak (Oral Capsule) | B | 4 | PA |
| Gavreto (Oral Capsule) | B | 4 | PA; QL |
| Gilotrif (Oral Tablet) | B | 4 | PA |
| Gleevec (Oral Tablet) | B | 4 | PA; QL |
| Ibrance (Oral Capsule) | B | 4 | PA |
| Ibrance (Oral Tablet) | B | 4 | PA |
| Iclusig (Oral Tablet) | B | 4 | PA; QL |
| Imatinib Mesylate (Oral Tablet) | G | 4 | PA; QL |
| Imbruvica (Oral Capsule) | B | 4 | PA; QL |
| Imbruvica (Oral Tablet) | B | 4 | PA; QL |
| Inlyta (Oral Tablet) | B | 4 | PA; QL |
| Inqovi (Oral Tablet) | B | 4 | PA; QL |
| Inrebic (Oral Capsule) | B | 4 | PA; QL |
| Iressa (Oral Tablet) | B | 4 | PA |
| Jakafi (Oral Tablet) | B | 4 | PA |
| Kisqali (200MG Dose) (Oral Tablet) | B | 4 | PA |
| Kisqali (400MG Dose) (Oral Tablet) | B | 4 | PA |
| Kisqali (600MG Dose) (Oral Tablet) | B | 4 | PA |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---------------------------------------------------------------|------------------|-----------|---------------------------------|
| Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack) | B | 4 | PA |
| Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack) | B | 4 | PA |
| Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack) | B | 4 | PA |
| Koselugo (Oral Capsule) | B | 4 | PA; QL |
| Lapatinib Ditosylate (Oral Tablet) | G | 4 | PA |
| Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack) | B | 4 | PA |
| Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack) | B | 4 | PA |
| Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack) | B | 4 | PA |
| Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack) | B | 4 | PA |
| Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack) | B | 4 | PA |
| Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack) | B | 4 | PA |
| Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack) | B | 4 | PA |
| Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack) | B | 4 | PA |
| Lorbrena (Oral Tablet) | B | 4 | PA; QL |
| Lynparza (Oral Tablet) | B | 4 | PA |
| Mekinist (Oral Tablet) | B | 4 | PA |
| Mektovi (Oral Tablet) | B | 4 | PA |
| Nerlynx (Oral Tablet) | B | 4 | PA; QL |
| Nexavar (Oral Tablet) | B | 4 | PA |
| Odomzo (Oral Capsule) | B | 4 | PA |
| Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack) | B | 4 | PA; QL |
| Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack) | B | 4 | PA; QL |
| Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack) | B | 4 | PA; QL |
| Rozlytrek (Oral Capsule) | B | 4 | PA; QL |
| Rubraca (Oral Tablet) | B | 4 | PA |
| Rydapt (Oral Capsule) | B | 4 | PA; QL |
| Sprycel (Oral Tablet) | B | 4 | PA |
| Stivarga (Oral Tablet) | B | 4 | PA |
| Sutent (Oral Capsule) | B | 4 | PA |
| Tafinlar (Oral Capsule) | B | 4 | PA |
| Tagrisso (Oral Tablet) | B | 4 | PA |
| Talzenna (Oral Capsule) | B | 4 | PA; QL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|-----------------------------------------------------------|------------------|-----------|---------------------------------|
| Tarceva (Oral Tablet) | B | 4 | PA |
| Tasigna (Oral Capsule) | B | 4 | PA |
| Tepmetko (Oral Tablet) | B | 4 | PA; QL |
| Tibsovo (Oral Tablet) | B | 4 | PA; QL |
| Turalio (Oral Capsule) | B | 4 | PA; QL |
| Tykerb (Oral Tablet) | B | 4 | PA |
| Ukoniq (Oral Tablet) | B | 4 | PA; QL |
| Venclexta (100MG Oral Tablet, 50MG Oral Tablet) | B | 4 | PA |
| Venclexta (10MG Oral Tablet) | B | 2 | PA |
| Venclexta Starting Pack (Oral Tablet Therapy Pack) | B | 4 | PA |
| Verzenio (Oral Tablet) | B | 4 | PA |
| Vittrakvi (Oral Capsule) | B | 4 | PA; QL |
| Vittrakvi (Oral Solution) | B | 4 | PA; QL |
| Vizimpro (Oral Tablet) | B | 4 | PA |
| Votrient (Oral Tablet) | B | 4 | PA |
| Xalkori (Oral Capsule) | B | 4 | PA |
| Xospata (Oral Tablet) | B | 4 | PA; QL |
| Zejula (Oral Capsule) | B | 4 | PA |
| Zelboraf (Oral Tablet) | B | 4 | PA |
| Zydelig (Oral Tablet) | B | 4 | PA |
| Zykadia (Oral Tablet) | B | 4 | PA |
| Retinoids | | | |
| Bexarotene (Oral Capsule) | G | 4 | PA |
| Targretin (External Gel) | B | 4 | PA; QL |
| Targretin (Oral Capsule) | B | 4 | PA |
| Tretinoin (Oral Capsule) | G | 4 | |
| Treatment Adjuncts | | | |
| Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet) | G | 2 | |
| Leucovorin Calcium (25MG Oral Tablet) | G | 3 | |
| Leucovorin Calcium (5MG Oral Tablet) | G | 1 | |
| Mesnex (Oral Tablet) | B | 3 | |
| Antiparasitics | | | |
| Anthelmintics | | | |
| Albendazole (Oral Tablet) | G | 3 | QL |
| Albenza (Oral Tablet) | B | 4 | QL |
| Biltricide (Oral Tablet) | B | 3 | |
| Emverm (Oral Tablet Chewable) | 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 |
|-------------------------------------------------------------|------------------|-----------|---------------------------------|
| Ivermectin (Oral Tablet) | G | 1 | |
| Praziquantel (Oral Tablet) | G | 3 | |
| Stromectol (Oral Tablet) | B | 3 | |
| Antiprotozoals | | | |
| Atovaquone (Oral Suspension) | G | 4 | |
| Atovaquone-Proguanil HCl (Oral Tablet) | G | 3 | |
| Benznidazole (Oral Tablet) | B | 3 | |
| Chloroquine Phosphate (Oral Tablet) | G | 3 | QL |
| Coartem (Oral Tablet) | B | 3 | |
| DARAPRIM (Oral Tablet) | B | 4 | |
| Hydroxychloroquine Sulfate (Oral Tablet) | G | 1 | QL |
| Impavido (Oral Capsule) | B | 4 | |
| Krintafel (Oral Tablet) | B | 3 | |
| Lampit (Oral Tablet) | B | 3 | PA |
| Malarone (Oral Tablet) | B | 3 | |
| Mefloquine HCl (Oral Tablet) | G | 1 | |
| Mepron (Oral Suspension) | B | 4 | |
| Nebupent (Inhalation Solution Reconstituted) | B | 3 | B/D,PA; QL |
| Nitazoxanide (Oral Tablet) | G | 4 | |
| PENTAM 300 (Injection Solution Reconstituted) | B | 3 | |
| Pentamidine Isethionate (Inhalation Solution Reconstituted) | G | 3 | B/D,PA; QL |
| Pentamidine Isethionate (Injection Solution Reconstituted) | G | 3 | |
| Plaquenil (Oral Tablet) | B | 3 | QL |
| Primaquine Phosphate (Oral Tablet) | G | 2 | |
| Pyrimethamine (Oral Tablet) | G | 4 | |
| Qualaquin (Oral Capsule) | B | 3 | PA |
| Quinine Sulfate (Oral Capsule) | G | 3 | PA |
| Antiparkinson Agents | | | |
| Anticholinergics | | | |
| Benztropine Mesylate (Oral Tablet) | G | 2 | PA; HRM |
| Trihexyphenidyl HCl (Oral Solution) | G | 3 | PA; HRM |
| Trihexyphenidyl HCl (Oral Tablet) | G | 3 | PA; HRM |
| Antiparkinson Agents, Other | | | |
| Amantadine HCl (Oral Capsule) | G | 2 | |
| Amantadine HCl (Oral Syrup) | G | 1 | |
| Amantadine HCl (Oral Tablet) | G | 2 | |
| Carbidopa-Levodopa-Entacapone (Oral Tablet) | G | 3 | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|-------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Comtan (Oral Tablet) | B | 4 | |
| Entacapone (Oral Tablet) | G | 3 | |
| Gocovri (Oral Capsule Extended Release 24 Hour) | B | 4 | PA |
| Nourianz (Oral Tablet) | B | 4 | PA; QL |
| Ongentys (Oral Capsule) | B | 3 | ST; QL |
| Osmolex ER (Oral Tablet ER 24 Hour Therapy Pack) | B | 3 | PA |
| Osmolex ER (Oral Tablet Extended Release 24 Hour) | B | 3 | PA |
| Stalevo 100 (Oral Tablet) | B | 4 | |
| Stalevo 125 (Oral Tablet) | B | 4 | |
| Stalevo 150 (Oral Tablet) | B | 4 | |
| Stalevo 200 (Oral Tablet) | B | 4 | |
| Stalevo 50 (Oral Tablet) | B | 3 | |
| Stalevo 75 (Oral Tablet) | B | 3 | |
| Tasmar (Oral Tablet) | B | 4 | QL |
| Tolcapone (Oral Tablet) | G | 4 | QL |
| Dopamine Agonists | | | |
| Apokyn (Subcutaneous Solution Cartridge) | B | 4 | PA; QL |
| Bromocriptine Mesylate (Oral Capsule) | G | 3 | |
| Bromocriptine Mesylate (Oral Tablet) | G | 3 | |
| Kynmobi (10MG Sublingual Film, 15MG Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film) | B | 4 | PA; QL |
| Mirapex ER (Oral Tablet Extended Release 24 Hour) | B | 3 | |
| Mirapex (Oral Tablet Immediate Release) | B | 3 | |
| Neupro (Transdermal Patch 24 Hour) | B | 3 | |
| Parlodel (Oral Capsule) | B | 3 | |
| Parlodel (Oral Tablet) | B | 3 | |
| Pramipexole Dihydrochloride ER (Oral Tablet Extended Release 24 Hour) | G | 3 | |
| Pramipexole Dihydrochloride (Oral Tablet Immediate Release) | G | 1 | |
| Ropinirole HCl ER (Oral Tablet Extended Release 24 Hour) | G | 3 | |
| Ropinirole HCl (Oral Tablet Immediate Release) | G | 1 | |
| Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors | | | |
| Carbidopa (Oral Tablet) | G | 3 | |
| Carbidopa-Levodopa ER (Oral Tablet Extended Release) | G | 2 | |
| Carbidopa-Levodopa (Oral Tablet Immediate Release) | G | 1 | |
| Carbidopa-Levodopa 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 |
|------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Duopa (Enteral Suspension) | B | 4 | PA |
| Inbrija (Inhalation Capsule) | B | 4 | PA |
| Lodosyn (Oral Tablet) | B | 4 | |
| Rytary (Oral Capsule Extended Release) | B | 3 | ST |
| Sinemet (Oral Tablet Immediate Release) | B | 3 | |
| Monoamine Oxidase B (MAO-B) Inhibitors | | | |
| Azilect (Oral Tablet) | B | 4 | |
| Rasagiline Mesylate (Oral Tablet) | G | 3 | |
| Selegiline HCl (Oral Capsule) | G | 2 | |
| Selegiline HCl (Oral Tablet) | G | 2 | |
| Zelapar ODT (Oral Tablet Dispersible) | B | 4 | |
| Antipsychotics | | | |
| 1st Generation/Typical | | | |
| Chlorpromazine HCl (Oral Tablet) | G | 3 | |
| Fluphenazine Decanoate (Injection Solution) | G | 2 | |
| Fluphenazine HCl (2.5MG/ML Injection Solution) | G | 2 | |
| Fluphenazine HCl (5MG/ML Oral Concentrate) | G | 3 | |
| Fluphenazine HCl (2.5MG/5ML Oral Elixir) | G | 2 | |
| Fluphenazine HCl (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet) | G | 3 | |
| Haldol Decanoate (Intramuscular Solution) | B | 3 | |
| Haldol (Injection Solution) | B | 3 | |
| Haloperidol Decanoate (Intramuscular Solution) | G | 2 | |
| Haloperidol Lactate (Injection Solution) | G | 1 | |
| Haloperidol Lactate (Oral Concentrate) | G | 1 | |
| Haloperidol (Oral Tablet) | G | 1 | |
| Loxapine Succinate (Oral Capsule) | G | 2 | |
| Molindone HCl (Oral Tablet) | G | 3 | |
| Pimozide (Oral Tablet) | G | 2 | |
| Thioridazine HCl (Oral Tablet) | G | 2 | |
| Thiothixene (10MG Oral Capsule, 5MG Oral Capsule) | G | 3 | |
| Thiothixene (1MG Oral Capsule, 2MG Oral Capsule) | G | 2 | |
| Trifluoperazine HCl (Oral Tablet) | G | 2 | |
| 2nd Generation/Atypical | | | |
| Abilify Maintena (Intramuscular Prefilled Syringe) | B | 4 | |
| Abilify Maintena (Intramuscular Suspension Reconstituted ER) | B | 4 | |
| Abilify MyCite (Oral Tablet) | B | 4 | ST; QL |
| Abilify (Oral Tablet) | B | 4 | QL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Aripiprazole (1MG/ML Oral Solution) | G | 3 | QL |
| Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet) | G | 1 | QL |
| Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible) | G | 4 | QL |
| Aristada Initio (Intramuscular Prefilled Syringe) | B | 4 | |
| Aristada (Intramuscular Prefilled Syringe) | B | 4 | |
| Asenapine Maleate (Tablet Sublingual) | G | 3 | |
| Caplyta (Oral Capsule) | B | 4 | ST; QL |
| Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet) | B | 4 | ST; QL |
| Fanapt (1MG Oral Tablet, 2MG Oral Tablet) | B | 3 | ST; QL |
| Fanapt Titration Pack (Oral Tablet) | B | 3 | ST; QL |
| Geodon (Intramuscular Solution Reconstituted) | B | 3 | |
| Geodon (Oral Capsule) | B | 4 | QL |
| Invega (Oral Tablet Extended Release 24 Hour) | B | 4 | PA; QL |
| Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe) | B | 4 | |
| Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe) | B | 3 | |
| Invega Trinza (Intramuscular Suspension Prefilled Syringe) | B | 4 | |
| Latuda (Oral Tablet) | B | 4 | QL |
| Nuplazid (Oral Capsule) | B | 4 | PA; QL |
| Nuplazid (Oral Tablet) | B | 4 | PA; QL |
| Olanzapine (10MG Intramuscular Solution Reconstituted) | G | 3 | |
| Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet) | G | 1 | QL |
| Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible) | G | 2 | QL |
| Paliperidone ER (Oral Tablet Extended Release 24 Hour) | G | 3 | QL |
| Perseris (Subcutaneous Prefilled Syringe) | B | 4 | |
| Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour) | G | 2 | QL |
| Quetiapine Fumarate (Oral Tablet Immediate Release) | G | 1 | QL |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Rexulti (Oral Tablet) | B | 4 | QL |
| Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER) | B | 3 | |
| Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER) | B | 4 | |
| Risperdal (1MG/ML Oral Solution) | B | 4 | |
| Risperdal (0.5MG Oral Tablet, 1MG Oral Tablet) | B | 3 | |
| Risperdal (2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet) | B | 4 | |
| 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 | 1 | |
| 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 | 3 | |
| Saphris (10MG Tablet Sublingual) | B | 4 | |
| Saphris (2.5MG Tablet Sublingual, 5MG Tablet Sublingual) | B | 3 | |
| Secuado (Transdermal Patch 24 Hour) | B | 4 | PA; QL |
| Seroquel (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release, 300MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release) | B | 3 | QL |
| Seroquel (400MG Oral Tablet Immediate Release) | B | 4 | QL |
| Seroquel XR (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour) | B | 3 | QL |
| Seroquel XR (400MG Oral Tablet Extended Release 24 Hour) | B | 4 | QL |
| Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule) | B | 4 | ST; QL |
| Vraylar (Oral Capsule Therapy Pack) | B | 3 | ST; QL |
| Ziprasidone HCl (Oral Capsule) | G | 2 | QL |
| Ziprasidone Mesylate (Intramuscular Solution Reconstituted) | G | 3 | |
| Zyprexa (10MG Intramuscular Solution Reconstituted) | B | 3 | |
| Zyprexa (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet) | B | 3 | QL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Zyprexa (15MG Oral Tablet, 20MG Oral Tablet) | B | 4 | QL |
| Zyprexa Relprevv (210MG Intramuscular Suspension Reconstituted) | B | 3 | |
| Zyprexa Zydis (10MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible) | B | 3 | QL |
| Zyprexa Zydis (15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible) | B | 4 | QL |
| Treatment-Resistant | | | |
| Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet) | G | 2 | |
| Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible) | G | 3 | |
| Clozaril (100MG Oral Tablet, 200MG Oral Tablet) | B | 4 | |
| Clozaril (25MG Oral Tablet, 50MG Oral Tablet) | B | 3 | |
| Versacloz (Oral Suspension) | B | 4 | |
| Antispasticity Agents | | | |
| Antispasticity Agents | | | |
| Baclofen (Oral Tablet) | G | 1 | |
| Dantrium (Oral Capsule) | B | 3 | |
| Dantrolene Sodium (100MG Oral Capsule, 50MG Oral Capsule) | G | 3 | |
| Dantrolene Sodium (25MG Oral Capsule) | G | 2 | |
| Tizanidine HCl (2MG Oral Capsule, 4MG Oral Capsule, 6MG Oral Capsule) | G | 2 | |
| Tizanidine HCl (2MG Oral Tablet, 4MG Oral Tablet) | G | 1 | |
| Zanaflex (Oral Capsule) | B | 3 | |
| Zanaflex (Oral Tablet) | B | 3 | |
| Antivirals | | | |
| Anti-cytomegalovirus (CMV) Agents | | | |
| Prevymis (Oral Tablet) | B | 4 | PA; QL |
| Valcyte (Oral Solution Reconstituted) | B | 4 | QL |
| Valcyte (Oral Tablet) | B | 4 | QL |
| Valganciclovir HCl (50MG/ML Oral Solution Reconstituted) | G | 4 | QL |
| Valganciclovir HCl (450MG Oral Tablet) | G | 2 | QL |
| Zirgan (Ophthalmic Gel) | B | 3 | |
| Anti-hepatitis B (HBV) Agents | | | |
| Adefovir Dipivoxil (Oral Tablet) | 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 |
|------------------------------------------------------|------------------|-----------|---------------------------------|
| Baraclude (Oral Solution) | B | 4 | |
| Baraclude (Oral Tablet) | B | 4 | |
| Entecavir (Oral Tablet) | G | 3 | |
| Epivir HBV (Oral Solution) | B | 3 | |
| Epivir HBV (Oral Tablet) | B | 3 | |
| Hepsera (Oral Tablet) | B | 4 | |
| Lamivudine (100MG Oral Tablet) | G | 2 | |
| Vemlidy (Oral Tablet) | B | 4 | |
| Anti-hepatitis C (HCV) Agents | | | |
| Epclusa (Oral Tablet) | B | 4 | PA; QL |
| Harvoni (Oral Packet) | B | 4 | PA; QL |
| Harvoni (90-400MG Oral Tablet) | B | 4 | PA; QL |
| Ledipasvir-Sofosbuvir (Oral Tablet) | G | 4 | PA; QL |
| Mavyret (Oral Tablet) | B | 4 | PA; QL |
| Ribavirin (Oral Capsule) | G | 2 | |
| Ribavirin (Oral Tablet) | G | 3 | |
| Sofosbuvir-Velpatasvir (Oral Tablet) | G | 4 | PA; QL |
| Sovaldi (Oral Packet) | B | 4 | PA; QL |
| Sovaldi (400MG Oral Tablet) | B | 4 | PA; QL |
| Viekira Pak (Oral Tablet Therapy Pack) | B | 4 | PA; QL |
| Vosevi (Oral Tablet) | B | 4 | PA; QL |
| Zepatier (Oral Tablet) | B | 4 | PA; QL |
| Antiherpetic Agents | | | |
| Acyclovir (External Cream) | G | 3 | |
| Acyclovir (External Ointment) | G | 3 | |
| Acyclovir (Oral Capsule) | G | 1 | |
| Acyclovir (Oral Suspension) | G | 3 | |
| Acyclovir (Oral Tablet) | G | 1 | |
| Acyclovir Sodium (Intravenous Solution) | G | 3 | B/D,PA |
| Denavir (External Cream) | B | 4 | |
| Famciclovir (Oral Tablet) | G | 2 | |
| Sitavig (Buccal Tablet) | B | 4 | ST |
| Valacyclovir HCl (Oral Tablet) | G | 2 | QL |
| Valtrex (Oral Tablet) | B | 3 | QL |
| Zovirax (External Cream) | B | 4 | |
| Zovirax (External Ointment) | B | 4 | |
| Zovirax (Oral Suspension) | B | 3 | |
| Anti-HIV Agents, Integrase Inhibitors (INSTI) | | | |
| Biktarvy (Oral Tablet) | B | 4 | QL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|-------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Dovato (Oral Tablet) | B | 4 | QL |
| Genvoya (Oral Tablet) | B | 4 | QL |
| Isentress HD (Oral Tablet) | B | 4 | QL |
| Isentress (Oral Packet) | B | 3 | QL |
| Isentress (Oral Tablet) | B | 4 | QL |
| Isentress (100MG Oral Tablet Chewable) | B | 4 | QL |
| Isentress (25MG Oral Tablet Chewable) | B | 2 | QL |
| Juluca (Oral Tablet) | B | 4 | QL |
| Stribild (Oral Tablet) | B | 4 | QL |
| Tivicay (10MG Oral Tablet, 25MG Oral Tablet) | B | 3 | QL |
| Tivicay (50MG Oral Tablet) | B | 4 | QL |
| Tivicay PD (Oral Tablet Soluble) | B | 4 | QL |
| Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) | | | |
| Atripla (Oral Tablet) | B | 4 | QL |
| Complera (Oral Tablet) | B | 4 | QL |
| Delstrigo (Oral Tablet) | B | 4 | QL |
| Edurant (Oral Tablet) | B | 4 | QL |
| Efavirenz (Oral Capsule) | G | 3 | QL |
| Efavirenz (Oral Tablet) | G | 3 | QL |
| Efavirenz-Emtricitabine-Tenofovir (Oral Tablet) | G | 4 | QL |
| Efavirenz-Lamivudine-Tenofovir (Oral Tablet) | G | 4 | QL |
| Intence (100MG Oral Tablet, 200MG Oral Tablet) | B | 4 | QL |
| Intence (25MG Oral Tablet) | B | 3 | QL |
| Nevirapine ER (Oral Tablet Extended Release 24 Hour) | G | 3 | QL |
| Nevirapine (Oral Suspension) | G | 3 | QL |
| Nevirapine (Oral Tablet Immediate Release) | G | 2 | QL |
| Pifeltro (Oral Tablet) | B | 4 | QL |
| Sustiva (Oral Capsule) | B | 3 | QL |
| Sustiva (Oral Tablet) | B | 4 | QL |
| Symfi Lo (Oral Tablet) | B | 4 | QL |
| Symfi (Oral Tablet) | B | 4 | QL |
| Viramune (Oral Suspension) | B | 3 | QL |
| Viramune XR (Oral Tablet Extended Release 24 Hour) | B | 4 | QL |
| Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) | | | |
| Abacavir Sulfate (Oral Solution) | G | 3 | QL |
| Abacavir Sulfate (Oral Tablet) | G | 3 | QL |
| Abacavir Sulfate-Lamivudine (Oral Tablet) | G | 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 |
|---------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Abacavir-Lamivudine-Zidovudine (Oral Tablet) | G | 4 | QL |
| Cimduo (Oral Tablet) | B | 4 | QL |
| Combivir (Oral Tablet) | B | 4 | QL |
| Descovy (Oral Tablet) | B | 4 | QL |
| Emtricitabine (Oral Capsule) | G | 3 | QL |
| Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet) | G | 4 | QL |
| Emtriva (Oral Capsule) | B | 3 | QL |
| Emtriva (Oral Solution) | B | 3 | QL |
| Epivir (Oral Solution) | B | 3 | QL |
| Epivir (Oral Tablet) | B | 3 | QL |
| Epzicom (Oral Tablet) | B | 4 | QL |
| Lamivudine (10MG/ML Oral Solution) | G | 2 | QL |
| Lamivudine (150MG Oral Tablet, 300MG Oral Tablet) | G | 2 | QL |
| Lamivudine-Zidovudine (Oral Tablet) | G | 3 | QL |
| Odefsey (Oral Tablet) | B | 4 | QL |
| Retrovir (Oral Capsule) | B | 3 | QL |
| Retrovir (Oral Syrup) | B | 3 | QL |
| Temixys (Oral Tablet) | B | 4 | QL |
| Tenofovir Disoproxil Fumarate (Oral Tablet) | G | 2 | QL |
| Triumeq (Oral Tablet) | B | 4 | QL |
| Trizivir (Oral Tablet) | B | 4 | QL |
| Truvada (Oral Tablet) | B | 4 | QL |
| Viread (Oral Powder) | B | 4 | QL |
| Viread (Oral Tablet) | B | 4 | QL |
| Ziagen (Oral Solution) | B | 3 | QL |
| Ziagen (Oral Tablet) | B | 3 | QL |
| Zidovudine (Oral Capsule) | G | 3 | QL |
| Zidovudine (Oral Syrup) | G | 2 | QL |
| Zidovudine (Oral Tablet) | G | 2 | QL |
| Anti-HIV Agents, Other | | | |
| Fuzeon (Subcutaneous Solution Reconstituted) | B | 4 | QL |
| Rukobia (Oral Tablet Extended Release 12 Hour) | B | 4 | QL |
| Selzentry (Oral Solution) | B | 4 | QL |
| Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet) | B | 4 | QL |
| Selzentry (25MG Oral Tablet) | B | 2 | QL |
| Tybost (Oral Tablet) | B | 3 | QL |
| Anti-HIV Agents, Protease Inhibitors | | | |
| Aptivus (Oral Capsule) | B | 4 | QL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Atazanavir Sulfate (Oral Capsule) | G | 3 | QL |
| Evotaz (Oral Tablet) | B | 4 | QL |
| Fosamprenavir Calcium (Oral Tablet) | G | 4 | QL |
| Invirase (Oral Tablet) | B | 4 | QL |
| Kaletra (Oral Solution) | B | 3 | QL |
| Kaletra (100-25MG Oral Tablet) | B | 3 | QL |
| Kaletra (200-50MG Oral Tablet) | B | 4 | QL |
| Lexiva (Oral Suspension) | B | 3 | QL |
| Lexiva (Oral Tablet) | B | 4 | QL |
| Lopinavir-Ritonavir (Oral Solution) | G | 3 | QL |
| Norvir (Oral Packet) | B | 3 | QL |
| Norvir (Oral Solution) | B | 3 | QL |
| Norvir (Oral Tablet) | B | 3 | QL |
| Prezcobix (Oral Tablet) | B | 4 | QL |
| Prezista (Oral Suspension) | B | 4 | QL |
| Prezista (150MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet) | B | 4 | QL |
| Prezista (75MG Oral Tablet) | B | 3 | QL |
| Reyataz (Oral Capsule) | B | 4 | QL |
| Reyataz (Oral Packet) | B | 4 | QL |
| Ritonavir (Oral Tablet) | G | 2 | QL |
| Symtuza (Oral Tablet) | B | 4 | QL |
| Viracept (Oral Tablet) | B | 4 | QL |
| Anti-influenza Agents | | | |
| Oseltamivir Phosphate (Oral Capsule) | G | 2 | |
| Oseltamivir Phosphate (Oral Suspension Reconstituted) | G | 2 | |
| Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated) | B | 2 | |
| Rimantadine HCl (Oral Tablet) | G | 3 | |
| Tamiflu (Oral Capsule) | B | 3 | |
| Tamiflu (Oral Suspension Reconstituted) | B | 3 | |
| Xofluza (40MG Dose) (2 x 20MG Oral Tablet Therapy Pack) | B | 2 | QL |
| Xofluza (80MG Dose) (2 x 40MG Oral Tablet Therapy Pack) | B | 2 | QL |
| Anxiolytics | | | |
| Anxiolytics, Other | | | |
| Bupirone HCl (Oral Tablet) | G | 1 | |
| Hydroxyzine HCl (Oral Syrup) | G | 3 | PA; HRM |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Hydroxyzine Pamoate (Oral Capsule) | G | 3 | PA; HRM |
| Vistaril (Oral Capsule) | B | 3 | PA; HRM |
| Benzodiazepines | | | |
| Alprazolam ER (Oral Tablet Extended Release 24 Hour) | G | 2 | PA; QL |
| Alprazolam Intensol (Oral Concentrate) | G | 3 | QL |
| Alprazolam (Oral Tablet Immediate Release) | G | 1 | QL |
| Alprazolam ODT (Oral Tablet Dispersible) | G | 3 | QL |
| Ativan (Oral Tablet) | B | 4 | QL |
| Chlordiazepoxide HCl (Oral Capsule) | G | 1 | |
| Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet) | G | 1 | 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 | 2 | QL |
| Clorazepate Dipotassium (Oral Tablet) | G | 3 | QL |
| Diazepam Intensol (5MG/ML Oral Concentrate) | G | 2 | QL |
| Diazepam (5MG/5ML Oral Solution) | G | 1 | |
| Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet) | G | 1 | QL |
| Klonopin (Oral Tablet) | B | 3 | QL |
| Lorazepam Intensol (Oral Concentrate) | G | 1 | QL |
| Lorazepam (Oral Tablet) | G | 1 | QL |
| Oxazepam (Oral Capsule) | G | 2 | |
| Tranxene-T (Oral Tablet) | B | 4 | QL |
| Valium (Oral Tablet) | B | 3 | QL |
| Xanax (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release) | B | 3 | QL |
| Xanax (2MG Oral Tablet Immediate Release) | B | 4 | QL |
| Xanax XR (0.5MG Oral Tablet Extended Release 24 Hour, 1MG Oral Tablet Extended Release 24 Hour, 2MG Oral Tablet Extended Release 24 Hour) | B | 3 | PA; QL |
| Xanax XR (3MG Oral Tablet Extended Release 24 Hour) | B | 4 | PA; QL |
| Bipolar Agents | | | |
| Mood Stabilizers | | | |
| Depakote ER (Oral Tablet Extended Release 24 Hour) | B | 3 | |
| Depakote (Oral Tablet Delayed Release) | B | 3 | |
| Depakote Sprinkles (Oral Capsule Delayed Release Sprinkle) | B | 3 | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|-----------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour) | G | 1 | |
| Divalproex Sodium (Oral Capsule Delayed Release Sprinkle) | G | 2 | |
| Divalproex Sodium (Oral Tablet Delayed Release) | G | 1 | |
| Equetro (Oral Capsule Extended Release 12 Hour) | B | 3 | |
| Lithium Carbonate ER (Oral Tablet Extended Release) | G | 1 | |
| Lithium Carbonate (Oral Capsule) | G | 1 | |
| Lithium Carbonate (Oral Tablet Immediate Release) | G | 1 | |
| Lithium (8MEQ/5ML Oral Solution) | B | 2 | |
| Lithobid (Oral Tablet Extended Release) | B | 4 | |
| Blood Glucose Regulators | | | |
| Antidiabetic Agents | | | |
| Acarbose (Oral Tablet) | G | 1 | |
| Actoplus Met (Oral Tablet Immediate Release) | B | 3 | QL |
| Actos (Oral Tablet) | B | 3 | QL |
| Adlyxin Starter Pack (Subcutaneous Pen-Injector Kit) | B | 3 | ST; QL |
| Adlyxin (Subcutaneous Solution Pen-Injector) | B | 3 | ST; QL |
| Alogliptin Benzoate (Oral Tablet) | G | 3 | ST; QL |
| Alogliptin-Metformin HCl (Oral Tablet) | B | 3 | ST; QL |
| Alogliptin-Pioglitazone (Oral Tablet) | G | 3 | ST; QL |
| Bydureon BCise (Subcutaneous Auto-Injector) | B | 3 | QL |
| Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector) | B | 3 | ST; QL |
| Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector) | B | 3 | ST; QL |
| Cycloset (Oral Tablet) | B | 3 | PA |
| Farxiga (Oral Tablet) | B | 2 | QL |
| Fortamet (1000MG Oral Tablet Extended Release 24 Hour, 500MG Oral Tablet Extended Release 24 Hour) | B | 4 | PA; 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 | 2 | QL |
| Glucotrol XL (Oral Tablet Extended Release 24 Hour) | B | 3 | QL |
| Glumetza (Oral Tablet Extended Release 24 Hour) | B | 4 | PA; QL |
| Glyxambi (Oral Tablet) | B | 2 | QL |
| Invokamet (Oral Tablet Immediate Release) | B | 3 | ST; QL |
| Invokamet XR (Oral Tablet Extended Release 24 Hour) | B | 3 | ST; QL |
| Invokana (Oral Tablet) | B | 3 | ST; QL |

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 |
|--------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Janumet (Oral Tablet Immediate Release) | B | 2 | QL |
| Janumet XR (Oral Tablet Extended Release 24 Hour) | B | 2 | QL |
| Januvia (Oral Tablet) | B | 2 | QL |
| Jardiance (Oral Tablet) | B | 2 | QL |
| Jentaduetto (Oral Tablet Immediate Release) | B | 2 | QL |
| Jentaduetto XR (Oral Tablet Extended Release 24 Hour) | B | 2 | QL |
| Kazano (Oral Tablet) | B | 3 | ST; QL |
| Kombiglyze XR (Oral Tablet Extended Release 24 Hour) | B | 3 | ST; QL |
| Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza) | G | 4 | PA; QL |
| Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza) | G | 3 | PA; QL |
| Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour, 500MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet) | G | 3 | PA; QL |
| Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR) | G | 1 | QL |
| Metformin HCl (500MG/5ML Oral Solution) | G | 3 | 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 | 3 | |
| Nateglinide (Oral Tablet) | G | 2 | QL |
| Nesina (Oral Tablet) | B | 3 | ST; QL |
| Onglyza (Oral Tablet) | B | 3 | ST; QL |
| Oseni (Oral Tablet) | B | 3 | ST; QL |
| Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector) | B | 2 | QL |
| Ozempic (1MG/DOSE) (Subcutaneous Solution Pen-Injector) | B | 2 | QL |
| Pioglitazone HCl (Oral Tablet) | G | 1 | QL |
| Pioglitazone HCl-Metformin HCl (Oral Tablet) | G | 2 | QL |
| Qtern (Oral Tablet) | B | 3 | ST; QL |
| Repaglinide (Oral Tablet) | G | 1 | QL |
| Riomet (Oral Solution) | B | 3 | QL |
| Rybelsus (Oral Tablet) | B | 2 | QL |
| Segluromet (Oral Tablet) | B | 3 | ST; QL |
| Soliqua (Subcutaneous Solution Pen-Injector) | B | 2 | QL |
| Steglatro (Oral Tablet) | B | 3 | ST; QL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Steglujan (Oral Tablet) | B | 3 | ST; QL |
| SymlinPen 120 (Subcutaneous Solution Pen-Injector) | B | 4 | PA |
| SymlinPen 60 (Subcutaneous Solution Pen-Injector) | B | 4 | PA |
| Synjardy (Oral Tablet Immediate Release) | B | 2 | QL |
| Synjardy XR (Oral Tablet Extended Release 24 Hour) | B | 2 | QL |
| Tradjenta (Oral Tablet) | B | 2 | QL |
| Trijardy XR (Oral Tablet Extended Release 24 Hour) | B | 2 | QL |
| Trulicity (Subcutaneous Solution Pen-Injector) | B | 2 | QL |
| Victoza (Subcutaneous Solution Pen-Injector) | B | 2 | QL |
| Xigduo XR (Oral Tablet Extended Release 24 Hour) | B | 2 | QL |
| Xultophy (Subcutaneous Solution Pen-Injector) | B | 3 | ST; QL |
| Glycemic Agents | | | |
| Baqsimi One Pack (Nasal Powder) | B | 2 | |
| Diazoxide (Oral Suspension) | G | 3 | |
| GlucaGen HypoKit (Injection Solution Reconstituted) | B | 3 | |
| Glucagon (Injection Kit) (Lilly) | G | 2 | |
| Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector) | B | 2 | |
| Gvoke PFS (Subcutaneous Solution Prefilled Syringe) | B | 2 | |
| Proglycem (Oral Suspension) | B | 3 | |
| Insulins | | | |
| Admelog SoloStar (Subcutaneous Solution Pen-Injector) | B | 3 | PA |
| Admelog (Subcutaneous Solution) | B | 3 | PA |
| Afrezza (12UNIT Inhalation Powder, 4 & 8 & 12UNIT Inhalation Powder, 4 & 8UNIT Inhalation Powder, 8 & 12UNIT Inhalation Powder) | B | 4 | PA |
| Afrezza (4UNIT Inhalation Powder, 8UNIT Inhalation Powder) | B | 3 | PA |
| Apidra (Injection Solution) | B | 3 | PA |
| Apidra SoloStar (Subcutaneous Solution Pen-Injector) | B | 3 | PA |
| Basaglar KwikPen (Subcutaneous Solution Pen-Injector) | B | 3 | ST |
| Fiasp FlexTouch (Subcutaneous Solution Pen-Injector) | B | 3 | PA |
| Fiasp PenFill (Subcutaneous Solution Cartridge) | B | 3 | PA |
| Fiasp (Subcutaneous Solution) | B | 3 | PA |
| Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector) | B | 2 | |
| Humalog KwikPen (Subcutaneous Solution Pen-Injector) | B | 2 | |

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 |
|--------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector) | B | 2 | |
| Humalog Mix 50/50 (Subcutaneous Suspension) | B | 2 | |
| Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector) | B | 2 | |
| Humalog Mix 75/25 (Subcutaneous Suspension) | B | 2 | |
| Humalog (Subcutaneous Solution) | B | 2 | |
| Humalog (Subcutaneous Solution Cartridge) | B | 2 | |
| Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector) | B | 2 | |
| Humulin 70/30 (Subcutaneous Suspension) | B | 2 | |
| Humulin N KwikPen (Subcutaneous Suspension Pen-Injector) | B | 2 | |
| Humulin N (Subcutaneous Suspension) | B | 2 | |
| Humulin R (Injection Solution) | B | 2 | |
| Humulin R U-500 (Concentrated) (Subcutaneous Solution) | B | 2 | |
| Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector) | B | 2 | |
| Insulin Aspart Prot & Aspart FlexPen (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Novolog) | B | 3 | PA |
| Insulin Aspart FlexPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Novolog) | B | 3 | PA |
| Insulin Aspart PenFill (Subcutaneous Solution Cartridge) (Brand Equivalent Novolog) | B | 3 | PA |
| Insulin Aspart Prot & Aspart (Subcutaneous Suspension) (Brand Equivalent Novolog) | B | 3 | PA |
| Insulin Aspart (Subcutaneous Solution) (Brand Equivalent Novolog) | B | 3 | PA |
| Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog) | B | 2 | |
| Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog) | B | 2 | |
| Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog) | B | 2 | |
| Insulin Lispro (Subcutaneous Solution) (Brand Equivalent Humalog) | B | 2 | |
| Lantus SoloStar (Subcutaneous Solution Pen-Injector) | B | 2 | |
| Lantus (Subcutaneous Solution) | B | 2 | |
| Levemir FlexTouch (Subcutaneous Solution Pen-Injector) | B | 2 | |
| Levemir (Subcutaneous Solution) | B | 2 | |
| Lyumjev (Injection Solution) | B | 2 | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Lyumjev KwikPen (Subcutaneous Solution Pen-Injector) | B | 2 | |
| Novolin 70/30 FlexPen (Subcutaneous Suspension Pen-Injector) | B | 3 | PA |
| Novolin 70/30 (Subcutaneous Suspension) | B | 3 | PA |
| Novolin N FlexPen (Subcutaneous Suspension Pen-Injector) | B | 3 | PA |
| Novolin N (Subcutaneous Suspension) | B | 3 | PA |
| Novolin R FlexPen (Injection Solution Pen-Injector) | B | 3 | PA |
| Novolin R (Injection Solution) | B | 3 | PA |
| NovoLog FlexPen (Subcutaneous Solution Pen-Injector) | B | 3 | PA |
| NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector) | B | 3 | PA |
| NovoLog Mix 70/30 (Subcutaneous Suspension) | B | 3 | PA |
| NovoLog PenFill (Subcutaneous Solution Cartridge) | B | 3 | PA |
| NovoLog (Subcutaneous Solution) | B | 3 | PA |
| Semglee (Subcutaneous Solution) | B | 3 | ST |
| Semglee (Subcutaneous Solution Pen-Injector) | B | 3 | ST |
| Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector) | B | 2 | |
| Toujeo SoloStar (Subcutaneous Solution Pen-Injector) | B | 2 | |
| Tresiba FlexTouch (Subcutaneous Solution Pen-Injector) | B | 2 | |
| Tresiba (Subcutaneous Solution) | B | 2 | |
| Blood Products and Modifiers | | | |
| Anticoagulants | | | |
| Arixtra (Subcutaneous Solution) | B | 4 | |
| Eliquis (Oral Tablet) | B | 2 | QL |
| Eliquis Starter Pack (Oral Tablet) | B | 2 | QL |
| Enoxaparin Sodium (100MG/ML Subcutaneous Solution, 120MG/0.8ML Subcutaneous Solution, 150MG/ML Subcutaneous Solution, 60MG/0.6ML Subcutaneous Solution, 80MG/0.8ML Subcutaneous Solution) | G | 3 | |
| Enoxaparin Sodium (30MG/0.3ML Subcutaneous Solution, 40MG/0.4ML Subcutaneous Solution) | G | 2 | |
| Fondaparinux Sodium (10MG/0.8ML Subcutaneous Solution, 5MG/0.4ML Subcutaneous Solution, 7.5MG/0.6ML Subcutaneous Solution) | G | 4 | |
| Fondaparinux Sodium (2.5MG/0.5ML Subcutaneous 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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Fragmin (10000UNIT/ML Subcutaneous Solution, 12500UNIT/0.5ML Subcutaneous Solution, 15000UNIT/0.6ML Subcutaneous Solution, 18000UNIT/0.72ML Subcutaneous Solution, 5000UNIT/0.2ML Subcutaneous Solution, 7500UNIT/0.3ML Subcutaneous Solution, 95000UNIT/3.8ML Subcutaneous Solution) | B | 4 | |
| Fragmin (2500UNIT/0.2ML Subcutaneous Solution) | B | 3 | |
| Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution) | G | 2 | |
| Heparin Sodium (1000UNIT/ML Injection Solution) | G | 2 | B/D,PA |
| Jantoven (Oral Tablet) | G | 1 | |
| Lovenox (100MG/ML Subcutaneous Solution, 120MG/0.8ML Subcutaneous Solution, 60MG/0.6ML Subcutaneous Solution, 80MG/0.8ML Subcutaneous Solution) | B | 4 | |
| Lovenox (150MG/ML Subcutaneous Solution, 30MG/0.3ML Subcutaneous Solution, 40MG/0.4ML Subcutaneous Solution) | B | 3 | |
| Pradaxa (Oral Capsule) | B | 3 | ST; QL |
| Savaysa (Oral Tablet) | B | 3 | ST; QL |
| Warfarin Sodium (Oral Tablet) | G | 1 | |
| Xarelto (Oral Tablet) | B | 2 | QL |
| Xarelto Starter Pack (Oral Tablet Therapy Pack) | B | 2 | QL |
| Zontivity (Oral Tablet) | B | 3 | PA |
| Blood Products and Modifiers, Other | | | |
| Agrylin (Oral Capsule) | B | 3 | |
| Anagrelide HCl (Oral Capsule) | G | 2 | |
| Aranesp (Albumin Free) (100MCG/ML Injection Solution, 25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution) | B | 3 | PA |
| Aranesp (Albumin Free) (200MCG/ML Injection Solution, 300MCG/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) | B | 4 | PA |
| Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe) | B | 3 | PA |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Epogen (Injection Solution) | B | 3 | PA |
| Fulphila (Subcutaneous Solution Prefilled Syringe) | B | 4 | PA |
| Granix (Subcutaneous Solution) | B | 4 | ST |
| Granix (Subcutaneous Solution Prefilled Syringe) | B | 4 | ST |
| Leukine (Injection Solution Reconstituted) | B | 4 | PA |
| Mulpleta (Oral Tablet) | B | 4 | PA |
| Neulasta (Subcutaneous Solution Prefilled Syringe) | B | 4 | PA |
| Neupogen (Injection Solution) | B | 4 | ST |
| Neupogen (Injection Solution Prefilled Syringe) | B | 4 | ST |
| Nivestym (Injection Solution) | B | 4 | ST |
| Nivestym (Injection Solution Prefilled Syringe) | B | 4 | ST |
| Nyvepria (Subcutaneous Solution Prefilled Syringe) | B | 4 | PA |
| Oxbryta (Oral Tablet) | B | 4 | PA; QL |
| Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution) | B | 3 | PA |
| Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution) | B | 4 | PA |
| Promacta (Oral Packet) | B | 4 | PA; QL |
| Promacta (Oral Tablet) | B | 4 | PA; QL |
| Retacrit (Injection Solution) | B | 3 | PA |
| Siklos (1000MG Oral Tablet) | B | 4 | PA |
| Siklos (100MG Oral Tablet) | B | 3 | PA |
| Udenyca (Subcutaneous Solution Prefilled Syringe) | B | 4 | PA |
| Zarxio (Injection Solution Prefilled Syringe) | B | 4 | |
| Ziextenzo (Subcutaneous Solution Prefilled Syringe) | B | 4 | PA |
| Hemostasis Agents | | | |
| Lysteda (Oral Tablet) | B | 3 | |
| Tranexamic Acid (Oral Tablet) | G | 2 | |
| Platelet Modifying Agents | | | |
| Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour) | G | 3 | QL |
| Brilinta (Oral Tablet) | B | 2 | QL |
| Cablivi (Injection Kit) | B | 4 | PA; QL |
| Cilostazol (Oral Tablet) | G | 1 | |
| Clopidogrel Bisulfate (75MG Oral Tablet) | G | 1 | |
| Doptelet (Oral Tablet) | B | 4 | PA |
| Plavix (Oral Tablet) | B | 3 | |
| Prasugrel HCl (Oral Tablet) | 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 |
|--------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Tavalisse (Oral Tablet) | B | 4 | PA; QL |
| Cardiovascular Agents | | | |
| Alpha-adrenergic Agonists | | | |
| Catapres-TTS-1 (Transdermal Patch Weekly) | B | 3 | |
| Catapres-TTS-2 (Transdermal Patch Weekly) | B | 3 | |
| Catapres-TTS-3 (Transdermal Patch Weekly) | B | 3 | |
| Clonidine HCl (Oral Tablet Immediate Release) | G | 1 | |
| Clonidine (0.1MG/24HR Transdermal Patch Weekly) | G | 2 | |
| Clonidine (0.2MG/24HR Transdermal Patch Weekly, 0.3MG/24HR Transdermal Patch Weekly) | G | 3 | |
| Droxidopa (Oral Capsule) | G | 4 | PA; QL |
| Methyldopa (Oral Tablet) | G | 3 | PA; HRM |
| Midodrine HCl (Oral Tablet) | G | 2 | |
| Northera (Oral Capsule) | B | 4 | PA; QL |
| Alpha-adrenergic Blocking Agents | | | |
| Cardura (Oral Tablet Immediate Release) | B | 3 | |
| Dibenzylamine (Oral Capsule) | B | 4 | |
| Doxazosin Mesylate (Oral Tablet) | G | 1 | |
| Minipress (Oral Capsule) | B | 3 | |
| Phenoxybenzamine HCl (Oral Capsule) | G | 4 | |
| Prazosin HCl (Oral Capsule) | G | 1 | |
| Angiotensin II Receptor Antagonists | | | |
| Atacand (Oral Tablet) | B | 3 | QL |
| Avapro (Oral Tablet) | B | 3 | QL |
| Benicar (Oral Tablet) | B | 3 | QL |
| Candesartan Cilexetil (Oral Tablet) | G | 2 | QL |
| Cozaar (Oral Tablet) | B | 3 | QL |
| Diovan (Oral Tablet) | B | 3 | QL |
| Edarbi (Oral Tablet) | B | 3 | QL |
| Irbesartan (Oral Tablet) | G | 1 | QL |
| Losartan Potassium (Oral Tablet) | G | 1 | QL |
| Micardis (Oral Tablet) | B | 3 | QL |
| Olmesartan Medoxomil (Oral Tablet) | G | 1 | QL |
| Telmisartan (Oral Tablet) | G | 1 | QL |
| Valsartan (Oral Tablet) | G | 1 | QL |
| Angiotensin-converting Enzyme (ACE) Inhibitors | | | |
| Accupril (Oral Tablet) | B | 3 | QL |
| Altace (Oral Capsule) | B | 3 | QL |
| Benazepril HCl (Oral Tablet) | G | 1 | QL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|--------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Captopril (100MG Oral Tablet) | G | 3 | QL |
| Captopril (12.5MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet) | G | 2 | QL |
| Enalapril Maleate (Oral Tablet) | G | 1 | QL |
| Fosinopril Sodium (Oral Tablet) | G | 1 | QL |
| Lisinopril (Oral Tablet) | G | 1 | QL |
| Lotensin (Oral Tablet) | B | 3 | QL |
| Moexipril HCl (Oral Tablet) | G | 1 | QL |
| Perindopril Erbumine (Oral Tablet) | G | 2 | QL |
| Prinivil (Oral Tablet) | B | 3 | QL |
| Qbrelis (Oral Solution) | B | 4 | QL |
| Quinapril HCl (Oral Tablet) | G | 1 | QL |
| Ramipril (Oral Capsule) | G | 1 | QL |
| Trandolapril (Oral Tablet) | G | 1 | QL |
| Vasotec (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet) | B | 3 | QL |
| Vasotec (20MG Oral Tablet) | B | 4 | QL |
| Zestril (Oral Tablet) | B | 3 | QL |
| Antiarrhythmics | | | |
| Amiodarone HCl (100MG Oral Tablet, 400MG Oral Tablet) | G | 3 | |
| Amiodarone HCl (200MG Oral Tablet) | G | 1 | |
| Betapace AF (120MG Oral Tablet, 160MG Oral Tablet) | B | 4 | |
| Betapace AF (80MG Oral Tablet) | B | 3 | |
| Dofetilide (Oral Capsule) | G | 2 | QL |
| Flecainide Acetate (Oral Tablet) | G | 1 | |
| Mexiletine HCl (Oral Capsule) | G | 2 | |
| Multaq (Oral Tablet) | B | 2 | |
| Pacerone (Oral Tablet) | G | 3 | |
| Propafenone HCl ER (Oral Capsule Extended Release 12 Hour) | G | 3 | |
| Propafenone HCl (Oral Tablet) | G | 2 | |
| Quinidine Gluconate ER (Oral Tablet Extended Release) | G | 3 | |
| Quinidine Sulfate (Oral Tablet) | G | 1 | |
| Rythmol SR (225MG Oral Capsule Extended Release 12 Hour) | B | 3 | |
| Rythmol SR (325MG Oral Capsule Extended Release 12 Hour, 425MG Oral Capsule Extended Release 12 Hour) | B | 4 | |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|-----------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Sorine (Oral Tablet) | G | 1 | |
| Sotalol HCl AF (Oral Tablet) | G | 2 | |
| Sotalol HCl (Oral Tablet) | G | 1 | |
| Sotylize (Oral Solution) | B | 3 | PA |
| Tikosyn (Oral Capsule) | B | 3 | QL |
| Beta-adrenergic Blocking Agents | | | |
| Acebutolol HCl (Oral Capsule) | G | 2 | |
| Atenolol (Oral Tablet) | G | 1 | |
| Betaxolol HCl (Oral Tablet) | G | 2 | |
| Bisoprolol Fumarate (Oral Tablet) | G | 1 | |
| Bystolic (Oral Tablet) | B | 2 | QL |
| Carvedilol (Oral Tablet) | G | 1 | |
| Carvedilol Phosphate ER (Oral Capsule Extended Release 24 Hour) | G | 3 | |
| Coreg CR (Oral Capsule Extended Release 24 Hour) | B | 3 | |
| Coreg (Oral Tablet) | B | 3 | |
| Corgard (Oral Tablet) | B | 3 | |
| Inderal LA (Oral Capsule Extended Release 24 Hour) | B | 4 | |
| InnoPran XL (Oral Capsule Extended Release 24 Hour) | B | 4 | |
| Labetalol HCl (Oral Tablet) | G | 1 | |
| Lopressor (Oral Tablet) | B | 3 | |
| Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour) | G | 1 | |
| Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet) | G | 1 | |
| Metoprolol Tartrate (37.5MG Oral Tablet, 75MG Oral Tablet) | G | 2 | |
| Nadolol (Oral Tablet) | G | 2 | |
| Pindolol (Oral Tablet) | G | 2 | |
| Propranolol HCl ER (Oral Capsule Extended Release 24 Hour) | G | 2 | |
| Propranolol HCl (Oral Solution) | G | 1 | |
| Propranolol HCl (Oral Tablet) | G | 1 | |
| Tenormin (Oral Tablet) | B | 3 | |
| Toprol XL (Oral Tablet Extended Release 24 Hour) | B | 3 | |
| Calcium Channel Blocking Agents, Dihydropyridines | | | |
| Amlodipine Besylate (Oral Tablet) | G | 1 | |
| Felodipine ER (Oral Tablet Extended Release 24 Hour) | G | 1 | |
| Isradipine (Oral Capsule) | G | 3 | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Katerzia (Oral Suspension) | B | 3 | ST |
| Nicardipine HCl (Oral Capsule) | G | 3 | |
| Nifedipine ER (Oral Tablet Extended Release 24 Hour) | G | 1 | |
| Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour) | G | 1 | |
| Nimodipine (Oral Capsule) | G | 3 | |
| Nisoldipine ER (Oral Tablet Extended Release 24 Hour) | G | 3 | |
| Norvasc (Oral Tablet) | B | 3 | |
| Nymalize (6MG/ML Oral Solution) | B | 4 | |
| Procardia XL (Oral Tablet Extended Release 24 Hour) | B | 3 | |
| Sular (Oral Tablet Extended Release 24 Hour) | B | 3 | |
| Calcium Channel Blocking Agents, Nondihydropyridines | | | |
| Calan SR (Oral Tablet Extended Release) | B | 3 | |
| Cardizem CD (Oral Capsule Extended Release 24 Hour) | B | 4 | |
| Cardizem LA (Oral Tablet Extended Release 24 Hour) | B | 3 | |
| Cardizem (120MG Oral Tablet Immediate Release, 60MG Oral Tablet Immediate Release) | B | 4 | |
| Cardizem (30MG Oral Tablet Immediate Release) | B | 3 | |
| Cartia XT (Oral Capsule Extended Release 24 Hour) | G | 1 | |
| Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour) | G | 1 | |
| Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour) | G | 1 | |
| Diltiazem HCl ER Coated Beads (180MG Oral Tablet Extended Release 24 Hour, 240MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour, 360MG Oral Tablet Extended Release 24 Hour) | G | 2 | |
| Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour) | G | 2 | |
| Diltiazem HCl (Oral Tablet Immediate Release) | G | 1 | |
| Dilt-XR (Oral Capsule Extended Release 24 Hour) | G | 1 | |
| Matzim LA (Oral Tablet Extended Release 24 Hour) | G | 2 | |
| Taztia XT (Oral Capsule Extended Release 24 Hour) | G | 1 | |
| Tiadyt ER (Oral Capsule Extended Release 24 Hour) | G | 1 | |
| Tiazac (Oral Capsule Extended Release 24 Hour) | B | 3 | |

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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour, 360MG Oral Capsule Extended Release 24 Hour) | B | 3 | |
| 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 | 2 | |
| Verapamil HCl ER (Oral Tablet Extended Release) | G | 1 | |
| Verapamil HCl (Oral Tablet Immediate Release) | G | 1 | |
| Verelan (Oral Capsule Extended Release 24 Hour) | B | 3 | |
| Verelan PM (Oral Capsule Extended Release 24 Hour) | B | 3 | |
| Cardiovascular Agents, Other | | | |
| Accuretic (Oral Tablet) | B | 3 | QL |
| Acetazolamide ER (Oral Capsule Extended Release 12 Hour) | G | 2 | |
| Acetazolamide (Oral Tablet) | G | 2 | |
| Aldactazide (Oral Tablet) | B | 3 | |
| Aliskiren Fumarate (Oral Tablet) | G | 3 | QL |
| Amiloride-Hydrochlorothiazide (Oral Tablet) | G | 1 | |
| Amlodipine-Atorvastatin (Oral Tablet) | G | 3 | QL |
| Amlodipine-Benazepril (Oral Capsule) | G | 1 | QL |
| Amlodipine-Olmesartan (Oral Tablet) | G | 2 | QL |
| Amlodipine-Valsartan (Oral Tablet) | G | 2 | QL |
| Amlodipine-Valsartan-HCTZ (Oral Tablet) | G | 2 | |
| Atacand HCT (Oral Tablet) | B | 3 | QL |
| Atenolol-Chlorthalidone (Oral Tablet) | G | 1 | |
| Avalide (Oral Tablet) | B | 3 | QL |
| Azor (Oral Tablet) | B | 3 | QL |
| Benazepril-Hydrochlorothiazide (Oral Tablet) | G | 2 | QL |
| Benicar HCT (Oral Tablet) | B | 3 | QL |
| BiDil (Oral Tablet) | B | 2 | |
| Bisoprolol-Hydrochlorothiazide (Oral Tablet) | G | 1 | QL |
| Caduet (Oral Tablet) | B | 3 | QL |
| Candesartan Cilexetil-HCTZ (Oral Tablet) | G | 2 | QL |
| Corlanor (Oral Solution) | B | 3 | PA; QL |
| Corlanor (Oral Tablet) | B | 3 | PA; QL |
| Demser (Oral Capsule) | B | 4 | |
| Digitek (125MCG Oral Tablet) | G | 3 | HRM; QL |
| Digitek (250MCG Oral Tablet) | G | 3 | PA; HRM |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|----------------------------------------------------------|------------------|-----------|---------------------------------|
| Digox (125MCG Oral Tablet) | G | 3 | HRM; QL |
| Digox (250MCG Oral Tablet) | G | 3 | PA; HRM |
| Digoxin (Oral Solution) | G | 3 | PA; HRM; QL |
| Digoxin (125MCG Oral Tablet) | G | 3 | HRM; QL |
| Digoxin (250MCG Oral Tablet) | G | 3 | PA; HRM |
| Diovan HCT (Oral Tablet) | B | 3 | QL |
| DUTOPROL (Oral Tablet Extended Release 24 Hour) | B | 3 | |
| Edarbyclor (Oral Tablet) | B | 3 | QL |
| Enalapril-Hydrochlorothiazide (Oral Tablet) | G | 1 | QL |
| Entresto (Oral Tablet) | B | 2 | QL |
| Exforge HCT (Oral Tablet) | B | 3 | |
| Exforge (Oral Tablet) | B | 3 | QL |
| Fosinopril Sodium-HCTZ (Oral Tablet) | G | 2 | QL |
| Hyzaar (Oral Tablet) | B | 3 | QL |
| Irbesartan-Hydrochlorothiazide (Oral Tablet) | G | 1 | QL |
| Lanoxin (125MCG Oral Tablet, 62.5MCG Oral Tablet) | B | 3 | HRM; QL |
| Lanoxin (250MCG Oral Tablet) | B | 3 | PA; HRM |
| Lisinopril-Hydrochlorothiazide (Oral Tablet) | G | 1 | QL |
| Losartan Potassium-HCTZ (Oral Tablet) | G | 1 | QL |
| Lotrel (Oral Capsule) | B | 3 | QL |
| Maxzide (Oral Tablet) | B | 3 | |
| Maxzide-25 (Oral Tablet) | B | 3 | |
| Metoprolol-Hydrochlorothiazide (Oral Tablet) | G | 2 | |
| Metyrosine (Oral Capsule) | G | 4 | |
| Micardis HCT (Oral Tablet) | B | 3 | QL |
| Olmesartan Medoxomil-HCTZ (Oral Tablet) | G | 1 | QL |
| Olmesartan-Amlodipine-HCTZ (Oral Tablet) | G | 3 | QL |
| Pentoxifylline ER (Oral Tablet Extended Release) | G | 1 | |
| Quinapril-Hydrochlorothiazide (Oral Tablet) | G | 1 | QL |
| Ranexa (Oral Tablet Extended Release 12 Hour) | B | 3 | |
| Ranolazine ER (Oral Tablet Extended Release 12 Hour) | G | 2 | |
| Spirolactone-HCTZ (Oral Tablet) | G | 1 | |
| Tekturna HCT (Oral Tablet) | B | 3 | QL |
| Tekturna (Oral Tablet) | B | 3 | QL |
| Telmisartan-Amlodipine (Oral Tablet) | G | 3 | QL |
| Telmisartan-HCTZ (Oral Tablet) | G | 2 | QL |
| Tenoretic 100 (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 |
|--------------------------------------------------------------|------------------|-----------|---------------------------------|
| Tenoretic 50 (Oral Tablet) | B | 3 | |
| Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release) | G | 3 | QL |
| Triamterene-HCTZ (Oral Capsule) | G | 1 | |
| Triamterene-HCTZ (Oral Tablet) | G | 1 | |
| Tribenzor (Oral Tablet) | B | 3 | QL |
| Twynsta (Oral Tablet) | B | 3 | QL |
| Valsartan-Hydrochlorothiazide (Oral Tablet) | G | 1 | QL |
| Vaseretic (Oral Tablet) | B | 3 | QL |
| Vecamyl (Oral Tablet) | G | 4 | PA |
| Zestoretic (Oral Tablet) | B | 3 | QL |
| Ziac (Oral Tablet) | B | 3 | QL |
| Diuretics, Loop | | | |
| Bumetanide (Injection Solution) | G | 1 | |
| Bumetanide (Oral Tablet) | G | 2 | |
| Edecrin (Oral Tablet) | B | 4 | |
| Ethacrynic Acid (Oral Tablet) | G | 3 | |
| Furosemide (Injection Solution) | G | 1 | B/D,PA |
| Furosemide (Oral Solution) | G | 1 | |
| Furosemide (Oral Tablet) | G | 1 | |
| Lasix (Oral Tablet) | B | 3 | |
| Torseamide (Oral Tablet) | G | 1 | |
| Diuretics, Potassium-sparing | | | |
| Aldactone (Oral Tablet) | B | 3 | |
| Amiloride HCl (Oral Tablet) | G | 1 | |
| CaroSpir (Oral Suspension) | B | 3 | |
| Dyrenium (Oral Capsule) | B | 3 | |
| Eplerenone (25MG Oral Tablet) | G | 2 | |
| Eplerenone (50MG Oral Tablet) | G | 3 | |
| Inspra (Oral Tablet) | B | 3 | |
| Spironolactone (Oral Tablet) | G | 1 | |
| Triamterene (Oral Capsule) | G | 3 | |
| Diuretics, Thiazide | | | |
| Chlorthalidone (Oral Tablet) | G | 1 | |
| Diuril (Oral Suspension) | B | 3 | |
| Hydrochlorothiazide (Oral Capsule) | G | 1 | |
| Hydrochlorothiazide (Oral Tablet) | G | 1 | |
| Indapamide (Oral Tablet) | G | 1 | |
| Metolazone (Oral Tablet) | G | 2 | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|-------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Dyslipidemics, Fibric Acid Derivatives | | | |
| Antara (Oral Capsule) | B | 3 | |
| Fenofibrate Micronized (130MG Oral Capsule) | G | 3 | |
| Fenofibrate Micronized (134MG Oral Capsule, 200MG Oral Capsule, 43MG Oral Capsule, 67MG Oral Capsule) | G | 2 | |
| Fenofibrate (150MG Oral Capsule) | G | 3 | |
| Fenofibrate (50MG Oral Capsule) | G | 2 | |
| Fenofibrate (120MG Oral Tablet, 40MG Oral Tablet) | G | 3 | |
| Fenofibrate (145MG Oral Tablet, 48MG Oral Tablet) | G | 2 | |
| Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet) | G | 1 | |
| Fenofibric Acid (Oral Capsule Delayed Release) | G | 2 | |
| Fenoglide (120MG Oral Tablet) | B | 4 | |
| Fenoglide (40MG Oral Tablet) | B | 3 | |
| Gemfibrozil (Oral Tablet) | G | 1 | |
| Lipofen (Oral Capsule) | B | 3 | |
| Lopid (Oral Tablet) | B | 3 | |
| Tricor (Oral Tablet) | B | 3 | |
| Trilipix (Oral Capsule Delayed Release) | B | 3 | |
| Dyslipidemics, HMG CoA Reductase Inhibitors | | | |
| Altoprev (Oral Tablet Extended Release 24 Hour) | B | 4 | QL |
| Atorvastatin Calcium (Oral Tablet) | G | 1 | QL |
| Crestor (Oral Tablet) | B | 3 | QL |
| Ezallor Sprinkle (Oral Capsule Sprinkle) | B | 3 | QL |
| FloLipid (Oral Suspension) | B | 3 | QL |
| Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour) | G | 3 | QL |
| Fluvastatin Sodium (Oral Capsule) | G | 3 | QL |
| Lescol XL (Oral Tablet Extended Release 24 Hour) | B | 3 | QL |
| Lipitor (Oral Tablet) | B | 3 | QL |
| Livalo (Oral Tablet) | B | 2 | QL |
| Lovastatin (Oral Tablet) | G | 1 | QL |
| Pravastatin Sodium (Oral Tablet) | G | 1 | QL |
| Rosuvastatin Calcium (Oral Tablet) | G | 1 | QL |
| Simvastatin (Oral Tablet) | G | 1 | QL |
| Zocor (Oral Tablet) | B | 3 | QL |
| Zypitamag (Oral Tablet) | B | 3 | ST; QL |
| Dyslipidemics, Other | | | |
| Cholestyramine Light (Oral Packet) | 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 |
|---------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Cholestyramine (Oral Packet) | G | 3 | |
| Colesevelam HCl (Oral Packet) | G | 3 | |
| Colesevelam HCl (Oral Tablet) | G | 3 | |
| Colestid (Oral Packet) | B | 3 | |
| Colestid (Oral Tablet) | B | 3 | |
| Colestipol HCl (Oral Packet) | G | 3 | |
| Colestipol HCl (Oral Tablet) | G | 2 | |
| Ezetimibe (Oral Tablet) | G | 1 | |
| Ezetimibe-Simvastatin (Oral Tablet) | G | 2 | QL |
| Icosapent Ethyl (Oral Capsule) | G | 3 | |
| Juxtapid (10MG Oral Capsule, 20MG Oral Capsule, 30MG Oral Capsule, 5MG Oral Capsule) | B | 4 | PA |
| Lovaza (Oral Capsule) | B | 3 | |
| Nexletol (Oral Tablet) | B | 3 | PA; QL |
| Nexlizet (Oral Tablet) | B | 3 | PA; QL |
| Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release) | G | 2 | |
| Niacor (Oral Tablet) | G | 3 | |
| Niaspan (Oral Tablet Extended Release) | B | 3 | |
| Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza) | G | 2 | |
| Praluent (Subcutaneous Solution Auto-Injector) | B | 2 | PA; QL |
| Prevalite (Oral Packet) | G | 3 | |
| Questran Light (Oral Powder) | G | 3 | |
| Questran (Oral Powder) | G | 3 | |
| Repatha Pushtronex System (Subcutaneous Solution Cartridge) | B | 2 | PA; QL |
| Repatha (Subcutaneous Solution Prefilled Syringe) | B | 2 | PA; QL |
| Repatha SureClick (Subcutaneous Solution Auto-Injector) | B | 2 | PA; QL |
| Roszet (Oral Tablet) | B | 3 | ST; QL |
| Vascepa (Oral Capsule) | B | 3 | |
| Vytorin (Oral Tablet) | B | 3 | QL |
| Welchol (Oral Packet) | B | 3 | |
| Welchol (Oral Tablet) | B | 3 | |
| Zetia (Oral Tablet) | B | 3 | |
| Vasodilators, Direct-acting Arterial | | | |
| Hydralazine HCl (Oral Tablet) | G | 1 | |
| Minoxidil (Oral Tablet) | G | 1 | |
| Vasodilators, Direct-acting Arterial/Venous | | | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| GoNitro (Sublingual Packet) | B | 3 | |
| Isordil Titradoso (Oral Tablet) | B | 4 | |
| Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release) | G | 1 | |
| Isosorbide Dinitrate (40MG Oral Tablet Immediate Release) | G | 4 | |
| Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour) | G | 1 | |
| Isosorbide Mononitrate (Oral Tablet Immediate Release) | G | 1 | |
| Minitran (Transdermal Patch 24 Hour) | G | 1 | |
| Nitro-Bid (Transdermal Ointment) | G | 3 | |
| Nitro-Dur (Transdermal Patch 24 Hour) | B | 3 | |
| Nitroglycerin (Tablet Sublingual) | G | 1 | |
| Nitroglycerin (Transdermal Patch 24 Hour) | G | 1 | |
| Nitroglycerin (Translingual Solution) | G | 3 | |
| Nitrolingual (Translingual Solution) | B | 3 | |
| Nitrostat (Tablet Sublingual) | B | 3 | |
| Rectiv (Rectal Ointment) | B | 3 | QL |
| Verquvo (Oral Tablet) | B | 3 | PA; QL |
| Central Nervous System Agents | | | |
| Attention Deficit Hyperactivity Disorder Agents, Amphetamines | | | |
| Adderall (20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet) | G | 3 | QL |
| Adderall XR (Oral Capsule Extended Release 24 Hour) | B | 3 | QL |
| Adzenys ER (Oral Suspension Extended Release) | B | 3 | QL |
| Adzenys XR-ODT (Oral Tablet Extended Release Dispersible) | B | 3 | QL |
| Amphetamine ER (Oral Suspension Extended Release) | G | 3 | QL |
| Amphetamine Sulfate (Oral Tablet) | G | 3 | |
| Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour) | G | 2 | QL |
| Amphetamine-Dextroamphetamine (Oral Tablet) | G | 2 | QL |
| Desoxyn (Oral Tablet) | B | 4 | PA |
| Dexedrine (10MG Oral Capsule Extended Release 24 Hour, 15MG Oral Capsule Extended Release 24 Hour) | B | 4 | QL |
| Dexedrine (5MG Oral Capsule Extended Release 24 Hour) | 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 |
|--------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour) | G | 3 | QL |
| Dextroamphetamine Sulfate (Oral Solution) | G | 3 | |
| Dextroamphetamine Sulfate (Oral Tablet) | G | 2 | QL |
| Dyanavel XR (Oral Suspension Extended Release) | B | 3 | QL |
| Evekeo ODT (Oral Tablet Dispersible) | B | 3 | |
| Evekeo (Oral Tablet) | G | 3 | |
| Methamphetamine HCl (Oral Tablet) | G | 4 | PA |
| Mydayis (Oral Capsule Extended Release 24 Hour) | B | 3 | QL |
| ProCentra (Oral Solution) | G | 3 | |
| Vyvanse (Oral Capsule) | B | 3 | |
| Vyvanse (Oral Tablet Chewable) | B | 3 | |
| Zenzedi (Oral Tablet) | G | 3 | QL |
| Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines | | | |
| Aptensio XR (Oral Capsule Extended Release 24 Hour) | B | 3 | QL |
| Atomoxetine HCl (Oral Capsule) | G | 3 | |
| Clonidine HCl ER (Oral Tablet Extended Release 12 Hour) | G | 2 | PA |
| Concerta (Oral Tablet Extended Release) | B | 3 | QL |
| Cotempla XR-ODT (17.3MG Oral Tablet Extended Release Dispersible, 8.6MG Oral Tablet Extended Release Dispersible) | B | 3 | QL |
| Cotempla XR-ODT (25.9MG Oral Tablet Extended Release Dispersible) | B | 4 | QL |
| Daytrana (Transdermal Patch) | B | 3 | QL |
| Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour) | G | 3 | |
| Dexmethylphenidate HCl (Oral Tablet) | G | 2 | QL |
| Focalin (Oral Tablet) | B | 3 | QL |
| Focalin XR (Oral Capsule Extended Release 24 Hour) | B | 3 | |
| Jornay PM (Oral Capsule Extended Release 24 Hour) | B | 3 | QL |
| Kapvay (Oral Tablet Extended Release 12 Hour) | B | 3 | PA |
| Methylin (Oral Solution) | B | 3 | QL |
| Methylphenidate HCl CD (Oral Capsule Extended Release) (Generic Metadate CD) | G | 3 | QL |
| Methylphenidate HCl LA (Oral Capsule Extended Release 24 Hour) (Generic Ritalin LA) | G | 3 | QL |
| Methylphenidate HCl ER (XR) (Oral Capsule Extended Release 24 Hour) (Brand Equivalent Aptensio XR) | G | 3 | QL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release) | G | 2 | QL |
| Methylphenidate HCl ER Osmotic Release (Oral Tablet Extended Release) | G | 3 | QL |
| Methylphenidate HCl ER (Oral Tablet Extended Release 24 Hour) | G | 3 | QL |
| Methylphenidate HCl (Oral Solution) | G | 3 | QL |
| Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin) | G | 2 | QL |
| Methylphenidate HCl (Oral Tablet Chewable) | G | 3 | QL |
| QuilliChew ER (Oral Tablet Chewable Extended Release) | B | 3 | QL |
| Quillivant XR (Oral Suspension Reconstituted) | B | 3 | QL |
| Relexxii (Oral Tablet Extended Release) | G | 3 | QL |
| Ritalin LA (Oral Capsule Extended Release 24 Hour) | B | 3 | QL |
| Ritalin (Oral Tablet) | B | 3 | QL |
| Strattera (Oral Capsule) | B | 3 | |
| Central Nervous System, Other | | | |
| Austedo (Oral Tablet) | B | 4 | PA; QL |
| Firdapse (Oral Tablet) | B | 4 | PA; QL |
| Gralise (Oral Tablet) | B | 3 | PA |
| Horizant (Oral Tablet Extended Release) | B | 3 | PA |
| Ingrezza (40MG Oral Capsule, 80MG Oral Capsule) | B | 4 | PA; QL |
| Ingrezza (Oral Capsule Therapy Pack) | B | 4 | PA; QL |
| Nuedexta (Oral Capsule) | B | 4 | PA; QL |
| Rilutek (Oral Tablet) | B | 4 | |
| Riluzole (Oral Tablet) | G | 2 | |
| Ruzurgi (Oral Tablet) | B | 4 | PA; QL |
| Tetrabenazine (Oral Tablet) | G | 4 | PA |
| Tiglutik (Oral Suspension) | B | 4 | PA |
| Xenazine (Oral Tablet) | B | 4 | PA |
| Fibromyalgia Agents | | | |
| Cymbalta (Oral Capsule Delayed Release Particles) | B | 3 | QL |
| Drizalma Sprinkle (Oral Capsule Delayed Release Sprinkle) | B | 3 | ST; QL |
| Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles) | G | 1 | QL |
| Duloxetine HCl (40MG Oral Capsule Delayed Release Particles) | G | 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 |
|--------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Lyrica CR (Oral Tablet Extended Release 24 Hour) | B | 3 | PA; QL |
| Lyrica (Oral Capsule) | B | 3 | ST; QL |
| Lyrica (Oral Solution) | B | 3 | ST; QL |
| Pregabalin ER (Oral Tablet Extended Release 24 Hour) | G | 3 | PA; QL |
| Pregabalin (Oral Capsule) | G | 2 | QL |
| Pregabalin (Oral Solution) | G | 2 | QL |
| Savella (Oral Tablet) | B | 2 | |
| Savella Titration Pack (Oral Tablet) | B | 2 | |
| Multiple Sclerosis Agents | | | |
| Ampyra (Oral Tablet Extended Release 12 Hour) | B | 4 | ST; QL |
| Aubagio (Oral Tablet) | B | 4 | QL |
| Avonex Pen (Intramuscular Auto-Injector Kit) | B | 4 | |
| Avonex Prefilled (Intramuscular Prefilled Syringe Kit) | B | 4 | |
| Bafiertam (Oral Capsule Delayed Release) | B | 4 | ST; QL |
| Betaseron (Subcutaneous Kit) | B | 4 | |
| Copaxone (Subcutaneous Solution Prefilled Syringe) | B | 4 | |
| Dalfampridine ER (Oral Tablet Extended Release 12 Hour) | G | 2 | QL |
| Dimethyl Fumarate (120MG Oral Capsule Delayed Release, 240MG Oral Capsule Delayed Release) | G | 4 | QL |
| Dimethyl Fumarate Starter Pack (Oral Capsule) | G | 4 | QL |
| Extavia (Subcutaneous Kit) | B | 4 | |
| Gilenya (0.5MG Oral Capsule) | B | 4 | QL |
| Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe) | G | 4 | |
| Glatopa (Subcutaneous Solution Prefilled Syringe) | G | 4 | |
| Kesimpta (Subcutaneous Solution Auto-Injector) | B | 4 | PA |
| Mavenclad (10 Tabs) (Oral Tablet Therapy Pack) | B | 4 | PA |
| Mavenclad (4 Tabs) (Oral Tablet Therapy Pack) | B | 4 | PA |
| Mavenclad (5 Tabs) (Oral Tablet Therapy Pack) | B | 4 | PA |
| Mavenclad (6 Tabs) (Oral Tablet Therapy Pack) | B | 4 | PA |
| Mavenclad (7 Tabs) (Oral Tablet Therapy Pack) | B | 4 | PA |
| Mavenclad (8 Tabs) (Oral Tablet Therapy Pack) | B | 4 | PA |
| Mavenclad (9 Tabs) (Oral Tablet Therapy Pack) | B | 4 | PA |
| Mayzent (0.25MG Oral Tablet, 2MG Oral Tablet) | B | 4 | QL |
| Mayzent Starter Pack (Oral Tablet Therapy Pack) | B | 4 | QL |
| Plegridy (Subcutaneous Solution Pen-Injector) | B | 4 | QL |
| Plegridy (Subcutaneous Solution Prefilled Syringe) | B | 4 | QL |
| Rebif Rebidose (Subcutaneous Solution Auto-Injector) | B | 4 | ST |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|----------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector) | B | 4 | ST |
| Rebif (Subcutaneous Solution Prefilled Syringe) | B | 4 | ST |
| Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe) | B | 4 | ST |
| Tecfidera Starter Pack (Oral) | B | 4 | QL |
| Tecfidera (Oral Capsule Delayed Release) | B | 4 | QL |
| Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle) | B | 4 | QL |
| Zeposia 7-Day Starter Pack (Oral Capsule Therapy Pack) | B | 4 | QL |
| Zeposia (Oral Capsule) | B | 4 | QL |
| Zeposia Starter Kit (Oral Capsule Therapy Pack) | B | 4 | QL |
| Dental and Oral Agents | | | |
| Dental and Oral Agents | | | |
| Cevimeline HCl (Oral Capsule) | G | 3 | ST |
| Chlorhexidine Gluconate (Mouth Solution) | G | 1 | |
| Evoxac (Oral Capsule) | B | 3 | ST |
| Periogard (Mouth Solution) | G | 1 | |
| Pilocarpine HCl (Oral Tablet) | G | 3 | |
| Salagen (Oral Tablet) | B | 3 | |
| Triamcinolone Acetonide (Dental Paste) | G | 2 | |
| Dermatological Agents | | | |
| Acne and Rosacea Agents | | | |
| Absorica LD (Oral Capsule) | B | 4 | PA |
| Absorica (Oral Capsule) | B | 4 | PA |
| Acanya (External Gel) | B | 3 | ST |
| Accutane (20MG Oral Capsule, 30MG Oral Capsule, 40MG Oral Capsule) | G | 3 | PA |
| Acitretin (Oral Capsule) | G | 3 | |
| Adapalene (External Cream) | G | 3 | |
| Adapalene (0.1% External Gel) | G | 2 | |
| Adapalene (0.3% External Gel) | G | 3 | |
| Adapalene (External Pad) | G | 4 | |
| Adapalene (External Solution) | G | 4 | |
| Adapalene-Benzoyl Peroxide (External Gel) | G | 3 | ST |
| Aklief (External Cream) | B | 3 | PA |
| Altreno (External Lotion) | B | 3 | PA |
| Amnesteem (Oral Capsule) | G | 3 | PA |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Arazlo (External Lotion) | B | 3 | PA |
| Atralin (External Gel) | B | 3 | PA |
| Avita (External Cream) | B | 3 | PA |
| Avita (External Gel) | B | 3 | PA |
| Azelaic Acid (External Gel) | G | 3 | QL |
| Azelex (External Cream) | B | 3 | QL |
| BenzaClin with Pump (External Gel) | B | 3 | ST |
| Benzamycin (External Gel) | B | 3 | |
| Benzoyl Peroxide-Erythromycin (External Gel) | G | 3 | |
| Claravis (Oral Capsule) | G | 3 | PA |
| Clindamycin Phosphate-Benzoyl Peroxide (1.2-2.5% External Gel) | G | 3 | ST |
| Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel, 1.2-5% External Gel) | G | 3 | |
| Clindamycin-Tretinoin (External Gel) | G | 3 | PA |
| Differin (External Cream) | B | 3 | |
| Differin (0.3% External Gel) | B | 3 | |
| Differin (External Lotion) | B | 3 | |
| Epiduo (External Gel) | B | 3 | ST |
| Epiduo Forte (External Gel) | B | 3 | ST |
| Fabior (External Foam) | B | 3 | PA |
| Finacea (External Foam) | B | 3 | QL |
| Finacea (External Gel) | B | 3 | QL |
| Isotretinoin (Oral Capsule) | G | 3 | PA |
| Mirvaso (External Gel) | B | 3 | |
| Myorisan (Oral Capsule) | G | 3 | PA |
| Neuac (External Gel) | G | 3 | |
| Onexton (External Gel) | B | 3 | ST |
| Retin-A (External Cream) | B | 3 | PA |
| Retin-A (External Gel) | B | 3 | PA |
| Retin-A Micro (External Gel) | B | 4 | PA |
| Retin-A Micro Pump (0.06% External Gel, 0.08% External Gel) | B | 4 | PA |
| Rhofade (External Cream) | B | 3 | PA |
| Soriatane (Oral Capsule) | B | 4 | |
| Tazarotene (External Cream) | G | 3 | PA |
| Tazarotene (External Foam) | G | 3 | PA |
| Tazorac (External Cream) | B | 3 | PA |
| Tazorac (External Gel) | B | 3 | PA |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|-------------------------------------------------------|------------------|-----------|---------------------------------|
| Tretinoin (External Cream) | G | 3 | PA |
| Tretinoin (External Gel) | G | 3 | PA |
| Tretinoin Microsphere (External Gel) | G | 3 | PA |
| Veltin (External Gel) | B | 3 | PA |
| Zenatane (Oral Capsule) | G | 3 | PA |
| Ziana (External Gel) | B | 3 | PA |
| Dermatitis and Pruritus Agents | | | |
| Ala Scalp (External Lotion) | G | 3 | |
| Ala-Cort (External Cream) | G | 1 | |
| Alclometasone Dipropionate (External Cream) | G | 2 | |
| Alclometasone Dipropionate (External Ointment) | G | 2 | |
| Amcinonide (External Cream) | G | 3 | |
| Amcinonide (External Lotion) | G | 3 | |
| Amcinonide (External Ointment) | G | 3 | |
| Ammonium Lactate (External Cream) | G | 1 | |
| Ammonium Lactate (External Lotion) | G | 1 | |
| ApexiCon E (External Cream) | G | 4 | QL |
| Beser (External Lotion) | G | 3 | |
| Betamethasone Dipropionate Aug (External Cream) | G | 1 | |
| Betamethasone Dipropionate Aug (External Gel) | G | 2 | |
| Betamethasone Dipropionate Aug (External Lotion) | G | 2 | |
| Betamethasone Dipropionate Aug (External Ointment) | G | 2 | |
| Betamethasone Dipropionate (External Cream) | G | 2 | |
| Betamethasone Dipropionate (External Lotion) | G | 2 | |
| Betamethasone Dipropionate (External Ointment) | G | 2 | |
| Betamethasone Valerate (External Cream) | G | 2 | |
| Betamethasone Valerate (External Foam) | G | 3 | |
| Betamethasone Valerate (External Lotion) | G | 2 | |
| Betamethasone Valerate (External Ointment) | G | 2 | |
| Bryhali (External Lotion) | B | 3 | |
| Capex (External Shampoo) | B | 3 | |
| Clobetasol Propionate Emollient Base (External Cream) | G | 2 | |
| Clobetasol Propionate Emulsion (External Foam) | G | 3 | QL |
| Clobetasol Propionate (External Cream) | G | 2 | |
| Clobetasol Propionate (External Foam) | G | 3 | QL |
| Clobetasol Propionate (External Gel) | G | 2 | |
| Clobetasol Propionate (External Liquid Spray) | G | 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 |
|-----------------------------------------------|------------------|-----------|---------------------------------|
| Clobetasol Propionate (External Lotion) | G | 3 | QL |
| Clobetasol Propionate (External Ointment) | G | 2 | |
| Clobetasol Propionate (External Shampoo) | G | 3 | |
| Clobetasol Propionate (External Solution) | G | 2 | |
| Clobex (External Lotion) | B | 4 | QL |
| Clobex (External Shampoo) | B | 4 | |
| Clobex Spray (External Liquid) | B | 3 | QL |
| Clocortolone Pivalate (External Cream) | G | 3 | |
| Clodan (External Shampoo) | G | 3 | |
| Cloderm (External Cream) | B | 3 | |
| Cordran (0.025% External Cream) | B | 3 | |
| Cordran (0.05% External Cream) | B | 4 | |
| Cordran (External Lotion) | B | 4 | QL |
| Cordran (External Ointment) | B | 4 | |
| Cordran (External Tape) | B | 3 | |
| Cutivate (External Lotion) | B | 4 | |
| Derma-Smoothe/FS Scalp (External Oil) | B | 3 | |
| Desonate (External Gel) | B | 3 | ST; QL |
| Desonide (External Cream) | G | 2 | QL |
| Desonide (External Gel) | G | 3 | ST; QL |
| Desonide (External Lotion) | G | 3 | QL |
| Desonide (External Ointment) | G | 3 | QL |
| DesOwen (External Cream) | B | 3 | QL |
| Desoximetasone (External Cream) | G | 3 | QL |
| Desoximetasone (External Gel) | G | 3 | |
| Desoximetasone (External Liquid) | G | 3 | |
| Desoximetasone (External Ointment) | G | 3 | |
| Diflorasone Diacetate (External Cream) | G | 3 | QL |
| Diflorasone Diacetate (External Ointment) | G | 4 | ST; QL |
| Diprolene (External Ointment) | B | 3 | |
| Doxepin HCl (External Cream) | G | 3 | PA; QL |
| Elidel (External Cream) | B | 3 | ST; QL |
| Eucrisa (External Ointment) | B | 3 | PA; QL |
| Fluocinolone Acetonide (External Cream) | G | 2 | |
| Fluocinolone Acetonide (External Ointment) | G | 2 | |
| Fluocinolone Acetonide (External Solution) | G | 2 | |
| Fluocinolone Acetonide Scalp (External Oil) | G | 2 | |
| Fluocinonide Emulsified Base (External Cream) | G | 2 | QL |
| Fluocinonide (0.05% External Cream) | G | 2 | QL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---------------------------------------------------------------|------------------|-----------|---------------------------------|
| Fluocinonide (0.1% External Cream) | G | 3 | QL |
| Fluocinonide (External Gel) | G | 2 | QL |
| Fluocinonide (External Ointment) | G | 2 | QL |
| Fluocinonide (External Solution) | G | 2 | QL |
| Flurandrenolide (External Cream) | G | 3 | |
| Flurandrenolide (External Lotion) | G | 3 | QL |
| Flurandrenolide (External Ointment) | G | 4 | |
| Fluticasone Propionate (External Cream) | G | 2 | |
| Fluticasone Propionate (External Lotion) | G | 3 | |
| Fluticasone Propionate (External Ointment) | G | 2 | |
| Halcinonide (External Cream) | G | 3 | |
| Halobetasol Propionate (External Cream) | G | 3 | |
| Halobetasol Propionate (External Foam) | B | 4 | |
| Halobetasol Propionate (External Ointment) | G | 3 | |
| Halog (External Cream) | B | 3 | |
| Halog (External Ointment) | B | 3 | |
| Halog (External Solution) | B | 3 | |
| Hydrocortisone Butyrate (External Cream) | G | 3 | |
| Hydrocortisone Butyrate (External Lotion) | G | 3 | QL |
| Hydrocortisone Butyrate (External Ointment) | G | 3 | |
| Hydrocortisone Butyrate (External Solution) | G | 3 | |
| Hydrocortisone (1% External Cream) | G | 1 | |
| Hydrocortisone (2.5% External Lotion) | G | 2 | |
| Hydrocortisone (1% External Ointment, 2.5% External Ointment) | G | 1 | |
| Hydrocortisone Valerate (External Cream) | G | 3 | |
| Hydrocortisone Valerate (External Ointment) | G | 3 | |
| Impeklo (External Lotion) | B | 3 | QL |
| Kenalog (External Aerosol Solution) | B | 4 | |
| Lexette (External Foam) | B | 4 | |
| Locoid (External Lotion) | B | 4 | QL |
| Locoid Lipocream (External Cream) | B | 3 | |
| Luxiq (External Foam) | B | 3 | |
| Mometasone Furoate (External Cream) | G | 1 | |
| Mometasone Furoate (External Ointment) | G | 1 | |
| Mometasone Furoate (External Solution) | G | 1 | |
| Nolix (External Cream) | G | 3 | |
| Nolix (External Lotion) | G | 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 |
|-------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Olux (External Foam) | B | 3 | QL |
| Olux-E (External Foam) | B | 4 | QL |
| Pandel (External Cream) | B | 4 | |
| Pimecrolimus (External Cream) | G | 3 | ST; QL |
| Prednicarbate (External Ointment) | G | 2 | |
| Protopic (External Ointment) | B | 3 | ST |
| PRUDOXIN (External Cream) | B | 4 | PA; QL |
| Psorcon (External Cream) | G | 3 | QL |
| Selenium Sulfide (External Lotion) | G | 1 | |
| Synalar (External Cream) | B | 3 | |
| Tacrolimus (External Ointment) | G | 3 | ST |
| Temovate (External Cream) | G | 3 | |
| Texacort (External Solution) | G | 3 | |
| Topicort (External Cream) | G | 3 | QL |
| Topicort (External Gel) | G | 3 | |
| Topicort (0.05% External Ointment) | B | 3 | |
| Topicort (0.25% External Ointment) | G | 3 | |
| Topicort Spray (External Liquid) | B | 3 | |
| Tovet (External Foam) | G | 3 | QL |
| Triamcinolone Acetonide (External Aerosol Solution) (Generic Kenalog) | G | 3 | |
| Triamcinolone Acetonide (External Cream) | G | 1 | |
| Triamcinolone Acetonide (External Lotion) | G | 2 | |
| Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment) | G | 1 | |
| Triamcinolone Acetonide (0.05% External Ointment) | G | 3 | |
| Trianex (External Ointment) | G | 3 | |
| Triderm (External Cream) | G | 1 | |
| Ultravate (External Lotion) | B | 4 | |
| Vanos (External Cream) | B | 4 | QL |
| Verdeso (External Foam) | B | 4 | ST; QL |
| Zonalon (External Cream) | B | 4 | PA; QL |
| Dermatological Agents, Other | | | |
| Aldara (External Cream) | B | 3 | QL |
| Calcipotriene (External Cream) | G | 3 | QL |
| Calcipotriene (External Foam) | B | 4 | |
| Calcipotriene (External Ointment) | G | 3 | QL |
| Calcipotriene (External Solution) | G | 2 | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|----------------------------------------------------------------|------------------|-----------|---------------------------------|
| Calcipotriene-Betamethasone (0.005-0.064% External Ointment) | G | 3 | |
| Calcipotriene-Betamethasone (0.005-0.064% External Suspension) | G | 4 | |
| Calcitriol (External Ointment) | B | 3 | |
| Carac (External Cream) | B | 4 | |
| Clotrimazole-Betamethasone (External Cream) | G | 2 | QL |
| Clotrimazole-Betamethasone (External Lotion) | G | 3 | |
| Condylox (External Gel) | B | 3 | |
| Diclofenac Sodium (3% External Gel) | G | 3 | PA; QL |
| Dovonex (External Cream) | B | 4 | QL |
| Duobrii (External Lotion) | B | 4 | PA |
| Efudex (External Cream) | B | 3 | QL |
| Enstilar (External Foam) | B | 4 | PA |
| Fluoroplex (External Cream) | B | 4 | PA |
| Fluorouracil (0.5% External Cream) | G | 4 | |
| Fluorouracil (5% External Cream) | G | 2 | QL |
| Fluorouracil (External Solution) | G | 2 | |
| Hydrocortisone Acetate-Pramoxine (1-1% External Cream) | G | 3 | |
| Imiquimod (3.75% External Cream) | G | 4 | PA |
| Imiquimod (5% External Cream) | G | 2 | QL |
| Methoxsalen Rapid (Oral Capsule) | G | 4 | |
| Neo-Synalar (External Cream) | G | 4 | |
| Nystatin-Triamcinolone (External Cream) | G | 2 | |
| Nystatin-Triamcinolone (External Ointment) | G | 2 | |
| Picato (0.015% External Gel, 0.05% External Gel) | B | 2 | QL |
| Podofilox (External Solution) | G | 2 | |
| Qbrexza (External Pad) | B | 3 | |
| Regranex (External Gel) | B | 4 | PA |
| Santyl (External Ointment) | B | 3 | |
| Silvadene (External Cream) | B | 3 | |
| Silver Sulfadiazine (External Cream) | G | 1 | |
| Sorilux (External Foam) | B | 4 | |
| SSD (External Cream) | B | 1 | |
| Taclonex (External Ointment) | B | 4 | |
| Taclonex (External Suspension) | B | 4 | |
| Vectical (External Ointment) | B | 4 | |

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 |
|-------------------------------------------|------------------|-----------|---------------------------------|
| Veregen (External Ointment) | B | 4 | |
| Xerese (External Cream) | B | 4 | PA |
| Zyclara (External Cream) | B | 4 | PA |
| Zyclara Pump (2.5% External Cream) | B | 4 | PA |
| Pediculicides/Scabicides | | | |
| Ivermectin (External Lotion) | G | 3 | |
| Lindane (External Shampoo) | G | 3 | |
| Malathion (External Lotion) | G | 3 | |
| Natroba (External Suspension) | B | 3 | |
| Ovide (External Lotion) | G | 3 | |
| Permethrin (External Cream) | G | 2 | |
| Soolantra (External Cream) | B | 3 | QL |
| Spinosad (External Suspension) | B | 3 | |
| Topical Anti-infectives | | | |
| Aczone (5% External Gel) | B | 4 | |
| Aczone (7.5% External Gel) | B | 3 | |
| Altabax (External Ointment) | B | 3 | |
| Amzeeq (External Foam) | B | 3 | |
| Ciclopirox (External Gel) | G | 2 | |
| Ciclopirox (External Shampoo) | G | 2 | |
| Ciclopirox (External Solution) | G | 2 | |
| Ciclopirox Olamine (External Cream) | G | 2 | |
| Ciclopirox Olamine (External Suspension) | G | 2 | |
| Cleocin-T (External Lotion) | B | 3 | QL |
| Clindacin-P (External Swab) | G | 2 | QL |
| Clindagel (External Gel) | B | 4 | QL |
| Clindamycin Phosphate (External Foam) | G | 3 | |
| Clindamycin Phosphate (External Gel) | G | 2 | QL |
| Clindamycin Phosphate (External Lotion) | G | 2 | QL |
| Clindamycin Phosphate (External Solution) | G | 1 | QL |
| Clindamycin Phosphate (External Swab) | G | 2 | QL |
| Clotrimazole (External Cream) | G | 1 | |
| Clotrimazole (External Solution) | G | 2 | |
| Dapsone (External Gel) | G | 3 | |
| Econazole Nitrate (External Cream) | G | 2 | QL |
| Ertaczo (External Cream) | B | 4 | |
| Ery (External Pad) | G | 2 | |
| Erygel (External Gel) | B | 3 | |
| Erythromycin (External Gel) | G | 2 | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|-----------------------------------------------|------------------|-----------|---------------------------------|
| Erythromycin (External Solution) | G | 2 | |
| Evoclin (External Foam) | B | 4 | |
| Extina (External Foam) | B | 4 | QL |
| Gentamicin Sulfate (External Cream) | G | 3 | |
| Gentamicin Sulfate (External Ointment) | G | 1 | |
| Jublia (External Solution) | B | 3 | |
| Kerydin (External Solution) | B | 4 | ST |
| Ketoconazole (External Cream) | G | 1 | QL |
| Ketoconazole (External Foam) | G | 3 | QL |
| Ketoconazole (External Shampoo) | G | 1 | |
| Ketodan (External Foam) | G | 3 | QL |
| Klaron (External Lotion) | B | 3 | PA |
| Loprox (External Cream) | B | 3 | |
| Loprox (External Shampoo) | B | 3 | |
| Luliconazole (External Cream) | B | 3 | QL |
| Luzu (External Cream) | B | 3 | QL |
| Mafenide Acetate (External Packet) | G | 4 | |
| Mentax (External Cream) | B | 3 | |
| Mupirocin Calcium (External Cream) | G | 3 | |
| Mupirocin (External Ointment) | G | 1 | QL |
| Naftifine HCl (External Cream) | G | 3 | |
| Naftin (External Gel) | B | 3 | |
| Nyamyc (External Powder) | G | 1 | QL |
| Nystatin (External Cream) | G | 1 | |
| Nystatin (External Ointment) | G | 1 | |
| Nystatin (External Powder) | G | 1 | QL |
| Nystop (External Powder) | G | 1 | QL |
| Oxiconazole Nitrate (External Cream) | G | 3 | QL |
| Oxistat (External Cream) | B | 3 | QL |
| Oxistat (External Lotion) | B | 3 | QL |
| Sulfacetamide Sodium (Acne) (External Lotion) | G | 3 | PA |
| Sulfamylon (External Cream) | B | 3 | |
| Sulfamylon (External Packet) | B | 4 | |
| Tavaborole (External Solution) | G | 4 | ST |
| Xepi (External Cream) | B | 3 | |
| Xolegel (External Gel) | B | 3 | PA; QL |
| Zilxi (External Foam) | 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 |
|-----------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Electrolytes/Minerals/Metals/Vitamins | | | |
| Electrolyte/Mineral Replacement | | | |
| Aminosyn II (15% Intravenous Solution) | B | 3 | B/D,PA |
| Aminosyn-PF (7% Intravenous Solution) | B | 3 | B/D,PA |
| Carbaglu (Oral Tablet) | B | 4 | |
| Clinimix E/Dextrose (2.75/5) (Intravenous Solution) | B | 3 | B/D,PA |
| Clinimix E/Dextrose (4.25/10) (Intravenous Solution) | B | 3 | B/D,PA |
| Clinimix E/Dextrose (4.25/5) (Intravenous Solution) | B | 3 | B/D,PA |
| Clinimix E/Dextrose (5/15) (Intravenous Solution) | B | 3 | B/D,PA |
| Clinimix E/Dextrose (5/20) (Intravenous Solution) | B | 3 | B/D,PA |
| Clinimix/Dextrose (4.25/10) (Intravenous Solution) | B | 3 | B/D,PA |
| Clinimix/Dextrose (4.25/5) (Intravenous Solution) | B | 3 | B/D,PA |
| Clinimix/Dextrose (5/15) (Intravenous Solution) | B | 3 | B/D,PA |
| Clinimix/Dextrose (5/20) (Intravenous Solution) | B | 3 | B/D,PA |
| Clinisol SF (Intravenous Solution) | G | 3 | B/D,PA |
| Dextrose (10% Intravenous Solution) | G | 2 | |
| Dextrose (5% Intravenous Solution) | G | 2 | B/D,PA |
| Dextrose-NaCl (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 5-0.2% Intravenous Solution) | B | 2 | |
| Dextrose-NaCl (2.5-0.45% Intravenous Solution, 5-0.45% Intravenous Solution) | G | 2 | |
| Dextrose-NaCl (5-0.9% Intravenous Solution) | G | 2 | B/D,PA |
| Endari (Oral Packet) | B | 4 | PA |
| HepatAmine (8% Intravenous Solution) | B | 3 | B/D,PA |
| Intralipid (Intravenous Emulsion) | B | 3 | B/D,PA |
| Isolyte-P in D5W (Intravenous Solution) | B | 3 | |
| Isolyte-S pH 7.4 (Intravenous Solution) | B | 3 | |
| KCl in Dextrose-NaCl (Intravenous Solution) | B | 2 | |
| KCl-Lactated Ringers-D5W (Intravenous Solution) | B | 2 | |
| Klor-Con 10 (Oral Tablet Extended Release) | B | 1 | |
| Klor-Con M10 (Oral Tablet Extended Release) | G | 1 | |
| Klor-Con M15 (Oral Tablet Extended Release) | G | 1 | |
| Klor-Con M20 (Oral Tablet Extended Release) | G | 1 | |
| Klor-Con (Oral Packet) | G | 3 | |
| Klor-Con 8 (Oral Tablet Extended Release) | B | 1 | |
| K-Tab (Oral Tablet Extended Release) | B | 3 | |
| Magnesium Sulfate (50% Injection Solution) | B | 1 | |
| Magnesium Sulfate (50% (10ML Syringe) Injection Solution) | G | 1 | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|----------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Nutrilipid (Intravenous Emulsion) | B | 3 | B/D,PA |
| Plasma-Lyte 148 (Intravenous Solution) | B | 3 | |
| Plasma-Lyte A (Intravenous Solution) | B | 3 | |
| Plenamaine (Intravenous Solution) | G | 3 | B/D,PA |
| Potassium Chloride CR (Oral Tablet Extended Release) | G | 1 | |
| Potassium Chloride ER (Oral Capsule Extended Release) | G | 1 | |
| Potassium Chloride in Dextrose (Intravenous Solution) | B | 2 | B/D,PA |
| Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution) | G | 2 | B/D,PA |
| Potassium Chloride in NaCl (20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution) | B | 2 | B/D,PA |
| Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 40MEQ/100ML Intravenous Solution) | B | 1 | B/D,PA |
| Potassium Chloride (2MEQ/ML Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution) | G | 1 | B/D,PA |
| Potassium Chloride (Oral Packet) | G | 3 | |
| Potassium Chloride (20 MEQ/15ML(10%) Oral Solution) | G | 2 | |
| Potassium Chloride (40 MEQ/15ML(20%) Oral Solution) | G | 3 | |
| Potassium Citrate ER (Oral Tablet Extended Release) | G | 3 | |
| Premasol (Intravenous Solution) | G | 3 | B/D,PA |
| Procalamine (Intravenous Solution) | B | 3 | B/D,PA |
| Prosol (Intravenous Solution) | B | 3 | B/D,PA |
| Sodium Chloride (0.45% Intravenous Solution) | G | 1 | |
| Sodium Chloride (0.9% Intravenous Solution, 3% Intravenous Solution) | G | 1 | B/D,PA |
| Sodium Chloride (5% Intravenous Solution) | B | 1 | B/D,PA |
| Sodium Chloride (Irrigation Solution) | B | 1 | |
| Sodium Fluoride (Oral Tablet) | G | 1 | |
| TPN Electrolytes (Intravenous Concentrate) | B | 3 | |
| Travasol (Intravenous Solution) | B | 3 | B/D,PA |
| TrophAmine (10% Intravenous Solution) | B | 3 | B/D,PA |
| Urocit-K 10 (Oral Tablet Extended Release) | B | 3 | |
| Urocit-K 15 (Oral Tablet Extended Release) | B | 3 | |
| Urocit-K 5 (Oral Tablet Extended Release) | B | 3 | |
| Electrolyte/Mineral/Metal Modifiers | | | |
| Chemet (Oral Capsule) | B | 4 | |
| Clovique (Oral Capsule) | G | 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 |
|--------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Deferasirox Granules (Oral Packet) | G | 4 | PA |
| Deferasirox (180MG Oral Tablet, 90MG Oral Tablet) (Generic Jadenu) | G | 3 | PA |
| Deferasirox (360MG Oral Tablet) (Generic Jadenu) | G | 2 | PA |
| Deferasirox (Oral Tablet Soluble) (Generic Exjade) | G | 4 | PA |
| Deferiprone (Oral Tablet) | G | 4 | PA |
| Exjade (Oral Tablet Soluble) | B | 4 | PA |
| Ferriprox (Oral Solution) | B | 4 | PA |
| Ferriprox (Oral Tablet) | B | 4 | PA |
| Jadenu (Oral Tablet) | B | 4 | PA |
| Jadenu Sprinkle (Oral Packet) | B | 4 | PA |
| Jynarque (Oral Tablet) | B | 4 | PA |
| Jynarque (Oral Tablet Therapy Pack) | B | 4 | PA; QL |
| Samsca (Oral Tablet) | B | 4 | PA |
| Syprine (Oral Capsule) | B | 4 | PA; QL |
| Tolvaptan (15MG Oral Tablet) | B | 4 | PA |
| Tolvaptan (30MG Oral Tablet) | G | 4 | PA |
| Trientine HCl (Oral Capsule) | G | 4 | PA; QL |
| Phosphate Binders | | | |
| Auryxia (Oral Tablet) | B | 4 | PA |
| Calcium Acetate (Phosphate Binder) (Oral Capsule) | G | 2 | |
| Calcium Acetate (667MG Oral Tablet) | G | 2 | |
| Fosrenol (Oral Packet) | B | 4 | |
| Fosrenol (Oral Tablet Chewable) | B | 4 | |
| Lanthanum Carbonate (Oral Tablet Chewable) | G | 4 | |
| Phoslyra (Oral Solution) | B | 2 | |
| Renagel (Oral Tablet) | B | 4 | |
| Renvela (Oral Packet) | B | 4 | |
| Renvela (Oral Tablet) | B | 4 | |
| Sevelamer Carbonate (Oral Packet) | G | 4 | |
| Sevelamer Carbonate (Oral Tablet) (Generic Renvela) | G | 2 | |
| Sevelamer HCl (Oral Tablet) | G | 3 | |
| Velphoro (Oral Tablet Chewable) | B | 4 | |
| Potassium Binders | | | |
| Lokelma (Oral Packet) | B | 3 | QL |
| Sodium Polystyrene Sulfonate (Oral Powder) | G | 2 | |
| SPS (Oral Suspension) | G | 2 | |
| Veltassa (16.8GM Oral Packet, 25.2GM Oral Packet) | B | 4 | QL |
| Veltassa (8.4GM Oral Packet) | B | 3 | QL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---------------------------------------------------|------------------|-----------|---------------------------------|
| Vitamins | | | |
| Prenatal (27-1MG Oral Tablet) | G | 1 | |
| Gastrointestinal Agents | | | |
| Anti-Constipation Agents | | | |
| Amitiza (Oral Capsule) | B | 3 | QL |
| Constulose (Oral Solution) | G | 1 | |
| Enulose (Oral Solution) | G | 1 | |
| Generlac (Oral Solution) | G | 1 | |
| Kristalose (Oral Packet) | G | 3 | |
| Lactulose (Oral Packet) | G | 3 | |
| Lactulose (10GM/15ML Oral Solution) | G | 1 | |
| Linzess (Oral Capsule) | B | 2 | QL |
| Lubiprostone (Oral Capsule) | G | 2 | QL |
| Motegrity (Oral Tablet) | B | 3 | QL |
| Movantik (Oral Tablet) | B | 2 | QL |
| Relistor (Oral Tablet) | B | 4 | PA |
| Relistor (Subcutaneous Solution) | B | 4 | PA |
| Symproic (Oral Tablet) | B | 3 | PA; QL |
| Trulance (Oral Tablet) | B | 3 | |
| Anti-Diarrheal Agents | | | |
| Alosetron HCl (Oral Tablet) | G | 4 | PA |
| Diphenoxylate-Atropine (Oral Liquid) | G | 3 | PA; HRM |
| Diphenoxylate-Atropine (Oral Tablet) | G | 3 | PA; HRM |
| Lomotil (Oral Tablet) | B | 3 | PA; HRM |
| Loperamide HCl (Oral Capsule) | G | 1 | |
| Lotronex (Oral Tablet) | B | 4 | PA |
| Mytesi (Oral Tablet Delayed Release) | B | 4 | PA |
| Viberzi (Oral Tablet) | B | 4 | PA; QL |
| Xermelo (Oral Tablet) | B | 4 | PA; QL |
| Antispasmodics, Gastrointestinal | | | |
| Cuvposa (Oral Solution) | B | 3 | PA |
| Dicyclomine HCl (Oral Capsule) | G | 1 | HRM |
| Dicyclomine HCl (Oral Solution) | G | 3 | HRM |
| Dicyclomine HCl (Oral Tablet) | G | 1 | HRM |
| Glycopyrrolate (1MG Oral Tablet, 2MG Oral Tablet) | G | 2 | PA |
| Gastrointestinal Agents, Other | | | |
| Amoxicillin-Clarithromycin-Lansoprazole (Oral) | 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 |
|---------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Chenodal (Oral Tablet) | G | 4 | PA |
| Clenpiq (Oral Solution) | B | 2 | |
| Gattex (Subcutaneous Kit) | B | 4 | PA |
| GaviLyte-C (Oral Solution Reconstituted) | G | 1 | |
| GaviLyte-G (Oral Solution Reconstituted) | G | 1 | |
| GaviLyte-N with Flavor Pack (Oral Solution Reconstituted) | G | 1 | |
| GoLYTELY (Oral Solution Reconstituted) | B | 3 | |
| Helidac Therapy (Oral) | G | 4 | |
| MoviPrep (Oral Solution Reconstituted) | B | 3 | |
| Myalept (Subcutaneous Solution Reconstituted) | B | 4 | PA |
| NuLYTELY Lemon-Lime (Oral Solution Reconstituted) | B | 3 | |
| Ocaliva (Oral Tablet) | B | 4 | PA; QL |
| Omeclamox-Pak (Oral) | B | 3 | |
| OsmoPrep (Oral Tablet) | B | 3 | |
| PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY) | G | 1 | |
| PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY) | G | 1 | |
| PEG-3350/Electrolytes/Ascorbat (Oral Solution Reconstituted) (Generic MoviPrep) | G | 3 | |
| Plenvu (Oral Solution Reconstituted) | B | 3 | |
| Pylera (Oral Capsule) | B | 4 | |
| Reltone (Oral Capsule) | G | 4 | |
| Suprep Bowel Prep Kit (Oral Solution) | B | 2 | |
| Sutab (Oral Tablet) | B | 3 | |
| Talicia (Oral Capsule Delayed Release) | B | 3 | |
| TriLyte (420GM Oral Solution Reconstituted) | G | 1 | |
| Urso 250 (Oral Tablet) | B | 3 | |
| Urso Forte (Oral Tablet) | B | 3 | |
| Ursodiol (Oral Capsule) | G | 2 | |
| Ursodiol (Oral Tablet) | G | 3 | |
| Histamine2 (H2) Receptor Antagonists | | | |
| Cimetidine HCl (300MG/5ML Oral Solution) | G | 2 | |
| Cimetidine (Oral Tablet) | G | 2 | |
| Famotidine (Oral Suspension Reconstituted) | G | 3 | |
| Famotidine (20MG Oral Tablet, 40MG Oral Tablet) | G | 1 | |
| Nizatidine (Oral Capsule) | G | 2 | |
| Nizatidine (Oral Solution) | G | 3 | |
| Pepcid (20MG Oral Tablet) | G | 3 | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|----------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Pepcid (40MG Oral Tablet) | G | 4 | |
| Protectants | | | |
| Carafate (Oral Suspension) | B | 3 | |
| Carafate (Oral Tablet) | B | 3 | |
| Cytotec (Oral Tablet) | B | 3 | |
| Misoprostol (Oral Tablet) | G | 2 | |
| Sucralfate (Oral Suspension) | G | 3 | |
| Sucralfate (Oral Tablet) | G | 1 | |
| Proton Pump Inhibitors | | | |
| Aciphex (Oral Tablet Delayed Release) | B | 3 | |
| Dexilant (Oral Capsule Delayed Release) | B | 3 | ST; QL |
| Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium) | G | 2 | QL |
| Esomeprazole Magnesium (Oral Packet) | G | 2 | |
| Lansoprazole (Oral Capsule Delayed Release) | G | 1 | QL |
| Lansoprazole ODT (Oral Tablet Delayed Release Dispersible) | G | 3 | |
| Nexium (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release) | B | 2 | QL |
| Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet) | B | 2 | |
| Omeprazole (10MG Oral Capsule Delayed Release) | G | 1 | QL |
| Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release) | G | 1 | |
| Omeprazole-Sodium Bicarbonate (Oral Capsule) | G | 3 | PA |
| Omeprazole-Sodium Bicarbonate (Oral Packet) | G | 4 | PA |
| Pantoprazole Sodium (Oral Packet) | G | 3 | ST |
| Pantoprazole Sodium (Oral Tablet Delayed Release) | G | 1 | QL |
| Prevacid (Oral Capsule Delayed Release) | B | 3 | QL |
| Prevacid SoluTab (Oral Tablet Delayed Release Dispersible) | B | 3 | |
| Prilosec (Oral Packet) | B | 3 | PA |
| Protonix (Oral Packet) | B | 3 | ST |
| Protonix (Oral Tablet Delayed Release) | B | 3 | QL |
| Rabeprazole Sodium (Oral Tablet Delayed Release) | G | 2 | |
| Zegerid (Oral Capsule) | B | 4 | PA |
| Zegerid (Oral Packet) | B | 4 | PA |
| Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment | | | |

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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment | | | |
| Aralast NP (1000MG Intravenous Solution Reconstituted) | B | 4 | PA |
| Buphenyl (Oral Powder) | B | 4 | |
| Buphenyl (Oral Tablet) | B | 4 | |
| Carnitor (Oral Solution) | B | 3 | |
| Carnitor (Oral Tablet) | B | 3 | |
| Cerdelga (Oral Capsule) | B | 4 | PA |
| Cholbam (Oral Capsule) | B | 4 | PA |
| Creon (Oral Capsule Delayed Release Particles) | B | 2 | |
| Cromolyn Sodium (Oral Concentrate) | G | 2 | |
| Cystadane (Oral Powder) | B | 4 | |
| Cystagon (Oral Capsule) | B | 3 | |
| Evrysdi (Oral Solution Reconstituted) | B | 4 | PA; QL |
| Galafold (Oral Capsule) | B | 4 | |
| Gastrocrom (Oral Concentrate) | B | 4 | |
| Glassia (Intravenous Solution) | B | 4 | PA |
| Keveyis (Oral Tablet) | B | 4 | PA; QL |
| Kuvan (Oral Packet) | B | 4 | |
| Kuvan (Oral Tablet) | B | 4 | |
| Levocarnitine (1GM/10ML Oral Solution) | G | 3 | |
| Levocarnitine (330MG Oral Tablet) | B | 2 | |
| Miglustat (Oral Capsule) | G | 4 | PA |
| Nitisinone (Oral Capsule) | G | 4 | |
| Nityr (Oral Tablet) | B | 4 | |
| Orfadin (Oral Capsule) | B | 4 | |
| Orfadin (Oral Suspension) | B | 4 | |
| Palynziq (Subcutaneous Solution Prefilled Syringe) | B | 4 | PA; QL |
| Pancreaze (10500-35500UNIT Oral Capsule Delayed Release Particles, 16800-56800UNIT Oral Capsule Delayed Release Particles, 2600-8800UNIT Oral Capsule Delayed Release Particles, 4200-14200UNIT Oral Capsule Delayed Release Particles) | B | 3 | ST |
| Pancreaze (21000-54700UNIT Oral Capsule Delayed Release Particles) | B | 4 | ST |
| Pertzye (16000-57500UNIT Oral Capsule Delayed Release Particles, 24000-86250UNIT Oral Capsule Delayed Release Particles) | B | 4 | ST |
| Pertzye (4000-14375UNIT Oral Capsule Delayed Release Particles, 8000-28750UNIT Oral Capsule Delayed Release Particles) | B | 3 | ST |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|--------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Procysbi (Oral Packet) | B | 4 | |
| Prolastin-C (Intravenous Solution Reconstituted) | B | 4 | PA |
| RAVICTI (Oral Liquid) | B | 4 | |
| Sapropterin Dihydrochloride (Oral Packet) | G | 4 | |
| Sapropterin Dihydrochloride (Oral Tablet) | G | 4 | |
| Sodium Phenylbutyrate (Oral Powder) | G | 4 | |
| Sodium Phenylbutyrate (Oral Tablet) | G | 4 | |
| Sucraid (Oral Solution) | B | 4 | |
| Tegsedi (Subcutaneous Solution Prefilled Syringe) | B | 4 | PA |
| Viokace (10440-39150UNIT Oral Tablet) | B | 3 | ST |
| Viokace (20880-78300UNIT Oral Tablet) | B | 4 | ST |
| Vyndamax (Oral Capsule) | B | 4 | PA; QL |
| Vyndaqel (Oral Capsule) | B | 4 | PA; QL |
| Xuriden (Oral Packet) | B | 4 | PA |
| Zavesca (Oral Capsule) | B | 4 | PA |
| Zemaira (Intravenous Solution Reconstituted) | B | 4 | PA |
| Zenpep (Oral Capsule Delayed Release Particles) | B | 2 | |
| Genitourinary Agents | | | |
| Antispasmodics, Urinary | | | |
| Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour) | G | 3 | ST; QL |
| Detrol LA (Oral Capsule Extended Release 24 Hour) | B | 3 | |
| Detrol (Oral Tablet) | B | 3 | |
| Ditropan XL (Oral Tablet Extended Release 24 Hour) | B | 3 | |
| Flavoxate HCl (Oral Tablet) | G | 2 | |
| Gelnique (Transdermal Gel) | B | 3 | |
| Gemtesa (Oral Tablet) | B | 3 | ST |
| Myrbetriq (Oral Tablet Extended Release 24 Hour) | B | 2 | |
| Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour) | G | 2 | |
| Oxybutynin Chloride (Oral Syrup) | G | 1 | |
| Oxybutynin Chloride (Oral Tablet Immediate Release) | G | 1 | |
| Oxytrol (Transdermal Patch Twice Weekly) | B | 3 | |
| Solifenacin Succinate (Oral Tablet) | G | 2 | QL |
| Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour) | G | 3 | |
| Tolterodine Tartrate (Oral Tablet) | G | 2 | |
| Toviaz (Oral Tablet Extended Release 24 Hour) | B | 3 | ST; QL |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|----------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Trospium Chloride ER (Oral Capsule Extended Release 24 Hour) | G | 3 | |
| Trospium Chloride (Oral Tablet) | G | 2 | |
| Vesicare LS (Oral Suspension) | B | 3 | PA; QL |
| Vesicare (Oral Tablet) | B | 3 | QL |
| Benign Prostatic Hypertrophy Agents | | | |
| Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour) | G | 1 | |
| Avodart (Oral Capsule) | B | 3 | |
| Cardura XL (Oral Tablet Extended Release 24 Hour) | B | 3 | QL |
| Cialis (2.5MG Oral Tablet, 5MG Oral Tablet) | B | 3 | PA; QL |
| Dutasteride (Oral Capsule) | G | 2 | |
| Dutasteride-Tamsulosin HCl (Oral Capsule) | G | 3 | |
| Finasteride (5MG Oral Tablet) (Generic Proscar) | G | 1 | |
| Flomax (Oral Capsule) | B | 3 | |
| Jalyn (Oral Capsule) | B | 3 | |
| Proscar (Oral Tablet) | B | 3 | |
| Rapaflo (Oral Capsule) | B | 3 | QL |
| Silodosin (Oral Capsule) | G | 2 | QL |
| Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet) | G | 2 | PA; QL |
| Tamsulosin HCl (Oral Capsule) | G | 1 | |
| Terazosin HCl (Oral Capsule) | G | 1 | |
| Uroxatral (Oral Tablet Extended Release 24 Hour) | B | 3 | |
| Genitourinary Agents, Other | | | |
| Bethanechol Chloride (10MG Oral Tablet, 25MG Oral Tablet, 5MG Oral Tablet) | G | 2 | |
| Bethanechol Chloride (50MG Oral Tablet) | G | 3 | |
| Cuprimine (Oral Capsule) | B | 4 | PA |
| Depen Titratabs (Oral Tablet) | B | 4 | |
| Elmiron (Oral Capsule) | B | 4 | |
| Lithostat (Oral Tablet) | B | 4 | |
| Penicillamine (250MG Oral Capsule) | G | 4 | PA |
| Penicillamine (250MG Oral Tablet) | G | 4 | |
| Thiola EC (Oral Tablet Delayed Release) | B | 4 | |
| Thiola (Oral Tablet Immediate Release) | B | 4 | |
| Tiopronin (Oral Tablet) | G | 4 | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) | | | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) | | | |
| Acthar (Injection Gel) | B | 4 | PA |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Alkindi Sprinkle (0.5MG Oral Capsule Sprinkle) | B | 3 | |
| Alkindi Sprinkle (1MG Oral Capsule Sprinkle, 2MG Oral Capsule Sprinkle, 5MG Oral Capsule Sprinkle) | B | 4 | |
| Cortef (Oral Tablet) | B | 3 | |
| Dexabliss (Oral Tablet Therapy Pack) | G | 3 | |
| Dexamethasone (Oral Elixir) | G | 1 | |
| Dexamethasone (Oral Tablet) | G | 1 | |
| Dexamethasone (Oral Tablet Therapy Pack) | G | 3 | |
| Emflaza (Oral Suspension) | B | 4 | PA |
| Emflaza (Oral Tablet) | B | 4 | PA |
| Fludrocortisone Acetate (Oral Tablet) | G | 1 | |
| Hemady (Oral Tablet) | B | 3 | |
| Hydrocortisone (Oral Tablet) | G | 1 | |
| Medrol (Oral Tablet) | B | 3 | |
| Medrol (Oral Tablet Therapy Pack) | B | 3 | |
| Methylprednisolone (Oral Tablet) | G | 1 | |
| Methylprednisolone (Oral Tablet Therapy Pack) | G | 1 | |
| Millipred (Oral Tablet) | G | 3 | |
| Orapred ODT (Oral Tablet Dispersible) | B | 3 | |
| Prednisolone (Oral Solution) | G | 1 | |
| Prednisolone Sodium Phosphate (10MG/5ML Oral Solution, 20MG/5ML Oral Solution, 25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution) | G | 3 | |
| Prednisolone Sodium Phosphate ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 30MG Oral Tablet Dispersible) | G | 3 | |
| Prednisone Intensol (Oral Concentrate) | G | 3 | |
| Prednisone (5MG/5ML Oral Solution) | G | 3 | |
| Prednisone (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 50MG Oral Tablet, 5MG Oral Tablet) | G | 1 | |
| 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 | 1 | |
| Rayos (Oral Tablet Delayed Release) | B | 4 | PA |
| TaperDex 12-Day (Oral Tablet Therapy Pack) | G | 3 | |
| TaperDex 6-Day (Oral Tablet Therapy Pack) | G | 3 | |
| TaperDex 7-Day (Oral Tablet Therapy Pack) | G | 3 | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) | | | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) | | | |

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 |
|----------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| DDAVP (0.1MG Oral Tablet) | B | 3 | |
| DDAVP (0.2MG Oral Tablet) | B | 4 | |
| Desmopressin Acetate (Oral Tablet) | G | 2 | |
| Desmopressin Acetate Spray (Nasal Solution) | G | 3 | |
| Egrifta SV (2MG Subcutaneous Solution Reconstituted) | B | 4 | PA |
| Genotropin MiniQuick (Subcutaneous Solution Reconstituted) | B | 4 | PA |
| Genotropin (12MG Subcutaneous Solution Reconstituted) | B | 4 | PA |
| Genotropin (5MG Subcutaneous Solution Reconstituted) | B | 3 | PA |
| Humatrope (Injection Solution Renconstituted), Humatrope Combo Pack (Injection) | B | 4 | PA |
| Increlex (Subcutaneous Solution) | B | 4 | PA |
| Nocdurna (Tablet Sublingual) | B | 3 | PA |
| Norditropin FlexPro (Subcutaneous Solution Pen-Injector) | B | 4 | PA |
| Nutropin AQ NuSpin 10 (Subcutaneous Solution Pen-Injector) | B | 4 | PA |
| Nutropin AQ NuSpin 20 (Subcutaneous Solution Pen-Injector) | B | 4 | PA |
| Nutropin AQ NuSpin 5 (Subcutaneous Solution Pen-Injector) | B | 4 | PA |
| Omnitrope (Subcutaneous Solution Cartridge) | B | 4 | PA |
| Omnitrope (Subcutaneous Solution Reconstituted) | B | 4 | PA |
| Saizen (Injection Solution Reconstituted) | B | 4 | PA |
| Saizenprep (Injection Solution Reconstituted) | B | 4 | PA |
| Serostim (Subcutaneous Solution Reconstituted) | B | 4 | PA |
| Zomacton (10MG Subcutaneous Solution Reconstituted) | B | 4 | PA |
| Zomacton (5MG Subcutaneous Solution Reconstituted) | B | 3 | PA |
| Zorbtive (Subcutaneous Solution Reconstituted) | B | 4 | PA |
| Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) | | | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) | | | |
| Korlym (Oral Tablet) | B | 4 | PA |
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) | | | |
| Anabolic Steroids | | | |
| Oxandrolone (10MG Oral Tablet) | G | 3 | PA |
| Oxandrolone (2.5MG Oral Tablet) | G | 2 | PA |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Androgens | | | |
| Androderm (Transdermal Patch 24 Hour) | B | 2 | |
| AndroGel Pump (Transdermal Gel) | B | 4 | |
| AndroGel (Transdermal Gel) | B | 4 | |
| Aveed (Intramuscular Solution) | B | 3 | PA |
| Danazol (Oral Capsule) | G | 3 | |
| Depo-Testosterone (Intramuscular Solution) | G | 3 | |
| Fortesta (Transdermal Gel) | B | 3 | |
| Jatenzo (158MG Oral Capsule, 198MG Oral Capsule) | B | 3 | PA |
| Jatenzo (237MG Oral Capsule) | B | 4 | PA |
| Methitest (Oral Tablet) | G | 4 | PA |
| Methyltestosterone (Oral Capsule) | G | 4 | PA |
| Natesto (Nasal Gel) | B | 3 | |
| Testim (Transdermal Gel) | B | 4 | |
| Testosterone Cypionate (Intramuscular Solution) | G | 1 | |
| Testosterone Enanthate (Intramuscular Solution) | G | 2 | |
| Testosterone Pump (2% Transdermal Gel, 1% Transdermal Gel, 1.62% Transdermal Gel), Testosterone (20.25 MG/1.25GM 1.62% Transdermal Gel, 25 MG/2.5GM 1% Transdermal Gel, 40.5 MG/2.5GM 1.62% Transdermal Gel, 50 MG/5GM 1% Transdermal Gel) | G | 3 | |
| Testosterone (Transdermal Solution) | G | 3 | |
| Vogelxo Pump (Transdermal Gel) | B | 3 | |
| Vogelxo (Transdermal Gel) | B | 3 | |
| Xyosted (Subcutaneous Solution Auto-Injector) | B | 3 | PA |
| Estrogens | | | |
| Alora (Transdermal Patch Twice Weekly) | B | 3 | PA; HRM; QL |
| Altavera (Oral Tablet) | G | 3 | |
| Alyacen 1/35 (Oral Tablet) | G | 3 | |
| Amethia (Oral Tablet) | G | 3 | |
| Annovera (Vaginal Ring) | B | 3 | QL |
| Apri (Oral Tablet) | G | 3 | |
| Aranelle (Oral Tablet) | G | 3 | |
| Ashlyna (Oral Tablet) | G | 3 | |
| Aubra EQ (Oral Tablet) | G | 3 | |
| Aviane (Oral Tablet) | G | 3 | |
| Balcoltra (Oral Tablet) | B | 3 | |
| Balziva (Oral Tablet) | G | 3 | |
| Beyaz (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 |
|--------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Blisovi 24 Fe (Oral Tablet) | G | 3 | |
| Blisovi Fe 1.5/30 (Oral Tablet) | G | 3 | |
| Briellyn (Oral Tablet) | G | 3 | |
| Camrese Lo (Oral Tablet) | G | 3 | |
| Caziant (Oral Tablet) | G | 3 | |
| Climara Pro (Transdermal Patch Weekly) | B | 3 | PA; HRM |
| Cryselle-28 (Oral Tablet) | G | 3 | |
| Cyclafem 1/35 (Oral Tablet) | G | 3 | |
| Cyclafem 7/7/7 (Oral Tablet) | G | 3 | |
| Cyred EQ (Oral Tablet) | G | 3 | |
| Delestrogen (Intramuscular Oil) | B | 3 | |
| Depo-Estradiol (Intramuscular Oil) | G | 3 | |
| Desogestrel-Ethinyl Estradiol (Oral Tablet) | G | 3 | |
| Dolishale (Oral Tablet) | G | 3 | |
| Dotti (Transdermal Patch Twice Weekly) | G | 3 | PA; HRM; QL |
| Drospirenone-Ethinyl Estradiol (Oral Tablet) | G | 3 | |
| Drospirenone-Ethinyl Estradiol-Levomefolate (3-0.02-0.451MG Oral Tablet) | G | 3 | |
| Elestrin (Transdermal Gel) | B | 3 | PA; HRM |
| EluRyng (Vaginal Ring) | G | 3 | |
| Emoquette (Oral Tablet) | G | 3 | |
| Enpresse-28 (Oral Tablet) | G | 3 | |
| Enskyce (Oral Tablet) | G | 3 | |
| Estarylla (Oral Tablet) | G | 3 | |
| Estrace (Oral Tablet) | G | 3 | PA; HRM |
| Estrace (Vaginal Cream) | G | 3 | |
| Estradiol (Oral Tablet) | G | 3 | PA; HRM |
| Estradiol (Transdermal Patch Twice Weekly) | G | 3 | PA; HRM; QL |
| Estradiol (Vaginal Cream) | G | 2 | |
| Estradiol (Vaginal Tablet) | G | 3 | |
| Estradiol Valerate (Intramuscular Oil) | G | 2 | |
| Estring (Vaginal Ring) | B | 3 | |
| Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet) | G | 3 | |
| Etonogestrel-Ethinyl Estradiol (Vaginal Ring) | G | 3 | |
| Falmina (Oral Tablet) | G | 3 | |
| Fayosim (Oral Tablet) | G | 3 | |
| Femring (Vaginal Ring) | B | 3 | |
| Femynor (Oral Tablet) | G | 3 | |
| Fyavolv (Oral Tablet) | G | 3 | PA; HRM |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|--------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Gemmily (Oral Capsule) | G | 3 | |
| Generess Fe (Oral Tablet Chewable) | B | 3 | |
| Hailey 24 Fe (Oral Tablet) | G | 3 | |
| Iclevia (Oral Tablet) | G | 3 | |
| Imvexxy Maintenance Pack (Vaginal Insert) | B | 2 | PA |
| Imvexxy Starter Pack (Vaginal Insert) | B | 2 | PA |
| Introvale (Oral Tablet) | G | 3 | |
| Isibloom (Oral Tablet) | G | 3 | |
| Jasmiel (Oral Tablet) | G | 3 | |
| Jinteli (Oral Tablet) | G | 3 | PA; HRM |
| Juleber (Oral Tablet) | G | 3 | |
| Junel 1.5/30 (Oral Tablet) | G | 3 | |
| Junel 1/20 (Oral Tablet) | G | 3 | |
| Junel Fe 1.5/30 (Oral Tablet) | G | 3 | |
| Junel Fe 1/20 (Oral Tablet) | G | 3 | |
| Junel Fe 24 (Oral Tablet) | G | 3 | |
| Kaitlib Fe (Oral Tablet Chewable) | G | 3 | |
| Kariva (Oral Tablet) | G | 3 | |
| Kelnor 1/35 (Oral Tablet) | G | 3 | |
| Kelnor 1/50 (Oral Tablet) | G | 3 | |
| Kurvelo (Oral Tablet) | G | 3 | |
| LARIN 1.5/30 (Oral Tablet) | G | 3 | |
| LARIN 1/20 (Oral Tablet) | G | 3 | |
| LARIN Fe 1.5/30 (Oral Tablet) | G | 3 | |
| LARIN Fe 1/20 (Oral Tablet) | G | 3 | |
| Larissia (Oral Tablet) | G | 3 | |
| Layolis Fe (Oral Tablet Chewable) | B | 3 | |
| Leena (Oral Tablet) | G | 3 | |
| Lessina (Oral Tablet) | G | 3 | |
| Levonest (Oral Tablet) | G | 3 | |
| Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet) | G | 3 | |
| Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet) | G | 3 | |
| Levonorgestrel-Ethinyl Estradiol (Oral Tablet) | G | 3 | |
| Levora 0.15/30 (28) (Oral Tablet) | G | 3 | |
| Lo Loestrin Fe (Oral Tablet) | B | 3 | |
| Loestrin 1.5/30 (21) (Oral Tablet) | G | 3 | |
| Loestrin 1/20 (21) (Oral Tablet) | 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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Loestrin Fe 1.5/30 (Oral Tablet) | G | 3 | |
| Loestrin Fe 1/20 (Oral Tablet) | G | 3 | |
| Loryna (Oral Tablet) | G | 3 | |
| LoSeasonique (Oral Tablet) | B | 3 | |
| Low-Ogestrel (Oral Tablet) | G | 3 | |
| Lutera (Oral Tablet) | G | 3 | |
| Lyllana (Transdermal Patch Twice Weekly) | G | 3 | PA; HRM; QL |
| Marlissa (Oral Tablet) | G | 3 | |
| Menest (Oral Tablet) | G | 3 | PA; HRM |
| Mibelas 24 Fe (Oral Tablet Chewable) | G | 3 | |
| Microgestin 1.5/30 (Oral Tablet) | G | 3 | |
| Microgestin 1/20 (Oral Tablet) | G | 3 | |
| Microgestin Fe 1.5/30 (Oral Tablet) | G | 3 | |
| Microgestin Fe 1/20 (Oral Tablet) | G | 3 | |
| Mili (Oral Tablet) | G | 3 | |
| Minastrin 24 Fe (Oral Tablet Chewable) | B | 3 | |
| Minivelle (Transdermal Patch Twice Weekly) | B | 3 | PA; HRM; QL |
| Natazia (Oral Tablet) | B | 3 | |
| Necon 0.5/35 (28) (Oral Tablet) | G | 3 | |
| Nextstellis (Oral Tablet) | B | 3 | |
| Nikki (Oral Tablet) | G | 3 | |
| Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet) | G | 3 | PA; HRM |
| Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet) | G | 3 | |
| Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG(24) Oral Capsule) | G | 3 | |
| Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG Oral Tablet) | G | 3 | |
| 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 | 3 | |
| Norgestimate-Ethinyl Estradiol (Oral Tablet) | G | 3 | |
| Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet) | G | 3 | |
| Nortrel 0.5/35 (28) (Oral Tablet) | G | 3 | |
| Nortrel 1/35 (21) (Oral Tablet) | G | 3 | |
| Nortrel 1/35 (28) (Oral Tablet) | G | 3 | |
| Nortrel 7/7/7 (Oral Tablet) | G | 3 | |
| NuvaRing (Vaginal Ring) | B | 3 | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---------------------------------|------------------|-----------|---------------------------------|
| Nylia 7/7/7 (Oral Tablet) | G | 3 | |
| Nymyo (Oral Tablet) | G | 3 | |
| Ocella (Oral Tablet) | G | 3 | |
| Orsythia (Oral Tablet) | G | 3 | |
| Pimtreea (Oral Tablet) | G | 3 | |
| Pirmella 1/35 (Oral Tablet) | G | 3 | |
| Portia-28 (Oral Tablet) | G | 3 | |
| Premarin (Vaginal Cream) | B | 2 | |
| Previfem (Oral Tablet) | G | 3 | |
| Quartette (Oral Tablet) | B | 3 | |
| Reclipsen (Oral Tablet) | G | 3 | |
| Rivelsa (Oral Tablet) | G | 3 | |
| Safyral (Oral Tablet) | B | 3 | |
| Seasonique (Oral Tablet) | B | 3 | |
| Setlakin (Oral Tablet) | G | 3 | |
| Sprintec 28 (Oral Tablet) | G | 3 | |
| Sronyx (Oral Tablet) | G | 3 | |
| Syeda (Oral Tablet) | G | 3 | |
| Tarina 24 Fe (Oral Tablet) | G | 3 | |
| Tarina Fe 1/20 EQ (Oral Tablet) | G | 3 | |
| Tilia Fe (Oral Tablet) | G | 3 | |
| Tri-Estarylla (Oral Tablet) | G | 3 | |
| Tri-Legest Fe (Oral Tablet) | G | 3 | |
| Tri-Lo-Estarylla (Oral Tablet) | G | 3 | |
| Tri-Lo-Sprintec (Oral Tablet) | G | 3 | |
| Tri-Mili (Oral Tablet) | G | 3 | |
| Tri-Nymyo (Oral Tablet) | G | 3 | |
| Tri-Previfem (Oral Tablet) | G | 3 | |
| Tri-Sprintec (Oral Tablet) | G | 3 | |
| Trivora (28) (Oral Tablet) | G | 3 | |
| Tri-VyLibra Lo (Oral Tablet) | G | 3 | |
| Tri-VyLibra (Oral Tablet) | G | 3 | |
| Tydemy (Oral Tablet) | G | 3 | |
| Vagifem (Vaginal Tablet) | B | 3 | |
| Velivet (Oral Tablet) | G | 3 | |
| Vestura (Oral Tablet) | G | 3 | |
| Vienva (Oral Tablet) | 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 |
|--------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Vivelle-Dot (Transdermal Patch Twice Weekly) | B | 3 | PA; HRM; QL |
| Vyfemla (Oral Tablet) | G | 3 | |
| VyLibra (Oral Tablet) | G | 3 | |
| WYMZYA Fe (Oral Tablet Chewable) | G | 3 | |
| Xulane (Transdermal Patch Weekly) | G | 3 | |
| Yasmin 28 (Oral Tablet) | B | 3 | |
| YAZ (Oral Tablet) | B | 3 | |
| Yuvafem (Vaginal Tablet) | G | 3 | |
| Zafemy (Transdermal Patch Weekly) | G | 3 | |
| Zarah (Oral Tablet) | G | 3 | |
| Zovia 1/35 (28) (Oral Tablet) | G | 3 | |
| Progestins | | | |
| Aygestin (Oral Tablet) | G | 3 | |
| Camila (Oral Tablet) | G | 2 | |
| Crinone (Vaginal Gel) | B | 3 | PA |
| Deblitane (Oral Tablet) | G | 2 | |
| Depo-Provera (150MG/ML Intramuscular Suspension) | B | 3 | |
| Depo-SubQ Provera 104 (Subcutaneous Suspension Prefilled Syringe) | B | 3 | |
| Errin (Oral Tablet) | G | 2 | |
| Incassia (Oral Tablet) | G | 2 | |
| Intrarosa (Vaginal Insert) | B | 3 | PA; QL |
| Lyleq (Oral Tablet) | G | 2 | |
| Lyza (Oral Tablet) | G | 2 | |
| Medroxyprogesterone Acetate (Intramuscular Suspension) | G | 1 | |
| Medroxyprogesterone Acetate (Intramuscular Suspension Prefilled Syringe) | G | 1 | |
| Medroxyprogesterone Acetate (Oral Tablet) | G | 1 | |
| Megestrol Acetate (40MG/ML Oral Suspension, 625MG/5ML Oral Suspension) | G | 3 | PA; HRM |
| Megestrol Acetate (Oral Tablet) | G | 3 | PA; HRM |
| Nora-BE (Oral Tablet) | G | 2 | |
| Norethindrone Acetate (5MG Oral Tablet) | G | 1 | |
| Norethindrone (0.35MG Oral Tablet) | G | 2 | |
| Progesterone (Oral Capsule) | G | 2 | |
| Prometrium (Oral Capsule) | B | 3 | |
| Provera (Oral Tablet) | B | 3 | |
| Sharobel (Oral Tablet) | G | 2 | |
| Slynd (Oral Tablet) | B | 3 | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Selective Estrogen Receptor Modifying Agents | | | |
| Evista (Oral Tablet) | B | 3 | |
| Osphena (Oral Tablet) | B | 2 | PA; QL |
| Raloxifene HCl (Oral Tablet) | G | 2 | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) | | | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) | | | |
| Cytomel (Oral Tablet) | B | 3 | |
| Euthyrox (Oral Tablet) | B | 1 | |
| Levo-T (Oral Tablet) | B | 1 | |
| Levothyroxine Sodium (Oral Capsule) | G | 3 | |
| Levothyroxine Sodium (Oral Tablet) | G | 1 | |
| Levoxyl (Oral Tablet) | B | 1 | |
| Liothyronine Sodium (Oral Tablet) | G | 1 | |
| Synthroid (Oral Tablet) | B | 2 | |
| Thyquidity (Oral Solution) | B | 3 | |
| Tirosint (Oral Capsule) | B | 3 | |
| Tirosint-SOL (100MCG/ML Oral Solution, 112MCG/ML Oral Solution, 125MCG/ML Oral Solution, 137MCG/ML Oral Solution, 13MCG/ML Oral Solution, 150MCG/ML Oral Solution, 175MCG/ML Oral Solution, 200MCG/ML Oral Solution, 25MCG/ML Oral Solution, 50MCG/ML Oral Solution, 75MCG/ML Oral Solution, 88MCG/ML Oral Solution) | B | 3 | |
| Unithroid (Oral Tablet) | B | 1 | |
| Hormonal Agents, Suppressant (Adrenal) | | | |
| Hormonal Agents, Suppressant (Adrenal) | | | |
| Isturisa (Oral Tablet) | B | 4 | PA |
| Lysodren (Oral Tablet) | B | 4 | |
| Hormonal Agents, Suppressant (Pituitary) | | | |
| Hormonal Agents, Suppressant (Pituitary) | | | |
| Cabergoline (Oral Tablet) | G | 2 | |
| Eligard (Subcutaneous Kit) | B | 3 | PA |
| Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted) | B | 4 | PA |
| Firmagon (80MG Subcutaneous Solution Reconstituted) | B | 3 | PA |
| Leuprolide Acetate (Injection Kit) | G | 3 | PA |
| Lupaneta Pack (Combination Kit) | B | 4 | PA |
| Lupron Depot (1-Month) (Intramuscular Kit) | B | 4 | PA |
| Lupron Depot (3-Month) (Intramuscular Kit) | B | 4 | PA |

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 |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Lupron Depot (4-Month) (Intramuscular Kit) | B | 4 | PA |
| Lupron Depot (6-Month) (Intramuscular Kit) | B | 4 | PA |
| Mycapssa (Oral Capsule Delayed Release) | B | 4 | PA; QL |
| Octreotide Acetate (1000MCG/ML Injection Solution) | G | 4 | PA |
| Octreotide Acetate (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 500MCG/ML Injection Solution, 50MCG/ML Injection Solution) | G | 3 | PA |
| Orgovyx (Oral Tablet) | B | 4 | PA; QL |
| Oriahnn (Oral Capsule Therapy Pack) | B | 4 | PA; QL |
| Orilissa (Oral Tablet) | B | 4 | PA; QL |
| Sandostatin (100MCG/ML Injection Solution, 500MCG/ML Injection Solution) | B | 4 | PA |
| Sandostatin (50MCG/ML Injection Solution) | B | 3 | PA |
| Signifor (Subcutaneous Solution) | B | 4 | PA |
| Somavert (Subcutaneous Solution Reconstituted) | B | 4 | PA; QL |
| Synarel (Nasal Solution) | B | 4 | |
| Trelstar Mixject (Intramuscular Suspension Reconstituted) | B | 4 | PA |
| Hormonal Agents, Suppressant (Thyroid) | | | |
| Antithyroid Agents | | | |
| Methimazole (Oral Tablet) | G | 1 | |
| Propylthiouracil (Oral Tablet) | G | 1 | |
| Tapazole (Oral Tablet) | G | 3 | |
| Immunological Agents | | | |
| Angioedema Agents | | | |
| Berinert (Intravenous Kit) | B | 4 | PA |
| Cinryze (Intravenous Solution Reconstituted) | B | 4 | PA |
| Firazyr (Subcutaneous Solution) | B | 4 | PA; QL |
| Haegarda (Subcutaneous Solution Reconstituted) | B | 4 | PA |
| Icatibant Acetate (Subcutaneous Solution) | G | 4 | PA; QL |
| Orladeyo (Oral Capsule) | B | 4 | PA; QL |
| Ruconest (Intravenous Solution Reconstituted) | B | 4 | PA |
| Takhzyro (Subcutaneous Solution) | B | 4 | PA |
| Immunoglobulins | | | |
| BIVIGAM (Intravenous Solution) | B | 4 | PA |
| Flebogamma DIF (5GM/50ML Intravenous Solution) | B | 4 | PA |
| Gammagard (2.5GM/25ML Injection Solution) | B | 4 | PA |
| Gammagard S/D Less IgA (Intravenous Solution Reconstituted) | B | 4 | PA |
| Gammaked (1GM/10ML Injection Solution) | B | 4 | PA |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution) | B | 4 | PA |
| Gamunex-C (1GM/10ML Injection Solution) | B | 4 | PA |
| Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution) | B | 4 | PA |
| Panzyga (Intravenous Solution) | B | 4 | PA |
| Privigen (20GM/200ML Intravenous Solution) | B | 4 | PA |
| Varizig (Intramuscular Solution) | B | 4 | |
| Immunological Agents, Other | | | |
| Actemra ACTPen (Subcutaneous Solution Auto-Injector) | B | 4 | PA; QL |
| Actemra (Subcutaneous Solution Prefilled Syringe) | B | 4 | PA; QL |
| Arcalyst (Subcutaneous Solution Reconstituted) | B | 4 | PA |
| Benlysta (Subcutaneous Solution Auto-Injector) | B | 4 | PA |
| Benlysta (Subcutaneous Solution Prefilled Syringe) | B | 4 | PA |
| Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe) | B | 4 | PA; QL |
| Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector) | B | 4 | PA; QL |
| Dupixent (300MG/2ML Subcutaneous Solution Pen-Injector) | B | 4 | PA |
| Dupixent (Subcutaneous Solution Prefilled Syringe) | B | 4 | PA |
| Grastek (Tablet Sublingual) | B | 2 | PA |
| Ilumya (Subcutaneous Solution Prefilled Syringe) | B | 4 | PA; QL |
| Kevzara (Subcutaneous Solution Auto-Injector) | B | 4 | PA; QL |
| Kevzara (Subcutaneous Solution Prefilled Syringe) | B | 4 | PA; QL |
| Kineret (Subcutaneous Solution Prefilled Syringe) | B | 4 | PA |
| Odactra (Tablet Sublingual) | B | 3 | PA |
| Olumiant (Oral Tablet) | B | 4 | PA; QL |
| Oralair 300IR (Tablet Sublingual) | B | 3 | PA |
| Orencia ClickJect (Subcutaneous Solution Auto-Injector) | B | 4 | PA; QL |
| Orencia (Subcutaneous Solution Prefilled Syringe) | B | 4 | PA; QL |
| Otezla (Oral Tablet) | B | 4 | PA; QL |
| Otezla (Oral Tablet Therapy Pack) | B | 4 | PA; QL |
| Ridaura (Oral Capsule) | B | 4 | |
| Rinvoq (Oral Tablet Extended Release 24 Hour) | B | 4 | PA; QL |
| Siliq (Subcutaneous Solution Prefilled Syringe) | 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 |
|-------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Skyrizi (150MG Dose) (Subcutaneous Prefilled Syringe Kit) | B | 4 | PA; QL |
| Skyrizi Pen (Subcutaneous Solution Auto-Injector) | B | 4 | PA; QL |
| Skyrizi (Subcutaneous Solution Prefilled Syringe) | B | 4 | PA; QL |
| Stelara (Subcutaneous Solution) | B | 4 | PA; QL |
| Stelara (Subcutaneous Solution Prefilled Syringe) | B | 4 | PA; QL |
| Taltz (Subcutaneous Solution Auto-Injector) | B | 4 | PA; QL |
| Taltz (Subcutaneous Solution Prefilled Syringe) | B | 4 | PA; QL |
| Tremfya (Subcutaneous Solution Pen-Injector) | B | 4 | PA; QL |
| Tremfya (Subcutaneous Solution Prefilled Syringe) | B | 4 | PA; QL |
| Xeljanz (Oral Solution) | B | 4 | PA; QL |
| Xeljanz (Oral Tablet Immediate Release) | B | 4 | PA; QL |
| Xeljanz XR (Oral Tablet Extended Release 24 Hour) | B | 4 | PA; QL |
| Xolair (Subcutaneous Solution Prefilled Syringe) | B | 4 | PA |
| Xolair (Subcutaneous Solution Reconstituted) | B | 4 | PA |
| Immunostimulants | | | |
| Actimmune (Subcutaneous Solution) | B | 4 | |
| Intron A (Injection Solution) | B | 4 | PA |
| Intron A (Injection Solution Reconstituted) | B | 4 | PA |
| Pegasys (Subcutaneous Solution) | B | 4 | PA |
| Immunosuppressants | | | |
| Arava (Oral Tablet) | B | 4 | |
| Astagraf XL (0.5MG Oral Capsule Extended Release 24 Hour, 1MG Oral Capsule Extended Release 24 Hour) | B | 3 | B/D,PA |
| Astagraf XL (5MG Oral Capsule Extended Release 24 Hour) | B | 4 | B/D,PA |
| Azasan (100MG Oral Tablet) | G | 3 | B/D,PA |
| Azasan (75MG Oral Tablet) | G | 4 | B/D,PA |
| Azathioprine (Oral Tablet) | G | 1 | B/D,PA |
| Cellcept (Oral Capsule) | B | 4 | B/D,PA |
| Cellcept (Oral Suspension Reconstituted) | B | 4 | B/D,PA |
| Cellcept (Oral Tablet) | B | 4 | B/D,PA |
| Cimzia Prefilled (Subcutaneous Kit) | B | 4 | PA; QL |
| Cimzia (Subcutaneous Kit) | B | 4 | PA; QL |
| Cyclosporine Modified (Oral Capsule) | G | 2 | B/D,PA |
| Cyclosporine Modified (Oral Solution) | G | 2 | B/D,PA |
| Cyclosporine (Oral Capsule) | G | 3 | B/D,PA |
| Enbrel Mini (Subcutaneous Solution Cartridge) | B | 4 | PA; QL |
| Enbrel (Subcutaneous Solution) | B | 4 | PA; QL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Enbrel (Subcutaneous Solution Prefilled Syringe) | B | 4 | PA; QL |
| Enbrel (Subcutaneous Solution Reconstituted) | B | 4 | PA; QL |
| Enbrel SureClick (Subcutaneous Solution Auto-Injector) | B | 4 | PA; QL |
| Enspryng (Subcutaneous Solution Prefilled Syringe) | B | 4 | PA |
| Envarsus XR (Oral Tablet Extended Release 24 Hour) | B | 3 | B/D,PA |
| Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet) | G | 4 | B/D,PA |
| Gengraf (Oral Capsule) | G | 2 | B/D,PA |
| Gengraf (Oral Solution) | G | 2 | B/D,PA |
| Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit) | B | 4 | PA; QL |
| Humira Pen (Subcutaneous Pen-Injector Kit) | B | 4 | PA; QL |
| Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit) | B | 4 | PA; QL |
| Humira Pen-Pediatric UC Start (Subcutaneous Pen-Injector Kit) | B | 4 | PA; QL |
| Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit) | B | 4 | PA; QL |
| Humira (Subcutaneous Prefilled Syringe Kit) | B | 4 | PA; QL |
| Imuran (Oral Tablet) | B | 3 | B/D,PA |
| Leflunomide (Oral Tablet) | G | 2 | |
| Lupkynis (Oral Capsule) | B | 4 | PA; QL |
| Methotrexate (Oral Tablet) | G | 1 | |
| Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe) | G | 1 | |
| Methotrexate Sodium (50MG/2ML Injection Solution) | G | 1 | |
| Mycophenolate Mofetil (Oral Capsule) | G | 2 | B/D,PA |
| Mycophenolate Mofetil (Oral Suspension Reconstituted) | G | 4 | B/D,PA |
| Mycophenolate Mofetil (Oral Tablet) | G | 2 | B/D,PA |
| Mycophenolate Sodium (Oral Tablet Delayed Release) | G | 3 | B/D,PA |
| Myfortic (180MG Oral Tablet Delayed Release) | B | 3 | B/D,PA |
| Myfortic (360MG Oral Tablet Delayed Release) | B | 4 | B/D,PA |
| Neoral (Oral Capsule) | B | 3 | B/D,PA |
| Neoral (Oral Solution) | B | 3 | B/D,PA |
| Otrexup (Subcutaneous Solution Auto-Injector) | B | 3 | PA |
| Prograf (0.5MG Oral Capsule, 1MG Oral Capsule) | B | 3 | B/D,PA |
| Prograf (5MG Oral Capsule) | B | 4 | B/D,PA |
| Prograf (Oral Packet) | B | 3 | B/D,PA |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Rapamune (Oral Solution) | B | 4 | B/D,PA |
| Rapamune (0.5MG Oral Tablet) | B | 3 | B/D,PA |
| Rapamune (1MG Oral Tablet, 2MG Oral Tablet) | B | 4 | B/D,PA |
| Rasuvo (Subcutaneous Solution Auto-Injector) | B | 3 | PA |
| RediTrex (Subcutaneous Solution Prefilled Syringe) | B | 3 | PA |
| Sandimmune (Oral Capsule) | B | 3 | B/D,PA |
| Sandimmune (Oral Solution) | B | 3 | B/D,PA |
| Simponi (Subcutaneous Solution Auto-Injector) | B | 4 | PA; QL |
| Simponi (Subcutaneous Solution Prefilled Syringe) | B | 4 | PA; QL |
| Sirolimus (Oral Solution) | G | 4 | B/D,PA |
| Sirolimus (Oral Tablet) | G | 3 | B/D,PA |
| Tacrolimus (0.5MG Oral Capsule, 1MG Oral Capsule) | G | 2 | B/D,PA |
| Tacrolimus (5MG Oral Capsule) | G | 3 | B/D,PA |
| Trexall (Oral Tablet) | G | 3 | |
| Xatmep (Oral Solution) | B | 3 | PA |
| Zortress (Oral Tablet) | B | 4 | B/D,PA |
| Vaccines | | | |
| ActHIB (Intramuscular Solution Reconstituted) | B | 2 | QL |
| Adacel (Intramuscular Suspension) | B | 2 | QL |
| BCG Vaccine (Injection) | B | 2 | QL |
| Bexsero (Intramuscular Suspension Prefilled Syringe) | B | 2 | QL |
| Boostrix (5-2.5-18.5 Intramuscular Suspension, 5-2.5-18.5 (0.5ML Syringe) Intramuscular Suspension) | B | 2 | QL |
| Daptacel (Intramuscular Suspension) | B | 2 | QL |
| Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension) | B | 2 | QL |
| Engerix-B (Injection Suspension) | B | 2 | B/D,PA; QL |
| Gardasil 9 (Intramuscular Suspension) | B | 2 | QL |
| Gardasil 9 (Intramuscular Suspension Prefilled Syringe) | B | 2 | QL |
| Havrix (Intramuscular Suspension) | B | 2 | QL |
| Hiberix (Injection Solution Reconstituted) | B | 2 | QL |
| Imovax Rabies (Intramuscular Injectable) | B | 2 | B/D,PA; QL |
| Infanrix (Intramuscular Suspension) | B | 2 | QL |
| IPOL (Injection) | B | 2 | QL |
| Ixiaro (Intramuscular Suspension) | B | 2 | QL |
| Kinrix (Intramuscular Suspension) | B | 2 | QL |
| Menactra (Intramuscular Injectable) | B | 2 | QL |
| MenQuadfi (Intramuscular Injectable) | B | 2 | QL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|--------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Menveo (Intramuscular Solution Reconstituted) | B | 2 | QL |
| M-M-R II (Injection Solution Reconstituted) | B | 2 | QL |
| Pediarix (Intramuscular Suspension) | B | 2 | QL |
| Pedvax HIB (Intramuscular Suspension) | B | 2 | QL |
| ProQuad (Subcutaneous Suspension Reconstituted) | B | 2 | QL |
| Quadracel (Intramuscular Suspension) | B | 2 | QL |
| RabAvert (Intramuscular Suspension Reconstituted) | B | 2 | B/D,PA; QL |
| Recombivax HB (Injection Suspension) | B | 2 | B/D,PA; QL |
| Rotarix (Oral Suspension Reconstituted) | B | 2 | QL |
| RotaTeq (Oral Solution) | B | 2 | QL |
| Shingrix (Intramuscular Suspension Reconstituted) | B | 2 | PA; QL |
| TDVAX (Intramuscular Suspension) | B | 2 | QL |
| Tenivac (Intramuscular Injectable) | B | 2 | QL |
| Trumenba (Intramuscular Suspension Prefilled Syringe) | B | 2 | QL |
| Twinrix (Intramuscular Suspension Prefilled Syringe) | B | 2 | QL |
| Typhim Vi (Intramuscular Solution) | B | 2 | QL |
| VAQTA (Intramuscular Suspension) | B | 2 | QL |
| Varivax (Subcutaneous Injectable) | B | 2 | QL |
| YF-Vax (Subcutaneous Injectable) | B | 2 | QL |
| Inflammatory Bowel Disease Agents | | | |
| Aminosalicylates | | | |
| Apriso (Oral Capsule Extended Release 24 Hour) | B | 2 | QL |
| Asacol HD (Oral Tablet Delayed Release) | B | 4 | ST; QL |
| Azulfidine EN-tabs (Oral Tablet Delayed Release) | B | 3 | |
| Azulfidine (Oral Tablet Immediate Release) | B | 3 | |
| Balsalazide Disodium (Oral Capsule) | G | 3 | |
| Canasa (Rectal Suppository) | B | 4 | QL |
| Colazal (Oral Capsule) | G | 4 | |
| Delzicol (Oral Capsule Delayed Release) | B | 3 | ST |
| Dipentum (Oral Capsule) | B | 4 | |
| Lialda (Oral Tablet Delayed Release) | B | 4 | ST; QL |
| Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso) | G | 2 | QL |
| Mesalamine (400MG Oral Capsule Delayed Release) (Generic Delzicol) | G | 3 | ST |
| Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda) | G | 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 |
|---------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Mesalamine (800MG Oral Tablet Delayed Release) (Generic Asacol) | G | 3 | ST; QL |
| Mesalamine (Rectal Enema) | G | 3 | |
| Mesalamine (Rectal Suppository) | G | 3 | QL |
| Pentasa (Oral Capsule Extended Release) | B | 3 | QL |
| Rowasa (Rectal Kit) | B | 4 | |
| Sulfasalazine (Oral Tablet Immediate Release) | G | 1 | |
| Sulfasalazine (Oral Tablet Delayed Release) | G | 1 | |
| Glucocorticoids | | | |
| Anusol-HC (External Cream) | G | 3 | |
| Budesonide ER (Oral Tablet Extended Release 24 Hour) | G | 4 | ST |
| Budesonide (Oral Capsule Delayed Release Particles) | G | 3 | |
| Entocort EC (Oral Capsule Delayed Release Particles) | B | 4 | |
| Hydrocortisone (Perianal) (2.5% External Cream) | G | 1 | |
| Hydrocortisone (Rectal Enema) | G | 3 | |
| Ortikos (Oral Capsule Extended Release 24 Hour) | B | 4 | ST |
| Procto-Med HC (External Cream) | G | 1 | |
| Procto-Pak (External Cream) | G | 1 | |
| Proctosol HC (2.5% External Cream) | G | 1 | |
| Proctozone-HC (External Cream) | G | 1 | |
| Uceris (Oral Tablet Extended Release 24 Hour) | B | 4 | ST |
| Uceris (Rectal Foam) | B | 3 | |
| Metabolic Bone Disease Agents | | | |
| Metabolic Bone Disease Agents | | | |
| Actonel (Oral Tablet) | B | 3 | |
| Alendronate Sodium (Oral Solution) | G | 3 | |
| Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet) | G | 1 | |
| Atelvia (Oral Tablet Delayed Release) | B | 3 | |
| Boniva (Oral Tablet) | B | 3 | |
| Calcitonin Salmon (Nasal Solution) | G | 2 | |
| Calcitriol (Oral Capsule) | G | 1 | B/D,PA |
| Calcitriol (Oral Solution) | G | 3 | B/D,PA |
| Cinacalcet HCl (30MG Oral Tablet) | G | 3 | B/D,PA; QL |
| Cinacalcet HCl (60MG Oral Tablet, 90MG Oral Tablet) | G | 4 | B/D,PA; QL |
| Doxercalciferol (Oral Capsule) | G | 3 | B/D,PA |
| Evenity (Subcutaneous Solution Prefilled Syringe) | B | 4 | PA; QL |
| Forteo (Subcutaneous Solution Pen-Injector) | B | 4 | PA |
| Fosamax (Oral Tablet) | B | 3 | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Fosamax Plus D (Oral Tablet) | B | 3 | |
| Ibandronate Sodium (Oral Tablet) | G | 2 | |
| Natpara (Subcutaneous Cartridge) | B | 4 | PA |
| Paricalcitol (Oral Capsule) | G | 3 | B/D,PA |
| Prolia (Subcutaneous Solution Prefilled Syringe) | B | 3 | QL |
| Rayaldee (Oral Capsule Extended Release) | B | 4 | QL |
| Risedronate Sodium (150MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet) | G | 3 | |
| Risedronate Sodium (35MG Oral Tablet Immediate Release, 35MG (12 PACK) Oral Tablet Immediate Release, 35MG (4 PACK) Oral Tablet Immediate Release) | G | 2 | |
| Risedronate Sodium (Oral Tablet Delayed Release) | G | 3 | |
| Rocaltrol (Oral Capsule) | B | 3 | B/D,PA |
| Rocaltrol (Oral Solution) | B | 3 | B/D,PA |
| Sensipar (Oral Tablet) | B | 4 | B/D,PA; QL |
| Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector) | B | 4 | PA |
| Tymlos (Subcutaneous Solution Pen-Injector) | B | 4 | PA |
| Xgeva (Subcutaneous Solution) | B | 4 | PA |
| Zemplar (Oral Capsule) | B | 3 | B/D,PA |
| Miscellaneous Therapeutic Agents | | | |
| Miscellaneous Therapeutic Agents | | | |
| Alcohol Prep Pads | G | 2 | |
| Dojolvi (Oral Liquid) | B | 4 | PA |
| Gauze (Non-medicated 2X2 Pad) | G | 2 | |
| Insulin Syringes, Needles | G | 2 | |
| Ophthalmic Agents | | | |
| Ophthalmic Agents, Other | | | |
| Atropine Sulfate (1% Ophthalmic Solution) | B | 2 | |
| Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment) | G | 2 | |
| Blephamide (Ophthalmic Suspension) | B | 3 | |
| Blephamide S.O.P. (Ophthalmic Ointment) | G | 3 | |
| Cequa (Ophthalmic Solution) | B | 3 | PA; QL |
| Combigan (Ophthalmic Solution) | B | 2 | |
| Cosopt (Ophthalmic Solution) | B | 3 | |
| Cosopt PF (Ophthalmic Solution) | B | 3 | |
| Cystadrops (Ophthalmic Solution) | 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 |
|-------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Cystaran (Ophthalmic Solution) | B | 4 | |
| Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution) | G | 1 | |
| Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution) | G | 3 | |
| Lacrisert (Ophthalmic Insert) | B | 3 | |
| Maxitrol (Ophthalmic Ointment) | B | 3 | |
| Maxitrol (Ophthalmic Suspension) | B | 3 | |
| Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment) | G | 1 | |
| Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension) | G | 1 | |
| Neomycin-Polymyxin-HC (Ophthalmic Suspension) | G | 3 | |
| Oxervate (Ophthalmic Solution) | B | 4 | PA; QL |
| Pred-G (Ophthalmic Suspension) | B | 3 | |
| Pred-G S.O.P. (Ophthalmic Ointment) | B | 3 | |
| Proparacaine HCl (Ophthalmic Solution) | G | 1 | |
| Restasis Single-Use Vials (Ophthalmic Emulsion) | B | 2 | QL |
| Rocklatan (Ophthalmic Solution) | B | 2 | ST |
| Sulfacetamide-Prednisolone (Ophthalmic Solution) | G | 1 | |
| TobraDex (Ophthalmic Ointment) | B | 2 | |
| TobraDex (Ophthalmic Suspension) | B | 3 | |
| TobraDex ST (Ophthalmic Suspension) | B | 3 | |
| Tobramycin-Dexamethasone (Ophthalmic Suspension) | G | 2 | |
| Xiidra (Ophthalmic Solution) | B | 3 | QL |
| Zylet (Ophthalmic Suspension) | B | 3 | |
| Ophthalmic Anti-allergy Agents | | | |
| Alocril (Ophthalmic Solution) | B | 3 | |
| Alomide (Ophthalmic Solution) | B | 3 | |
| Azelastine HCl (Ophthalmic Solution) | G | 1 | |
| Bepotastine Besilate (Ophthalmic Solution) | G | 3 | |
| Bepreve (Ophthalmic Solution) | B | 3 | |
| Cromolyn Sodium (Ophthalmic Solution) | G | 1 | |
| Epinastine HCl (Ophthalmic Solution) | G | 2 | |
| Lastacaft (Ophthalmic Solution) | B | 2 | |
| Olopatadine HCl (Ophthalmic Solution) | G | 2 | |
| Zerviate (Ophthalmic Solution) | B | 3 | |
| Ophthalmic Anti-Infectives | | | |
| Azasite (Ophthalmic Solution) | B | 3 | |
| Bacitracin (Ophthalmic Ointment) | G | 2 | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|-----------------------------------------------------------------|------------------|-----------|---------------------------------|
| Bacitracin-Polymyxin B (Ophthalmic Ointment) | G | 1 | |
| Besivance (Ophthalmic Suspension) | B | 3 | |
| Bleph-10 (Ophthalmic Solution) | G | 3 | |
| Ciloxan (Ophthalmic Ointment) | B | 3 | |
| Ciloxan (Ophthalmic Solution) | B | 3 | |
| Ciprofloxacin HCl (Ophthalmic Solution) | G | 1 | |
| Erythromycin (Ophthalmic Ointment) | G | 1 | |
| Gatifloxacin (Ophthalmic Solution) | G | 2 | |
| Gentak (Ophthalmic Ointment) | G | 1 | |
| Gentamicin Sulfate (Ophthalmic Solution) | G | 1 | |
| Levofloxacin (0.5% Ophthalmic Solution) | G | 2 | |
| Moxeza (Ophthalmic Solution) | B | 3 | |
| Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox) | G | 2 | |
| Natacyn (Ophthalmic Suspension) | B | 3 | |
| Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment) | G | 2 | |
| Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution) | G | 2 | |
| Ocuflox (Ophthalmic Solution) | B | 3 | |
| Ofloxacin (Ophthalmic Solution) | G | 1 | |
| Polymyxin B-Trimethoprim (Ophthalmic Solution) | G | 1 | |
| Polytrim (Ophthalmic Solution) | B | 3 | |
| Sulfacetamide Sodium (Ophthalmic Ointment) | G | 1 | |
| Sulfacetamide Sodium (Ophthalmic Solution) | G | 1 | |
| Tobramycin (Ophthalmic Solution) | G | 1 | |
| Tobrex (Ophthalmic Ointment) | B | 3 | |
| Tobrex (Ophthalmic Solution) | B | 3 | |
| Trifluridine (Ophthalmic Solution) | G | 2 | |
| Vigamox (Ophthalmic Solution) | B | 3 | |
| Zymaxid (Ophthalmic Solution) | B | 3 | |
| Ophthalmic Anti-inflammatories | | | |
| Acular LS (Ophthalmic Solution) | B | 3 | |
| Acular (Ophthalmic Solution) | B | 3 | |
| Acuvail (Ophthalmic Solution) | B | 3 | ST |
| Alrex (Ophthalmic Suspension) | B | 3 | |
| Bromfenac Sodium (Once-Daily) (Ophthalmic Solution) | G | 3 | |
| BromSite (Ophthalmic Solution) | B | 3 | ST |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Dexamethasone Sodium Phosphate (Ophthalmic Solution) | G | 2 | |
| Diclofenac Sodium (Ophthalmic Solution) | G | 1 | |
| Durezol (Ophthalmic Emulsion) | B | 3 | |
| Eysuvis (Ophthalmic Suspension) | B | 3 | PA |
| Flarex (Ophthalmic Suspension) | B | 3 | |
| Fluorometholone (Ophthalmic Suspension) | G | 2 | |
| Flurbiprofen Sodium (Ophthalmic Solution) | G | 1 | |
| FML Forte (Ophthalmic Suspension) | B | 3 | |
| FML Liquifilm (Ophthalmic Suspension) | B | 3 | |
| FML (Ophthalmic Ointment) | B | 3 | |
| Ilevro (Ophthalmic Suspension) | B | 2 | |
| Inveltys (Ophthalmic Suspension) | B | 3 | |
| Ketorolac Tromethamine (Ophthalmic Solution) | G | 2 | |
| Lotemax (Ophthalmic Gel) | B | 3 | |
| Lotemax (Ophthalmic Ointment) | B | 3 | |
| Lotemax (Ophthalmic Suspension) | B | 3 | |
| Lotemax SM (Ophthalmic Gel) | B | 3 | |
| Loteprednol Etabonate (Ophthalmic Gel) | G | 3 | |
| Loteprednol Etabonate (Ophthalmic Suspension) | G | 3 | |
| Maxidex (Ophthalmic Suspension) | B | 3 | |
| Nevanac (Ophthalmic Suspension) | B | 3 | |
| Pred Forte (Ophthalmic Suspension) | B | 3 | |
| Pred Mild (Ophthalmic Suspension) | B | 3 | |
| Prednisolone Acetate (Ophthalmic Suspension) | G | 2 | |
| Prednisolone Sodium Phosphate (1% Ophthalmic Solution) | G | 1 | |
| Prolensa (Ophthalmic Solution) | B | 3 | |
| Ophthalmic Beta-Adrenergic Blocking Agents | | | |
| Betaxolol HCl (Ophthalmic Solution) | G | 2 | |
| Betimol (Ophthalmic Solution) | B | 3 | |
| Betoptic-S (Ophthalmic Suspension) | B | 3 | |
| Carteolol HCl (Ophthalmic Solution) | G | 1 | |
| Istalol (Ophthalmic Solution) | B | 3 | |
| Levobunolol HCl (Ophthalmic Solution) | G | 1 | |
| Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE) | G | 2 | |
| Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic) | G | 1 | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|----------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Timolol Maleate (0.5% (DAILY) Ophthalmic Solution) (Generic Istalol) | G | 3 | |
| Timolol Maleate PF (Ophthalmic Solution) (Generic Timoptic OcuDose) | G | 3 | |
| Timoptic OcuDose (Ophthalmic Solution) | B | 3 | |
| Timoptic-XE (Ophthalmic Gel Forming Solution) | B | 3 | |
| Ophthalmic Intraocular Pressure Lowering Agents, Other | | | |
| Alphagan P (0.1% Ophthalmic Solution) | B | 2 | |
| Alphagan P (0.15% Ophthalmic Solution) | B | 3 | |
| Apraclonidine HCl (Ophthalmic Solution) | G | 2 | |
| Azopt (Ophthalmic Suspension) | B | 3 | |
| Brimonidine Tartrate (0.15% Ophthalmic Solution) | B | 3 | |
| Brimonidine Tartrate (0.2% Ophthalmic Solution) | G | 1 | |
| Brinzolamide (Ophthalmic Suspension) | G | 2 | |
| Dorzolamide HCl (Ophthalmic Solution) | G | 1 | |
| lopidine (Ophthalmic Solution) | B | 3 | |
| Isopto Carpine (Ophthalmic Solution) | B | 3 | |
| Methazolamide (Oral Tablet) | G | 3 | |
| Pilocarpine HCl (Ophthalmic Solution) | G | 2 | |
| Rhopressa (Ophthalmic Solution) | B | 2 | ST |
| Simbrinza (Ophthalmic Suspension) | B | 2 | |
| Trusopt (Ophthalmic Solution) | B | 3 | |
| Ophthalmic Prostaglandin and Prostanamide Analogs | | | |
| Bimatoprost (Ophthalmic Solution) | G | 3 | |
| Latanoprost (Ophthalmic Solution) | G | 1 | |
| Lumigan (Ophthalmic Solution) | B | 2 | |
| Travatan Z (Ophthalmic Solution) | B | 3 | |
| Travoprost (BAK Free) (Ophthalmic Solution) | G | 3 | |
| Vyzulta (Ophthalmic Solution) | B | 3 | |
| Xalatan (Ophthalmic Solution) | B | 3 | |
| Xelpros (Ophthalmic Emulsion) | B | 3 | ST |
| Zioptan (Ophthalmic Solution) | B | 3 | |
| Otic Agents | | | |
| Otic Agents | | | |
| Acetic Acid (Otic Solution) | G | 1 | |
| Cetraxal (Otic Solution) | B | 3 | |
| Cipro HC (Otic Suspension) | B | 3 | |
| Ciprodex (Otic Suspension) | B | 3 | |

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 |
|---------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Ciprofloxacin HCl (Otic Solution) | B | 3 | |
| Ciprofloxacin-Dexamethasone (Otic Suspension) | G | 3 | |
| Ciprofloxacin-Fluocinolone PF (Otic Solution) | B | 3 | |
| DermOtic (Otic Oil) | B | 3 | |
| Flac (Otic Oil) | G | 2 | |
| Fluocinolone Acetonide (Otic Oil) | G | 2 | |
| Hydrocortisone-Acetic Acid (Otic Solution) | G | 3 | |
| Neomycin-Polymyxin-HC (1% Otic Solution) | G | 2 | |
| Neomycin-Polymyxin-HC (Otic Suspension) | G | 2 | |
| Ofloxacin (Otic Solution) | G | 2 | |
| Otovel (Otic Solution) | B | 3 | |
| Respiratory Tract/Pulmonary Agents | | | |
| Antihistamines | | | |
| Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution) | G | 2 | |
| Azelastine-Fluticasone (Nasal Suspension) | G | 3 | |
| Cetirizine HCl (1MG/ML Oral Solution) | G | 1 | |
| Clarinet (Oral Tablet) | B | 3 | |
| Cyproheptadine HCl (Oral Tablet) | G | 3 | PA; HRM |
| Desloratadine (Oral Tablet) | G | 2 | |
| Desloratadine ODT (Oral Tablet Dispersible) | G | 3 | |
| Dymista (Nasal Suspension) | B | 3 | |
| Levocetirizine Dihydrochloride (Oral Solution) | G | 3 | |
| Levocetirizine Dihydrochloride (Oral Tablet) | G | 1 | |
| Olopatadine HCl (Nasal Solution) | G | 3 | |
| Patanase (Nasal Solution) | B | 3 | |
| Anti-inflammatories, Inhaled Corticosteroids | | | |
| Alvesco (Inhalation Aerosol Solution) | B | 3 | ST; QL |
| ArmonAir Digihaler (Inhalation Aerosol Powder Breath Activated) | B | 3 | ST; QL |
| Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated) | B | 2 | QL |
| Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated) | B | 3 | ST; QL |
| Asmanex (30 Metered Doses) (Inhalation Aerosol Powder Breath Activated) | B | 3 | ST; QL |
| Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated) | B | 3 | ST; QL |
| Asmanex HFA (Inhalation Aerosol) | B | 3 | ST; QL |
| Beconase AQ (Nasal Suspension) | B | 3 | ST |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|--------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Budesonide (Inhalation Suspension) | G | 3 | B/D,PA |
| Flovent Diskus (Inhalation Aerosol Powder Breath Activated) | B | 2 | |
| Flovent HFA (Inhalation Aerosol) | B | 2 | QL |
| Flunisolide (Nasal Solution) | G | 2 | |
| Fluticasone Propionate (Nasal Suspension) | G | 1 | |
| Mometasone Furoate (Nasal Suspension) | G | 3 | |
| Nasonex (Nasal Suspension) | B | 3 | |
| Omnaris (Nasal Suspension) | B | 3 | ST |
| Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated) | B | 3 | ST |
| Pulmicort (0.25MG/2ML Inhalation Suspension, 0.5MG/2ML Inhalation Suspension) | B | 3 | B/D,PA |
| Pulmicort (1MG/2ML Inhalation Suspension) | B | 4 | B/D,PA |
| Qnasl Childrens (Nasal Aerosol Solution) | B | 3 | ST |
| Qnasl (Nasal Aerosol Solution) | B | 3 | ST |
| QVAR RediHaler (Inhalation Aerosol Breath Activated) | B | 3 | ST; QL |
| Xhance (Nasal Exhaler Suspension) | B | 3 | |
| Zetonna (Nasal Aerosol Solution) | B | 3 | ST |
| Antileukotrienes | | | |
| Accolate (Oral Tablet) | B | 3 | |
| Montelukast Sodium (Oral Packet) | G | 2 | QL |
| Montelukast Sodium (Oral Tablet) | G | 1 | QL |
| Montelukast Sodium (Oral Tablet Chewable) | G | 1 | QL |
| Singulair (Oral Packet) | B | 3 | QL |
| Singulair (Oral Tablet) | B | 3 | QL |
| Singulair (Oral Tablet Chewable) | B | 3 | QL |
| Zafirlukast (Oral Tablet) | G | 2 | |
| Zileuton ER (Oral Tablet Extended Release 12 Hour) | G | 4 | ST |
| Zyflo (Oral Tablet Immediate Release) | B | 4 | ST |
| Bronchodilators, Anticholinergic | | | |
| Atrovent HFA (Inhalation Aerosol Solution) | B | 3 | |
| Incruse Ellipta (Inhalation Aerosol Powder Breath Activated) | B | 3 | ST; QL |
| Ipratropium Bromide (Inhalation Solution) | G | 1 | B/D,PA |
| Ipratropium Bromide (Nasal Solution) | G | 2 | |
| Lonhala Magnair (Inhalation Solution) | B | 4 | QL |
| Spiriva HandiHaler (Inhalation Capsule) | B | 2 | QL |
| Spiriva Respimat (Inhalation Aerosol Solution) | B | 2 | QL |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Tudorza Pressair (Inhalation Aerosol Powder Breath Activated) | B | 3 | ST |
| Yupelri (Inhalation Solution) | B | 4 | B/D,PA; QL |
| Bronchodilators, Sympathomimetic | | | |
| Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Brand Equivalent Ventolin) | G | 3 | ST |
| Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution (Generic Proair), 108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil) | G | 2 | |
| Albuterol Sulfate (Inhalation Nebulization Solution) | G | 1 | B/D,PA |
| Albuterol Sulfate (Oral Syrup) | G | 3 | |
| Albuterol Sulfate (Oral Tablet Immediate Release) | G | 3 | |
| Brovana (Inhalation Nebulization Solution) | B | 4 | PA; QL |
| Epinephrine (Injection Solution Auto-Injector) | G | 2 | QL |
| EpiPen 2-Pak (Injection Solution Auto-Injector) | B | 3 | QL |
| EpiPen Jr 2-Pak (Injection Solution Auto-Injector) | B | 3 | QL |
| Levalbuterol HCl (Inhalation Nebulization Solution) | G | 3 | B/D,PA |
| Levalbuterol Tartrate (Inhalation Aerosol) | G | 3 | ST |
| Perforomist (Inhalation Nebulization Solution) | B | 3 | B/D,PA; QL |
| ProAir HFA (Inhalation Aerosol Solution) | B | 2 | |
| ProAir RespiClick (Inhalation Aerosol Powder Breath Activated) | B | 2 | |
| Proventil HFA (Inhalation Aerosol Solution) | B | 3 | ST |
| Serevent Diskus (Inhalation Aerosol Powder Breath Activated) | B | 2 | QL |
| Striverdi Respimat (Inhalation Aerosol Solution) | B | 3 | ST |
| Symjepi (Injection Solution Prefilled Syringe) | B | 3 | QL |
| Terbutaline Sulfate (Oral Tablet) | G | 3 | |
| Ventolin HFA (Inhalation Aerosol Solution) | B | 3 | ST |
| Xopenex Concentrate (Inhalation Nebulization Solution) | B | 3 | B/D,PA |
| Xopenex HFA (Inhalation Aerosol) | B | 3 | ST |
| Xopenex (0.31MG/3ML Inhalation Nebulization Solution, 0.63MG/3ML Inhalation Nebulization Solution) | B | 3 | B/D,PA |
| Xopenex (1.25MG/3ML Inhalation Nebulization Solution) | B | 4 | B/D,PA |
| Cystic Fibrosis Agents | | | |
| Bethkis (Inhalation Nebulization Solution) | B | 4 | B/D,PA; QL |
| Cayston (Inhalation Solution Reconstituted) | B | 4 | PA |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Kalydeco (Oral Packet) | B | 4 | PA |
| Kalydeco (Oral Tablet) | B | 4 | PA |
| Orkambi (Oral Packet) | B | 4 | PA; QL |
| Orkambi (Oral Tablet) | B | 4 | PA; QL |
| Pulmozyme (Inhalation Solution) | B | 4 | B/D,PA; QL |
| Symdeko (Oral Tablet Therapy Pack) | B | 4 | PA; QL |
| TOBI (Inhalation Nebulization Solution) | B | 4 | B/D,PA; QL |
| TOBI Podhaler (Inhalation Capsule) | B | 4 | PA; QL |
| Tobramycin (Inhalation Nebulization Solution) | G | 4 | B/D,PA; QL |
| Trikafta (100-50-75 & 150MG Oral Tablet Therapy Pack) | B | 4 | PA; QL |
| Mast Cell Stabilizers | | | |
| Cromolyn Sodium (Inhalation Nebulization Solution) | G | 4 | B/D,PA |
| Phosphodiesterase Inhibitors, Airways Disease | | | |
| Daliresp (Oral Tablet) | B | 3 | PA |
| Theo-24 (Oral Capsule Extended Release 24 Hour) | G | 3 | |
| Theophylline ER (300MG Oral Tablet Extended Release 12 Hour) | G | 3 | |
| Theophylline ER (Oral Tablet Extended Release 24 Hour) | G | 1 | |
| Theophylline (Oral Solution) | G | 3 | |
| Pulmonary Antihypertensives | | | |
| Adcirca (Oral Tablet) | B | 4 | PA |
| Adempas (Oral Tablet) | B | 4 | PA |
| Alyq (Oral Tablet) | G | 3 | PA |
| Ambrisentan (Oral Tablet) | G | 4 | PA; QL |
| Bosentan (Oral Tablet) | G | 4 | PA; QL |
| Letairis (Oral Tablet) | B | 4 | PA; QL |
| Opsumit (Oral Tablet) | B | 4 | PA |
| Orenitram (0.125MG Oral Tablet Extended Release) | B | 3 | PA |
| Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release) | B | 4 | PA |
| Revatio (Oral Suspension Reconstituted) | B | 4 | PA |
| Revatio (Oral Tablet) | B | 4 | PA |
| Sildenafil Citrate (Oral Suspension Reconstituted) | G | 4 | PA |
| Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio) | G | 2 | PA |
| Tadalafil (PAH) (20MG Oral Tablet) | G | 3 | PA |
| Tracleer (Oral Tablet) | 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 |
|------------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Tracleer (Oral Tablet Soluble) | B | 4 | PA; QL |
| Uptravi (Oral Tablet) | B | 4 | PA; QL |
| Uptravi (Oral Tablet Therapy Pack) | B | 4 | PA; QL |
| Ventavis (Inhalation Solution) | B | 4 | PA |
| Pulmonary Fibrosis Agents | | | |
| Esbriet (Oral Capsule) | B | 4 | PA; QL |
| Esbriet (Oral Tablet) | B | 4 | PA; QL |
| Ofev (Oral Capsule) | B | 4 | PA; QL |
| Respiratory Tract Agents, Other | | | |
| Acetylcysteine (Inhalation Solution) | G | 1 | B/D,PA |
| Advair Diskus (Inhalation Aerosol Powder Breath Activated) | B | 2 | QL |
| Advair HFA (Inhalation Aerosol) | B | 2 | QL |
| AirDuo Digihaler (Inhalation Aerosol Powder Breath Activated) | B | 3 | ST; QL |
| AirDuo RespiClick 113/14 (Inhalation Aerosol Powder Breath Activated) | B | 3 | ST; QL |
| AirDuo RespiClick 232/14 (Inhalation Aerosol Powder Breath Activated) | B | 3 | ST; QL |
| AirDuo RespiClick 55/14 (Inhalation Aerosol Powder Breath Activated) | B | 3 | ST; QL |
| Anoro Ellipta (Inhalation Aerosol Powder Breath Activated) | B | 2 | QL |
| Bevespi Aerosphere (Inhalation Aerosol) | B | 3 | ST |
| Breo Ellipta (Inhalation Aerosol Powder Breath Activated) | B | 2 | QL |
| Breztri Aerosphere (Inhalation Aerosol) | B | 2 | QL |
| Bronchitol (Inhalation Capsule) | B | 4 | PA; QL |
| Budesonide-Formoterol Fumarate (Inhalation Aerosol) | G | 3 | ST; QL |
| Clarinet-D 12 Hour (Oral Tablet Extended Release 12 Hour) | B | 3 | |
| Combivent Respimat (Inhalation Aerosol Solution) | B | 2 | QL |
| Duaklir Pressair (Inhalation Aerosol Powder Breath Activated) | B | 4 | ST; QL |
| Dulera (Inhalation Aerosol) | B | 3 | QL |
| Fasenra Pen (Subcutaneous Solution Auto-Injector) | B | 4 | PA |
| Fasenra (Subcutaneous Solution Prefilled Syringe) | B | 4 | PA |
| Fluticasone-Salmeterol (Inhalation Aerosol Powder Breath Activated) | G | 2 | QL |
| Ipratropium-Albuterol (Inhalation Solution) | G | 1 | B/D,PA |
| Nucala (Subcutaneous Solution Auto-Injector) | B | 4 | PA; QL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|----------------------------------------------------------------------------|------------------|-----------|---------------------------------|
| Nucala (Subcutaneous Solution Prefilled Syringe) | B | 4 | PA; QL |
| Nucala (Subcutaneous Solution Reconstituted) | B | 4 | PA; QL |
| Stiolto Respimat (Inhalation Aerosol Solution) | B | 2 | |
| Symbicort (Inhalation Aerosol) | B | 2 | QL |
| Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated) | B | 2 | QL |
| Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair) | G | 2 | QL |
| Skeletal Muscle Relaxants | | | |
| Skeletal Muscle Relaxants | | | |
| Chlorzoxazone (500MG Oral Tablet) | G | 3 | PA; HRM |
| Cyclobenzaprine HCl (7.5MG Oral Tablet) | G | 3 | PA; HRM |
| Fexmid (Oral Tablet) | G | 3 | PA; HRM |
| Sleep Disorder Agents | | | |
| Sleep Promoting Agents | | | |
| Ambien (Oral Tablet Immediate Release) | B | 3 | PA; HRM; QL |
| Belsomra (Oral Tablet) | B | 2 | QL |
| DayVigo (Oral Tablet) | B | 3 | ST; QL |
| Doxepin HCl (Oral Tablet) | G | 3 | QL |
| Hetlioz LQ (Oral Suspension) | B | 4 | PA; QL |
| Hetlioz (Oral Capsule) | B | 4 | PA; QL |
| Ramelteon (Oral Tablet) | G | 3 | |
| Restoril (Oral Capsule) | B | 4 | HRM; QL |
| Rozerem (Oral Tablet) | B | 3 | |
| Silenor (Oral Tablet) | B | 3 | QL |
| Temazepam (15MG Oral Capsule, 30MG Oral Capsule) | G | 2 | HRM; QL |
| Temazepam (22.5MG Oral Capsule, 7.5MG Oral Capsule) | G | 3 | HRM; QL |
| Zaleplon (Oral Capsule) | G | 2 | HRM; QL |
| Zolpidem Tartrate (Oral Tablet Immediate Release) | G | 3 | PA; HRM; QL |
| Wakefulness Promoting Agents | | | |
| Armodafinil (Oral Tablet) | G | 2 | PA; QL |
| Modafinil (Oral Tablet) | G | 2 | PA; QL |
| Nuvigil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet) | B | 4 | PA; QL |
| Nuvigil (50MG Oral Tablet) | B | 3 | PA; QL |
| Provigil (Oral Tablet) | B | 4 | PA; QL |
| Sunosi (Oral Tablet) | B | 3 | PA; QL |
| Wakix (Oral Tablet) | B | 4 | PA; QL |

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 |
|-----------------------|------------------|-----------|---------------------------------|
| Xyrem (Oral Solution) | B | 4 | PA; QL |
| Xywav (Oral Solution) | B | 4 | PA; QL |

Covered drugs with a quantity limit (QL)

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

Your plan will cover only a certain amount of these drugs or will only cover these drugs for a certain number of days. For more information about quantity limits, talk with your doctor or pharmacist. You can also 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 |
| Abacavir-Lamivudine-Zidovudine (Oral Tablet) | G | Maximum of 2 tablets per day |
| Abilify MyCite (Oral Tablet) | B | Maximum of 1 tablet per day |
| Abilify (Oral Tablet) | B | Maximum of 1 tablet per day |
| Accupril (Oral Tablet) | B | Maximum of 2 tablets per day |
| Accuretic (10-12.5MG Oral Tablet) | B | Maximum of 1 tablet per day |
| Accuretic (20-12.5MG Oral Tablet, 20-25MG Oral Tablet) | B | Maximum of 2 tablets per day |
| Acetaminophen-Caffeine-Dihydrocodeine (320.5-30-16MG Oral Capsule) | G | Maximum of 10 capsules per day |
| Acetaminophen-Caffeine-Dihydrocodeine (325-30-16MG Oral Tablet) | G | Maximum of 10 tablets per day |
| Acetaminophen-Codeine (120-12MG/5ML Oral Solution) | G | Maximum of 150 ml per day |
| Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet) | G | Maximum of 13 tablets per day |
| Actemra ACTPen (Subcutaneous Solution Auto-Injector) | B | Maximum of 4 pens (3.6 ml) per 28 days |
| Actemra (Subcutaneous Solution Prefilled Syringe) | B | Maximum of 4 syringes (3.6 ml) per 28 days |
| ActHIB (Intramuscular Solution Reconstituted) | B | 1 vaccination dose (1 injection) per day |
| Actiq (Buccal Lozenge On A Handle) | B | Maximum of 4 lozenges per day |
| Actoplus Met (Oral Tablet Immediate Release) | B | Maximum of 3 tablets per day |
| Actos (15MG Oral Tablet) | B | Maximum of 3 tablets per day |
| Actos (30MG Oral Tablet, 45MG Oral Tablet) | B | Maximum of 1 tablet per day |
| Adacel (Intramuscular Suspension) | B | 1 vaccination dose (0.5 ml) per day |

| Drug name | Brand or Generic | Quantity limit |
|------------------------------------------------------------------------------|------------------|------------------------------------------------|
| Adderall (20MG Oral Tablet) | G | Maximum of 3 tablets per day |
| Adderall (5MG Oral Tablet, 7.5MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Adderall XR (Oral Capsule Extended Release 24 Hour) | B | Maximum of 2 capsules per day |
| Adlyxin Starter Pack (Subcutaneous Pen-Injector Kit) | B | Maximum of 2 kits (12 ml) per year |
| Adlyxin (Subcutaneous Solution Pen-Injector) | B | Maximum of 2 pens (6 ml) per 28 days |
| Advair Diskus (Inhalation Aerosol Powder Breath Activated) | B | Maximum of 1 inhaler (60 blisters) per 30 days |
| Advair HFA (Inhalation Aerosol) | B | Maximum of 1 inhaler (12 grams) per 30 days |
| Adzenys ER (Oral Suspension Extended Release) | B | Maximum of 15 ml per day |
| Adzenys XR-ODT (Oral Tablet Extended Release Dispersible) | B | Maximum of 1 tablet per day |
| Aimovig (140MG/ML Subcutaneous Solution Auto-Injector) | B | Maximum of 1 pen (1 ml) per 30 days |
| Aimovig (70MG/ML Subcutaneous Solution Auto-Injector) | B | Maximum of 2 pens (2 ml) per 30 days |
| AirDuo Digihaler (Inhalation Aerosol Powder Breath Activated) | B | Maximum of 1 inhaler per 30 days |
| AirDuo RespiClick 113/14 (Inhalation Aerosol Powder Breath Activated) | B | Maximum of 1 inhaler per 30 days |
| AirDuo RespiClick 232/14 (Inhalation Aerosol Powder Breath Activated) | B | Maximum of 1 inhaler per 30 days |
| AirDuo RespiClick 55/14 (Inhalation Aerosol Powder Breath Activated) | B | Maximum of 1 inhaler per 30 days |
| Ajovy (Subcutaneous Solution Auto-Injector) | B | Maximum of 1 pen (1.5 ml) per 30 days |
| Ajovy (Subcutaneous Solution Prefilled Syringe) | B | Maximum of 1 syringe (1.5 ml) per 30 days |
| Albendazole (Oral Tablet) | G | Maximum of 16 tablets per day |
| Albenza (Oral Tablet) | B | Maximum of 16 tablets per day |
| Aldara (External Cream) | B | Maximum of 24 grams per 30 days |
| Aliskiren Fumarate (Oral Tablet) | G | Maximum of 1 tablet per day |
| Almotriptan Malate (Oral Tablet) | G | Maximum of 12 tablets per 30 days |
| Alogliptin Benzoate (Oral Tablet) | G | Maximum of 1 tablet per day |
| Alogliptin-Metformin HCl (Oral Tablet) | B | Maximum of 2 tablets per day |
| Alogliptin-Pioglitazone (Oral Tablet) | G | Maximum of 1 tablet per day |
| Alora (Transdermal Patch Twice Weekly) | B | Maximum of 8 patches per 28 days |

| Drug name | Brand or Generic | Quantity limit |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------------|
| Alprazolam ER (0.5MG Oral Tablet Extended Release 24 Hour, 1MG Oral Tablet Extended Release 24 Hour) | G | Maximum of 1 tablet per day |
| Alprazolam ER (2MG Oral Tablet Extended Release 24 Hour) | G | Maximum of 5 tablets per day |
| Alprazolam ER (3MG Oral Tablet Extended Release 24 Hour) | G | Maximum of 3 tablets per day |
| Alprazolam Intensol (Oral Concentrate) | G | Maximum of 10 ml per day |
| Alprazolam (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release) | G | Maximum of 4 tablets per day |
| Alprazolam (2MG Oral Tablet Immediate Release) | G | Maximum of 5 tablets per day |
| Alprazolam ODT (0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible) | G | Maximum of 4 tablets per day |
| Alprazolam ODT (2MG Oral Tablet Dispersible) | G | Maximum of 5 tablets per day |
| Altace (Oral Capsule) | B | Maximum of 2 capsules per day |
| Altoprev (Oral Tablet Extended Release 24 Hour) | B | Maximum of 1 tablet per day |
| Alunbrig (180MG Oral Tablet, 90MG Oral Tablet) | B | Maximum of 1 tablet per day |
| Alunbrig (30MG Oral Tablet) | B | Maximum of 4 tablets per day |
| Alunbrig (Oral Tablet Therapy Pack) | B | Maximum of 2 packs (60 tablets) per year |
| Alvesco (160MCG/ACT Inhalation Aerosol Solution) | B | Maximum of 2 inhalers (12.2 grams) per 30 days |
| Alvesco (80MCG/ACT Inhalation Aerosol Solution) | B | Maximum of 1 inhaler (6.1 grams) per 30 days |
| Ambien (Oral Tablet Immediate Release) | B | Maximum of 1 tablet per day |
| Ambrisentan (Oral Tablet) | G | Maximum of 1 tablet per day |
| Amerge (Oral Tablet) | B | Maximum of 12 tablets per 30 days |
| Amitiza (Oral Capsule) | B | Maximum of 2 capsules per day |
| Amlodipine-Atorvastatin (Oral Tablet) | G | Maximum of 1 tablet per day |
| Amlodipine-Benazepril (Oral Capsule) | G | Maximum of 1 capsule per day |
| Amlodipine-Olmesartan (Oral Tablet) | G | Maximum of 1 tablet per day |
| Amlodipine-Valsartan (Oral Tablet) | G | Maximum of 1 tablet per day |
| Amphetamine ER (Oral Suspension Extended Release) | G | Maximum of 15 ml per day |
| Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour) | G | Maximum of 2 capsules per day |
| Amphetamine-Dextroamphetamine (10MG Oral Tablet, 12.5MG Oral Tablet, 15MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet) | G | Maximum of 2 tablets per day |

| Drug name | Brand or Generic | Quantity limit |
|-------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------|
| Amphetamine-Dextroamphetamine (20MG Oral Tablet) | G | Maximum of 3 tablets per day |
| Ampyra (Oral Tablet Extended Release 12 Hour) | B | Maximum of 2 tablets per day |
| Anovera (Vaginal Ring) | B | Maximum of 1 ring per 365 days |
| Anoro Ellipta (Inhalation Aerosol Powder Breath Activated) | B | Maximum of 1 inhaler (60 blisters) per 30 days |
| ApexiCon E (External Cream) | G | Maximum of 240 grams per 30 days |
| Apokyn (Subcutaneous Solution Cartridge) | B | Maximum of 3 ml per day |
| 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 |
| Aptensio XR (Oral Capsule Extended Release 24 Hour) | B | Maximum of 1 capsule per day |
| Aptiom (200MG Oral Tablet, 400MG Oral Tablet) | B | Maximum of 1 tablet per day |
| Aptiom (600MG Oral Tablet, 800MG Oral Tablet) | B | Maximum of 2 tablets per day |
| Aptivus (Oral Capsule) | B | Maximum of 4 capsules per day |
| Aricept (10MG Oral Tablet) | B | Maximum of 2 tablets per day |
| Aricept (23MG Oral Tablet, 5MG Oral Tablet) | B | Maximum of 1 tablet per day |
| Aripiprazole (1MG/ML Oral Solution) | G | Maximum of 25 ml per day |
| Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Aripiprazole ODT (10MG Oral Tablet Dispersible) | G | Maximum of 3 tablets per day |
| Aripiprazole ODT (15MG Oral Tablet Dispersible) | G | Maximum of 2 tablets per day |
| Armodafinil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Armodafinil (50MG Oral Tablet) | G | Maximum of 2 tablets per day |
| ArmonAir Digihaler (Inhalation Aerosol Powder Breath Activated) | B | Maximum of 1 inhaler per 30 days |
| Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated) | B | Maximum of 1 inhaler (30 blisters) per 30 days |
| Asacol HD (Oral Tablet Delayed Release) | B | Maximum of 6 tablets per day |
| Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated) | B | Maximum of 1 inhaler per 30 days |
| Asmanex (30 Metered Doses) (110MCG/INH Inhalation Aerosol Powder Breath Activated) | B | Maximum of 2 inhalers per 30 days |
| Asmanex (30 Metered Doses) (220MCG/INH Inhalation Aerosol Powder Breath Activated) | B | Maximum of 1 inhaler per 30 days |

| Drug name | Brand or Generic | Quantity limit |
|--------------------------------------------------------------------------------|------------------|---------------------------------------------|
| Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated) | B | Maximum of 1 inhaler per 30 days |
| Asmanex HFA (Inhalation Aerosol) | B | Maximum of 1 inhaler (13 grams) per 30 days |
| Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour) | G | Maximum of 2 capsules per day |
| Atacand HCT (Oral Tablet) | B | Maximum of 1 tablet per day |
| Atacand (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet) | B | Maximum of 1 tablet per day |
| Atacand (8MG Oral Tablet) | B | Maximum of 3 tablets per day |
| Atazanavir Sulfate (150MG Oral Capsule, 300MG Oral Capsule) | G | Maximum of 1 capsule per day |
| Atazanavir Sulfate (200MG Oral Capsule) | G | Maximum of 2 capsules per day |
| Ativan (0.5MG Oral Tablet, 1MG Oral Tablet) | B | Maximum of 4 tablets per day |
| Ativan (2MG Oral Tablet) | B | Maximum of 5 tablets per day |
| Atorvastatin Calcium (Oral Tablet) | G | Maximum of 1 tablet per day |
| Atripla (Oral Tablet) | B | Maximum of 1 tablet per day |
| Aubagio (Oral Tablet) | B | Maximum of 1 tablet per day |
| Austedo (Oral Tablet) | B | Maximum of 4 tablets per day |
| Avalide (Oral Tablet) | B | Maximum of 1 tablet per day |
| Avapro (150MG Oral Tablet, 300MG Oral Tablet) | B | Maximum of 1 tablet per day |
| Avapro (75MG Oral Tablet) | B | Maximum of 3 tablets per day |
| Ayvakit (100MG Oral Tablet, 200MG Oral Tablet, 300MG Oral Tablet) | B | Maximum of 1 tablet per day |
| Azelaic Acid (External Gel) | G | Maximum of 50 grams per 30 days |
| Azelex (External Cream) | B | Maximum of 50 grams per 30 days |
| Azor (Oral Tablet) | B | Maximum of 1 tablet per day |
| Bafiertam (Oral Capsule Delayed Release) | B | Maximum of 4 capsules per day |
| Balversa (3MG Oral Tablet) | B | Maximum of 3 tablets per day |
| Balversa (4MG Oral Tablet) | B | Maximum of 2 tablets per day |
| Balversa (5MG Oral Tablet) | B | Maximum of 1 tablet per day |
| BCG Vaccine (Injection) | B | 1 vaccination dose (1 vial) per day |
| Belbuca (Buccal Film) | B | Maximum of 2 films per day |
| Belsomra (Oral Tablet) | B | Maximum of 1 tablet per day |
| Benazepril HCl (Oral Tablet) | G | Maximum of 2 tablets per day |
| Benazepril-Hydrochlorothiazide (Oral Tablet) | G | Maximum of 1 tablet per day |
| Benicar HCT (Oral Tablet) | B | Maximum of 1 tablet per day |
| Benicar (20MG Oral Tablet, 40MG Oral Tablet) | B | Maximum of 1 tablet per day |
| Benicar (5MG Oral Tablet) | B | Maximum of 2 tablets per day |

| Drug name | Brand or Generic | Quantity limit |
|------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------|
| Bethkis (Inhalation Nebulization Solution) | B | Maximum of 2 ampules (8 ml) per day |
| Bexsero (Intramuscular Suspension Prefilled Syringe) | B | 1 vaccination dose (0.5 ml) per day |
| Biktarvy (Oral Tablet) | B | Maximum of 1 tablet per day |
| Bisoprolol-Hydrochlorothiazide (Oral Tablet) | G | Maximum of 2 tablets per day |
| Boostrix (5-2.5-18.5 Intramuscular Suspension, 5-2.5-18.5 (0.5ML Syringe) Intramuscular Suspension) | B | 1 vaccination dose (0.5 ml) per day |
| Bosentan (Oral Tablet) | G | Maximum of 2 tablets per day |
| Breo Ellipta (Inhalation Aerosol Powder Breath Activated) | B | Maximum of 1 inhaler (60 blisters) per 30 days |
| 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 |
| Brovana (Inhalation Nebulization Solution) | B | Maximum of 2 vials (4 ml) per day |
| Brukinsa (Oral Capsule) | B | Maximum of 4 capsules per day |
| Budesonide-Formoterol Fumarate (Inhalation Aerosol) | G | Maximum of 1 inhaler (10.2 grams) per 30 days |
| Buprenorphine HCl (Tablet Sublingual) | G | Maximum of 3 tablets per day |
| Buprenorphine HCl-Naloxone HCl (12-3MG Sublingual Film, 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 |
| Butorphanol Tartrate (Nasal Solution) | G | Maximum of 2 bottles (5 ml) per 30 days |
| Butrans (Transdermal Patch Weekly) | B | Maximum of 4 patches per 28 days |
| Bydureon BCise (Subcutaneous Auto-Injector) | B | Maximum of 4 pens (3.4 ml) per 28 days |
| Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector) | B | Maximum of 1 pen (2.4 ml) per 30 days |
| Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector) | B | Maximum of 1 pen (1.2 ml) per 30 days |
| Bystolic (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet) | B | Maximum of 1 tablet per day |
| Bystolic (20MG Oral Tablet) | B | Maximum of 2 tablets per day |
| Cablivi (Injection Kit) | B | Maximum of 1 kit per day |

| Drug name | Brand or Generic | Quantity limit |
|-----------------------------------------------------------------------------|-------------------------|----------------------------------|
| Caduet (Oral Tablet) | B | Maximum of 1 tablet per day |
| Calcipotriene (External Cream) | G | Maximum of 120 grams per 30 days |
| Calcipotriene (External Ointment) | G | Maximum of 120 grams per 30 days |
| Canasa (Rectal Suppository) | B | Maximum of 1 suppository per day |
| Candesartan Cilexetil (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Candesartan Cilexetil (8MG Oral Tablet) | G | Maximum of 3 tablets per day |
| Candesartan Cilexetil-HCTZ (Oral Tablet) | G | Maximum of 1 tablet per day |
| Caplyta (Oral Capsule) | B | Maximum of 1 capsule per day |
| Captopril (100MG Oral Tablet) | G | Maximum of 4 tablets per day |
| Captopril (12.5MG Oral Tablet, 25MG Oral Tablet) | G | Maximum of 3 tablets per day |
| Captopril (50MG Oral Tablet) | G | Maximum of 9 tablets per day |
| Cardura XL (Oral Tablet Extended Release 24 Hour) | B | Maximum of 1 tablet per day |
| Celebrex (Oral Capsule) | B | Maximum of 2 capsules per day |
| Celecoxib (Oral Capsule) | G | Maximum of 2 capsules per day |
| Cequa (Ophthalmic Solution) | B | Maximum of 2 vials per day |
| Chloroquine Phosphate (Oral Tablet) | G | Maximum of 2 tablets per day |
| Cialis (2.5MG Oral Tablet, 5MG Oral Tablet) | B | Maximum of 1 tablet per day |
| Cimduo (Oral Tablet) | B | Maximum of 1 tablet per day |
| Cimzia Prefilled (Subcutaneous Kit) | B | Maximum of 2 kits per 28 days |
| Cimzia (2 X 200MG Subcutaneous Kit) | B | Maximum of 2 kits per 28 days |
| Cinacalcet HCl (30MG Oral Tablet, 60MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Cinacalcet HCl (90MG Oral Tablet) | G | Maximum of 4 tablets per day |
| Cleocin-T (External Lotion) | B | Maximum of 60 ml per 30 days |
| Clindacin-P (External Swab) | G | Maximum of 69 pads per 30 days |
| Clindagel (External Gel) | B | Maximum of 75 ml per 30 days |
| Clindamycin Phosphate (External Gel) | G | Maximum of 75 grams per 30 days |
| Clindamycin Phosphate (External Lotion) | G | Maximum of 60 ml per 30 days |
| Clindamycin Phosphate (External Solution) | G | Maximum of 60 ml per 30 days |
| Clindamycin Phosphate (External Swab) | G | Maximum of 69 pads per 30 days |
| Clobazam (2.5MG/ML Oral Suspension) | G | Maximum of 16 ml per day |
| Clobazam (10MG Oral Tablet, 20MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Clobetasol Propionate Emulsion (External Foam) | G | Maximum of 100 grams per 30 days |
| Clobetasol Propionate (External Foam) | G | Maximum of 100 grams per 30 days |

| Drug name | Brand or Generic | Quantity limit |
|----------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------|
| Clobetasol Propionate (External Liquid Spray) | G | Maximum of 125 ml per 30 days |
| Clobetasol Propionate (External Lotion) | G | Maximum of 118 ml per 30 days |
| Clobex (External Lotion) | B | Maximum of 118 ml per 30 days |
| Clobex Spray (External Liquid) | B | Maximum of 125 ml per 30 days |
| Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet) | G | Maximum of 4 tablets per day |
| Clonazepam (2MG Oral Tablet) | G | Maximum of 10 tablets per day |
| Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible) | G | Maximum of 4 tablets per day |
| Clonazepam ODT (2MG Oral Tablet Dispersible) | G | Maximum of 10 tablets per day |
| Clorazepate Dipotassium (15MG Oral Tablet) | G | Maximum of 6 tablets per day |
| Clorazepate Dipotassium (3.75MG Oral Tablet) | G | Maximum of 24 tablets per day |
| Clorazepate Dipotassium (7.5MG Oral Tablet) | G | Maximum of 12 tablets per day |
| Clotrimazole-Betamethasone (External Cream) | G | Maximum of 90 grams per 30 days |
| Cloviq (Oral Capsule) | G | Maximum of 8 capsules per day |
| Codeine Sulfate (15MG Oral Tablet, 60MG Oral Tablet) | B | Maximum of 6 tablets per day |
| Codeine Sulfate (30MG Oral Tablet) | G | Maximum of 6 tablets per day |
| Combivent Respimat (Inhalation Aerosol Solution) | B | Maximum of 1 inhaler (4 grams) per 20 days |
| Combivir (Oral Tablet) | B | Maximum of 2 tablets per day |
| Complera (Oral Tablet) | B | Maximum of 1 tablet per day |
| Concerta (18MG Oral Tablet Extended Release) | B | Maximum of 3 tablets per day |
| Concerta (27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release) | B | Maximum of 2 tablets per day |
| Concerta (54MG Oral Tablet Extended Release) | B | Maximum of 1 tablet per day |
| ConZip (Oral Capsule Extended Release 24 Hour) | B | Maximum of 1 capsule per day |
| Copiktra (Oral Capsule) | B | Maximum of 2 capsules per day |
| Cordran (External Lotion) | B | Maximum of 240 ml per 30 days |
| Corlanor (Oral Solution) | B | Maximum of 15 ml per day |
| Corlanor (Oral Tablet) | B | Maximum of 2 tablets per day |
| 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 |
| Cotempla XR-ODT (Oral Tablet Extended Release Dispersible) | B | Maximum of 2 tablets per day |
| Cozaar (100MG Oral Tablet) | B | Maximum of 1 tablet per day |
| Cozaar (25MG Oral Tablet, 50MG Oral Tablet) | B | Maximum of 2 tablets per day |
| Crestor (Oral Tablet) | B | Maximum of 1 tablet per day |

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

| Drug name | Brand or Generic | Quantity limit |
|-----------------------------------------------------------------------|------------------|--------------------------------------------|
| 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 |
| Diastat AcuDial (Rectal Gel) | B | Maximum of 5 packages per 30 days |
| Diastat Pediatric (Rectal Gel) | B | Maximum of 5 packages per 30 days |
| Diazepam Intensol (5MG/ML Oral Concentrate) | G | Maximum of 8 ml per day |
| Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet) | G | Maximum of 4 tablets per day |
| Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel) | G | Maximum of 5 packages per 30 days |
| Diclofenac Epolamine (External Patch) | G | Maximum of 2 patches per day |
| Diclofenac Sodium (3% External Gel) | G | Maximum of 100 grams per 30 days |
| Diflorasone Diacetate (External Cream) | G | Maximum of 240 grams per 30 days |
| Diflorasone Diacetate (External Ointment) | G | Maximum of 240 grams per 30 days |
| Digitek (125MCG Oral Tablet) | G | Maximum of 1 tablet per day |
| Digox (125MCG Oral Tablet) | G | Maximum of 1 tablet per day |
| Digoxin (Oral Solution) | G | Maximum of 5 ml per day |
| Digoxin (125MCG Oral Tablet) | G | Maximum of 1 tablet per day |
| Dihydroergotamine Mesylate (Nasal Solution) | G | Maximum of 16 vials (16 ml) per 28 days |
| Dilaudid (Oral Liquid) | B | Maximum of 50 ml per day |
| Dilaudid (2MG Oral Tablet, 4MG Oral Tablet) | B | Maximum of 8 tablets per day |
| Dilaudid (8MG Oral Tablet) | B | Maximum of 6 tablets per day |
| 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 |
| Diovan HCT (Oral Tablet) | B | Maximum of 1 tablet per day |
| Diovan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet) | B | Maximum of 2 tablets per day |
| Diovan (320MG Oral Tablet) | B | Maximum of 1 tablet per day |
| Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension) | B | 1 vaccination dose (0.5 ml) per day |
| Dofetilide (125MCG Oral Capsule) | G | Maximum of 6 capsules per day |

| Drug name | Brand or Generic | Quantity limit |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------|
| Dofetilide (250MCG Oral Capsule, 500MCG Oral Capsule) | G | Maximum of 2 capsules per day |
| Donepezil HCl (10MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Donepezil HCl (23MG Oral Tablet, 5MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Donepezil HCl ODT (10MG Oral Tablet Dispersible) | G | Maximum of 2 tablets per day |
| Donepezil HCl ODT (5MG Oral Tablet Dispersible) | G | Maximum of 1 tablet per day |
| Dotti (Transdermal Patch Twice Weekly) | G | Maximum of 8 patches per 28 days |
| Dovato (Oral Tablet) | B | Maximum of 1 tablet per day |
| Dovonex (External Cream) | B | Maximum of 120 grams per 30 days |
| Doxepin HCl (External Cream) | G | Maximum of 90 grams per 30 days |
| Doxepin HCl (Oral Tablet) | G | Maximum of 1 tablet per day |
| Drizalma Sprinkle (20MG Oral Capsule Delayed Release Sprinkle, 30MG Oral Capsule Delayed Release Sprinkle, 60MG Oral Capsule Delayed Release Sprinkle) | B | Maximum of 2 capsules per day |
| Drizalma Sprinkle (40MG Oral Capsule Delayed Release Sprinkle) | B | Maximum of 3 capsules per day |
| Droxidopa (100MG Oral Capsule) | G | Maximum of 3 capsules per day |
| Droxidopa (200MG Oral Capsule, 300MG Oral Capsule) | G | Maximum of 6 capsules per day |
| Duaklir Pressair (Inhalation Aerosol Powder Breath Activated) | B | Maximum of 1 inhaler per 30 days |
| 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, 60MG Oral Capsule Delayed Release Particles) | G | Maximum of 2 capsules per day |
| Duloxetine HCl (40MG Oral Capsule Delayed Release Particles) | G | Maximum of 3 capsules per day |
| Dyanavel XR (Oral Suspension Extended Release) | B | Maximum of 8 ml 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 |
| Edurant (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 |

| Drug name | Brand or Generic | Quantity limit |
|---------------------------------------------------------------------------------|------------------|--------------------------------------------------|
| Efudex (External Cream) | B | Maximum of 40 grams per 30 days |
| Eletriptan Hydrobromide (Oral Tablet) | G | Maximum of 12 tablets per 30 days |
| Elidel (External Cream) | B | Maximum of 100 grams per 30 days |
| Eliquis (2.5MG Oral Tablet, 5MG Oral Tablet) | B | Maximum of 2 tablets per day |
| Eliquis Starter Pack (Oral Tablet) | B | Maximum of 2 packs (148 tablets) per year |
| Emend (80MG Oral Capsule) | B | Maximum of 4 capsules per 28 days |
| Emend (Oral Suspension Reconstituted) | B | Maximum of 2 kits per 28 days |
| Emend Tri-Pack (Oral Capsule) | B | Maximum of 6 capsules (2 packs) 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 Capsule) | B | Maximum of 1 capsule per day |
| Emtriva (Oral Solution) | B | Maximum of 5 bottles (850 ml) per 30 days |
| Enalapril Maleate (Oral Tablet) | G | Maximum of 2 tablets per day |
| Enalapril-Hydrochlorothiazide (10-25MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Enalapril-Hydrochlorothiazide (5-12.5MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Enbrel Mini (Subcutaneous Solution Cartridge) | B | Maximum of 8 cartridges per 28 days |
| Enbrel (Subcutaneous Solution) | B | Maximum of 8 vials (4 ml) per 28 days |
| Enbrel (25MG/0.5ML Subcutaneous Solution Prefilled Syringe) | B | Maximum of 8 syringes (4 ml) per 28 days |
| Enbrel (50MG/ML Subcutaneous Solution Prefilled Syringe) | B | Maximum of 8 syringes (8 ml) per 28 days |
| Enbrel (Subcutaneous Solution Reconstituted) | B | Maximum of 8 vials per 28 days |
| Enbrel SureClick (Subcutaneous Solution Auto-Injector) | B | Maximum of 8 pens per 28 days |
| Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet) | G | Maximum of 12 tablets per day |

| Drug name | Brand or Generic | Quantity limit |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------|
| Engerix-B (10MCG/0.5ML Injection Suspension) | B | 1 vaccination dose (0.5 ml) per day |
| Engerix-B (20MCG/ML Injection Suspension) | B | 1 vaccination dose (1 ml) per day |
| Entresto (Oral Tablet) | B | Maximum of 2 tablets per day |
| Epclusa (200-50MG Oral Tablet) | B | Maximum of 2 tablets per day |
| Epclusa (400-100MG Oral Tablet) | B | Maximum of 1 tablet per day |
| Epinephrine (Injection Solution Auto-Injector) | G | Maximum of 4 pens (2 boxes) per 30 days |
| EpiPen 2-Pak (Injection Solution Auto-Injector) | B | Maximum of 4 pens (2 boxes) per 30 days |
| EpiPen Jr 2-Pak (Injection Solution Auto-Injector) | B | Maximum of 4 pens (2 boxes) per 30 days |
| Epivir (10MG/ML Oral Solution) | B | Maximum of 32 ml per day |
| Epivir (150MG Oral Tablet) | B | Maximum of 2 tablets per day |
| Epivir (300MG Oral Tablet) | B | Maximum of 1 tablet per day |
| Epzicom (Oral Tablet) | B | Maximum of 1 tablet per day |
| Esbriet (Oral Capsule) | B | Maximum of 9 capsules per day |
| Esbriet (267MG Oral Tablet) | B | Maximum of 9 tablets per day |
| Esbriet (801MG Oral Tablet) | B | Maximum of 3 tablets per day |
| Esomeprazole Magnesium (20MG Oral Capsule Delayed Release) (Generic Nexium) | G | Maximum of 3 capsules per day |
| Esomeprazole Magnesium (40MG Oral Capsule Delayed Release) (Generic Nexium) | G | Maximum of 2 capsules per day |
| Estradiol (Transdermal Patch Twice Weekly) | G | Maximum of 8 patches per 28 days |
| Eucrisa (External Ointment) | B | Maximum of 100 grams per 30 days |
| Evenity (Subcutaneous Solution Prefilled Syringe) | B | Maximum of 2 syringes (2.34 ml) per 28 days |
| Evotaz (Oral Tablet) | B | Maximum of 1 tablet per day |
| Evryydi (Oral Solution Reconstituted) | B | Maximum of 8 ml per day |
| Exelon (Transdermal Patch 24 Hour) | B | Maximum of 1 patch per day |
| Exforge (Oral Tablet) | B | Maximum of 1 tablet per day |
| Extina (External Foam) | B | Maximum of 100 grams per 28 days |
| Ezallor Sprinkle (Oral Capsule Sprinkle) | B | Maximum of 1 capsule per day |
| Ezetimibe-Simvastatin (Oral Tablet) | G | Maximum of 1 tablet per day |
| Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet) | B | Maximum of 2 tablets per day |
| Fanapt Titration Pack (Oral Tablet) | B | Maximum of 2 packs per year |
| Farxiga (Oral Tablet) | B | Maximum of 1 tablet per day |

| Drug name | Brand or Generic | Quantity limit |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------|
| Fentanyl Citrate (1200MCG Buccal Lozenge On A Handle, 1600MCG Buccal Lozenge On A Handle, 200MCG Buccal Lozenge On A Handle, 400MCG Buccal Lozenge On A Handle, 600MCG Buccal Lozenge On A Handle, 800MCG Buccal Lozenge On A Handle) | G | Maximum of 4 lozenges per day |
| Fentanyl Citrate (100MCG Buccal Tablet, 200MCG Buccal Tablet, 400MCG Buccal Tablet, 600MCG Buccal Tablet, 800MCG Buccal Tablet) | G | Maximum of 4 tablets per day |
| Fentanyl (Transdermal Patch 72 Hour) | G | Maximum of 15 patches per 30 days |
| Fentora (Buccal Tablet) | B | Maximum of 4 tablets per day |
| Finacea (External Foam) | B | Maximum of 50 grams per 30 days |
| Finacea (External Gel) | B | Maximum of 50 grams per 30 days |
| Fintepla (Oral Solution) | B | Maximum of 12 ml per day |
| Firazyr (Subcutaneous Solution) | B | Maximum of 3 syringes (9 ml) per day |
| Firdapse (Oral Tablet) | B | Maximum of 8 tablets per day |
| Flector (External Patch) | B | Maximum of 2 patches per day |
| FloLipid (20MG/5ML Oral Suspension) | B | Maximum of 5 ml per day |
| FloLipid (40MG/5ML Oral Suspension) | B | Maximum of 10 ml per day |
| Flovent HFA (110MCG/ACT Inhalation Aerosol) | B | Maximum of 1 inhaler (12 grams) per 30 days |
| Flovent HFA (220MCG/ACT Inhalation Aerosol) | B | Maximum of 2 inhalers (24 grams) per 30 days |
| Flovent HFA (44MCG/ACT Inhalation Aerosol) | B | Maximum of 1 inhaler (10.6 grams) per 30 days |
| Fluocinonide Emulsified Base (External Cream) | G | Maximum of 60 grams per 30 days |
| Fluocinonide (0.05% External Cream) | G | Maximum of 60 grams per 30 days |
| Fluocinonide (0.1% External Cream) | G | Maximum of 120 grams per 30 days |
| 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 |
| Flurandrenolide (External Lotion) | G | Maximum of 240 ml per 30 days |
| Fluticasone-Salmeterol (100-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 250-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 500-50MCG/DOSE Inhalation Aerosol Powder Breath Activated) (Generic Advair) | G | Maximum of 1 inhaler (60 blisters) per 30 days |

| Drug name | Brand or Generic | Quantity limit |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------|
| Fluticasone-Salmeterol (113-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 232-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 55-14MCG/ACT Inhalation Aerosol Powder Breath Activated) (Brand Equivalent AirDuo) | G | Maximum of 1 inhaler per 30 days |
| Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour) | G | Maximum of 1 tablet per day |
| Fluvastatin Sodium (20MG Oral Capsule) | G | Maximum of 1 capsule per day |
| Fluvastatin Sodium (40MG Oral Capsule) | G | Maximum of 2 capsules per day |
| Focalin (Oral Tablet) | B | Maximum of 2 tablets per day |
| Fortamet (1000MG Oral Tablet Extended Release 24 Hour) | B | Maximum of 2 tablets per day |
| Fortamet (500MG Oral Tablet Extended Release 24 Hour) | B | Maximum of 5 tablets per day |
| Fosamprenavir Calcium (Oral Tablet) | G | Maximum of 4 tablets per day |
| Fosinopril Sodium (Oral Tablet) | G | Maximum of 2 tablets per day |
| Fosinopril Sodium-HCTZ (Oral Tablet) | G | Maximum of 4 tablets per day |
| Fotivda (Oral Capsule) | B | Maximum of 1 capsule per day |
| Frova (Oral Tablet) | B | Maximum of 12 tablets per 30 days |
| Frovatriptan Succinate (Oral Tablet) | G | Maximum of 12 tablets per 30 days |
| Fuzeon (Subcutaneous Solution Reconstituted) | B | Maximum of 2 vials per day |
| Fycompa (Oral Suspension) | B | Maximum of 24 ml per day |
| Fycompa (Oral Tablet) | B | Maximum of 1 tablet per day |
| Gardasil 9 (Intramuscular Suspension) | B | 1 vaccination dose (0.5 ml) per day |
| Gardasil 9 (Intramuscular Suspension Prefilled Syringe) | B | 1 vaccination dose (0.5 ml) per day |
| Gavreto (Oral Capsule) | B | Maximum of 4 capsules per day |
| Genvoya (Oral Tablet) | B | Maximum of 1 tablet per day |
| Geodon (Oral Capsule) | B | Maximum of 2 capsules per day |
| Gilenya (0.5MG Oral Capsule) | B | Maximum of 1 pack (30 capsules) per 30 days |
| Gleevec (Oral Tablet) | B | Maximum of 3 tablets per day |
| 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 |

| Drug name | Brand or Generic | Quantity limit |
|--------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------|
| 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 |
| Gloperba (Oral Solution) | B | Maximum of 20 ml per day |
| Glucotrol XL (10MG Oral Tablet Extended Release 24 Hour) | B | Maximum of 2 tablets per day |
| Glucotrol XL (2.5MG Oral Tablet Extended Release 24 Hour) | B | Maximum of 8 tablets per day |
| Glucotrol XL (5MG Oral Tablet Extended Release 24 Hour) | B | Maximum of 4 tablets per day |
| Glumetza (1000MG Oral Tablet Extended Release 24 Hour) | B | Maximum of 2 tablets per day |
| Glumetza (500MG Oral Tablet Extended Release 24 Hour) | B | Maximum of 4 tablets per day |
| Glyxambi (Oral Tablet) | B | Maximum of 1 tablet per day |
| Harvoni (33.75-150MG Oral Packet) | B | Maximum of 1 carton (28 packets) per 28 days |
| Harvoni (45-200MG Oral Packet) | B | Maximum of 2 cartons (56 packets) per 28 days |
| Harvoni (90-400MG Oral Tablet) | B | Maximum of 1 tablet per day |
| Havrix (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 |
| Hetlioz LQ (Oral Suspension) | B | Maximum of 158 ml per 30 days |
| Hetlioz (Oral Capsule) | B | Maximum of 1 capsule per day |
| 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 Crohns Disease Starter (40MG/0.8ML Subcutaneous Pen-Injector Kit) | B | Maximum of 2 kits per year |
| Humira Pen Crohns Disease Starter (80MG/0.8ML Subcutaneous Pen-Injector Kit) | B | Maximum of 2 kits per year |
| Humira Pen-Pediatric UC Start (Subcutaneous Pen-Injector Kit) | B | Maximum of 2 kits per year |

| Drug name | Brand or Generic | Quantity limit |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------|
| Humira Pen Psoriasis Starter (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 |
| Humira (40MG/0.4ML Subcutaneous Prefilled Syringe Kit) | B | Maximum of 2 kits (4 syringes) per 28 days |
| Hydrocodone Bitartrate ER (10MG Oral Capsule Extended Release 12 Hour, 15MG Oral Capsule Extended Release 12 Hour, 20MG Oral Capsule Extended Release 12 Hour, 30MG Oral Capsule Extended Release 12 Hour, 40MG Oral Capsule Extended Release 12 Hour, 50MG Oral Capsule Extended Release 12 Hour) | G | Maximum of 2 capsules per day |
| Hydrocodone Bitartrate ER (100MG Oral Tablet ER 24 Hour Abuse-Deterrent, 120MG Oral Tablet ER 24 Hour Abuse-Deterrent, 20MG Oral Tablet ER 24 Hour Abuse-Deterrent, 30MG Oral Tablet ER 24 Hour Abuse-Deterrent, 40MG Oral Tablet ER 24 Hour Abuse-Deterrent, 60MG Oral Tablet ER 24 Hour Abuse-Deterrent, 80MG Oral Tablet ER 24 Hour Abuse-Deterrent) | G | Maximum of 1 tablet per day |
| Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution) | G | Maximum of 180 ml per day |
| Hydrocodone-Acetaminophen (10-300MG Oral Tablet, 5-300MG Oral Tablet, 7.5-300MG Oral Tablet) | G | Maximum of 13 tablets per day |
| Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet) | G | Maximum of 12 tablets per day |
| Hydrocodone-Ibuprofen (Oral Tablet) | G | Maximum of 5 tablets per day |
| Hydrocortisone Butyrate (External Lotion) | G | Maximum of 118 ml per 30 days |
| 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 (Oral Tablet) | G | Maximum of 3 tablets per day |
| Hysingla ER (Oral Tablet ER 24 Hour Abuse-Deterrent) | B | Maximum of 1 tablet per day |
| Hyzaar (100-12.5MG Oral Tablet, 100-25MG Oral Tablet) | B | Maximum of 1 tablet per day |
| Hyzaar (50-12.5MG Oral Tablet) | B | Maximum of 2 tablets per day |

| Drug name | Brand or Generic | Quantity limit |
|--------------------------------------------------------------------------------|------------------|------------------------------------------------|
| Icatibant Acetate (Subcutaneous Solution) | G | Maximum of 3 syringes (9 ml) per day |
| Iclusig (Oral Tablet) | B | Maximum of 1 tablet per day |
| Ilumya (Subcutaneous Solution Prefilled Syringe) | B | Maximum of 2 syringes (2 ml) per 84 days |
| Imatinib Mesylate (Oral Tablet) | G | Maximum of 3 tablets per day |
| Imbruvica (140MG Oral Capsule) | B | Maximum of 4 capsules per day |
| Imbruvica (70MG Oral Capsule) | B | Maximum of 1 capsule per day |
| Imbruvica (Oral Tablet) | B | Maximum of 1 tablet per day |
| Imiquimod (5% External Cream) | G | Maximum of 24 grams per 30 days |
| Imitrex (Nasal Solution) | B | Maximum of 12 devices per 30 days |
| Imitrex (Oral Tablet) | B | Maximum of 12 tablets per 30 days |
| Imitrex STATdose Refill (6MG/0.5ML Subcutaneous Solution Cartridge) | B | Maximum of 12 injections (6 ml) per 30 days |
| Imitrex STATdose System (4MG/0.5ML Subcutaneous Solution Auto-Injector) | B | Maximum of 12 injections (6 ml) per 30 days |
| Imitrex (Subcutaneous Solution) | B | Maximum of 12 injections (6 ml) per 30 days |
| Imovax Rabies (Intramuscular Injectable) | B | 1 vaccination dose (1 injection) per day |
| Impeklo (External Lotion) | B | Maximum of 272 grams per 30 days |
| Incruse Ellipta (Inhalation Aerosol Powder Breath Activated) | B | Maximum of 1 inhaler (30 blisters) per 30 days |
| Infanrix (Intramuscular Suspension) | B | 1 vaccination dose (0.5 ml) per day |
| Ingrezza (40MG Oral Capsule, 80MG 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 (100MG Oral Tablet, 200MG Oral Tablet) | B | Maximum of 2 tablets per day |
| Intelence (25MG Oral Tablet) | B | Maximum of 4 tablets per day |
| Intrarosa (Vaginal Insert) | B | Maximum of 1 vaginal insert per day |

| Drug name | Brand or Generic | Quantity limit |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------|
| Invega (1.5MG Oral Tablet Extended Release 24 Hour, 3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour) | B | Maximum of 1 tablet per day |
| Invega (6MG Oral Tablet Extended Release 24 Hour) | B | Maximum of 2 tablets per day |
| Invirase (Oral Tablet) | B | Maximum of 4 tablets per day |
| Invokamet (Oral Tablet Immediate Release) | B | Maximum of 2 tablets per day |
| Invokamet XR (Oral Tablet Extended Release 24 Hour) | B | Maximum of 2 tablets per day |
| Invokana (Oral Tablet) | B | Maximum of 1 tablet per day |
| IPOL (Injection) | B | 1 vaccination dose (0.5 ml) per day |
| Irbesartan (150MG Oral Tablet, 300MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Irbesartan (75MG Oral Tablet) | G | Maximum of 3 tablets per day |
| Irbesartan-Hydrochlorothiazide (Oral Tablet) | G | Maximum of 1 tablet per day |
| 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) | B | Maximum of 1 tablet per day |
| Janumet XR (50-1000MG Oral Tablet Extended Release 24 Hour, 50-500MG Oral Tablet Extended Release 24 Hour) | B | Maximum of 2 tablets per day |
| Januvia (Oral Tablet) | B | Maximum of 1 tablet per day |
| Jardiance (Oral Tablet) | B | Maximum of 1 tablet per day |
| Jentadueto (Oral Tablet Immediate Release) | B | Maximum of 2 tablets per day |
| 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 |
| Jornay PM (Oral Capsule Extended Release 24 Hour) | B | Maximum of 1 capsule per day |
| Juluca (Oral Tablet) | B | Maximum of 1 tablet per day |
| Jynarque (Oral Tablet Therapy Pack) | B | Maximum of 2 tablets per day |
| Kaletra (Oral Solution) | B | Maximum of 3 bottles (480 ml) per 30 days |
| Kaletra (100-25MG Oral Tablet) | B | Maximum of 8 tablets per day |

| Drug name | Brand or Generic | Quantity limit |
|-------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------|
| Kaletra (200-50MG Oral Tablet) | B | Maximum of 4 tablets per day |
| Kazano (Oral Tablet) | B | Maximum of 2 tablets per day |
| Ketoconazole (External Cream) | G | Maximum of 90 grams per 30 days |
| Ketoconazole (External Foam) | G | Maximum of 100 grams per 28 days |
| Ketodan (External Foam) | G | Maximum of 100 grams per 28 days |
| Keveyis (Oral Tablet) | B | Maximum of 4 tablets per day |
| Kevzara (Subcutaneous Solution Auto-Injector) | B | Maximum of 2 pens (2.28 ml) per 28 days |
| Kevzara (Subcutaneous Solution Prefilled Syringe) | B | Maximum of 2 syringes (2.28 ml) per 28 days |
| Kinrix (Intramuscular Suspension) | B | 1 vaccination dose (0.5 ml) per day |
| Klonopin (0.5MG Oral Tablet, 1MG Oral Tablet) | B | Maximum of 4 tablets per day |
| Klonopin (2MG Oral Tablet) | B | Maximum of 10 tablets per day |
| Kombiglyze XR (2.5-1000MG Oral Tablet Extended Release 24 Hour) | B | Maximum of 2 tablets per day |
| Kombiglyze XR (5-1000MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour) | B | Maximum of 1 tablet per day |
| Koselugo (10MG Oral Capsule) | B | Maximum of 8 capsules per day |
| Koselugo (25MG Oral Capsule) | B | Maximum of 4 capsules per day |
| Kynmobi (10MG Sublingual Film, 15MG Sublingual Film, 20MG Sublingual Film, 25MG Sublingual Film, 30MG Sublingual Film) | B | Maximum of 5 films per day |
| Lamivudine (10MG/ML Oral Solution) | G | Maximum of 32 ml per day |
| Lamivudine (150MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Lamivudine (300MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Lamivudine-Zidovudine (Oral Tablet) | G | Maximum of 2 tablets per day |
| Lanoxin (125MCG Oral Tablet) | B | Maximum of 1 tablet per day |
| Lanoxin (62.5MCG Oral Tablet) | B | Maximum of 2 tablets per day |
| Lansoprazole (Oral Capsule Delayed Release) | G | Maximum of 2 capsules per day |
| Latuda (120MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 60MG Oral Tablet) | B | Maximum of 1 tablet per day |
| Latuda (80MG Oral Tablet) | B | Maximum of 2 tablets per day |
| Lazanda (Nasal Solution) | B | Maximum of 30 bottles per 30 days |
| Ledipasvir-Sofosbuvir (Oral Tablet) | G | Maximum of 1 tablet per day |
| Lescol XL (Oral Tablet Extended Release 24 Hour) | B | Maximum of 1 tablet per day |
| Letairis (Oral Tablet) | B | Maximum of 1 tablet per day |

| Drug name | Brand or Generic | Quantity limit |
|------------------------------------------------------------------------|------------------|-------------------------------------------|
| Levorphanol Tartrate (Oral Tablet) | G | Maximum of 6 tablets per day |
| Lexiva (Oral Suspension) | B | Maximum of 60 ml per day |
| Lexiva (Oral Tablet) | B | Maximum of 4 tablets per day |
| Lialda (Oral Tablet Delayed Release) | B | Maximum of 4 tablets per day |
| Licart (External Patch 24 Hour) | B | Maximum of 1 patch per day |
| Lidocaine (5% External Ointment) | G | Maximum of 152 grams per 30 days |
| Lidocaine (5% External Patch) | G | Maximum of 3 patches per day |
| Lidoderm (External Patch) | B | Maximum of 3 patches per day |
| Linzess (Oral Capsule) | B | Maximum of 1 capsule per day |
| Lipitor (Oral Tablet) | B | Maximum of 1 tablet per day |
| Lisinopril (Oral Tablet) | G | Maximum of 2 tablets per day |
| Lisinopril-Hydrochlorothiazide (10-12.5MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Lisinopril-Hydrochlorothiazide (20-12.5MG Oral Tablet) | G | Maximum of 4 tablets per day |
| Lisinopril-Hydrochlorothiazide (20-25MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Livalo (Oral Tablet) | B | Maximum of 1 tablet per day |
| Locoid (External Lotion) | B | Maximum of 118 ml per 30 days |
| Lokelma (Oral Packet) | B | Maximum of 90 packets per 30 days |
| Lonhala Magnair (Inhalation Solution) | B | Maximum of 2 vials (2 ml) per day |
| Lopinavir-Ritonavir (Oral Solution) | G | Maximum of 3 bottles (480 ml) per 30 days |
| Lorazepam Intensol (Oral Concentrate) | G | Maximum of 5 ml per day |
| Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet) | G | Maximum of 4 tablets per day |
| Lorazepam (2MG Oral Tablet) | G | Maximum of 5 tablets per day |
| Lorbrena (100MG Oral Tablet) | B | Maximum of 1 tablet per day |
| Lorbrena (25MG Oral Tablet) | B | Maximum of 3 tablets per day |
| Losartan Potassium (100MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Losartan Potassium (25MG Oral Tablet, 50MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Losartan Potassium-HCTZ (100-12.5MG Oral Tablet, 100-25MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Losartan Potassium-HCTZ (50-12.5MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Lotensin (Oral Tablet) | B | Maximum of 2 tablets per day |
| Lotrel (Oral Capsule) | B | Maximum of 1 capsule per day |
| Lovastatin (10MG Oral Tablet, 20MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Lovastatin (40MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Lubiprostone (Oral Capsule) | G | Maximum of 2 capsules per day |

| Drug name | Brand or Generic | Quantity limit |
|-----------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------|
| Lucemyra (Oral Tablet) | B | Maximum of 16 tablets per day |
| Luliconazole (External Cream) | B | Maximum of 60 grams per 28 days |
| Lupkynis (Oral Capsule) | B | Maximum of 6 capsules per day |
| Luzu (External Cream) | B | Maximum of 60 grams per 28 days |
| Lyllana (Transdermal Patch Twice Weekly) | G | Maximum of 8 patches per 28 days |
| Lyrica CR (165MG Oral Tablet Extended Release 24 Hour, 82.5MG Oral Tablet Extended Release 24 Hour) | B | Maximum of 3 tablets per day |
| Lyrica CR (330MG Oral Tablet Extended Release 24 Hour) | B | Maximum of 2 tablets per day |
| Lyrica (100MG Oral Capsule, 150MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule) | B | Maximum of 4 capsules per day |
| Lyrica (200MG Oral Capsule) | B | Maximum of 3 capsules per day |
| Lyrica (225MG Oral Capsule, 300MG Oral Capsule) | B | Maximum of 2 capsules per day |
| Lyrica (Oral Solution) | B | Maximum of 30 ml per day |
| Mavyret (Oral Tablet) | B | Maximum of 3 tablets per day |
| Maxalt (Oral Tablet) | B | Maximum of 12 tablets per 30 days |
| Maxalt-MLT (Oral Tablet Dispersible) | B | Maximum of 12 tablets per 30 days |
| Mayzent (0.25MG Oral Tablet) | B | Maximum of 8 tablets per day |
| Mayzent (2MG Oral Tablet) | B | Maximum of 1 tablet per day |
| Mayzent Starter Pack (Oral Tablet Therapy Pack) | B | Maximum of 2 packs (24 tablets) per year |
| Meloxicam (Oral Capsule) | G | Maximum of 1 capsule per day |
| Memantine HCl ER (Oral Capsule Extended Release 24 Hour) | G | Maximum of 1 capsule per day |
| Memantine HCl (2MG/ML Oral Solution) | G | Maximum of 10 ml per day |
| Memantine HCl (10MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Memantine HCl Titration Pak (Oral Tablet) | B | Maximum of 2 packs per year |
| Memantine HCl (5MG Oral Tablet) | G | Maximum of 3 tablets per day |
| Menactra (Intramuscular Injectable) | B | 1 vaccination dose (0.5 ml) per day |
| MenQuadfi (Intramuscular Injectable) | B | 1 vaccination dose (0.5 ml) per day |
| Menveo (Intramuscular Solution Reconstituted) | B | 1 vaccination dose (1 injection) per day |
| Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso) | G | Maximum of 4 capsules per day |

| Drug name | Brand or Generic | Quantity limit |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------|
| Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda) | G | Maximum of 4 tablets per day |
| Mesalamine (800MG Oral Tablet Delayed Release) (Generic Asacol) | G | Maximum of 6 tablets per day |
| Mesalamine (Rectal Suppository) | G | Maximum of 1 suppository per day |
| Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza) | G | Maximum of 2 tablets per day |
| Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza) | G | Maximum of 4 tablets per day |
| Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet) | G | Maximum of 2 tablets per day |
| Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet) | G | Maximum of 5 tablets per day |
| Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR) | G | Maximum of 4 tablets per day |
| Metformin HCl ER (750MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR) | G | Maximum of 2 tablets per day |
| Metformin HCl (500MG/5ML Oral Solution) | G | Maximum of 25.5 ml per day |
| Metformin HCl (1000MG Oral Tablet Immediate Release) | G | Maximum of 2.5 tablets per day |
| Metformin HCl (500MG Oral Tablet Immediate Release) | G | Maximum of 5 tablets per day |
| Metformin HCl (850MG Oral Tablet Immediate Release) | G | Maximum of 3 tablets per day |
| Methadone HCl (10MG/5ML Oral Solution) | G | Maximum of 60 ml per day |
| Methadone HCl (5MG/5ML Oral Solution) | G | Maximum of 120 ml per day |
| Methadone HCl (10MG Oral Tablet) | G | Maximum of 12 tablets per day |
| Methadone HCl (5MG Oral Tablet) | G | Maximum of 8 tablets per day |
| Methylin (10MG/5ML Oral Solution) | B | Maximum of 30 ml per day |
| Methylin (5MG/5ML Oral Solution) | B | Maximum of 60 ml per day |
| Methylphenidate HCl CD (Oral Capsule Extended Release) (Generic Metadate CD) | G | Maximum of 1 capsule per day |
| Methylphenidate HCl LA (Oral Capsule Extended Release 24 Hour) (Generic Ritalin LA) | G | Maximum of 1 capsule per day |
| Methylphenidate HCl ER (XR) (Oral Capsule Extended Release 24 Hour) (Brand Equivalent Aptensio XR) | G | Maximum of 1 capsule per day |
| Methylphenidate HCl ER (10MG Oral Tablet Extended Release) | G | Maximum of 4 tablets per day |
| Methylphenidate HCl ER Osmotic Release (18MG Oral Tablet Extended Release) (Generic Concerta), Methylphenidate HCl ER (20MG Oral Tablet Extended Release) (Generic Metadate ER) | G | Maximum of 3 tablets per day |

| Drug name | Brand or Generic | Quantity limit |
|----------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------|
| Methylphenidate HCl ER (18MG Oral Tablet Extended Release 24 Hour) | G | Maximum of 3 tablets per day |
| Methylphenidate HCl ER (27MG Oral Tablet Extended Release 24 Hour, 36MG Oral Tablet Extended Release 24 Hour) | G | Maximum of 2 tablets per day |
| Methylphenidate HCl ER (54MG Oral Tablet Extended Release 24 Hour) | G | Maximum of 1 tablet per day |
| Methylphenidate HCl ER Osmotic Release (27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release) (Generic Concerta) | G | Maximum of 2 tablets per day |
| Methylphenidate HCl ER Osmotic Release (54MG Oral Tablet Extended Release, 72MG Oral Tablet Extended Release) (Generic Concerta) | G | Maximum of 1 tablet per day |
| Methylphenidate HCl (10MG/5ML Oral Solution) | G | Maximum of 30 ml per day |
| Methylphenidate HCl (5MG/5ML Oral Solution) | G | Maximum of 60 ml per day |
| Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin) | G | Maximum of 3 tablets per day |
| Methylphenidate HCl (10MG Oral Tablet Chewable) | G | Maximum of 6 tablets per day |
| Methylphenidate HCl (2.5MG Oral Tablet Chewable, 5MG Oral Tablet Chewable) | G | Maximum of 3 tablets per day |
| Micardis HCT (40-12.5MG Oral Tablet, 80-25MG Oral Tablet) | B | Maximum of 1 tablet per day |
| Micardis HCT (80-12.5MG Oral Tablet) | B | Maximum of 2 tablets per day |
| Micardis (Oral Tablet) | B | Maximum of 1 tablet per day |
| Migranal (Nasal Solution) | B | Maximum of 16 vials (16 ml) per 28 days |
| Minivelle (Transdermal Patch Twice Weekly) | B | Maximum of 8 patches per 28 days |
| Minocycline HCl ER (Oral Tablet Extended Release 24 Hour) | G | Maximum of 1 tablet per day |
| Minolira (Oral Tablet Extended Release 24 Hour) | B | Maximum of 1 tablet per day |
| M-M-R II (Injection Solution Reconstituted) | B | 1 vaccination dose (1 injection) per day |
| Modafinil (100MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Modafinil (200MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Moexipril HCl (Oral Tablet) | G | Maximum of 2 tablets per day |
| Montelukast Sodium (Oral Packet) | G | Maximum of 1 packet per day |
| Montelukast Sodium (Oral Tablet) | G | Maximum of 1 tablet per day |
| Montelukast Sodium (Oral Tablet Chewable) | G | Maximum of 1 tablet per day |
| Morphine Sulfate (100MG/5ML Oral Solution) | G | Maximum of 10 ml per day |
| Morphine Sulfate ER Beads (120MG Oral Capsule Extended Release 24 Hour) (Generic Avinza) | G | Maximum of 3 capsules per day |

| Drug name | Brand or Generic | Quantity limit |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------|
| Morphine Sulfate ER Beads (30MG Oral Capsule Extended Release 24 Hour, 45MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour) (Generic Avinza) | G | Maximum of 2 capsules per day |
| Morphine Sulfate ER Beads (75MG Oral Capsule Extended Release 24 Hour, 90MG Oral Capsule Extended Release 24 Hour) (Generic Avinza) | G | Maximum of 4 capsules per day |
| Morphine Sulfate ER (100MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour) (Generic Kadian) | G | Maximum of 3 capsules per day |
| Morphine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 30MG Oral Capsule Extended Release 24 Hour, 40MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour) (Generic Kadian) | G | Maximum of 2 capsules per day |
| Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release) (Generic MS Contin) | G | Maximum of 3 tablets per day |
| Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin) | G | Maximum of 2 tablets per day |
| Morphine Sulfate ER (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin) | G | Maximum of 4 tablets per day |
| Morphine Sulfate (10MG/5ML Oral Solution) | G | Maximum of 100 ml per day |
| Morphine Sulfate (20MG/5ML Oral Solution) | G | Maximum of 50 ml per day |
| Morphine Sulfate (15MG Oral Tablet Immediate Release) | G | Maximum of 8 tablets per day |
| Morphine Sulfate (30MG Oral Tablet Immediate Release) | G | Maximum of 6 tablets per day |
| Motegrity (Oral Tablet) | B | Maximum of 1 tablet per day |
| Movantik (Oral Tablet) | B | Maximum of 1 tablet per day |
| MS Contin (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release) | B | Maximum of 3 tablets per day |
| MS Contin (200MG Oral Tablet Extended Release) | B | Maximum of 2 tablets per day |
| MS Contin (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) | B | Maximum of 4 tablets per day |
| Mupirocin (External Ointment) | G | Maximum of 110 grams per 30 days |
| Mycapssa (Oral Capsule Delayed Release) | B | Maximum of 112 capsules per 28 days |
| Mydayis (12.5MG Oral Capsule Extended Release 24 Hour, 25MG Oral Capsule Extended Release 24 Hour) | B | Maximum of 2 capsules per day |

| Drug name | Brand or Generic | Quantity limit |
|-----------------------------------------------------------------------------------------------------------|------------------|----------------------------------------|
| Mydayis (37.5MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour) | B | Maximum of 1 capsule per day |
| Namenda (10MG Oral Tablet) | B | Maximum of 2 tablets per day |
| Namenda (5MG Oral Tablet) | B | Maximum of 3 tablets per day |
| Namenda Titration Pak (Oral Tablet) | B | Maximum of 2 packs per year |
| Namenda XR (Oral Capsule Extended Release 24 Hour) | B | Maximum of 1 capsule per day |
| Namzaric (Oral Capsule ER 24 Hour Therapy Pack) | B | Maximum of 1 capsule per day |
| Namzaric (Oral Capsule Extended Release 24 Hour) | B | Maximum of 1 capsule per day |
| Naratriptan HCl (Oral Tablet) | G | Maximum of 12 tablets per 30 days |
| Nateglinide (120MG Oral Tablet) | G | Maximum of 3 tablets per day |
| Nateglinide (60MG Oral Tablet) | G | Maximum of 6 tablets per day |
| Nayzilam (Nasal Solution) | B | Maximum of 10 devices per 30 days |
| Nebupent (Inhalation Solution Reconstituted) | B | Maximum of 1 vial (300 mg) per 28 days |
| Nerlynx (Oral Tablet) | B | Maximum of 6 tablets per day |
| Nesina (Oral Tablet) | B | Maximum of 1 tablet per day |
| Nevirapine ER (100MG Oral Tablet Extended Release 24 Hour) | G | Maximum of 2 tablets per day |
| Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour) | G | Maximum of 1 tablet per day |
| Nevirapine (Oral Suspension) | G | Maximum of 40 ml per day |
| Nevirapine (Oral Tablet Immediate Release) | G | Maximum of 2 tablets per day |
| Nexium (20MG Oral Capsule Delayed Release) | B | Maximum of 3 capsules per day |
| Nexium (40MG Oral Capsule Delayed Release) | B | Maximum of 2 capsules per day |
| Nexletol (Oral Tablet) | B | Maximum of 1 tablet per day |
| Nexlizet (Oral Tablet) | B | Maximum of 1 tablet per day |
| Nolix (External Lotion) | G | Maximum of 240 ml per 30 days |
| Northera (100MG Oral Capsule) | B | Maximum of 3 capsules per day |
| Northera (200MG Oral Capsule, 300MG Oral Capsule) | B | Maximum of 6 capsules per day |
| Norvir (Oral Packet) | B | Maximum of 12 packets per day |
| Norvir (Oral Solution) | B | Maximum of 16 ml per day |
| Norvir (Oral Tablet) | B | Maximum of 12 tablets per day |
| Nourianz (Oral Tablet) | B | Maximum of 1 tablet per day |
| Noxafil (Oral Suspension) | B | Maximum of 20 ml per day |
| Noxafil (Oral Tablet Delayed Release) | B | Maximum of 6 tablets per day |

| Drug name | Brand or Generic | Quantity limit |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| Nucala (Subcutaneous Solution Auto-Injector) | B | Maximum of 3 ml per 28 days |
| Nucala (Subcutaneous Solution Prefilled Syringe) | B | Maximum of 3 ml per 28 days |
| Nucala (Subcutaneous Solution Reconstituted) | B | Maximum of 3 vials per 28 days |
| Nucynta ER (Oral Tablet Extended Release 12 Hour) | B | Maximum of 2 tablets per day |
| Nucynta (Oral Tablet Immediate Release) | B | Maximum of 6 tablets per day |
| Nuedexta (Oral Capsule) | B | Maximum of 2 capsules per day |
| Nuplazid (Oral Capsule) | B | Maximum of 1 capsule per day |
| Nuplazid (Oral Tablet) | B | Maximum of 1 tablet per day |
| Nurtec ODT (Oral Tablet Dispersible) | B | Maximum of 15 tablets per 30 days |
| Nuvigil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet) | B | Maximum of 1 tablet per day |
| Nuvigil (50MG Oral Tablet) | B | Maximum of 2 tablets per day |
| Nuzyra (Oral Tablet) | B | Maximum of 34 tablets per 16 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, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible) | G | Maximum of 1 tablet per day |
| Olmesartan Medoxomil (20MG Oral Tablet, 40MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Olmesartan Medoxomil (5MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Olmesartan Medoxomil-HCTZ (Oral Tablet) | G | Maximum of 1 tablet per day |
| Olmesartan-Amlodipine-HCTZ (Oral Tablet) | G | Maximum of 1 tablet per day |
| Olumiant (Oral Tablet) | B | Maximum of 1 tablet per day |
| Olux (External Foam) | B | Maximum of 100 grams per 30 days |
| Olux-E (External Foam) | B | Maximum of 100 grams per 30 days |
| Omeprazole (10MG Oral Capsule Delayed Release) | G | Maximum of 3 capsules per day |

| Drug name | Brand or Generic | Quantity limit |
|---------------------------------------------------------------------------------------|-------------------------|---------------------------------------------|
| Onfi (Oral Suspension) | B | Maximum of 16 ml per day |
| Onfi (Oral Tablet) | B | Maximum of 2 tablets per day |
| Ongentys (Oral Capsule) | B | Maximum of 1 capsule per day |
| Onglyza (Oral Tablet) | B | Maximum of 1 tablet per day |
| Onureg (Oral Tablet) | B | Maximum of 14 tablets per 28 days |
| Onzetra Xsail (Nasal Exhaler Powder) | B | Maximum of 1 kit (16 exhalers) per 30 days |
| Orencia ClickJect (Subcutaneous Solution Auto-Injector) | B | Maximum of 4 syringes (4 ml) per 28 days |
| Orencia (125MG/ML Subcutaneous Solution Prefilled Syringe) | B | Maximum of 4 syringes (4 ml) per 28 days |
| Orencia (50MG/0.4ML Subcutaneous Solution Prefilled Syringe) | B | Maximum of 4 syringes (1.6 ml) per 28 days |
| Orencia (87.5MG/0.7ML Subcutaneous Solution Prefilled Syringe) | B | Maximum of 4 syringes (2.8 ml) per 28 days |
| Orgovyx (Oral Tablet) | B | Maximum of 1 tablet per day |
| Oriahnn (Oral Capsule Therapy Pack) | B | Maximum of 1 pack (56 capsules) per 28 days |
| Orilissa (150MG Oral Tablet) | B | Maximum of 1 tablet per day |
| Orilissa (200MG Oral Tablet) | B | Maximum of 2 tablets per day |
| Orkambi (Oral Packet) | B | Maximum of 56 packets per 28 days |
| Orkambi (Oral Tablet) | B | Maximum of 112 tablets per 28 days |
| Orladeyo (Oral Capsule) | B | Maximum of 1 capsule per day |
| Oseni (Oral Tablet) | B | Maximum of 1 tablet per day |
| Osphena (Oral Tablet) | B | Maximum of 1 tablet per day |
| Otezla (30MG Oral Tablet) | B | Maximum of 2 tablets per day |
| Otezla (Oral Tablet Therapy Pack) | B | Maximum of 2 kits per year |
| Oxbryta (Oral Tablet) | B | Maximum of 5 tablets per day |
| Oxervate (Ophthalmic Solution) | B | Maximum of 2 vials (2 ml) per day |
| Oxiconazole Nitrate (External Cream) | G | Maximum of 90 grams per 30 days |
| Oxistat (External Cream) | B | Maximum of 90 grams per 30 days |
| Oxistat (External Lotion) | B | Maximum of 60 ml per 30 days |
| Oxycodone HCl ER (Oral Tablet ER 12 Hour Abuse-Deterrent) | G | Maximum of 3 tablets per day |
| Oxycodone HCl (5MG Oral Capsule) | G | Maximum of 12 capsules per day |
| Oxycodone HCl (100MG/5ML Oral Concentrate) | G | Maximum of 6 ml per day |
| Oxycodone HCl (5MG/5ML Oral Solution) | G | Maximum of 130 ml per day |
| Oxycodone HCl (10MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release) | G | Maximum of 12 tablets per day |

| Drug name | Brand or Generic | Quantity limit |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------|
| 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 (10-300MG Oral Tablet, 5-300MG Oral Tablet) | G | Maximum of 13 tablets per day |
| Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet) | G | Maximum of 12 tablets per day |
| OxyContin (Oral Tablet ER 12 Hour Abuse-Deterrent) | B | Maximum of 3 tablets per day |
| Oxymorphone HCl ER (10MG Oral Tablet Extended Release 12 Hour, 15MG Oral Tablet Extended Release 12 Hour, 20MG Oral Tablet Extended Release 12 Hour, 5MG Oral Tablet Extended Release 12 Hour, 7.5MG Oral Tablet Extended Release 12 Hour) | G | Maximum of 2 tablets per day |
| Oxymorphone HCl ER (30MG Oral Tablet Extended Release 12 Hour) | G | Maximum of 4 tablets per day |
| Oxymorphone HCl ER (40MG Oral Tablet Extended Release 12 Hour) | G | Maximum of 3 tablets per day |
| Oxymorphone HCl (Oral Tablet Immediate Release) | G | Maximum of 6 tablets per day |
| Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector) | B | Maximum of 1 pen (1.5 ml) per 28 days |
| Ozempic (1MG/DOSE) (2MG/1.5ML Subcutaneous Solution Pen-Injector) | B | Maximum of 2 pens (3 ml) per 28 days |
| Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector) | B | Maximum of 1 pen (3 ml) per 28 days |
| Paliperidone ER (1.5MG Oral Tablet Extended Release 24 Hour, 3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour) | G | Maximum of 1 tablet per day |
| Paliperidone ER (6MG Oral Tablet Extended Release 24 Hour) | G | Maximum of 2 tablets per day |
| Palynziq (10MG/0.5ML Subcutaneous Solution Prefilled Syringe) | B | Maximum of 28 syringes per 28 days |
| Palynziq (2.5MG/0.5ML Subcutaneous Solution Prefilled Syringe) | B | Maximum of 8 syringes per 28 days |
| Palynziq (20MG/ML Subcutaneous Solution Prefilled Syringe) | B | Maximum of 56 syringes per 28 days |
| Pantoprazole Sodium (20MG Oral Tablet Delayed Release) | G | Maximum of 3 tablets per day |
| Pantoprazole Sodium (40MG Oral Tablet Delayed Release) | G | Maximum of 2 tablets per day |
| Pediarix (Intramuscular Suspension) | B | 1 vaccination dose (0.5 ml) per day |

| 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 1 tablet per day |
| Pentamidine Isethionate (Inhalation Solution Reconstituted) | G | Maximum of 1 vial (300 mg) per 28 days |
| Pentasa (250MG Oral Capsule Extended Release) | B | Maximum of 12 capsules per day |
| Pentasa (500MG Oral Capsule Extended Release) | B | Maximum of 8 capsules per day |
| Percocet (Oral Tablet) | G | Maximum of 12 tablets per day |
| Perforomist (Inhalation Nebulization Solution) | B | Maximum of 2 vials (4 ml) per day |
| Perindopril Erbumine (Oral Tablet) | G | Maximum of 2 tablets per day |
| Picato (0.015% External Gel) | B | Maximum of 3 tubes per 30 days |
| Picato (0.05% External Gel) | B | Maximum of 2 tubes per 30 days |
| Pifeltro (Oral Tablet) | B | Maximum of 1 tablet per day |
| Pimecrolimus (External Cream) | G | Maximum of 100 grams per 30 days |
| Pioglitazone HCl (15MG Oral Tablet) | G | Maximum of 3 tablets per day |
| Pioglitazone HCl (30MG Oral Tablet, 45MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Pioglitazone HCl-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 |
| Plaquenil (Oral Tablet) | B | Maximum of 3 tablets per day |
| Plegridy (Subcutaneous Solution Pen-Injector) | B | Maximum of 2 pens (1 ml) per 28 days |
| Plegridy (Subcutaneous Solution Prefilled Syringe) | B | Maximum of 2 pens (1 ml) per 28 days |
| Posaconazole (Oral Tablet Delayed Release) | G | Maximum of 6 tablets per day |
| Pradaxa (Oral Capsule) | B | Maximum of 2 capsules per day |
| Praluent (Subcutaneous Solution Auto-Injector) | B | Maximum of 2 pens (2 ml) per 28 days |
| Pravastatin Sodium (Oral Tablet) | G | Maximum of 1 tablet per day |
| Pregabalin ER (165MG Oral Tablet Extended Release 24 Hour, 82.5MG Oral Tablet Extended Release 24 Hour) | G | Maximum of 3 tablets per day |
| Pregabalin ER (330MG Oral Tablet Extended Release 24 Hour) | G | Maximum of 2 tablets per day |
| Pregabalin (100MG Oral Capsule, 150MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule) | G | Maximum of 4 capsules per day |

| Drug name | Brand or Generic | Quantity limit |
|-----------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------|
| Pregabalin (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 |
| Prevacid (Oral Capsule Delayed Release) | B | Maximum of 2 capsules per day |
| Prevymis (Oral Tablet) | B | Maximum of 1 tablet per day |
| Prezcobix (Oral Tablet) | B | Maximum of 1 tablet per day |
| Prezista (Oral Suspension) | B | Maximum of 2 bottles (400 ml) per 30 days |
| Prezista (150MG Oral Tablet) | B | Maximum of 6 tablets per day |
| Prezista (600MG Oral Tablet) | B | Maximum of 2 tablets per day |
| Prezista (75MG Oral Tablet) | B | Maximum of 10 tablets per day |
| Prezista (800MG Oral Tablet) | B | Maximum of 1 tablet per day |
| Prinivil (Oral Tablet) | B | Maximum of 2 tablets per day |
| Prolate (Oral Tablet) | G | Maximum of 13 tablets per day |
| Prolia (Subcutaneous Solution Prefilled Syringe) | B | Maximum of 1 syringe per 180 days |
| Promacta (Oral Packet) | B | Maximum of 6 packets per day |
| Promacta (12.5MG Oral Tablet, 25MG Oral Tablet) | B | Maximum of 1 tablet per day |
| Promacta (50MG Oral Tablet, 75MG Oral Tablet) | B | Maximum of 2 tablets per day |
| Promethazine HCl (12.5MG Rectal Suppository) | G | Maximum of 6 suppositories per day |
| ProQuad (Subcutaneous Suspension Reconstituted) | B | 1 vaccination dose (1 injection) per day |
| Protonix (20MG Oral Tablet Delayed Release) | B | Maximum of 3 tablets per day |
| Protonix (40MG Oral Tablet Delayed Release) | B | Maximum of 2 tablets per day |
| Provigil (100MG Oral Tablet) | B | Maximum of 1 tablet per day |
| Provigil (200MG Oral Tablet) | B | Maximum of 2 tablets per day |
| PRUDOXIN (External Cream) | B | Maximum of 90 grams per 30 days |
| Psorcon (External Cream) | G | Maximum of 240 grams per 30 days |
| Pulmozyme (Inhalation Solution) | B | Maximum of 2 ampules (5 ml) per day |
| Qbrelis (Oral Solution) | B | Maximum of 80 ml per day |
| Qinlock (Oral Tablet) | B | Maximum of 3 tablets per day |
| Qtern (Oral Tablet) | B | Maximum of 1 tablet per day |
| Quadracel (Intramuscular Suspension) | B | 1 vaccination dose (0.5 ml) per day |
| Quetiapine Fumarate ER (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour) | G | Maximum of 1 tablet per day |

| 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, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release) | G | Maximum of 3 tablets per day |
| Quetiapine Fumarate (25MG Oral Tablet Immediate Release) | G | Maximum of 4 tablets per day |
| Quetiapine Fumarate (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release) | G | Maximum of 2 tablets per day |
| QuilliChew ER (20MG Oral Tablet Chewable Extended Release, 40MG Oral Tablet Chewable Extended Release) | B | Maximum of 1 tablet per day |
| QuilliChew ER (30MG Oral Tablet Chewable Extended Release) | B | Maximum of 2 tablets per day |
| Quilivant XR (Oral Suspension Reconstituted) | B | Maximum of 12 ml per day |
| Quinapril HCl (Oral Tablet) | G | Maximum of 2 tablets per day |
| Quinapril-Hydrochlorothiazide (10-12.5MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Quinapril-Hydrochlorothiazide (20-12.5MG Oral Tablet, 20-25MG Oral Tablet) | G | Maximum of 2 tablets per day |
| QVAR RediHaler (Inhalation Aerosol Breath Activated) | B | Maximum of 2 inhalers (21.2 grams) per 30 days |
| RabAvert (Intramuscular Suspension Reconstituted) | B | 1 vaccination dose (1 injection) per day |
| Ramipril (Oral Capsule) | G | Maximum of 2 capsules per day |
| Rapaflo (Oral Capsule) | B | Maximum of 1 capsule per day |
| Rayaldee (Oral Capsule Extended Release) | B | Maximum of 2 capsules per day |
| Recombivax HB (10MCG/ML Injection Suspension, 10MCG/ML (1ML Syringe) Injection Suspension, 40MCG/ML Injection Suspension) | B | 1 vaccination dose (1 ml) per day |
| Recombivax HB (5MCG/0.5ML Injection Suspension) | B | 1 vaccination dose (0.5 ml) per day |
| Rectiv (Rectal Ointment) | B | Maximum of 30 grams per 30 days |
| Relexxii (Oral Tablet Extended Release) | G | Maximum of 1 tablet per day |
| Relpax (Oral Tablet) | B | Maximum of 12 tablets per 30 days |
| Repaglinide (0.5MG Oral Tablet) | G | Maximum of 32 tablets per day |
| Repaglinide (1MG Oral Tablet) | G | Maximum of 16 tablets per day |
| Repaglinide (2MG Oral Tablet) | G | Maximum of 8 tablets per day |
| Repatha Pushtonex System (Subcutaneous Solution Cartridge) | B | Maximum of 1 cartridge (3.5 ml) per 28 days |

| Drug name | Brand or Generic | Quantity limit |
|----------------------------------------------------------------|-------------------------|------------------------------------------|
| Repatha (Subcutaneous Solution Prefilled Syringe) | B | Maximum of 3 syringes (3 ml) per 28 days |
| Repatha SureClick (Subcutaneous Solution Auto-Injector) | B | Maximum of 3 pens (3 ml) per 28 days |
| Restasis Single-Use Vials (Ophthalmic Emulsion) | B | Maximum of 2 vials per day |
| Restoril (Oral Capsule) | B | Maximum of 1 capsule per day |
| Retevmo (40MG Oral Capsule) | B | Maximum of 6 capsules per day |
| Retevmo (80MG Oral Capsule) | B | Maximum of 4 capsules per day |
| Retrovir (Oral Capsule) | B | Maximum of 6 capsules per day |
| Retrovir (Oral Syrup) | B | Maximum of 64 ml per day |
| Rexulti (Oral Tablet) | B | Maximum of 1 tablet per day |
| Reyataz (150MG Oral Capsule, 300MG Oral Capsule) | B | Maximum of 1 capsule per day |
| Reyataz (200MG Oral Capsule) | B | Maximum of 2 capsules per day |
| Reyataz (Oral Packet) | B | Maximum of 6 packets per day |
| Reyvow (100MG Oral Tablet) | B | Maximum of 8 tablets per 30 days |
| Reyvow (50MG Oral Tablet) | B | Maximum of 4 tablets per 30 days |
| Rinvoq (Oral Tablet Extended Release 24 Hour) | B | Maximum of 1 tablet per day |
| Riomet (Oral Solution) | B | Maximum of 25.5 ml per day |
| Ritalin LA (Oral Capsule Extended Release 24 Hour) | B | Maximum of 1 capsule per day |
| Ritalin (Oral Tablet) | B | Maximum of 3 tablets per day |
| Ritonavir (Oral Tablet) | G | Maximum of 12 tablets per day |
| Rivastigmine (Transdermal Patch 24 Hour) | G | Maximum of 1 patch per day |
| 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 |
| Roszet (Oral Tablet) | B | Maximum of 1 tablet per day |
| Rotarix (Oral Suspension Reconstituted) | B | 1 vaccination dose (1 ml) per day |
| RotaTeq (Oral Solution) | B | 1 vaccination dose (2 ml) per day |
| Roxicodone (15MG Oral Tablet) | B | Maximum of 8 tablets per day |
| Roxicodone (30MG Oral Tablet) | B | Maximum of 6 tablets per day |
| Roxicodone (5MG Oral Tablet) | B | Maximum of 12 tablets per day |
| Rozlytrek (100MG Oral Capsule) | B | Maximum of 5 capsules per day |
| Rozlytrek (200MG Oral Capsule) | B | Maximum of 3 capsules per day |
| Rukobia (Oral Tablet Extended Release 12 Hour) | B | Maximum of 2 tablets per day |
| Ruzurgi (Oral Tablet) | B | Maximum of 10 tablets per day |
| Rybelsus (Oral Tablet) | B | Maximum of 1 tablet per day |

| Drug name | Brand or Generic | Quantity limit |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------------------------------------|
| Rydapt (Oral Capsule) | B | Maximum of 8 capsules per day |
| Sabril (Oral Packet) | B | Maximum of 6 packets per day |
| Sabril (Oral Tablet) | B | Maximum of 6 tablets per day |
| Sancuso (Transdermal Patch) | B | Maximum of 4 patches per 28 days |
| Savaysa (Oral Tablet) | B | Maximum of 1 tablet per day |
| Secuado (Transdermal Patch 24 Hour) | B | Maximum of 1 patch per day |
| Segluromet (2.5-1000MG Oral Tablet, 7.5-1000MG Oral Tablet, 7.5-500MG Oral Tablet) | B | Maximum of 2 tablets per day |
| Segluromet (2.5-500MG Oral Tablet) | B | Maximum of 4 tablets per day |
| Selzentry (Oral Solution) | B | Maximum of 8 bottles (1840 ml) per 30 days |
| Selzentry (150MG Oral Tablet, 75MG Oral Tablet) | B | Maximum of 2 tablets per day |
| Selzentry (25MG Oral Tablet, 300MG Oral Tablet) | B | Maximum of 4 tablets per day |
| Sensipar (30MG Oral Tablet, 60MG Oral Tablet) | B | Maximum of 2 tablets per day |
| Sensipar (90MG Oral Tablet) | B | Maximum of 4 tablets per day |
| Serevent Diskus (60 Inhalation Aerosol Powder Breath Activated) | B | Maximum of 1 inhaler (60 inhalations) per 30 days |
| Seroquel (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release) | B | Maximum of 3 tablets per day |
| Seroquel (25MG Oral Tablet Immediate Release) | B | Maximum of 4 tablets per day |
| Seroquel (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release) | B | Maximum of 2 tablets per day |
| Seroquel XR (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour) | B | Maximum of 1 tablet per day |
| Seroquel XR (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour) | B | Maximum of 2 tablets per day |
| Shingrix (Intramuscular Suspension Reconstituted) | B | 1 vaccination dose (1 injection) per day |
| Silenor (Oral Tablet) | B | Maximum of 1 tablet per day |
| Siliq (Subcutaneous Solution Prefilled Syringe) | B | Maximum of 5 syringes (7.5 ml) per 28 days |
| Silodosin (Oral Capsule) | G | Maximum of 1 capsule per day |
| Simponi (100MG/ML Subcutaneous Solution Auto-Injector) | B | Maximum of 3 syringes (3 ml) per 28 days |
| Simponi (50MG/0.5ML Subcutaneous Solution Auto-Injector) | B | Maximum of 1 syringe (0.5 ml) per 30 days |
| Simponi (100MG/ML Subcutaneous Solution Prefilled Syringe) | B | Maximum of 3 syringes (3 ml) per 28 days |

| Drug name | Brand or Generic | Quantity limit |
|---------------------------------------------------------------------|------------------|-----------------------------------------------|
| Simponi (50MG/0.5ML Subcutaneous Solution Prefilled Syringe) | B | Maximum of 1 syringe (0.5 ml) per 30 days |
| Simvastatin (Oral Tablet) | G | Maximum of 1 tablet per day |
| Singulair (Oral Packet) | B | Maximum of 1 packet per day |
| Singulair (Oral Tablet) | B | Maximum of 1 tablet per day |
| Singulair (Oral Tablet Chewable) | B | Maximum of 1 tablet per day |
| Skyrizi (150MG Dose) (Subcutaneous Prefilled Syringe Kit) | B | Maximum of 2 kits per 84 days |
| Skyrizi Pen (Subcutaneous Solution Auto-Injector) | B | Maximum of 2 pens (2 mL) per 84 days |
| Skyrizi (Subcutaneous Solution Prefilled Syringe) | B | Maximum of 2 syringes (2 mL) per 84 days |
| Sofosbuvir-Velpatasvir (Oral Tablet) | G | Maximum of 1 tablet per day |
| Solifenacin Succinate (Oral Tablet) | G | Maximum of 1 tablet per day |
| Soliqua (Subcutaneous Solution Pen-Injector) | B | Maximum of 6 pens (18 ml) per 30 days |
| Solodyn (Oral Tablet Extended Release 24 Hour) | B | Maximum of 1 tablet per day |
| Somavert (Subcutaneous Solution Reconstituted) | B | Maximum of 1 vial per day |
| Soolantra (External Cream) | B | Maximum of 45 grams per 30 days |
| Sovaldi (150MG Oral Packet) | B | Maximum of 1 carton (28 packets) per 28 days |
| Sovaldi (200MG Oral Packet) | B | Maximum of 2 cartons (56 packets) per 28 days |
| Sovaldi (400MG Oral Tablet) | B | Maximum of 1 tablet per day |
| Spiriva HandiHaler (Inhalation Capsule) | B | Maximum of 1 capsule per day |
| Spiriva Respimat (Inhalation Aerosol Solution) | B | Maximum of 1 inhaler (4 grams) per 30 days |
| Steglatro (15MG Oral Tablet) | B | Maximum of 1 tablet per day |
| Steglatro (5MG Oral Tablet) | B | Maximum of 2 tablets per day |
| Steglujan (Oral Tablet) | B | Maximum of 1 tablet per day |
| 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 |

| Drug name | Brand or Generic | Quantity limit |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------|
| Subsys (100MCG Sublingual Liquid, 200MCG Sublingual Liquid, 400MCG Sublingual Liquid, 600MCG Sublingual Liquid, 800MCG Sublingual Liquid) | B | Maximum of 4 sprays per day |
| Subsys (1200 (600 X 2)MCG Sublingual Liquid, 1600 (800 X 2)MCG Sublingual Liquid) | B | Maximum of 8 sprays per day |
| Sumatriptan (Nasal Solution) | G | Maximum of 12 devices per 30 days |
| Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet) | G | Maximum of 12 tablets per 30 days |
| Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge) | G | Maximum of 12 injections (6 ml) per 30 days |
| Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution) | G | Maximum of 12 injections (6 ml) per 30 days |
| Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector) | G | Maximum of 12 injections (6 ml) per 30 days |
| Sumatriptan-Naproxen Sodium (Oral Tablet) | G | Maximum of 9 tablets per 30 days |
| Sunosi (Oral Tablet) | B | Maximum of 1 tablet per day |
| Sustiva (Oral Capsule) | B | Maximum of 3 capsules per day |
| Sustiva (Oral Tablet) | B | Maximum of 1 tablet per day |
| Symbicort (120 Inhalation Aerosol) | B | Maximum of 1 inhaler (10.2 grams) per 30 days |
| Symdeko (Oral Tablet Therapy Pack) | B | Maximum of 1 pack (56 tablets) per 28 days |
| Symfi Lo (Oral Tablet) | B | Maximum of 1 tablet per day |
| Symfi (Oral Tablet) | B | Maximum of 1 tablet per day |
| Symjepi (Injection Solution Prefilled Syringe) | B | Maximum of 4 syringes per 30 days |
| Sympazan (Oral Film) | B | Maximum of 2 films per day |
| Symproic (Oral Tablet) | B | Maximum of 1 tablet per day |
| Symtuza (Oral Tablet) | B | Maximum of 1 tablet per day |
| Synjardy (Oral Tablet Immediate Release) | B | Maximum of 2 tablets per day |
| Synjardy XR (10-1000MG Oral Tablet Extended Release 24 Hour, 25-1000MG Oral Tablet Extended Release 24 Hour) | B | Maximum of 1 tablet per day |
| Synjardy XR (12.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour) | B | Maximum of 2 tablets per day |
| Syprine (Oral Capsule) | B | Maximum of 8 capsules per day |
| Tabrecta (Oral Tablet) | B | Maximum of 4 tablets per day |
| Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet) | G | Maximum of 1 tablet per day |

| Drug name | Brand or Generic | Quantity limit |
|---------------------------------------------------------------|-------------------------|--------------------------------------------|
| Taltz (Subcutaneous Solution Auto-Injector) | B | Maximum of 4 syringes (4 ml) per 28 days |
| Taltz (Subcutaneous Solution Prefilled Syringe) | B | Maximum of 4 syringes (4 ml) per 28 days |
| Talzenna (0.25MG Oral Capsule) | B | Maximum of 3 capsules per day |
| Talzenna (1MG Oral Capsule) | B | Maximum of 1 capsule per day |
| Targretin (External Gel) | B | Maximum of 60 grams per 30 days |
| Tasmar (Oral Tablet) | B | Maximum of 6 tablets per day |
| Tavalisse (Oral Tablet) | B | Maximum of 2 tablets per day |
| Tazverik (Oral Tablet) | B | Maximum of 8 tablets per day |
| TDVAX (Intramuscular Suspension) | B | 1 vaccination dose (0.5 ml) per day |
| Tecfidera Starter Pack (Oral) | B | Maximum of 2 packs (120 capsules) per year |
| Tecfidera (120MG Oral Capsule Delayed Release) | B | Maximum of 2 capsules per day |
| Tecfidera (240MG Oral Capsule Delayed Release) | B | Maximum of 2 capsules per day |
| Tekturna HCT (Oral Tablet) | B | Maximum of 1 tablet per day |
| Tekturna (Oral Tablet) | B | Maximum of 1 tablet per day |
| Telmisartan (Oral Tablet) | G | Maximum of 1 tablet per day |
| Telmisartan-Amlodipine (Oral Tablet) | G | Maximum of 1 tablet per day |
| Telmisartan-HCTZ (40-12.5MG Oral Tablet, 80-25MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Telmisartan-HCTZ (80-12.5MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Temazepam (Oral Capsule) | G | Maximum of 1 capsule per day |
| Temixys (Oral Tablet) | B | Maximum of 1 tablet 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 |
| 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 |
| Tikosyn (125MCG Oral Capsule) | B | Maximum of 6 capsules per day |
| Tikosyn (250MCG Oral Capsule, 500MCG Oral Capsule) | B | Maximum of 2 capsules per day |
| Tivicay (10MG Oral Tablet, 25MG Oral Tablet) | B | Maximum of 1 tablet per day |
| Tivicay (50MG Oral Tablet) | B | Maximum of 2 tablets per day |
| Tivicay PD (Oral Tablet Soluble) | B | Maximum of 6 tablets per day |

| Drug name | Brand or Generic | Quantity limit |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------|
| TOBI (Inhalation Nebulization Solution) | B | Maximum of 2 ampules (10 ml) per day |
| TOBI Podhaler (Inhalation Capsule) | B | Maximum of 8 capsules per day |
| Tobramycin (300MG/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 |
| Topicort (External Cream) | G | Maximum of 100 grams per 30 days |
| Tosymra (Nasal Solution) | B | Maximum of 12 devices per 30 days |
| Tovet (External Foam) | G | Maximum of 100 grams per 30 days |
| Toviaz (Oral Tablet Extended Release 24 Hour) | B | Maximum of 1 tablet per day |
| Tracleer (Oral Tablet) | B | Maximum of 2 tablets per day |
| Tracleer (Oral Tablet Soluble) | B | Maximum of 8 tablets per day |
| Tradjenta (Oral Tablet) | B | Maximum of 1 tablet per day |
| Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour) | G | Maximum of 1 tablet per day |
| Tramadol HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour) | G | Maximum of 1 capsule per day |
| Tramadol HCl ER (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour) | G | Maximum of 1 tablet per day |
| Tramadol HCl (100MG Oral Tablet Immediate Release) | G | Maximum of 4 tablets per day |
| Tramadol HCl (50MG Oral Tablet Immediate Release) | G | Maximum of 8 tablets per day |
| Tramadol-Acetaminophen (Oral Tablet) | G | Maximum of 8 tablets per day |
| Trandolapril (1MG Oral Tablet, 2MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Trandolapril (4MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release) | G | Maximum of 1 tablet per day |
| Tranxene-T (Oral Tablet) | B | Maximum of 12 tablets per day |
| Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated) | B | Maximum of 1 inhaler (60 blisters) per 30 days |
| Tremfya (Subcutaneous Solution Pen-Injector) | B | Maximum of 2 pens (2 ml) per 56 days |
| Tremfya (Subcutaneous Solution Prefilled Syringe) | B | Maximum of 2 syringes (2 ml) per 56 days |

| Drug name | Brand or Generic | Quantity limit |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------|
| Treximet (Oral Tablet) | B | Maximum of 9 tablets per 30 days |
| Trezix (Oral Capsule) | G | Maximum of 10 capsules per day |
| Tribenzor (Oral Tablet) | B | Maximum of 1 tablet per day |
| Trientine HCl (Oral Capsule) | G | Maximum of 8 capsules per day |
| Trijardy XR (10-5-1000MG Oral Tablet Extended Release 24 Hour, 25-5-1000MG Oral Tablet Extended Release 24 Hour) | B | Maximum of 1 tablet per day |
| Trijardy XR (12.5-2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-2.5-1000MG Oral Tablet Extended Release 24 Hour) | B | Maximum of 2 tablets per day |
| Trikafta (100-50-75 & 150MG Oral Tablet Therapy Pack) | B | Maximum of 1 pack (84 tablets) per 28 days |
| Triumeq (Oral Tablet) | B | Maximum of 1 tablet per day |
| Trizivir (Oral Tablet) | B | Maximum of 2 tablets per day |
| Trulicity (Subcutaneous Solution Pen-Injector) | B | Maximum of 4 pens (2 ml) per 28 days |
| Trumenba (Intramuscular Suspension Prefilled Syringe) | B | 1 vaccination dose (0.5 ml) per day |
| Truvada (Oral Tablet) | B | Maximum of 1 tablet per day |
| Tukysa (150MG Oral Tablet) | B | Maximum of 4 tablets per day |
| Tukysa (50MG Oral Tablet) | B | Maximum of 12 tablets per day |
| Turalio (Oral Capsule) | B | Maximum of 4 capsules per day |
| Twinrix (Intramuscular Suspension Prefilled Syringe) | B | 1 vaccination dose (1 ml) per day |
| Twynsta (Oral Tablet) | B | Maximum of 1 tablet per day |
| Tybost (Oral Tablet) | B | Maximum of 1 tablet per day |
| Typhim Vi (Intramuscular Solution) | B | 1 vaccination dose (0.5 ml) per day |
| Ubrelvy (Oral Tablet) | B | Maximum of 16 tablets per 30 days |
| Ukoniq (Oral Tablet) | B | Maximum of 4 tablets per day |
| Ultracet (Oral Tablet) | B | Maximum of 8 tablets per day |
| Ultram (Oral Tablet Immediate Release) | B | Maximum of 8 tablets per day |
| Uptravi (1000MCG Oral Tablet, 1200MCG Oral Tablet, 1400MCG Oral Tablet, 1600MCG Oral Tablet, 400MCG Oral Tablet, 600MCG Oral Tablet, 800MCG Oral Tablet) | B | Maximum of 2 tablets per day |
| Uptravi (200MCG Oral Tablet) | B | Maximum of 5 tablets per day |
| Uptravi (Oral Tablet Therapy Pack) | B | Maximum of 2 packs (400 tablets) per year |
| Valacyclovir HCl (1GM Oral Tablet) | G | Maximum of 4 tablets per day |
| Valacyclovir HCl (500MG Oral Tablet) | G | Maximum of 2 tablets per day |

| Drug name | Brand or Generic | Quantity limit |
|----------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------------------------|
| Valchlor (External Gel) | B | Maximum of 60 grams per 30 days |
| Valcyte (Oral Solution Reconstituted) | B | Maximum of 36 ml per day |
| Valcyte (Oral Tablet) | B | Maximum of 4 tablets per day |
| Valganciclovir HCl (50MG/ML Oral Solution Reconstituted) | G | Maximum of 36 ml per day |
| Valganciclovir HCl (450MG Oral Tablet) | G | Maximum of 4 tablets per day |
| Valium (Oral Tablet) | B | Maximum of 4 tablets per day |
| Valsartan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Valsartan (320MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Valsartan-Hydrochlorothiazide (Oral Tablet) | G | Maximum of 1 tablet per day |
| Valtoco 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 |
| Valtrex (1GM Oral Tablet) | B | Maximum of 4 tablets per day |
| Valtrex (500MG Oral Tablet) | B | Maximum of 2 tablets per day |
| Vancocin HCl (125MG Oral Capsule) | B | Maximum of 4 capsules per day |
| Vancocin (250MG Oral Capsule) | B | Maximum of 8 capsules per day |
| Vancomycin HCl (125MG Oral Capsule) | G | Maximum of 4 capsules per day |
| Vancomycin HCl (250MG Oral Capsule) | G | Maximum of 8 capsules per day |
| Vanos (External Cream) | B | Maximum of 120 grams per 30 days |
| VAQTA (25UNIT/0.5ML Intramuscular Suspension, 25UNIT/0.5ML 0.5 ML Intramuscular Suspension) | B | Maximum of 2 vaccines per lifetime |
| VAQTA (50UNIT/ML Intramuscular Suspension, 50UNIT/ML 1 ML Intramuscular Suspension) | B | Maximum of 2 vaccines per lifetime |
| Varivax (Subcutaneous Injectable) | B | 1 vaccination dose (1 injection) per day |
| Varubi (180 MG Dose) (Oral Tablet Therapy Pack) | B | Maximum of 4 tablets per 28 days |
| Vaseretic (Oral Tablet) | B | Maximum of 2 tablets per day |
| Vasotec (Oral Tablet) | B | Maximum of 2 tablets per day |
| Veltassa (Oral Packet) | B | Maximum of 1 packet per day |
| Verdeso (External Foam) | B | Maximum of 100 grams per 30 days |
| Verquvo (Oral Tablet) | B | Maximum of 1 tablet per day |
| Vesicare LS (Oral Suspension) | B | Maximum of 10 ml per day |

| Drug name | Brand or Generic | Quantity limit |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------------|
| Vesicare (Oral Tablet) | B | Maximum of 1 tablet per day |
| Viberzi (Oral Tablet) | B | Maximum of 2 tablets per day |
| Victoza (Subcutaneous Solution Pen-Injector) | B | Maximum of 3 pens (9 ml) per 30 days |
| Viekira Pak (Oral Tablet Therapy Pack) | B | Maximum of 1 pack (112 tablets) per 28 days |
| Vigabatrin (Oral Packet) | G | Maximum of 6 packets per day |
| Vigabatrin (Oral Tablet) | G | Maximum of 6 tablets per day |
| Vigadrone (Oral Packet) | G | Maximum of 6 packets per day |
| Vimpat (Oral Solution) | B | Maximum of 40 ml per day |
| Vimpat (Oral Tablet) | B | Maximum of 2 tablets per day |
| Viracept (250MG Oral Tablet) | B | Maximum of 10 tablets per day |
| Viracept (625MG Oral Tablet) | B | Maximum of 4 tablets per day |
| Viramune (Oral Suspension) | B | Maximum of 40 ml per day |
| Viramune XR (Oral Tablet Extended Release 24 Hour) | B | Maximum of 1 tablet per day |
| Viread (Oral Powder) | B | Maximum of 4 bottles (240 grams) per 30 days |
| Viread (Oral Tablet) | B | Maximum of 1 tablet per day |
| Vitrakvi (100MG Oral Capsule) | B | Maximum of 4 capsules per day |
| Vitrakvi (25MG Oral Capsule) | B | Maximum of 6 capsules per day |
| Vitrakvi (Oral Solution) | B | Maximum of 20 ml per day |
| Vivelle-Dot (Transdermal Patch Twice Weekly) | B | Maximum of 8 patches per 28 days |
| Vivlodex (Oral Capsule) | B | Maximum of 1 capsule per day |
| Vosevi (Oral Tablet) | B | Maximum of 1 tablet per day |
| Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule) | B | Maximum of 1 capsule per day |
| 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 |
| Vytorin (Oral Tablet) | B | Maximum of 1 tablet per day |
| Wakix (Oral Tablet) | B | Maximum of 2 tablets per day |
| Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair) | G | Maximum of 1 inhaler (60 blisters) per 30 days |
| Xanax (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release) | B | Maximum of 4 tablets per day |
| Xanax (2MG Oral Tablet Immediate Release) | B | Maximum of 5 tablets per day |

| Drug name | Brand or Generic | Quantity limit |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------|
| Xanax XR (0.5MG Oral Tablet Extended Release 24 Hour, 1MG Oral Tablet Extended Release 24 Hour) | B | Maximum of 1 tablet per day |
| Xanax XR (2MG Oral Tablet Extended Release 24 Hour) | B | Maximum of 5 tablets per day |
| Xanax XR (3MG Oral Tablet Extended Release 24 Hour) | B | Maximum of 3 tablets per day |
| 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) (Oral Tablet Therapy Pack) | B | Maximum of 1 pack (56 tablets) per 28 days |
| Xcopri (100MG Oral Tablet, 50MG Oral Tablet) | B | Maximum of 1 tablet per day |
| Xcopri (150MG Oral Tablet, 200MG Oral Tablet) | B | Maximum of 2 tablets per day |
| Xcopri (Oral Tablet Titration Therapy Pack) | B | Maximum of 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 |
| Xeljanz XR (Oral Tablet Extended Release 24 Hour) | B | Maximum of 1 tablet per day |
| Xenleta (Oral Tablet) | B | Maximum of 2 tablets per day |
| Xermelo (Oral Tablet) | B | Maximum of 3 tablets per day |
| Xigduo XR (10-1000MG Oral Tablet Extended Release 24 Hour, 10-500MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour) | B | Maximum of 1 tablet per day |
| Xigduo XR (2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour) | B | Maximum of 2 tablets per day |
| Xiidra (Ophthalmic Solution) | B | Maximum of 2 vials per day |
| Xofluza (40MG Dose) (2 x 20MG Oral Tablet Therapy Pack) | B | Maximum of 2 tablets per 30 days |
| Xofluza (80MG Dose) (2 x 40MG Oral Tablet Therapy Pack) | B | Maximum of 2 tablets per 30 days |
| Xolegel (External Gel) | B | Maximum of 90 grams per 30 days |
| Xospata (Oral Tablet) | B | Maximum of 3 tablets per day |
| Xpovio (100MG Once Weekly) (20MG Oral Tablet Therapy Pack) | B | Maximum of 20 tablets per 28 days |
| Xpovio (100MG Once Weekly) (50MG Oral Tablet Therapy Pack) | B | Maximum of 8 tablets per 28 days |
| Xpovio (40MG Once Weekly) (20MG Oral Tablet Therapy Pack) | B | Maximum of 8 tablets per 28 days |

| Drug name | Brand or Generic | Quantity limit |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------|
| Xpovio (40MG Once Weekly) (40MG Oral Tablet Therapy Pack) | B | Maximum of 4 tablets per 28 days |
| Xpovio (40MG Twice Weekly) (20MG Oral Tablet Therapy Pack) | B | Maximum of 16 tablets per 28 days |
| Xpovio (40MG Twice Weekly) (40MG Oral Tablet Therapy Pack) | B | Maximum of 8 tablets per 28 days |
| Xpovio (60MG Once Weekly) (20MG Oral Tablet Therapy Pack) | B | Maximum of 12 tablets per 28 days |
| Xpovio (60MG Once Weekly) (60MG 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) (20MG Oral Tablet Therapy Pack) | B | Maximum of 16 tablets per 28 days |
| Xpovio (80MG Once Weekly) (40MG 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 |
| Xultophy (Subcutaneous Solution Pen-Injector) | B | Maximum of 5 pens (15 ml) per 30 days |
| Xyrem (Oral Solution) | B | Maximum of 18 ml per day |
| Xywav (Oral Solution) | B | Maximum of 18 ml per day |
| YF-Vax (Subcutaneous Injectable) | B | 1 vaccination dose (1 injection) per day |
| Yupelri (Inhalation Solution) | B | Maximum of 1 vial (3 ml) per day |
| Zaleplon (10MG Oral Capsule) | G | Maximum of 2 capsules per day |
| Zaleplon (5MG Oral Capsule) | G | Maximum of 1 capsule per day |
| Zembrace SymTouch (Subcutaneous Solution Auto-Injector) | B | Maximum of 16 syringes (8 ml) per 30 days |
| Zenzedi (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet) | G | Maximum of 6 tablets per day |
| Zenzedi (15MG Oral Tablet, 20MG Oral Tablet) | G | Maximum of 3 tablets per day |
| Zenzedi (30MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Zepatier (Oral Tablet) | B | Maximum of 1 tablet per day |
| Zeposia 7-Day Starter Pack (Oral Capsule Therapy Pack) | B | Maximum of 2 packs per year |
| Zeposia (Oral Capsule) | B | Maximum of 1 capsule per day |

| Drug name | Brand or Generic | Quantity limit |
|------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------|
| Zeposia Starter Kit (Oral Capsule Therapy Pack) | B | Maximum of 2 kits per year |
| Zestoretic (10-12.5MG Oral Tablet) | B | Maximum of 1 tablet per day |
| Zestoretic (20-12.5MG Oral Tablet) | B | Maximum of 4 tablets per day |
| Zestoretic (20-25MG Oral Tablet) | B | Maximum of 2 tablets per day |
| Zestril (Oral Tablet) | B | Maximum of 2 tablets per day |
| Ziac (Oral Tablet) | B | Maximum of 2 tablets per day |
| Ziagen (Oral Solution) | B | Maximum of 32 ml per day |
| Ziagen (Oral Tablet) | B | Maximum of 2 tablets per day |
| Zidovudine (Oral Capsule) | G | Maximum of 6 capsules per day |
| Zidovudine (Oral Syrup) | G | Maximum of 64 ml per day |
| Zidovudine (Oral Tablet) | G | Maximum of 2 tablets per day |
| Ziprasidone HCl (Oral Capsule) | G | Maximum of 2 capsules per day |
| Zocor (Oral Tablet) | B | Maximum of 1 tablet per day |
| Zolmitriptan (Oral Tablet) | G | Maximum of 12 tablets per 30 days |
| Zolmitriptan ODT (Oral Tablet Dispersible) | G | Maximum of 12 tablets per 30 days |
| Zolpidem Tartrate (Oral Tablet Immediate Release) | G | Maximum of 1 tablet per day |
| Zomig (2.5MG Nasal Solution) | B | Maximum of 18 devices per 30 days |
| Zomig (5MG Nasal Solution) | B | Maximum of 12 devices per 30 days |
| Zomig (Oral Tablet) | B | Maximum of 12 tablets per 30 days |
| Zomig ZMT (Oral Tablet Dispersible) | B | Maximum of 12 tablets per 30 days |
| Zonalon (External Cream) | B | Maximum of 90 grams per 30 days |
| ZTIido (External Patch) | B | Maximum of 3 patches per day |
| Zubsolv (0.7-0.18MG Tablet Sublingual, 1.4-0.36MG Tablet Sublingual, 5.7-1.4MG Tablet Sublingual) | B | Maximum of 3 tablets per day |
| Zubsolv (11.4-2.9MG Tablet Sublingual) | B | Maximum of 1 tablet per day |
| Zubsolv (2.9-0.71MG Tablet Sublingual) | B | Maximum of 5 tablets per day |
| Zubsolv (8.6-2.1MG Tablet Sublingual) | B | Maximum of 2 tablets per day |
| Zypitamag (Oral Tablet) | B | Maximum of 1 tablet per day |
| Zyprexa (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet) | B | Maximum of 1 tablet per day |
| Zyprexa Zydys (Oral Tablet Dispersible) | B | Maximum of 1 tablet per day |

Required information

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

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

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Additional drug coverage

Bonus drug list

Your employer group or plan sponsor offers a bonus drug list. The prescription drugs on this list are covered in addition to the drugs on the plan's drug list (formulary).

The drug tier for each prescription drug is shown on the list.

Although you pay the same copay or coinsurance for these drugs as shown in the Summary of Benefits and Evidence of Coverage, the amount you pay for these additional prescription drugs **does not apply to your Medicare Part D out-of-pocket costs**. Payments for these additional prescription drugs (made by you or the plan) are treated differently from payments made for other prescription drugs.

Coverage for the prescription drugs on the bonus drug list is in addition to your Part D drug coverage. Unlike your Part D drug coverage, you are unable to file a Medicare appeal or grievance for drugs on the bonus drug list. If you have questions, please call Customer Service using the information on the cover of this book.

If you get Extra Help from Medicare to pay for your prescription drugs, it will not apply to the drugs on this bonus drug list.

This is not a complete list of the prescription drugs available to you or the restrictions and limitations that may apply through the bonus drug list. If your drug has any coverage rules or limits, there will be code(s) in the "Coverage Rules or Limits on use" column of the chart. The codes and what they mean are shown below. If you have questions about drug coverage, please call Customer Service using the information on the cover of this book.

QL - Quantity limits

The plan only covers a certain amount of this drug for one copay or over a certain number of days. These limits may be in place to ensure safe and effective use of the drug.

MME - Morphine milligram equivalent

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

7D - 7-day limit

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

DL - Dispensing limit

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

| Drug name | Drug tier | Coverage rules or limits on use |
|-----------------------------------------------------------------------------------------|------------------|------------------------------------------|
| Analgesics - drugs to treat pain, inflammation, and muscle and joint conditions | | |
| Inflammation | | |
| Salsalate | 1 | |
| Urinary Tract Pain | | |
| Phenazopyridine | 1 | |
| Anorexiant - drugs to promote weight loss | | |
| Phentermine | 1 | QL (maximum of 1 capsule/tablet per day) |
| Anticoagulants - drugs to prevent clotting | | |
| Heparin Lock Flush | 1 | |
| Dermatological agents - drugs to treat skin conditions | | |
| Dry, Itchy Skin | | |
| Sulfacetamide Sodium Liquid Wash 10% | 1 | |
| Sulfacetamide Sodium w/Sulfur Cream 10-5% | 1 | |
| Itching or Pain | | |
| Pramoxine/Hydrocortisone Cream 1-2.5% | 1 | |
| Gastrointestinal agents - drugs to treat bowel, intestine and stomach conditions | | |
| Hemorrhoids | | |
| Hydrocortisone Acetate Suppository 25 mg | 1 | |
| Lidocaine/Hydrocortisone Perianal Cream 3%-0.5% | 1 | |
| Irritable Bowel or Ulcers | | |
| Hyoscyamine Sulfate | 1 | |
| Levbid | 3 | |
| Genitourinary agents - drugs to treat bladder, genital and kidney conditions | | |

Bold type = Brand name drug Plain type = Generic drug

| Drug name | Drug tier | Coverage rules or limits on use |
|------------------------------------------------------------------------------------|-----------|----------------------------------------|
| Erectile Dysfunction | | |
| Edex | 3 | QL (maximum of 6 cartridges per month) |
| Sildenafil (25 mg, 50 mg, 100 mg) | 1 | QL (maximum of 6 tablets per month) |
| Tadalafil | 1 | QL (maximum of 6 tablets per month) |
| Vardenafil | 1 | QL (maximum of 6 tablets per month) |
| Sexual Desire Disorder | | |
| Addyi | 3 | QL (maximum of 1 tablet per day) |
| Urinary Tract Infection | | |
| Methenamine/Hyoscamine/Methyl Blue/Sod Phosphate/Phenyl Salicylate Cap 118 mg | 1 | |
| Urinary Tract Spasm and Pain | | |
| Belladonna Alkaloids & Opium Suppositories | 1 | MME, 7D, DL |
| Hormonal agents - hormone replacement/modifying drugs | | |
| Thyroid Supplement | | |
| Armour Thyroid | 3 | |
| NP Thyroid | 1 | |
| Nutritional supplements - drugs to treat vitamin & mineral deficiencies | | |
| Potassium Supplement | | |
| K-Phos Tab | 3 | |
| Potassium Bicarbonate Effervescent Tab 25 mEq | 1 | |
| Vitamins and Minerals | | |
| Cyanocobalamin Injection (Vitamin B12) 1000 mcg | 1 | |
| Folic Acid 1 mg (Rx only) | 1 | |

Bold type = Brand name drug Plain type = Generic drug

| Drug name | Drug tier | Coverage rules or limits on use |
|---------------------------------------------------------------------------------------------|------------------|----------------------------------------|
| Folic Acid-Vitamin B6-Vitamin B12 Tablet 2.5-25-1 mg | 1 | |
| Phytonadione Tab | 1 | |
| Reno Cap | 1 | |
| Vitamin D 50,000 unit (Rx only) | 1 | |
| Respiratory tract agents - drugs to treat allergies, cough, cold and lung conditions | | |
| Cough and Cold | | |
| Benzonatate (100 mg, 200 mg) | 1 | |
| Brompheniramine/Pseudoephedrine/ Dextromethorphan Syrup | 1 | |
| Guaifenesin/Codeine Syrup | 1 | DL |
| Hydrocodone Polst/Chlorpheniramine ER Susp (generic for Tussionex) | 1 | DL |
| Hydrocodone/Homatropine | 1 | DL |
| Promethazine/Codeine Syrup | 1 | DL |
| Promethazine/Dextromethorphan Syrup | 1 | |

Bold type = Brand name drug Plain type = Generic drug

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply.

Benefits and/or copayments/coinsurance may change each plan/benefit year.

The drug list may change at any time. You will receive notice when necessary.

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