

# Complete Drug List (Formulary) 2021

**Plan Name (Plan\_Type)**  
Group Name (Plan Sponsor)

**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-XXX-XXX-XXXX**, TTY **711**  
Hours of Operation



**[www.PlanURL.com](http://www.PlanURL.com)**



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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, 2020.

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

**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 do I use the drug list?

There are 2 ways to find your prescription drugs in this drug list:

- 1. By name.** Turn to section “Covered drugs by name (**Drug index**)” on pages 12–38 to see the list of drug names in alphabetical order. Find the name of your drug. The page number where you can find the drug will be next to it.
- 2. By medical condition.** Turn to section “Covered drugs by medical condition” on pages 39–152 to look for drugs based on your medical conditions. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. This is where you will find drugs that treat heart conditions.

## What are generic drugs?

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

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

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

## What is a compounded drug?

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

## Drug payment stage and drug tiers

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

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

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

Drug Tier	Includes
<b>Tier 1:</b> <b>Preferred generic</b>	Most generic drugs.
<b>Tier 2:</b> <b>Preferred brand</b>	Many common brand name drugs, called preferred brands and some higher-cost generic drugs.
<b>Tier 3:</b> <b>Non-preferred drug</b>	Non-preferred generic and non-preferred brand name drugs. In addition, Part D eligible compound medications are covered in Tier 3.
<b>Tier 4:</b> <b>Specialty tier</b>	Unique and/or very high-cost brand 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 medical condition” chart starting on page 39. The codes and what they mean are shown below and on the next page.

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

**Coverage Rules and Limits**

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**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.

## Other Special Coverage Rules

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

Depending on how this drug is used, it may be covered by either Medicare Part B (doctor and outpatient health care) or Medicare Part D (prescription drugs). Your doctor 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.

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

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

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

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

If you find out that your drug is not covered, you can do 1 of these things:

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

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

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

### Who can ask for an exception?

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You, your authorized representative 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?

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



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

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

The following chart shows how much of your drug we may cover while you ask for an exception.

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

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

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

## **Can the drug list change?**

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

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

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

### **If we add new generic drugs**

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

### **If we make other changes**

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

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

### **If we remove a drug from the list**

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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**

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

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

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

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

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

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

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

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

### **For more information**

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

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

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

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

<b>A</b>		
	Actigall.....	119
Abacavir Sulfate.....	81	Actimmune..... 136
Abacavir Sulfate-Lamivudine		Actiq..... 43
.....	81	Actonel..... 140
Abacavir-Lamivudine-		Actoplus Met..... 85
Zidovudine.....	81	Actos..... 85
Abelcet.....	64	Acular..... 144
Abilify.....	76	Acular LS..... 144
Abilify Maintena.....	76	Acuvail..... 144
Abilify MyCite.....	76	Acyclovir..... 80
Abiraterone Acetate.....	68	Acyclovir Sodium..... 80
Absorica.....	106	Aczone..... 113
Absorica LD.....	106	Adacel..... 138
Acamprosate Calcium.....	46	Adapalene..... 107
Acanya.....	106	Adapalene-Benzoyl Peroxide
Acarbose.....	85	..... 107
Accolate.....	147	Adcirca..... 150
Accupril.....	93	Adderall..... 103
Accuretic.....	97	Adderall XR..... 103
Acebutolol HCl.....	95	Adefovir Dipivoxil..... 79
Acetaminophen-Caffeine-		Adempas..... 150
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Acetaminophen-Codeine.....	43	Adlyxin Starter Pack..... 85
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Acetazolamide ER.....	97	Admelog SoloStar..... 87
Acetic Acid.....	146	Advair Diskus..... 151
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Alprazolam ODT.....	84	Ammonium Lactate.....	108	Anusol-HC.....	140
Alrex.....	144	Amnesteem.....	107	ApexiCon E.....	108
Altabax.....	113	Amoxapine.....	62	Apidra.....	88
Altace.....	94	Amoxicillin.....	50	Apidra SoloStar.....	88
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Altoprev.....	100	Amoxicillin-Potassium Clavulanate.....	51	Apokyn.....	74
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.....	142	Synjardy XR.....	87	Taztia XT.....	96
Sulfadiazine.....	54	Synribo.....	69	Tazverik.....	69
Sulfamethoxazole-		Synthroid.....	133	TDVAX.....	139
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Sulfamylon.....	115			Tecfidera Starter Pack.....	106
Sulfasalazine.....	140	<b>T</b>		Teflaro.....	50
Sulindac.....	40	Tabloid.....	69	Tegretol.....	59
Sumatriptan.....	66	Tabrecta.....	68	Tegretol XR.....	59
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Sumatriptan Succinate Refill		Tacrolimus.....	111, 138	Tekturna.....	99
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Suprep Bowel Prep Kit.....	120	Taltz.....	136	Tenivac.....	139
Sustiva.....	81	Talzenna.....	72	Tenofovir Disoproxil Fumarate	
Sutent.....	72	Tamiflu.....	83	.....	82
Syeda.....	131	Tamoxifen Citrate.....	69	Tenoretic 100.....	99
Sylatron.....	136	Tamsulosin HCl.....	124	Tenoretic 50.....	99
Symbicort.....	151	Tapazole.....	134	Tenormin.....	95
Symbyax.....	61	TaperDex 12-Day.....	125	Terazosin HCl.....	124
Symdeko.....	149	TaperDex 6-Day.....	125	Terbinafine HCl.....	65
Symfi.....	81	TaperDex 7-Day.....	125	Terbutaline Sulfate.....	149
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Testosterone Cypionate.....	127	TobraDex.....	142	.....	99
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Thalomid.....	68	Tobrex.....	144	Travatan Z.....	146
Theo-24.....	150	Tolcapone.....	74	Travoprost.....	146
Theophylline.....	150	Tolmetin Sodium.....	40	Trazodone HCl.....	62
Theophylline ER.....	150	Tolsura.....	65	Trecator.....	68
Thiola.....	124	Tolterodine Tartrate.....	123	Trelegy Ellipta.....	151
Thiola EC.....	124	Tolterodine Tartrate ER.....	123	Trelstar Mixject.....	134
Thioridazine HCl.....	76	Topamax.....	56	Tremfya.....	136
Thiothixene.....	76	Topamax Sprinkle.....	56	Tresiba.....	90
Tiadyt ER.....	96	Topicort.....	111	Tresiba FlexTouch.....	90
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Tibsovo.....	72	Topiramate ER.....	56	Trexall.....	138
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Tigecycline.....	48	Toremifene Citrate.....	69	Trezix.....	45
Tiglutik.....	105	Toremide.....	99	Tri-Estarylla.....	131
Tikosyn.....	95	Tosymra.....	66	Tri-Legest Fe.....	131
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Timolol Maleate Ophthalmic		Toujeo SoloStar.....	90	Tri-Lo-Sprintec.....	131
Gel Forming.....	145	Tovet.....	111	Tri-Mili.....	131
Timoptic OcuDose.....	145	Toviaz.....	123	Tri-Previfem.....	131
Timoptic-XE.....	145	TPN Electrolytes.....	117	Tri-Sprintec.....	131
Tinidazole.....	49	Tracleer.....	150	Tri-VyLibra.....	131
Tirosint.....	133	Tradjenta.....	87	Tri-VyLibra Lo.....	131
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Trianex.....	112	Twynsta.....	99	Valproic Acid.....	57	
Tribenzor.....	99	Tybost.....	82	Valsartan.....	93	
Tricor.....	100	Tydemy.....	131	Valsartan-Hydrochlorothiazide .....	99	
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Triglide.....	100	Ubrelvy.....	66	Vancocin.....	49	
Trihexyphenidyl HCl.....	74	Uceris.....	140	Vancocin HCl.....	49	
Trikafta.....	149	Udenyca.....	92	Vancomycin HCl.....	49	
Trileptal.....	59	Uloric.....	65	Vandazole.....	49	
Trilipix.....	100	Ultracet.....	45	Vanos.....	112	
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Trimipramine Maleate.....	63	Unithroid.....	133	Varubi.....	63	
Trintellix.....	62	Uptravi.....	150	Vascepa.....	102	
Triumeq.....	82	Urocit-K 10.....	117	Vaseretic.....	99	
Trivora.....	131	Urocit-K 15.....	117	Vasotec.....	94	
Trizivir.....	82	Urocit-K 5.....	117	Vecamyl.....	99	
Trokendi XR.....	56, 57	Uroxatral.....	124	Vectical.....	113	
TrophAmine.....	117	Urso 250.....	120	Velivet.....	131	
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Trospium Chloride ER.....	124	Ursodiol.....	120	Veltassa.....	118	
Trulance.....	119	Utibron Neohaler.....	151	Veltin.....	108	
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Trumenba.....	139	Vabomere.....	52	Venclexta.....	72	
Trusopt.....	145	Vagifem.....	131	Venclexta Starting Pack.....	72	
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Tudorza Pressair.....	148	Valchlor.....	68	Venlafaxine HCl ER.....	62	
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Ventolin HFA.....	149	Vizimpro.....	72	Xeljanz XR.....	136
Verapamil HCl.....	97	Vogelxo.....	127	Xelpros.....	146
Verapamil HCl ER.....	97	Vogelxo Pump.....	127	Xenazine.....	105
Verdeso.....	112	Voriconazole.....	65	Xenleta.....	49
Veregen.....	113	Vosevi.....	80	Xepi.....	115
Verelan.....	97	Votrient.....	72	Xerese.....	113
Verelan PM.....	97	VP-PNV-DHA.....	118	Xermelo.....	119
Versacloz.....	79	Vraylar.....	78	Xgeva.....	141
Verzenio.....	72	Vumerity.....	106	Xhance.....	147
Vesicare.....	124	Vyfemla.....	132	Xifaxan.....	49
Vfend.....	65	VyLibra.....	132	Xigduo XR.....	87
Vfend IV.....	65	Vyndamax.....	123	Xiidra.....	142
Viberzi.....	119	Vyndaqel.....	123	Xofluza.....	83
Vibramycin.....	55	Vytorin.....	102	Xolair.....	136
Victoza.....	87	Vyvanse.....	103	Xolegel.....	115
Viekira Pak.....	80	Vyzulta.....	146	Xopenex.....	149
Vienna.....	132	<b>W</b>		Xopenex Concentrate.....	149
Vigabatrin.....	58	Wakix.....	152	Xopenex HFA.....	149
Vigadrone.....	58	Warfarin Sodium.....	91	Xospata.....	72
Vigamox.....	144	Welchol.....	102	Xpovio.....	69
Viibryd.....	62	Wellbutrin SR.....	61	Xtampza ER.....	43
Viibryd Starter Pack.....	62	Wellbutrin XL.....	61	Xtandi.....	68
Vimovo.....	40	Wixela Inhub.....	151	Xulane.....	132
Vimpat.....	59	WYMZYA Fe.....	132	Xultophy.....	87
Viokace.....	123	<b>X</b>		Xuriden.....	123
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Viread.....	82	Xanax XR.....	84	Yasmin 28.....	132
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Vitrakvi.....	72	Xarelto Starter Pack.....	91	YF-Vax.....	139
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Yuvaferm.....	132	Zetonna.....	147	Zonegran.....	59
<b>Z</b>		Ziac.....	99	Zonisamide.....	59
Zafirlukast.....	148	Ziagen.....	82	Zontivity.....	91
Zaleplon.....	152	Ziana.....	108	Zorbitive.....	126
Zanaflex.....	79	Zidovudine.....	82	Zortress.....	138
Zarah.....	132	Ziextenzo.....	92	Zorvolex.....	40
Zarontin.....	57	Zileuton ER.....	148	Zostavax.....	139
Zarxio.....	92	Zioptan.....	146	Zosyn.....	52
Zavesca.....	123	Ziprasidone HCl.....	78	Zovia 1/35E.....	132
Zegerid.....	121	Ziprasidone Mesylate.....	78	Zovirax.....	80
Zejula.....	72	Zipsor.....	40	ZTlido.....	46
Zelapar ODT.....	75	Zirgan.....	79	Zubsolv.....	46
Zelboraf.....	72	Zithromax.....	53	Zuplenz.....	63
Zelnorm.....	119	Zithromax Tri-Pak.....	53	Zyclara Pump.....	113
Zemaira.....	123	Zithromax Z-Pak.....	53	Zydelig.....	72
Zembrace SymTouch.....	66	Zocor.....	101	Zyflo.....	148
Zemdri.....	47	Zofran.....	63	Zykadia.....	72
Zemplar.....	141	Zohydro ER.....	43	Zylet.....	142
Zenatane.....	108	Zolinza.....	69	Zyloprim.....	65
Zenpep.....	123	Zolmitriptan.....	66	Zymaxid.....	144
Zenzedi.....	103	Zolmitriptan ODT.....	66	Zypitamag.....	101
Zepatier.....	80	Zoloft.....	62	Zyprexa.....	78
Zerbaxa.....	50	Zolpidem Tartrate.....	152	Zyprexa Relprevv.....	78
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Zetia.....	102	Zonalon.....	112		

## Covered drugs by medical condition

The list below has information about the drugs covered by this plan. If you have trouble finding your drug, turn to the “Covered drugs by name (**Drug index**)” on pages 12-38.

The first column lists the drug name, which may include the dosage form and strength. **Brand name** drugs are listed in **bold** type (for example, **Humalog**) and generic drugs are listed in plain type (for example, Simvastatin). The information in the “Coverage Rules or limits on use” column lists any special requirements for coverage of your drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 153-196.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Analgesics</b>			
<b>Nonsteroidal Anti-inflammatory Drugs</b>			
<b>Arthrotec (Oral Tablet Delayed Release)</b>	B	3	
<b>Cambia (Oral Packet)</b>	B	4	
<b>Celebrex (Oral Capsule)</b>	B	3	QL
Celecoxib (Oral Capsule)	G	2	QL
<b>Daypro (Oral Tablet)</b>	B	3	
Diclofenac Epolamine (Transdermal Patch)	G	3	PA; QL
Diclofenac Potassium (Oral Tablet)	G	2	
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	G	1	
Diclofenac Sodium (Oral Tablet Delayed Release)	G	1	
Diclofenac Sodium (1% Transdermal Gel)	G	2	
Diclofenac Sodium (Transdermal Solution)	G	2	PA
Diclofenac-Misoprostol (Oral Tablet Delayed Release)	G	3	
Diflunisal (Oral Tablet)	G	2	
<b>Duexis (Oral Tablet)</b>	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	
<b>Feldene (Oral Capsule)</b>	B	3	
Fenoprofen Calcium (400MG Oral Capsule)	G	3	
Fenoprofen Calcium (Oral Tablet)	G	3	
<b>Flector (Transdermal Patch)</b>	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	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Indocin (Rectal Suppository)	G	4	
Ketoprofen ER (Oral Capsule Extended Release 24 Hour)	G	3	
Ketoprofen (Oral Capsule Immediate Release)	G	2	
Lodine (Oral Tablet)	G	4	
Meclofenamate Sodium (Oral Capsule)	G	3	
Mefenamic Acid (Oral Capsule)	G	3	
Meloxicam (Oral Tablet)	G	1	
<b>Mobic (Oral Tablet)</b>	B	3	
Nabumetone (Oral Tablet)	G	2	
Nalfon (Oral Tablet)	G	3	
<b>Naprelan (Oral Tablet Extended Release 24 Hour)</b>	B	4	
Naproxen DR (Oral Tablet Delayed Release) (Generic EC-Naprosyn)	G	1	
Naproxen (Oral Suspension)	G	4	
Naproxen (Oral Tablet Immediate Release)	G	1	
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	
Oxaprozin (Oral Tablet)	G	3	
<b>Pennsaid (Transdermal Solution)</b>	B	4	PA
Piroxicam (Oral Capsule)	G	2	
Relafen DS (Oral Tablet)	G	4	ST
<b>Sprix (Nasal Solution)</b>	B	4	LA
Sulindac (Oral Tablet)	G	1	
Tolmetin Sodium (Oral Capsule)	G	3	
Tolmetin Sodium (Oral Tablet)	G	3	
<b>Vimovo (Oral Tablet Delayed Release)</b>	B	4	ST
<b>Vivlodex (Oral Capsule)</b>	B	4	QL
<b>Zipsor (Oral Capsule)</b>	B	4	ST
<b>Zorvolex (Oral Capsule)</b>	B	3	ST
<b>Opioid Analgesics, Long-acting</b>			

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



Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Belbuca (150MCG Buccal Film, 300MCG Buccal Film, 450MCG Buccal Film, 75MCG Buccal Film)</b>	B	3	PA; 7D; DL; QL
<b>Belbuca (600MCG Buccal Film, 750MCG Buccal Film, 900MCG Buccal Film)</b>	B	4	PA; 7D; DL; QL
Buprenorphine (Transdermal Patch Weekly)	G	2	7D; DL; QL
<b>Butrans (Transdermal Patch Weekly)</b>	B	2	7D; DL; QL
<b>ConZip (Oral Capsule Extended Release 24 Hour)</b>	B	3	7D; MME; DL; QL
<b>Dolophine (Oral Tablet)</b>	B	3	7D; MME; DL; QL
<b>Duragesic-100 (Transdermal Patch 72 Hour)</b>	B	4	7D; MME; DL; QL
<b>Duragesic-12 (Transdermal Patch 72 Hour)</b>	B	3	7D; MME; DL; QL
<b>Duragesic-25 (Transdermal Patch 72 Hour)</b>	B	3	7D; MME; DL; QL
<b>Duragesic-50 (Transdermal Patch 72 Hour)</b>	B	4	7D; MME; DL; QL
<b>Duragesic-75 (Transdermal Patch 72 Hour)</b>	B	4	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 (Oral Capsule ER 12 Hour Abuse-Deterrent)	G	3	7D; MME; DL; QL
Hydromorphone HCl ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	G	3	7D; MME; DL; QL
<b>Hysingla ER (100MG Oral Tablet ER 24 Hour Abuse-Deterrent, 120MG Oral Tablet ER 24 Hour Abuse-Deterrent, 60MG Oral Tablet ER 24 Hour Abuse-Deterrent, 80MG Oral Tablet ER 24 Hour Abuse-Deterrent)</b>	B	4	PA; 7D; MME; DL; QL
<b>Hysingla ER (20MG Oral Tablet ER 24 Hour Abuse-Deterrent, 30MG Oral Tablet ER 24 Hour Abuse-Deterrent, 40MG Oral Tablet ER 24 Hour Abuse-Deterrent)</b>	B	3	PA; 7D; MME; DL; QL
<b>Kadian (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 40MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour)</b>	B	4	7D; MME; DL; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Kadian (10MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 30MG Oral Capsule Extended Release 24 Hour)</b>	B	3	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 (100MG Oral Capsule Extended Release 24 Hour) (Generic Kadian)	G	4	7D; MME; DL; QL
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, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour) (Generic Kadian)	G	3	7D; MME; DL; QL
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	G	2	7D; MME; DL; QL
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	G	3	7D; MME; DL; QL
<b>MS Contin (100MG Oral Tablet Extended Release, 200MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release)</b>	B	4	7D; MME; DL; QL
<b>MS Contin (15MG Oral Tablet Extended Release)</b>	B	3	7D; MME; DL; QL
<b>Nucynta ER (Oral Tablet Extended Release 12 Hour)</b>	B	2	7D; MME; DL; QL
Oxycodone HCl ER (10MG Oral Tablet ER 12 Hour Abuse-Deterrent, 15MG Oral Tablet ER 12 Hour Abuse-Deterrent, 20MG Oral Tablet ER 12 Hour Abuse-Deterrent, 30MG Oral Tablet ER 12 Hour Abuse-Deterrent, 40MG Oral Tablet ER 12 Hour Abuse-Deterrent)	G	3	7D; MME; DL; QL
Oxycodone HCl ER (60MG Oral Tablet ER 12 Hour Abuse-Deterrent, 80MG Oral Tablet ER 12 Hour Abuse-Deterrent)	G	4	7D; MME; DL; QL

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>OxyContin (10MG Oral Tablet ER 12 Hour Abuse-Deterrent, 15MG Oral Tablet ER 12 Hour Abuse-Deterrent, 20MG Oral Tablet ER 12 Hour Abuse-Deterrent)</b>	B	3	PA; 7D; MME; DL; QL
<b>OxyContin (30MG Oral Tablet ER 12 Hour Abuse-Deterrent, 40MG Oral Tablet ER 12 Hour Abuse-Deterrent, 60MG Oral Tablet ER 12 Hour Abuse-Deterrent, 80MG Oral Tablet ER 12 Hour Abuse-Deterrent)</b>	B	4	PA; 7D; MME; DL; QL
Oxymorphone HCl ER (Oral Tablet Extended Release 12 Hour)	G	3	7D; MME; DL; QL
Tramadol HCl ER (Biphasic) (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	G	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
<b>Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)</b>	B	2	7D; MME; DL; QL
<b>Zohydro ER (10MG Oral Capsule ER 12 Hour Abuse-Deterrent, 15MG Oral Capsule ER 12 Hour Abuse-Deterrent, 20MG Oral Capsule ER 12 Hour Abuse-Deterrent, 30MG Oral Capsule ER 12 Hour Abuse-Deterrent, 40MG Oral Capsule ER 12 Hour Abuse-Deterrent)</b>	B	3	7D; MME; DL; QL
<b>Zohydro ER (50MG Oral Capsule ER 12 Hour Abuse-Deterrent)</b>	B	4	7D; MME; DL; QL
<b>Opioid Analgesics, Short-acting</b>			
Acetaminophen-Caffeine-Dihydrocodeine (Oral Tablet)	G	3	7D; MME; DL; QL
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	1	7D; MME; DL; QL
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	1	7D; MME; DL; QL
<b>Actiq (Buccal Lozenge On A Handle)</b>	B	4	PA; DL; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Butorphanol Tartrate (Nasal Solution)	G	2	7D; MME; DL; QL
<b>Codeine Sulfate (15MG Oral Tablet)</b>	B	2	7D; MME; DL; QL
Codeine Sulfate (30MG Oral Tablet)	G	2	7D; MME; DL; QL
Codeine Sulfate (60MG Oral Tablet)	G	3	7D; MME; DL; QL
<b>Dilaudid (Oral Liquid)</b>	B	3	7D; MME; DL; QL
<b>Dilaudid (2MG Oral Tablet, 4MG Oral Tablet)</b>	B	3	7D; MME; DL; QL
<b>Dilaudid (8MG Oral Tablet)</b>	B	4	7D; MME; DL; QL
<b>Duramorph (Injection Solution)</b>	B	2	DL
Dvorah (Oral Tablet)	G	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
<b>Fentora (Buccal Tablet)</b>	B	4	PA; DL; QL
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	DL
Lorcet HD (Oral Tablet)	G	2	7D; MME; DL; QL
Lorcet (Oral Tablet)	G	2	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
Lorcet Plus (7.5-325MG Oral Tablet)	G	2	7D; MME; DL; QL
Morphine Sulfate (Oral Solution)	G	1	7D; MME; DL; QL
Morphine Sulfate (Oral Tablet Immediate Release)	G	2	7D; MME; DL; QL
Norco (Oral Tablet)	G	3	7D; MME; DL; QL
<b>Nucynta (100MG Oral Tablet Immediate Release)</b>	B	4	7D; MME; DL; QL
<b>Nucynta (50MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release)</b>	B	3	7D; MME; DL; QL
Oxycodone HCl (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 (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	2	7D; MME; DL; QL
Oxycodone-Aspirin (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
Primlev (Oral Tablet)	G	4	7D; MME; DL; QL
Prolate (Oral Tablet)	G	4	7D; MME; DL; QL
<b>Roxicodone (15MG Oral Tablet, 5MG Oral Tablet)</b>	B	3	7D; MME; DL; QL
<b>Roxicodone (30MG Oral Tablet)</b>	B	4	7D; MME; DL; QL
<b>Subsys (100MCG Sublingual Liquid, 200MCG Sublingual Liquid, 400MCG Sublingual Liquid, 600MCG Sublingual Liquid, 800MCG Sublingual Liquid)</b>	B	4	PA; 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
<b>Ultracet (Oral Tablet)</b>	B	3	7D; MME; DL; QL
<b>Ultram (Oral Tablet Immediate Release)</b>	B	3	7D; MME; DL; QL
<b>Anesthetics</b>			
<b>Local Anesthetics</b>			
Lidocaine (5% External Ointment)	G	3	QL

<b>Drug Name</b>	<b>Brand or Generic</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>
Lidocaine (5% External Patch)	G	3	PA; QL
Lidocaine HCl (4% External Solution)	G	2	
Lidocaine HCl (External Gel)	G	1	
Lidocaine Viscous (2% Mouth/Throat Solution)	G	1	
Lidocaine-Prilocaine (External Cream)	G	2	
<b>Lidoderm (External Patch)</b>	B	4	PA; QL
<b>Pliaglis (External Cream)</b>	B	3	
<b>ZTlido (External Patch)</b>	B	3	PA; QL
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>			
<b>Alcohol Deterrents/Anti-craving</b>			
Acamprosate Calcium (Oral Tablet Delayed Release)	G	3	
Antabuse (Oral Tablet)	G	3	
Disulfiram (Oral Tablet)	G	2	
Naltrexone HCl (Oral Tablet)	G	2	
<b>Vivitrol (Intramuscular Suspension Reconstituted)</b>	B	4	
<b>Opioid Dependence</b>			
<b>Bunavail (Buccal Film)</b>	B	3	ST; QL
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
<b>Lucemyra (Oral Tablet)</b>	B	4	QL
<b>Suboxone (Sublingual Film)</b>	B	3	QL
<b>Zubsolv (1.4-0.36MG Tablet Sublingual, 2.9-0.71MG Tablet Sublingual, 5.7-1.4MG Tablet Sublingual, 8.6-2.1MG Tablet Sublingual)</b>	B	3	QL
<b>Zubsolv (11.4-2.9MG Tablet Sublingual)</b>	B	4	QL
<b>Opioid Reversal Agents</b>			
<b>Evzio (Injection Solution Auto-Injector)</b>	B	4	ST
Naloxone HCl (0.4MG/ML Injection Solution)	G	1	
Naloxone HCl (Injection Solution Auto-Injector)	G	3	ST
Naloxone HCl (Injection Solution Cartridge)	G	1	
Naloxone HCl (Injection Solution Prefilled Syringe)	G	1	
<b>Narcan (Nasal Liquid)</b>	B	2	
<b>Smoking Cessation Agents</b>			
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	G	1	

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



Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Chantix Continuing Month Pak (Oral Tablet)</b>	B	2	
<b>Chantix (Oral Tablet)</b>	B	2	
<b>Chantix Starting Month Pak (Oral Tablet)</b>	B	2	
<b>Nicotrol (Inhalation Inhaler)</b>	B	3	
<b>Nicotrol NS (Nasal Solution)</b>	B	3	
<b>Antibacterials</b>			
<b>Aminoglycosides</b>			
Amikacin Sulfate (500MG/2ML Injection Solution)	G	2	
<b>Arikayce (Inhalation Suspension)</b>	B	4	PA
Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	G	1	
Gentamicin Sulfate (40MG/ML Injection Solution)	G	1	
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	
<b>Zemdri (Intravenous Solution)</b>	B	4	
<b>Antibacterials, Other</b>			
<b>Aemcolo (Oral Tablet Delayed Release)</b>	B	3	PA
<b>Azactam (Injection Solution Reconstituted)</b>	B	3	
Aztreonam (1GM Injection Solution Reconstituted)	G	3	
<b>Cleocin (Oral Capsule)</b>	B	3	
Cleocin (Oral Solution Reconstituted)	G	3	
Cleocin Phosphate (900MG/6ML Injection Solution)	G	3	
<b>Cleocin (Vaginal Cream)</b>	B	3	
<b>Cleocin (Vaginal Suppository)</b>	B	3	
Clindamycin HCl (Oral Capsule)	G	1	
Clindamycin Palmitate HCl (Oral Solution Reconstituted)	G	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	
<b>Clindesse (Vaginal Cream)</b>	B	3	
Colistimethate Sodium (CBA) (Injection Solution Reconstituted)	G	4	

<b>Drug Name</b>	<b>Brand or Generic</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>
<b>Cubicin (Intravenous Solution Reconstituted)</b>	B	4	
<b>Dalvance (Intravenous Solution Reconstituted)</b>	B	4	PA
Daptomycin (Intravenous Solution Reconstituted)	G	4	
<b>Firvanq (Oral Solution Reconstituted)</b>	B	3	
<b>Flagyl (Oral Capsule)</b>	B	3	
<b>Flagyl (Oral Tablet)</b>	B	3	
<b>Hiprex (Oral Tablet)</b>	B	3	
Linezolid (Intravenous Solution)	G	3	
Linezolid (Oral Suspension Reconstituted)	G	4	
Linezolid (Oral Tablet)	G	3	
<b>Macrobid (Oral Capsule)</b>	B	3	HRM
<b>Macrodantin (Oral Capsule)</b>	B	3	HRM
Methenamine Hippurate (Oral Tablet)	G	2	
<b>MetroCream (External Cream)</b>	B	3	
<b>Metrogel (External Gel)</b>	B	3	
<b>MetroLotion (External Lotion)</b>	B	4	
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	
<b>Monurol (Oral Packet)</b>	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	3	HRM
<b>Noritrate (External Cream)</b>	B	4	
Polymyxin B Sulfate (Injection Solution Reconstituted)	G	2	
<b>Sivextro (Intravenous Solution Reconstituted)</b>	B	4	PA
<b>Sivextro (Oral Tablet)</b>	B	4	PA
<b>Solosec (Oral Packet)</b>	B	3	
Tigecycline (Intravenous Solution Reconstituted)	G	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
Tinidazole (Oral Tablet)	G	2	
Trimethoprim (Oral Tablet)	G	1	
<b>Tygalil (Intravenous Solution Reconstituted)</b>	B	4	
<b>Vancocin HCl (125MG Oral Capsule)</b>	B	4	QL
<b>Vancocin (250MG Oral Capsule)</b>	B	4	QL
Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)	G	2	
<b>Vancomycin HCl (250MG Intravenous Solution Reconstituted)</b>	B	2	
Vancomycin HCl (Oral Capsule)	G	3	QL
Vancomycin HCl (Oral Solution Reconstituted)	G	3	
<b>Vandazole (Vaginal Gel)</b>	B	2	
<b>Xenleta (Oral Tablet)</b>	B	4	PA; QL
<b>Xifaxan (Oral Tablet)</b>	B	4	PA
<b>Zyvox (600MG/300ML Intravenous Solution)</b>	B	3	
<b>Zyvox (Oral Suspension Reconstituted)</b>	B	4	
<b>Zyvox (Oral Tablet)</b>	B	4	
<b>Beta-lactam, Cephalosporins</b>			
<b>Avycaz (Intravenous Solution Reconstituted)</b>	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	2	
Cefoxitin Sodium (Intravenous Solution Reconstituted)	G	2	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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	
Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted)	G	1	
Ceftriaxone Sodium (2GM Injection Solution Reconstituted, 500MG 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	
<b>Suprax (Oral Capsule)</b>	B	2	
Suprax (100MG/5ML Oral Suspension Reconstituted, 200MG/5ML Oral Suspension Reconstituted)	G	3	
<b>Suprax (500MG/5ML Oral Suspension Reconstituted)</b>	B	3	
Suprax (Oral Tablet Chewable)	G	2	
Tazicef (Injection Solution Reconstituted)	G	2	
<b>Teflaro (Intravenous Solution Reconstituted)</b>	B	4	
<b>Zerbaxa (Intravenous Solution Reconstituted)</b>	B	4	PA
<b>Beta-lactam, Penicillins</b>			
Amoxicillin (Oral Capsule)	G	1	
Amoxicillin (Oral Suspension Reconstituted)	G	1	
Amoxicillin (Oral Tablet Immediate Release)	G	1	
Amoxicillin (Oral Tablet Chewable)	G	1	
Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour)	G	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
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	
Ampicillin (Oral Capsule)	G	1	
Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted)	G	2	
Ampicillin Sodium (10GM Intravenous Solution Reconstituted)	G	2	
Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)	G	2	
Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted)	G	2	
<b>Bicillin C-R 900/300 (Intramuscular Suspension)</b>	B	3	
<b>Bicillin C-R (Intramuscular Suspension)</b>	B	3	
<b>Bicillin L-A (Intramuscular Suspension)</b>	B	3	
Dicloxacillin Sodium (250MG Oral Capsule)	G	1	
Dicloxacillin Sodium (500MG Oral Capsule)	G	2	
Nafcillin Sodium (1GM Injection Solution Reconstituted, 2GM Injection Solution Reconstituted)	G	3	
Nafcillin Sodium (10GM Intravenous Solution Reconstituted)	G	3	
<b>Oxacillin Sodium in Dextrose (1GM/50ML Intravenous Solution)</b>	B	3	
<b>Oxacillin Sodium in Dextrose (2GM/50ML Intravenous Solution)</b>	B	4	
Oxacillin Sodium (Injection Solution Reconstituted)	G	3	
Oxacillin Sodium (Intravenous Solution Reconstituted)	G	3	
<b>Penicillin G Potassium in Dextrose (40000UNIT/ML Intravenous Solution, 60000UNIT/ML Intravenous Solution)</b>	B	3	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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	
<b>Unasyn (3 (2-1)GM Injection Solution Reconstituted)</b>	B	3	
<b>Unasyn (Intravenous Solution Reconstituted)</b>	B	3	
<b>Zosyn (2-0.25GM/50ML Intravenous Solution, 3-0.375GM/50ML Intravenous Solution)</b>	B	3	
<b>Carbapenems</b>			
Ertapenem Sodium (Injection Solution Reconstituted)	G	3	
Imipenem-Cilastatin (Intravenous Solution Reconstituted)	G	3	
<b>Invanz (Injection Solution Reconstituted)</b>	B	4	
Meropenem (1GM Intravenous Solution Reconstituted)	G	3	
Meropenem (500MG Intravenous Solution Reconstituted)	G	2	
<b>Merrem (500MG Intravenous Solution Reconstituted)</b>	B	3	
<b>Primaxin IV (Intravenous Solution Reconstituted)</b>	B	3	
<b>Vabomere (Intravenous Solution Reconstituted)</b>	B	4	
<b>Macrolides</b>			
Azithromycin (Intravenous Solution Reconstituted)	G	1	
<b>Azithromycin (Oral Packet)</b>	B	1	
Azithromycin (Oral Suspension Reconstituted)	G	1	
Azithromycin (Oral Tablet)	G	1	
Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	G	2	
Clarithromycin (Oral Suspension Reconstituted)	G	3	
Clarithromycin (Oral Tablet Immediate Release)	G	2	
<b>Difcid (Oral Tablet)</b>	B	4	
<b>E.E.S. Granules (Oral Suspension Reconstituted)</b>	B	3	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>EryPed 200 (Oral Suspension Reconstituted)</b>	B	3	
<b>EryPed 400 (Oral Suspension Reconstituted)</b>	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	
<b>Zithromax (Intravenous Solution Reconstituted)</b>	B	3	
<b>Zithromax (Oral Packet)</b>	B	3	
<b>Zithromax (Oral Suspension Reconstituted)</b>	B	3	
<b>Zithromax (Oral Tablet)</b>	B	3	
<b>Zithromax Tri-Pak (Oral Tablet)</b>	B	3	
<b>Zithromax Z-Pak (Oral Tablet)</b>	B	3	
<b>Quinolones</b>			
<b>Baxdela (Intravenous Solution Reconstituted)</b>	B	4	
<b>Baxdela (Oral Tablet)</b>	B	4	
<b>Cipro (Oral Suspension Reconstituted)</b>	B	3	
<b>Cipro (Oral Tablet Immediate Release)</b>	B	3	
Ciprofloxacin HCl (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	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Moxifloxacin HCl in NaCl (Intravenous Solution)	G	3	
Moxifloxacin HCl (Oral Tablet)	G	2	
Ofloxacin (Oral Tablet)	G	3	
<b>Sulfonamides</b>			
<b>Bactrim DS (Oral Tablet)</b>	B	3	
<b>Bactrim (Oral Tablet)</b>	B	3	
Sulfadiazine (Oral Tablet)	G	3	
Sulfamethoxazole-Trimethoprim (Oral Suspension)	G	2	
Sulfamethoxazole-Trimethoprim (Oral Tablet)	G	1	
<b>Tetracyclines</b>			
<b>Acticlate (Oral Tablet)</b>	B	3	
Demeclocycline HCl (Oral Tablet)	G	3	
<b>Doryx MPC (Oral Tablet Delayed Release)</b>	B	3	
<b>Doryx (200MG Oral Tablet Delayed Release)</b>	B	4	
<b>Doryx (50MG Oral Tablet Delayed Release)</b>	B	3	
Doxy 100 (Intravenous Solution Reconstituted)	G	3	
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	
<b>Minolira (Oral Tablet Extended Release 24 Hour)</b>	B	3	QL
Mondoxyne NL (100MG Oral Capsule)	G	1	
Mondoxyne NL (75MG Oral Capsule)	G	3	
<b>Nuzyra (Intravenous Solution Reconstituted)</b>	B	4	PA

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Nuzyra (Oral Tablet)</b>	B	4	PA; QL
<b>Oracea (Oral Capsule Delayed Release)</b>	B	4	
<b>Seysara (Oral Tablet)</b>	B	4	
<b>Solodyn (Oral Tablet Extended Release 24 Hour)</b>	B	4	QL
TARGADOX (Oral Tablet)	G	3	
Tetracycline HCl (Oral Capsule)	G	3	
<b>Vibramycin (Oral Capsule)</b>	B	3	
<b>Vibramycin (Oral Suspension Reconstituted)</b>	B	3	
<b>Vibramycin (50MG/5ML Oral Syrup)</b>	B	3	
<b>Anticonvulsants</b>			
<b>Anticonvulsants, Other</b>			
<b>BRIVIACT (Oral Solution)</b>	B	4	PA; QL
<b>BRIVIACT (Oral Tablet)</b>	B	4	PA; QL
<b>Epidiolex (Oral Solution)</b>	B	4	PA
Felbamate (Oral Suspension)	G	4	
Felbamate (Oral Tablet)	G	3	
<b>Felbatol (Oral Tablet)</b>	B	4	
<b>Fycompa (Oral Suspension)</b>	B	4	QL
<b>Fycompa (Oral Tablet)</b>	B	4	QL
<b>Keppra (Oral Solution)</b>	B	4	
<b>Keppra (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)</b>	B	4	
<b>Keppra (250MG Oral Tablet Immediate Release)</b>	B	3	
<b>Keppra XR (Oral Tablet Extended Release 24 Hour)</b>	B	4	
<b>Lamictal ODT (Oral Tablet Dispersible)</b>	B	4	
<b>Lamictal (Oral Tablet Immediate Release)</b>	B	4	
<b>Lamictal (Oral Tablet Chewable)</b>	B	4	
<b>Lamictal Starter (35 Tablets Oral Kit, 49 Tablets Oral Kit)</b>	B	3	
<b>Lamictal Starter (98 Tablets Oral Kit)</b>	B	4	
<b>Lamictal XR (Oral Kit)</b>	B	3	
<b>Lamictal XR (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 250MG Oral Tablet Extended Release 24 Hour, 25MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)</b>	B	4	



Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Lamotrigine ER (Oral Tablet Extended Release 24 Hour)	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	2	
Levetiracetam (Oral Solution)	G	1	
Levetiracetam (Oral Tablet Immediate Release)	G	1	
<b>Qudexy XR (100MG Oral Capsule ER 24 Hour Sprinkle, 25MG Oral Capsule ER 24 Hour Sprinkle, 50MG Oral Capsule ER 24 Hour Sprinkle)</b>	B	3	PA
<b>Qudexy XR (150MG Oral Capsule ER 24 Hour Sprinkle, 200MG Oral Capsule ER 24 Hour Sprinkle)</b>	B	4	PA
Roweepra (Oral Tablet Immediate Release)	G	1	
Roweepra XR (Oral Tablet Extended Release 24 Hour)	G	2	
<b>Spritam ODT (Oral Tablet Disintegrating Soluble)</b>	B	3	
<b>Topamax (100MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet)</b>	B	4	
<b>Topamax (25MG Oral Tablet)</b>	B	3	
<b>Topamax Sprinkle (15MG Oral Capsule Sprinkle)</b>	B	3	
<b>Topamax Sprinkle (25MG Oral Capsule Sprinkle)</b>	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	2	
Topiramate (Oral Tablet)	G	1	
<b>Trokendi XR (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour)</b>	B	4	PA

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



Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Trokendi XR (25MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)</b>	B	3	PA
Valproic Acid (Oral Capsule)	G	2	
Valproic Acid (Oral Solution)	G	1	
<b>Xcopri (250 MG Daily Dose) (Oral Tablet Therapy Pack)</b>	B	4	PA; QL
<b>Xcopri (350 MG Daily Dose) (Oral Tablet Therapy Pack)</b>	B	4	PA; QL
<b>Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)</b>	B	3	PA; QL
<b>Xcopri (200MG Oral Tablet)</b>	B	4	PA; QL
<b>Xcopri (14x12.5MG &amp; 14x25MG Oral Tablet Therapy Pack)</b>	B	3	PA; QL
<b>Xcopri (14x150MG &amp; 14x200MG Oral Tablet Therapy Pack, 14x50MG &amp; 14x100MG Oral Tablet Therapy Pack)</b>	B	4	PA; QL
<b>Calcium Channel Modifying Agents</b>			
<b>Celontin (Oral Capsule)</b>	B	3	
Ethosuximide (Oral Capsule)	G	2	
Ethosuximide (Oral Solution)	G	2	
<b>Zarontin (Oral Capsule)</b>	B	3	
Zarontin (Oral Solution)	G	3	
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>			
Clobazam (Oral Suspension)	G	3	PA; QL
Clobazam (Oral Tablet)	G	3	PA; QL
<b>Diastat AcuDial (Rectal Gel)</b>	B	3	QL
<b>Diastat Pediatric (Rectal Gel)</b>	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	
<b>Gabitril (Oral Tablet)</b>	B	4	
<b>Mysoline (Oral Tablet)</b>	B	4	
<b>Nayzilam (Nasal Solution)</b>	B	3	QL
<b>Neurontin (100MG Oral Capsule)</b>	B	3	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Neurontin (300MG Oral Capsule, 400MG Oral Capsule)</b>	B	4	
<b>Neurontin (Oral Solution)</b>	B	3	
<b>Neurontin (Oral Tablet)</b>	B	4	
<b>Onfi (Oral Suspension)</b>	B	4	PA; QL
<b>Onfi (Oral Tablet)</b>	B	4	PA; QL
Phenobarbital (Oral Elixir)	G	3	PA; HRM
Phenobarbital (Oral Tablet)	G	3	PA; HRM
Primidone (Oral Tablet)	G	1	
<b>Sabril (Oral Packet)</b>	B	4	PA; LA; QL
<b>Sabril (Oral Tablet)</b>	B	4	PA; LA; QL
<b>Sympazan (10MG Oral Film, 20MG Oral Film)</b>	B	4	PA; QL
<b>Sympazan (5MG Oral Film)</b>	B	3	PA; QL
Tiagabine HCl (Oral Tablet)	G	3	
<b>Valtoco 10 MG Dose (Nasal Liquid)</b>	B	3	QL
<b>Valtoco 15 MG Dose (Nasal Liquid Therapy Pack)</b>	B	3	QL
<b>Valtoco 20 MG Dose (Nasal Liquid Therapy Pack)</b>	B	3	QL
<b>Valtoco 5 MG Dose (Nasal Liquid)</b>	B	3	QL
Vigabatrin (Oral Packet)	G	4	PA; LA; QL
Vigabatrin (Oral Tablet)	G	4	PA; LA; QL
Vigadrone (Oral Packet)	G	4	PA; LA; QL
<b>Sodium Channel Agents</b>			
<b>Aptiom (Oral Tablet)</b>	B	4	QL
<b>Banzel (Oral Suspension)</b>	B	4	
<b>Banzel (Oral Tablet)</b>	B	4	
Carbamazepine ER (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	
<b>Carbatrol (Oral Capsule Extended Release 12 Hour)</b>	B	3	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Dilantin INFATABS (Oral Tablet Chewable)	G	2	
Dilantin (Oral Capsule)	G	2	
<b>Dilantin (Oral Suspension)</b>	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	
<b>Oxtellar XR (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)</b>	B	3	
<b>Oxtellar XR (600MG Oral Tablet Extended Release 24 Hour)</b>	B	4	
<b>Peganone (Oral Tablet)</b>	B	3	
Phenytek (Oral Capsule)	G	1	
Phenytoin (125MG/5ML Oral Suspension)	G	1	
Phenytoin (Oral Tablet Chewable)	G	1	
Phenytoin Sodium Extended (Oral Capsule)	G	1	
<b>Tegretol (Oral Suspension)</b>	B	3	
<b>Tegretol (Oral Tablet Immediate Release)</b>	B	3	
<b>Tegretol XR (Oral Tablet Extended Release 12 Hour)</b>	B	3	
<b>Trileptal (Oral Suspension)</b>	B	4	
<b>Trileptal (150MG Oral Tablet)</b>	B	3	
<b>Trileptal (300MG Oral Tablet, 600MG Oral Tablet)</b>	B	4	
<b>Vimpat (Oral Solution)</b>	B	3	QL
<b>Vimpat (Oral Tablet)</b>	B	3	QL
<b>Zonegran (Oral Capsule)</b>	B	4	
Zonisamide (Oral Capsule)	G	1	
<b>Antidementia Agents</b>			
<b>Antidementia Agents, Other</b>			
<b>Namzaric (Oral Capsule ER 24 Hour Therapy Pack)</b>	B	2	PA; QL
<b>Namzaric (Oral Capsule Extended Release 24 Hour)</b>	B	2	PA; QL
<b>Cholinesterase Inhibitors</b>			
<b>Aricept (Oral Tablet)</b>	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
<b>Exelon (Transdermal Patch 24 Hour)</b>	B	3	ST; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	G	3	
Galantamine Hydrobromide (Oral Solution)	G	3	
Galantamine Hydrobromide (Oral Tablet)	G	2	
<b>Razadyne ER (Oral Capsule Extended Release 24 Hour)</b>	B	3	
Rivastigmine Tartrate (Oral Capsule)	G	2	
Rivastigmine (Transdermal Patch 24 Hour)	G	3	ST; QL
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>			
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
<b>Memantine HCl Titration Pak (Oral Tablet)</b>	B	1	PA
<b>Namenda (Oral Tablet)</b>	B	3	PA; QL
<b>Namenda Titration Pak (Oral Tablet)</b>	B	3	PA
<b>Namenda XR (Oral Capsule Extended Release 24 Hour)</b>	B	3	PA; QL
<b>Namenda XR Titration Pack (Oral Capsule Extended Release 24 Hour)</b>	B	3	PA; QL
<b>Antidepressants</b>			
<b>Antidepressants, Other</b>			
<b>Aplenzin (Oral Tablet Extended Release 24 Hour)</b>	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	
<b>Forfivo XL (Oral Tablet Extended Release 24 Hour)</b>	B	3	
Maprotiline HCl (Oral Tablet)	G	2	
Mirtazapine (Oral Tablet)	G	1	
Mirtazapine ODT (Oral Tablet Dispersible)	G	2	
Olanzapine-Fluoxetine HCl (Oral Capsule)	G	3	
<b>Remeron (Oral Tablet)</b>	B	3	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Remeron SolTab (Oral Tablet Dispersible)</b>	B	3	
<b>Symbyax (Oral Capsule)</b>	B	3	
<b>Wellbutrin SR (Oral Tablet Extended Release 12 Hour)</b>	B	3	
<b>Wellbutrin XL (Oral Tablet Extended Release 24 Hour)</b>	B	4	
<b>Monoamine Oxidase Inhibitors</b>			
<b>Emsam (Transdermal Patch 24 Hour)</b>	B	4	
<b>Marplan (Oral Tablet)</b>	B	3	
<b>Nardil (Oral Tablet)</b>	B	3	
<b>Parnate (Oral Tablet)</b>	B	4	
Phenelzine Sulfate (Oral Tablet)	G	2	
Tranylcypromine Sulfate (Oral Tablet)	G	3	
<b>SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)</b>			
<b>Celexa (Oral Tablet)</b>	B	3	
Citalopram Hydrobromide (Oral Solution)	G	2	
Citalopram Hydrobromide (Oral Tablet)	G	1	
<b>Desvenlafaxine ER (Oral Tablet Extended Release 24 Hour) (Brand Equivalent Khedezla)</b>	B	3	
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	2	
<b>Effexor XR (Oral Capsule Extended Release 24 Hour)</b>	B	3	
Escitalopram Oxalate (Oral Solution)	G	3	
Escitalopram Oxalate (Oral Tablet)	G	1	
<b>Fetzima (Oral Capsule Extended Release 24 Hour)</b>	B	3	ST
<b>Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)</b>	B	3	ST
Fluoxetine HCl (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	
Fluvoxamine Maleate ER (Oral Capsule Extended Release 24 Hour)	G	3	
Fluvoxamine Maleate (Oral Tablet)	G	2	
<b>Lexapro (Oral Tablet)</b>	B	3	
Nefazodone HCl (Oral Tablet)	G	3	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Paroxetine HCl (Oral Tablet Immediate Release)	G	1	PA; HRM
<b>Paxil (Oral Suspension)</b>	B	3	PA; HRM
<b>Paxil (Oral Tablet Immediate Release)</b>	B	3	PA; HRM
<b>Pristiq (Oral Tablet Extended Release 24 Hour)</b>	B	3	
<b>Prozac (10MG Oral Capsule)</b>	B	3	
<b>Prozac (20MG Oral Capsule, 40MG Oral Capsule)</b>	B	4	
<b>Sarafem (Oral Tablet)</b>	B	3	
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	
<b>Trintellix (Oral Tablet)</b>	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	
<b>Viibryd (Oral Tablet)</b>	B	3	
<b>Viibryd Starter Pack (Oral Kit)</b>	B	3	
<b>Zoloft (Oral Concentrate)</b>	B	3	
<b>Zoloft (Oral Tablet)</b>	B	3	
<b>Tricyclics</b>			
Amitriptyline HCl (Oral Tablet)	G	3	HRM
Amoxapine (Oral Tablet)	G	2	PA; HRM
<b>Anafranil (Oral Capsule)</b>	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
<b>Norpramin (Oral Tablet)</b>	B	3	PA; HRM
Nortriptyline HCl (Oral Capsule)	G	1	PA; HRM
Nortriptyline HCl (Oral Solution)	G	2	PA; HRM
<b>Pamelor (Oral Capsule)</b>	B	4	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
Protriptyline HCl (Oral Tablet)	G	3	PA; HRM
Trimipramine Maleate (Oral Capsule)	G	3	PA; HRM
<b>Antiemetics</b>			
<b>Antiemetics, Other</b>			
Compro (Rectal Suppository)	G	3	
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
<b>Reglan (Oral Tablet)</b>	B	3	
Scopolamine (Transdermal Patch 72 Hour)	G	2	PA; HRM
<b>Tigan (Oral Capsule)</b>	B	3	B/D, PA
<b>Transderm-Scop (1.5MG) (Transdermal Patch 72 Hour)</b>	B	3	PA; HRM
Trimethobenzamide HCl (Oral Capsule)	G	2	B/D, PA
<b>Emetogenic Therapy Adjuncts</b>			
Aprepitant (Oral Therapy Pack, Oral Capsule)	G	3	PA
Dronabinol (Oral Capsule)	G	3	PA
<b>Emend (80MG Oral Capsule)</b>	B	3	PA
<b>Emend (Oral Suspension Reconstituted)</b>	B	3	PA
<b>Emend Tri-Pack (Oral Capsule)</b>	B	4	PA
Granisetron HCl (Oral Tablet)	G	2	B/D, PA
<b>Marinol (10MG Oral Capsule, 5MG Oral Capsule)</b>	B	4	PA
<b>Marinol (2.5MG Oral Capsule)</b>	B	3	PA
Ondansetron HCl (Oral Solution)	G	2	B/D, PA
Ondansetron HCl (Oral Tablet)	G	1	B/D, PA
Ondansetron ODT (Oral Tablet Dispersible)	G	1	B/D, PA
<b>Sancuso (Transdermal Patch)</b>	B	4	QL
<b>Syndros (Oral Solution)</b>	B	4	PA
<b>Varubi (180 MG Dose) (Oral Tablet Therapy Pack)</b>	B	3	B/D, PA
<b>Zofran (8MG Oral Tablet)</b>	B	4	B/D, PA
<b>Zuplenz (Oral Film)</b>	B	4	B/D, PA

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Antifungals</b>			
<b>Antifungals</b>			
<b>Abelcet (Intravenous Suspension)</b>	B	3	B/D, PA
<b>AmBisome (Intravenous Suspension Reconstituted)</b>	B	4	B/D, PA
Amphotericin B (Intravenous Solution Reconstituted)	G	3	B/D, PA
<b>Ancobon (Oral Capsule)</b>	B	4	
<b>Cancidas (Intravenous Solution Reconstituted)</b>	B	4	
Caspofungin Acetate (50MG Intravenous Solution Reconstituted)	G	4	
Caspofungin Acetate (70MG Intravenous Solution Reconstituted)	G	3	
Clotrimazole (Mouth/Throat Troche)	G	1	
<b>Cresemba (Oral Capsule)</b>	B	4	PA
<b>Diflucan (Oral Suspension Reconstituted)</b>	B	3	
<b>Diflucan (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)</b>	B	3	
<b>Diflucan (200MG Oral Tablet)</b>	B	4	
<b>Eraxis (100MG Intravenous Solution Reconstituted)</b>	B	4	
<b>Eraxis (50MG Intravenous Solution Reconstituted)</b>	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	
<b>Mycamine (Intravenous Solution Reconstituted)</b>	B	4	
<b>Noxafil (Oral Suspension)</b>	B	4	QL
<b>Noxafil (Oral Tablet Delayed Release)</b>	B	4	PA; QL
Nystatin (Mouth/Throat Suspension)	G	1	

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
Nystatin (Oral Tablet)	G	2	
<b>Oravig (Buccal Tablet)</b>	B	4	
Posaconazole (Oral Tablet Delayed Release)	G	4	PA; QL
<b>Sporanox (Oral Capsule)</b>	B	4	PA
<b>Sporanox (Oral Solution)</b>	B	4	PA
Terbinafine HCl (Oral Tablet)	G	1	
Terconazole (Vaginal Cream)	G	2	
Terconazole (Vaginal Suppository)	G	2	
<b>Tolsura (Oral Capsule)</b>	B	4	PA
<b>Vfend IV (Intravenous Solution Reconstituted)</b>	B	4	
<b>Vfend (Oral Suspension Reconstituted)</b>	B	4	
<b>Vfend (Oral Tablet)</b>	B	3	
Voriconazole (Intravenous Solution Reconstituted)	G	4	
Voriconazole (Oral Suspension Reconstituted)	G	4	
Voriconazole (Oral Tablet)	G	3	
<b>Antigout Agents</b>			
<b>Antigout Agents</b>			
Allopurinol (Oral Tablet)	G	1	
<b>Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)</b>	B	2	
Colchicine (0.6MG Oral Tablet) (Generic Colcris)	G	2	
<b>Colcris (Oral Tablet)</b>	B	3	PA
Febuxostat (Oral Tablet)	G	3	ST
<b>Gloperba (Oral Solution)</b>	B	3	PA; QL
<b>Mitigare (Oral Capsule)</b>	B	3	
Probenecid (Oral Tablet)	G	1	
Probenecid-Colchicine (Oral Tablet)	G	1	
<b>Uloric (Oral Tablet)</b>	B	3	ST
<b>Zyloprim (Oral Tablet)</b>	B	3	
<b>Antimigraine Agents</b>			
<b>Acute</b>			
Almotriptan Malate (Oral Tablet)	G	3	ST; QL
<b>Amerge (Oral Tablet)</b>	B	3	QL
Eletriptan Hydrobromide (Oral Tablet)	G	3	ST; QL
<b>Frova (Oral Tablet)</b>	B	4	ST; QL
Frovatriptan Succinate (Oral Tablet)	G	3	ST; QL
<b>Imitrex (20MG/ACT Nasal Solution)</b>	B	4	QL

<b>Drug Name</b>	<b>Brand or Generic</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>
<b>Imitrex (5MG/ACT Nasal Solution)</b>	B	3	QL
<b>Imitrex (Oral Tablet)</b>	B	3	QL
<b>Imitrex STATdose Refill (6MG/0.5ML Subcutaneous Solution Cartridge)</b>	B	4	QL
<b>Imitrex STATdose System (4MG/0.5ML Subcutaneous Solution Auto-Injector)</b>	B	4	QL
<b>Imitrex (Subcutaneous Solution)</b>	B	4	QL
<b>Maxalt (Oral Tablet)</b>	B	3	QL
<b>Maxalt-MLT (Oral Tablet Dispersible)</b>	B	3	QL
Naratriptan HCl (Oral Tablet)	G	2	QL
<b>Onzetra Xsail (Nasal Exhaler Powder)</b>	B	4	QL
<b>Relpax (Oral Tablet)</b>	B	3	ST; QL
<b>Reyvow (Oral Tablet)</b>	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	3	QL
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector)	G	3	QL
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Prefilled Syringe)	G	3	QL
Sumatriptan-Naproxen Sodium (Oral Tablet)	G	3	QL
<b>Tosymra (Nasal Solution)</b>	B	3	QL
<b>Treximet (Oral Tablet)</b>	B	4	QL
<b>Ubrelvy (Oral Tablet)</b>	B	4	PA; QL
<b>Zembrace SymTouch (Subcutaneous Solution Auto-Injector)</b>	B	4	QL
Zolmitriptan (Oral Tablet)	G	3	QL
Zolmitriptan ODT (Oral Tablet Dispersible)	G	3	QL
<b>Zomig (Nasal Solution)</b>	B	3	QL
<b>Zomig (Oral Tablet)</b>	B	4	QL

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Zomig ZMT (Oral Tablet Dispersible)</b>	B	4	QL
<b>Ergot Alkaloids</b>			
Cafergot (Oral Tablet)	G	3	
Dihydroergotamine Mesylate (Nasal Solution)	G	4	PA; QL
Ergotamine-Caffeine (Oral Tablet)	G	2	
Migergot (Rectal Suppository)	G	4	
<b>Migranal (Nasal Solution)</b>	B	4	PA; QL
<b>Prophylactic</b>			
<b>Aimovig (Subcutaneous Solution Auto-Injector)</b>	B	3	PA; QL
<b>Ajovy (Subcutaneous Solution Auto-Injector)</b>	B	3	PA; QL
<b>Ajovy (Subcutaneous Solution Prefilled Syringe)</b>	B	3	PA; QL
<b>Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)</b>	B	3	PA; QL
<b>Emgality (Subcutaneous Solution Auto-Injector)</b>	B	3	PA; QL
<b>Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)</b>	B	3	PA; QL
Timolol Maleate (Oral Tablet)	G	2	
<b>Antimyasthenic Agents</b>			
<b>Parasympathomimetics</b>			
<b>Guanidine HCl (Oral Tablet)</b>	B	3	
<b>Mestinon (Oral Solution)</b>	B	4	
<b>Mestinon (Oral Tablet Immediate Release)</b>	B	4	
<b>Mestinon (Oral Tablet Extended Release)</b>	B	4	
Pyridostigmine Bromide ER (Oral Tablet Extended Release)	G	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	
<b>Antimycobacterials</b>			
<b>Antimycobacterials, Other</b>			
Dapsone (Oral Tablet)	G	2	
<b>Mycobutin (Oral Capsule)</b>	B	4	
Rifabutin (Oral Capsule)	G	3	
<b>Antituberculars</b>			
Ethambutol HCl (Oral Tablet)	G	2	
Isoniazid (Oral Syrup)	G	3	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Isoniazid (Oral Tablet)	G	1	
<b>Myambutol (Oral Tablet)</b>	B	3	
Paser (Oral Packet)	G	3	
<b>Pretomanid (Oral Tablet)</b>	B	3	
<b>Priftin (Oral Tablet)</b>	B	3	
Pyrazinamide (Oral Tablet)	G	3	
<b>Rifadin (150MG Oral Capsule)</b>	B	3	
Rifampin (600MG Intravenous Solution Reconstituted)	G	3	
Rifampin (150MG Oral Capsule, 300MG Oral Capsule)	G	2	
<b>Sirturo (100MG Oral Tablet)</b>	B	4	PA; LA
<b>Trecator (Oral Tablet)</b>	B	3	
<b>Antineoplastics</b>			
<b>Alkylating Agents</b>			
Cyclophosphamide (Oral Capsule)	G	2	B/D, PA
<b>Leukeran (Oral Tablet)</b>	B	4	
<b>Matulane (Oral Capsule)</b>	B	4	LA
<b>Valchlor (External Gel)</b>	B	4	PA; LA; QL
<b>Antiandrogens</b>			
Abiraterone Acetate (Oral Tablet)	G	4	PA
Bicalutamide (Oral Tablet)	G	1	
<b>Casodex (Oral Tablet)</b>	B	4	
<b>Erleada (Oral Tablet)</b>	B	4	PA
Flutamide (Oral Capsule)	G	3	
<b>Nilandron (Oral Tablet)</b>	B	4	
Nilutamide (Oral Tablet)	G	4	
<b>Nubeqa (Oral Tablet)</b>	B	4	PA; LA
<b>Xtandi (Oral Capsule)</b>	B	4	PA; LA
<b>Yonsa (Oral Tablet)</b>	B	4	PA
<b>Zytiga (Oral Tablet)</b>	B	4	PA
<b>Antiangiogenic Agents</b>			
<b>Pomalyst (Oral Capsule)</b>	B	4	PA
<b>Qinlock (Oral Tablet)</b>	B	4	PA; QL
<b>Revlimid (Oral Capsule)</b>	B	4	PA; LA
<b>Tabrecta (Oral Tablet)</b>	B	4	PA; QL
<b>Thalomid (Oral Capsule)</b>	B	4	PA; QL

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Antiestrogens/Modifiers</b>			
<b>Emcyt (Oral Capsule)</b>	B	4	
<b>Fareston (Oral Tablet)</b>	B	4	
<b>Soltamox (Oral Solution)</b>	B	4	
Tamoxifen Citrate (Oral Tablet)	G	1	
Toremifene Citrate (Oral Tablet)	G	4	
<b>Antimetabolites</b>			
<b>Droxia (Oral Capsule)</b>	B	3	
<b>Hydrea (Oral Capsule)</b>	B	3	
Hydroxyurea (Oral Capsule)	G	1	
Mercaptopurine (Oral Tablet)	G	2	
<b>Purixan (Oral Suspension)</b>	B	4	PA
<b>Tabloid (Oral Tablet)</b>	B	3	PA
<b>Antineoplastics, Other</b>			
<b>IDHIFA (Oral Tablet)</b>	B	4	PA; LA
<b>Lonsurf (Oral Tablet)</b>	B	4	PA; LA
<b>Ninlaro (Oral Capsule)</b>	B	4	PA
<b>Pemazyre (Oral Tablet)</b>	B	4	PA; QL
<b>Retevmo (Oral Capsule)</b>	B	4	PA; QL
<b>Synribo (Subcutaneous Solution Reconstituted)</b>	B	4	PA
<b>Tazverik (Oral Tablet)</b>	B	4	PA; LA; QL
<b>Tukysa (Oral Tablet)</b>	B	4	PA; QL
<b>Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)</b>	B	4	PA; LA; QL
<b>Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)</b>	B	4	PA; LA; QL
<b>Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)</b>	B	4	PA; LA; QL
<b>Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)</b>	B	4	PA; LA; QL
<b>Zolinza (Oral Capsule)</b>	B	4	PA
<b>Aromatase Inhibitors, 3rd Generation</b>			
Anastrozole (Oral Tablet)	G	1	
<b>Arimidex (Oral Tablet)</b>	B	4	
<b>Aromasin (Oral Tablet)</b>	B	4	
Exemestane (Oral Tablet)	G	3	
<b>Femara (Oral Tablet)</b>	B	4	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Letrozole (Oral Tablet)	G	1	
<b>Molecular Target Inhibitors</b>			
<b>Afinitor Disperz (Oral Tablet Soluble)</b>	B	4	PA
<b>Afinitor (Oral Tablet)</b>	B	4	PA
<b>Alecensa (Oral Capsule)</b>	B	4	PA; LA
<b>Alunbrig (Oral Tablet)</b>	B	4	PA; LA; QL
<b>Alunbrig (Oral Tablet Therapy Pack)</b>	B	4	PA; LA; QL
<b>Ayvakit (Oral Tablet)</b>	B	4	PA; LA; QL
<b>Balversa (Oral Tablet)</b>	B	4	PA; LA; QL
<b>Bosulif (Oral Tablet)</b>	B	4	PA
<b>Braftovi (Oral Capsule)</b>	B	4	PA
<b>Brukinsa (Oral Capsule)</b>	B	4	PA; LA; QL
<b>Cabometyx (Oral Tablet)</b>	B	4	PA; LA
<b>Calquence (Oral Capsule)</b>	B	4	PA
<b>Caprelsa (Oral Tablet)</b>	B	4	PA; LA
<b>Cometriq (100MG Daily Dose) (Oral Kit)</b>	B	4	PA; LA
<b>Cometriq (140MG Daily Dose) (Oral Kit)</b>	B	4	PA; LA
<b>Cometriq (60MG Daily Dose) (Oral Kit)</b>	B	4	PA; LA
<b>Copiktra (Oral Capsule)</b>	B	4	PA; QL
<b>Cotellic (Oral Tablet)</b>	B	4	PA; LA
<b>Daurismo (Oral Tablet)</b>	B	4	PA; LA; QL
<b>Erivedge (Oral Capsule)</b>	B	4	PA; LA
Erlotinib HCl (Oral Tablet)	G	4	PA
Everolimus (2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	4	PA
<b>Farydak (Oral Capsule)</b>	B	4	PA
<b>Gilotrif (Oral Tablet)</b>	B	4	PA; LA
<b>Gleevec (Oral Tablet)</b>	B	4	PA; QL
<b>Ibrance (Oral Capsule)</b>	B	4	PA; LA
<b>Ibrance (Oral Tablet)</b>	B	4	PA; LA
<b>Iclusig (Oral Tablet)</b>	B	4	PA; LA
Imatinib Mesylate (Oral Tablet)	G	4	PA; QL
<b>Imbruvica (Oral Capsule)</b>	B	4	PA; LA; QL
<b>Imbruvica (Oral Tablet)</b>	B	4	PA; QL
<b>Inlyta (Oral Tablet)</b>	B	4	PA; LA; QL
<b>Inrebic (Oral Capsule)</b>	B	4	PA; QL

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

<b>Drug Name</b>	<b>Brand or Generic</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>
<b>Iressa (Oral Tablet)</b>	B	4	PA; LA; QL
<b>Jakafi (Oral Tablet)</b>	B	4	PA; LA; QL
<b>Kisqali (200MG Dose) (Oral Tablet)</b>	B	4	PA
<b>Kisqali (400MG Dose) (Oral Tablet)</b>	B	4	PA
<b>Kisqali (600MG Dose) (Oral Tablet)</b>	B	4	PA
<b>Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)</b>	B	4	PA
<b>Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)</b>	B	4	PA
<b>Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)</b>	B	4	PA
<b>Koselugo (Oral Capsule)</b>	B	4	PA; QL
<b>Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)</b>	B	4	PA; LA
<b>Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)</b>	B	4	PA; LA
<b>Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)</b>	B	4	PA; LA
<b>Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)</b>	B	4	PA; LA
<b>Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)</b>	B	4	PA; LA
<b>Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)</b>	B	4	PA; LA
<b>Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)</b>	B	4	PA; LA
<b>Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)</b>	B	4	PA; LA
<b>Lorbrena (Oral Tablet)</b>	B	4	PA; LA; QL
<b>Lynparza (Oral Tablet)</b>	B	4	PA; LA
<b>Mekinist (Oral Tablet)</b>	B	4	PA; LA
<b>Mektovi (Oral Tablet)</b>	B	4	PA
<b>Nerlynx (Oral Tablet)</b>	B	4	PA; LA; QL
<b>Nexavar (Oral Tablet)</b>	B	4	PA; LA
<b>Odomzo (Oral Capsule)</b>	B	4	PA; LA; QL
<b>Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)</b>	B	4	PA; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)</b>	B	4	PA; QL
<b>Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)</b>	B	4	PA; QL
<b>Rozlytrek (Oral Capsule)</b>	B	4	PA; QL
<b>Rubraca (Oral Tablet)</b>	B	4	PA; LA
<b>Rydapt (Oral Capsule)</b>	B	4	PA; QL
<b>Sprycel (Oral Tablet)</b>	B	4	PA
<b>Stivarga (Oral Tablet)</b>	B	4	PA; LA
<b>Sutent (Oral Capsule)</b>	B	4	PA
<b>Tafinlar (Oral Capsule)</b>	B	4	PA; LA
<b>Tagrisso (Oral Tablet)</b>	B	4	PA; LA
<b>Talzenna (Oral Capsule)</b>	B	4	PA; LA; QL
<b>Tarceva (Oral Tablet)</b>	B	4	PA
<b>Tasigna (Oral Capsule)</b>	B	4	PA
<b>Tibsovo (Oral Tablet)</b>	B	4	PA; QL
<b>Turalio (Oral Capsule)</b>	B	4	PA; LA; QL
<b>Tykerb (Oral Tablet)</b>	B	4	PA; LA
<b>Venclexta (100MG Oral Tablet, 50MG Oral Tablet)</b>	B	4	PA; LA
<b>Venclexta (10MG Oral Tablet)</b>	B	2	PA; LA
<b>Venclexta Starting Pack (Oral Tablet Therapy Pack)</b>	B	4	PA; LA
<b>Verzenio (Oral Tablet)</b>	B	4	PA; LA
<b>Vitrakvi (Oral Capsule)</b>	B	4	PA; LA; QL
<b>Vitrakvi (Oral Solution)</b>	B	4	PA; LA; QL
<b>Vizimpro (Oral Tablet)</b>	B	4	PA; LA
<b>Votrient (Oral Tablet)</b>	B	4	PA; LA
<b>Xalkori (Oral Capsule)</b>	B	4	PA; LA
<b>Xospata (Oral Tablet)</b>	B	4	PA; QL
<b>Zejula (Oral Capsule)</b>	B	4	PA; LA
<b>Zelboraf (Oral Tablet)</b>	B	4	PA; LA; QL
<b>Zydelig (Oral Tablet)</b>	B	4	PA; LA
<b>Zykadia (Oral Tablet)</b>	B	4	PA
<b>Retinoids</b>			
Bexarotene (Oral Capsule)	G	4	PA
<b>Targretin (External Gel)</b>	B	4	PA; QL
<b>Targretin (Oral Capsule)</b>	B	4	PA

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



Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Tretinoin (Oral Capsule)	G	4	
<b>Treatment Adjuncts</b>			
Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet)	G	2	
Leucovorin Calcium (25MG Oral Tablet)	G	3	
Leucovorin Calcium (5MG Oral Tablet)	G	1	
<b>Mesnex (Oral Tablet)</b>	B	4	
<b>Antiparasitics</b>			
<b>Anthelmintics</b>			
Albendazole (Oral Tablet)	G	4	QL
<b>Biltricide (Oral Tablet)</b>	B	3	
Emverm (Oral Tablet Chewable)	G	4	
Ivermectin (Oral Tablet)	G	1	
Praziquantel (Oral Tablet)	G	3	
<b>Stromectol (Oral Tablet)</b>	B	3	
<b>Antiprotozoals</b>			
<b>Alinia (Oral Suspension Reconstituted)</b>	B	4	
<b>Alinia (Oral Tablet)</b>	B	4	
Atovaquone (Oral Suspension)	G	4	
Atovaquone-Proguanil HCl (Oral Tablet)	G	2	
<b>Benznidazole (Oral Tablet)</b>	B	3	
Chloroquine Phosphate (Oral Tablet)	G	2	QL
<b>Coartem (Oral Tablet)</b>	B	3	
<b>DARAPRIM (Oral Tablet)</b>	B	4	
Hydroxychloroquine Sulfate (Oral Tablet)	G	1	QL
<b>Krintafel (Oral Tablet)</b>	B	3	
<b>Malarone (Oral Tablet)</b>	B	3	
Mefloquine HCl (Oral Tablet)	G	1	
<b>Mepron (Oral Suspension)</b>	B	4	
<b>Nebupent (Inhalation Solution Reconstituted)</b>	B	3	B/D, PA; QL
<b>PENTAM 300 (Injection Solution Reconstituted)</b>	B	3	
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	3	B/D, PA; QL
Pentamidine Isethionate (Injection Solution Reconstituted)	G	3	
<b>Plaquenil (Oral Tablet)</b>	B	3	QL
Primaquine Phosphate (Oral Tablet)	G	2	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Pyrimethamine (Oral Tablet)	G	4	
<b>Qualaquin (Oral Capsule)</b>	B	3	PA
Quinine Sulfate (Oral Capsule)	G	3	PA
<b>Antiparkinson Agents</b>			
<b>Anticholinergics</b>			
Benztropine Mesylate (Oral Tablet)	G	2	PA; HRM
Trihexyphenidyl HCl (Oral Solution)	G	3	PA; HRM
Trihexyphenidyl HCl (Oral Tablet)	G	3	PA; HRM
<b>Antiparkinson Agents, Other</b>			
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	
<b>Comtan (Oral Tablet)</b>	B	3	
Entacapone (Oral Tablet)	G	3	
<b>Gocovri (Oral Capsule Extended Release 24 Hour)</b>	B	4	PA
<b>Nourianz (Oral Tablet)</b>	B	4	PA; QL
<b>Osmolex ER (Oral Tablet ER 24 Hour Therapy Pack)</b>	B	3	PA
<b>Osmolex ER (Oral Tablet Extended Release 24 Hour)</b>	B	3	PA
<b>Stalevo 100 (Oral Tablet)</b>	B	4	
<b>Stalevo 125 (Oral Tablet)</b>	B	4	
<b>Stalevo 150 (Oral Tablet)</b>	B	4	
<b>Stalevo 200 (Oral Tablet)</b>	B	4	
<b>Stalevo 50 (Oral Tablet)</b>	B	4	
<b>Stalevo 75 (Oral Tablet)</b>	B	4	
<b>Tasmar (Oral Tablet)</b>	B	4	QL
Tolcapone (Oral Tablet)	G	4	QL
<b>Dopamine Agonists</b>			
<b>Apokyn (Subcutaneous Solution Cartridge)</b>	B	4	PA; LA; QL
Bromocriptine Mesylate (Oral Capsule)	G	3	
Bromocriptine Mesylate (Oral Tablet)	G	3	
<b>Mirapex ER (Oral Tablet Extended Release 24 Hour)</b>	B	3	
<b>Mirapex (Oral Tablet Immediate Release)</b>	B	3	
<b>Neupro (Transdermal Patch 24 Hour)</b>	B	3	
<b>Parlodel (Oral Capsule)</b>	B	3	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Parlodel (Oral Tablet)</b>	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	
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>			
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	
<b>Duopa (Enteral Suspension)</b>	B	4	PA
<b>Inbrija (Inhalation Capsule)</b>	B	4	PA; LA
<b>Lodosyn (Oral Tablet)</b>	B	4	
<b>Rytary (Oral Capsule Extended Release)</b>	B	3	ST
<b>Sinemet (Oral Tablet Immediate Release)</b>	B	3	
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>			
<b>Azilect (Oral Tablet)</b>	B	4	
Rasagiline Mesylate (Oral Tablet)	G	3	
Selegiline HCl (Oral Capsule)	G	2	
Selegiline HCl (Oral Tablet)	G	2	
<b>Zelapar ODT (Oral Tablet Dispersible)</b>	B	4	
<b>Antipsychotics</b>			
<b>1st Generation/Typical</b>			
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	
<b>Haldol Decanoate (Intramuscular Solution)</b>	B	3	
<b>Haldol (Injection Solution)</b>	B	3	
Haloperidol Decanoate (Intramuscular Solution)	G	2	
Haloperidol Lactate (Injection Solution)	G	1	
Haloperidol Lactate (Oral Concentrate)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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	
<b>2nd Generation/Atypical</b>			
<b>Abilify Maintena (Intramuscular Prefilled Syringe)</b>	B	4	
<b>Abilify Maintena (Intramuscular Suspension Reconstituted ER)</b>	B	4	
<b>Abilify MyCite (Oral Tablet)</b>	B	4	ST; QL
<b>Abilify (Oral Tablet)</b>	B	4	QL
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
<b>Aristada Initio (Intramuscular Prefilled Syringe)</b>	B	4	
<b>Aristada (Intramuscular Prefilled Syringe)</b>	B	4	
<b>Caplyta (Oral Capsule)</b>	B	4	ST; QL
<b>Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)</b>	B	4	ST; QL
<b>Fanapt (1MG Oral Tablet, 2MG Oral Tablet)</b>	B	3	ST; QL
<b>Fanapt Titration Pack (Oral Tablet)</b>	B	3	ST
<b>Geodon (Intramuscular Solution Reconstituted)</b>	B	3	
<b>Geodon (Oral Capsule)</b>	B	4	QL
<b>Invega (Oral Tablet Extended Release 24 Hour)</b>	B	4	PA; QL
<b>Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe)</b>	B	4	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)</b>	B	3	
<b>Invega Trinza (Intramuscular Suspension Prefilled Syringe)</b>	B	4	
<b>Latuda (Oral Tablet)</b>	B	4	QL
<b>Nuplazid (Oral Capsule)</b>	B	4	PA; QL
<b>Nuplazid (Oral Tablet)</b>	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
<b>Perseris (Subcutaneous Prefilled Syringe)</b>	B	4	
Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)	G	2	QL
Quetiapine Fumarate (Oral Tablet Immediate Release)	G	1	QL
<b>Rexulti (Oral Tablet)</b>	B	4	QL
<b>Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER)</b>	B	3	
<b>Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER)</b>	B	4	
<b>Risperdal (1MG/ML Oral Solution)</b>	B	4	
<b>Risperdal (0.5MG Oral Tablet)</b>	B	3	
<b>Risperdal (1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet)</b>	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	
<b>Saphris (Tablet Sublingual)</b>	B	4	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Secuado (Transdermal Patch 24 Hour)</b>	B	4	PA; QL
<b>Seroquel (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)</b>	B	3	QL
<b>Seroquel (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)</b>	B	4	QL
<b>Seroquel XR (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)</b>	B	3	QL
<b>Seroquel XR (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour)</b>	B	4	QL
<b>Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)</b>	B	4	ST; QL
<b>Vraylar (Oral Capsule Therapy Pack)</b>	B	3	ST
Ziprasidone HCl (Oral Capsule)	G	2	QL
Ziprasidone Mesylate (Intramuscular Solution Reconstituted)	G	3	
<b>Zyprexa (10MG Intramuscular Solution Reconstituted)</b>	B	3	
<b>Zyprexa (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet)</b>	B	4	QL
<b>Zyprexa (2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)</b>	B	3	QL
<b>Zyprexa Relprew (210MG Intramuscular Suspension Reconstituted)</b>	B	3	
<b>Zyprexa Zydys (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible)</b>	B	4	QL
<b>Zyprexa Zydys (5MG Oral Tablet Dispersible)</b>	B	3	QL
<b>Treatment-Resistant</b>			
Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	2	
Clozapine ODT (100MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible)	G	3	
Clozapine ODT (12.5MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)	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
<b>Clozaril (100MG Oral Tablet, 200MG Oral Tablet)</b>	B	4	
<b>Clozaril (25MG Oral Tablet, 50MG Oral Tablet)</b>	B	3	
<b>Versacloz (Oral Suspension)</b>	B	4	
<b>Antispasticity Agents</b>			
<b>Antispasticity Agents</b>			
Baclofen (Oral Tablet)	G	1	
<b>Dantrium (Oral Capsule)</b>	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	3	
Tizanidine HCl (2MG Oral Tablet, 4MG Oral Tablet)	G	1	
<b>Zanaflex (Oral Capsule)</b>	B	3	
<b>Zanaflex (Oral Tablet)</b>	B	3	
<b>Antivirals</b>			
<b>Anti-cytomegalovirus (CMV) Agents</b>			
<b>Prevymis (Oral Tablet)</b>	B	4	PA; QL
<b>Valcyte (Oral Solution Reconstituted)</b>	B	4	QL
<b>Valcyte (Oral Tablet)</b>	B	4	QL
Valganciclovir HCl (50MG/ML Oral Solution Reconstituted)	G	4	QL
Valganciclovir HCl (450MG Oral Tablet)	G	2	QL
<b>Zirgan (Ophthalmic Gel)</b>	B	3	
<b>Anti-hepatitis B (HBV) Agents</b>			
Adefovir Dipivoxil (Oral Tablet)	G	4	
<b>Baraclude (Oral Solution)</b>	B	4	
<b>Baraclude (Oral Tablet)</b>	B	4	
Entecavir (Oral Tablet)	G	3	
<b>Epivir HBV (Oral Solution)</b>	B	3	
<b>Epivir HBV (Oral Tablet)</b>	B	3	
<b>Hepsera (Oral Tablet)</b>	B	4	
Lamivudine (100MG Oral Tablet)	G	2	
<b>Vemlidy (Oral Tablet)</b>	B	4	
<b>Anti-hepatitis C (HCV) Agents</b>			
<b>Epclusa (Oral Tablet)</b>	B	4	PA; QL
<b>Harvoni (Oral Packet)</b>	B	4	PA; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Harvoni (90-400MG Oral Tablet)</b>	B	4	PA; QL
Ledipasvir-Sofosbuvir (Oral Tablet)	G	4	PA; QL
<b>Mavyret (Oral Tablet)</b>	B	4	PA; QL
Ribavirin (Oral Capsule)	G	2	
Ribavirin (Oral Tablet)	G	2	
Sofosbuvir-Velpatasvir (Oral Tablet)	G	4	PA; QL
<b>Sovaldi (Oral Packet)</b>	B	4	PA; QL
<b>Sovaldi (400MG Oral Tablet)</b>	B	4	PA; QL
<b>Viekira Pak (Oral Tablet Therapy Pack)</b>	B	4	PA; QL
<b>Vosevi (Oral Tablet)</b>	B	4	PA; QL
<b>Zepatier (Oral Tablet)</b>	B	4	PA; QL
<b>Antiherpetic Agents</b>			
Acyclovir (External Cream)	G	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
<b>Denavir (External Cream)</b>	B	4	
Famciclovir (Oral Tablet)	G	2	
<b>Sitavig (Buccal Tablet)</b>	B	3	ST
Valacyclovir HCl (Oral Tablet)	G	2	QL
<b>Valtrex (1GM Oral Tablet)</b>	B	4	QL
<b>Valtrex (500MG Oral Tablet)</b>	B	3	QL
<b>Zovirax (External Cream)</b>	B	4	
<b>Zovirax (External Ointment)</b>	B	4	
<b>Zovirax (Oral Suspension)</b>	B	3	
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>			
<b>Biktarvy (Oral Tablet)</b>	B	4	QL
<b>Dovato (Oral Tablet)</b>	B	4	QL
<b>Genvoya (Oral Tablet)</b>	B	4	QL
<b>Isentress HD (Oral Tablet)</b>	B	4	QL
<b>Isentress (Oral Packet)</b>	B	3	QL
<b>Isentress (Oral Tablet)</b>	B	4	QL
<b>Isentress (100MG Oral Tablet Chewable)</b>	B	4	QL

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



Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Isentress (25MG Oral Tablet Chewable)</b>	B	2	QL
<b>Juluca (Oral Tablet)</b>	B	4	QL
<b>Stribild (Oral Tablet)</b>	B	4	QL
<b>Tivicay (10MG Oral Tablet)</b>	B	3	QL
<b>Tivicay (25MG Oral Tablet, 50MG Oral Tablet)</b>	B	4	QL
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>			
<b>Atripla (Oral Tablet)</b>	B	4	QL
<b>Complera (Oral Tablet)</b>	B	4	QL
<b>Delstrigo (Oral Tablet)</b>	B	4	QL
<b>Edurant (Oral Tablet)</b>	B	4	QL
Efavirenz (Oral Capsule)	G	3	QL
Efavirenz (Oral Tablet)	G	3	QL
<b>Intelence (100MG Oral Tablet, 200MG Oral Tablet)</b>	B	4	QL
<b>Intelence (25MG Oral Tablet)</b>	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
<b>Pifeltro (Oral Tablet)</b>	B	4	QL
<b>Sustiva (Oral Capsule)</b>	B	3	QL
<b>Sustiva (Oral Tablet)</b>	B	4	QL
<b>Symfi Lo (Oral Tablet)</b>	B	4	QL
<b>Symfi (Oral Tablet)</b>	B	4	QL
<b>Viramune (Oral Suspension)</b>	B	4	QL
<b>Viramune (Oral Tablet Immediate Release)</b>	B	4	QL
<b>Viramune XR (Oral Tablet Extended Release 24 Hour)</b>	B	4	QL
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>			
Abacavir Sulfate (Oral Solution)	G	3	QL
Abacavir Sulfate (Oral Tablet)	G	3	QL
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	3	QL
Abacavir-Lamivudine-Zidovudine (Oral Tablet)	G	4	QL
<b>Cimduo (Oral Tablet)</b>	B	4	QL
<b>Combivir (Oral Tablet)</b>	B	4	QL
<b>Descovy (Oral Tablet)</b>	B	4	QL
Didanosine (250MG Oral Capsule Delayed Release, 400MG Oral Capsule Delayed Release)	G	3	QL
<b>Emtriva (Oral Capsule)</b>	B	3	QL
<b>Emtriva (Oral Solution)</b>	B	3	QL

<b>Drug Name</b>	<b>Brand or Generic</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>
<b>Epivir (Oral Solution)</b>	B	3	QL
<b>Epivir (Oral Tablet)</b>	B	3	QL
<b>Epzicom (Oral Tablet)</b>	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
<b>Odefsey (Oral Tablet)</b>	B	4	QL
<b>Retrovir (Oral Capsule)</b>	B	3	QL
<b>Retrovir (Oral Syrup)</b>	B	3	QL
Stavudine (15MG Oral Capsule, 20MG Oral Capsule)	G	2	QL
Stavudine (30MG Oral Capsule, 40MG Oral Capsule)	G	3	QL
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	2	QL
<b>Triumeq (Oral Tablet)</b>	B	4	QL
<b>Trizivir (Oral Tablet)</b>	B	4	QL
<b>Truvada (Oral Tablet)</b>	B	4	QL
<b>Viread (Oral Powder)</b>	B	4	QL
<b>Viread (Oral Tablet)</b>	B	4	QL
<b>Ziagen (Oral Solution)</b>	B	3	QL
<b>Ziagen (Oral Tablet)</b>	B	3	QL
Zidovudine (Oral Capsule)	G	3	QL
Zidovudine (Oral Syrup)	G	2	QL
Zidovudine (Oral Tablet)	G	2	QL
<b>Anti-HIV Agents, Other</b>			
<b>Fuzeon (Subcutaneous Solution Reconstituted)</b>	B	4	QL
<b>Selzentry (Oral Solution)</b>	B	4	QL
<b>Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet)</b>	B	4	QL
<b>Selzentry (25MG Oral Tablet)</b>	B	2	QL
<b>Tybost (Oral Tablet)</b>	B	3	QL
<b>Anti-HIV Agents, Protease Inhibitors</b>			
<b>Aptivus (Oral Capsule)</b>	B	4	QL
<b>Aptivus (Oral Solution)</b>	B	4	QL
Atazanavir Sulfate (Oral Capsule)	G	3	QL
<b>Crixivan (Oral Capsule)</b>	B	2	QL
<b>Evotaz (Oral Tablet)</b>	B	4	QL
Fosamprenavir Calcium (Oral Tablet)	G	4	QL

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Invirase (Oral Tablet)</b>	B	4	QL
<b>Kaletra (Oral Solution)</b>	B	3	QL
<b>Kaletra (100-25MG Oral Tablet)</b>	B	3	QL
<b>Kaletra (200-50MG Oral Tablet)</b>	B	4	QL
<b>Lexiva (Oral Suspension)</b>	B	3	QL
<b>Lexiva (Oral Tablet)</b>	B	4	QL
Lopinavir-Ritonavir (Oral Solution)	G	3	QL
<b>Norvir (Oral Packet)</b>	B	3	QL
<b>Norvir (Oral Solution)</b>	B	3	QL
<b>Norvir (Oral Tablet)</b>	B	3	QL
<b>Prezcobix (Oral Tablet)</b>	B	4	QL
<b>Prezista (Oral Suspension)</b>	B	4	QL
<b>Prezista (150MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)</b>	B	4	QL
<b>Prezista (75MG Oral Tablet)</b>	B	3	QL
<b>Reyataz (Oral Capsule)</b>	B	4	QL
<b>Reyataz (Oral Packet)</b>	B	4	QL
Ritonavir (Oral Tablet)	G	2	QL
<b>Symtuza (Oral Tablet)</b>	B	4	QL
<b>Viracept (Oral Tablet)</b>	B	4	QL
<b>Anti-influenza Agents</b>			
Oseltamivir Phosphate (Oral Capsule)	G	2	
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	2	
<b>Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)</b>	B	2	
Rimantadine HCl (Oral Tablet)	G	3	
<b>Tamiflu (Oral Capsule)</b>	B	3	
<b>Tamiflu (Oral Suspension Reconstituted)</b>	B	3	
<b>Xofluza (40 MG Dose) (Oral Tablet Therapy Pack)</b>	B	2	QL
<b>Xofluza (80 MG Dose) (Oral Tablet Therapy Pack)</b>	B	2	QL
<b>Anxiolytics</b>			
<b>Anxiolytics, Other</b>			
Bupirone HCl (Oral Tablet)	G	1	
Hydroxyzine HCl (Oral Syrup)	G	3	PA; HRM
Hydroxyzine Pamoate (Oral Capsule)	G	3	PA; HRM
<b>Vistaril (Oral Capsule)</b>	B	3	PA; HRM
<b>Benzodiazepines</b>			

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

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
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	G	2	
Divalproex Sodium (Oral Tablet Delayed Release)	G	1	
<b>Equetro (Oral Capsule Extended Release 12 Hour)</b>	B	3	
Lithium Carbonate ER (Oral Tablet Extended Release)	G	1	
Lithium Carbonate (Oral Capsule)	G	1	
Lithium Carbonate (Oral Tablet Immediate Release)	G	1	
<b>Lithium (Oral Solution)</b>	B	2	
<b>Lithobid (Oral Tablet Extended Release)</b>	B	4	
<b>Blood Glucose Regulators</b>			
<b>Antidiabetic Agents</b>			
Acarbose (Oral Tablet)	G	1	
<b>Actoplus Met (Oral Tablet Immediate Release)</b>	B	3	QL
<b>Actos (Oral Tablet)</b>	B	3	QL
<b>Adlyxin Starter Pack (Subcutaneous Pen-Injector Kit)</b>	B	3	ST; QL
<b>Adlyxin (Subcutaneous Solution Pen-Injector)</b>	B	3	ST; QL
Alogliptin Benzoate (Oral Tablet)	G	3	ST; QL
<b>Alogliptin-Metformin HCl (Oral Tablet)</b>	B	3	ST; QL
Alogliptin-Pioglitazone (Oral Tablet)	G	3	ST; QL
<b>Amaryl (Oral Tablet)</b>	B	3	QL
<b>Avandia (Oral Tablet)</b>	B	3	PA; QL
<b>Bydureon BCise (Subcutaneous Auto-Injector)</b>	B	3	QL
<b>Bydureon (Subcutaneous Pen-Injector)</b>	B	3	QL
<b>Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)</b>	B	3	ST; QL
<b>Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)</b>	B	3	ST; QL
<b>Cycloset (Oral Tablet)</b>	B	3	PA
<b>Duetact (Oral Tablet)</b>	B	3	QL
<b>Farxiga (Oral Tablet)</b>	B	2	QL
<b>Fortamet (Oral Tablet Extended Release 24 Hour)</b>	B	4	PA; QL
Glimepiride (Oral Tablet)	G	1	QL
Glipizide ER (Oral Tablet Extended Release 24 Hour)	G	1	QL
Glipizide (Oral Tablet Immediate Release)	G	1	QL
Glipizide-Metformin HCl (Oral Tablet)	G	2	QL
<b>Glucotrol (Oral Tablet Immediate Release)</b>	B	3	QL
<b>Glucotrol XL (Oral Tablet Extended Release 24 Hour)</b>	B	3	QL

<b>Drug Name</b>	<b>Brand or Generic</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>
<b>Glumetza (Oral Tablet Extended Release 24 Hour)</b>	B	4	PA; QL
<b>Glyset (Oral Tablet)</b>	B	3	
<b>Glyxambi (Oral Tablet)</b>	B	2	QL
<b>Invokamet (Oral Tablet Immediate Release)</b>	B	3	ST; QL
<b>Invokamet XR (Oral Tablet Extended Release 24 Hour)</b>	B	3	ST; QL
<b>Invokana (Oral Tablet)</b>	B	3	ST; QL
<b>Janumet (Oral Tablet Immediate Release)</b>	B	2	QL
<b>Janumet XR (Oral Tablet Extended Release 24 Hour)</b>	B	2	QL
<b>Januvia (Oral Tablet)</b>	B	2	QL
<b>Jardiance (Oral Tablet)</b>	B	2	QL
<b>Jentaduetto (Oral Tablet Immediate Release)</b>	B	2	QL
<b>Jentaduetto XR (Oral Tablet Extended Release 24 Hour)</b>	B	2	QL
<b>Kazano (Oral Tablet)</b>	B	3	ST; QL
<b>Kombiglyze XR (Oral Tablet Extended Release 24 Hour)</b>	B	3	QL
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour, 500MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	G	4	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
<b>Nesina (Oral Tablet)</b>	B	3	ST; QL
<b>Onglyza (Oral Tablet)</b>	B	3	QL
<b>Oseni (Oral Tablet)</b>	B	3	ST; QL
<b>Ozempic (0.25 or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector)</b>	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
<b>Ozempic (1MG/DOSE) (Subcutaneous Solution Pen-Injector)</b>	B	2	QL
Pioglitazone HCl (Oral Tablet)	G	1	QL
Pioglitazone HCl-Glimepiride (Oral Tablet)	G	3	QL
Pioglitazone HCl-Metformin HCl (Oral Tablet)	G	3	QL
<b>Precose (Oral Tablet)</b>	B	3	
<b>Qtern (Oral Tablet)</b>	B	3	ST; QL
Repaglinide (Oral Tablet)	G	1	QL
<b>Riomet ER (Oral Suspension Reconstituted ER)</b>	B	3	QL
<b>Riomet (Oral Solution)</b>	B	3	QL
<b>Rybelsus (Oral Tablet)</b>	B	2	QL
<b>Segluromet (Oral Tablet)</b>	B	3	ST; QL
<b>Soliqua (Subcutaneous Solution Pen-Injector)</b>	B	2	QL
<b>Starlix (120MG Oral Tablet)</b>	B	3	QL
<b>Steglatro (Oral Tablet)</b>	B	3	ST; QL
<b>Steglujan (Oral Tablet)</b>	B	3	ST; QL
<b>SymLinPen 120 (Subcutaneous Solution Pen-Injector)</b>	B	4	PA
<b>SymLinPen 60 (Subcutaneous Solution Pen-Injector)</b>	B	4	PA
<b>Synjardy (Oral Tablet Immediate Release)</b>	B	2	QL
<b>Synjardy XR (Oral Tablet Extended Release 24 Hour)</b>	B	2	QL
<b>Tradjenta (Oral Tablet)</b>	B	2	QL
<b>Trulicity (Subcutaneous Solution Pen-Injector)</b>	B	2	QL
<b>Victoza (Subcutaneous Solution Pen-Injector)</b>	B	2	QL
<b>Xigduo XR (Oral Tablet Extended Release 24 Hour)</b>	B	2	QL
<b>Xultophy (Subcutaneous Solution Pen-Injector)</b>	B	3	ST; QL
<b>Glycemic Agents</b>			
<b>Baqsimi Two Pack (Nasal Powder)</b>	B	2	
Diazoxide (Oral Suspension)	G	4	
<b>GlucaGen HypoKit (Injection Solution Reconstituted)</b>	B	3	
<b>Glucagon (Injection Kit) (Lilly)</b>	B	2	
<b>Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector)</b>	B	2	
<b>Gvoke PFS (Subcutaneous Solution Prefilled Syringe)</b>	B	2	
<b>Proglycem (Oral Suspension)</b>	B	4	
<b>Insulins</b>			
<b>Admelog SoloStar (Subcutaneous Solution Pen-Injector)</b>	B	3	PA

<b>Drug Name</b>	<b>Brand or Generic</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>
<b>Admelog (Subcutaneous Solution)</b>	B	3	PA
<b>Afrezza (12UNIT Inhalation Powder, 4 &amp; 8 &amp; 12UNIT Inhalation Powder, 4 &amp; 8UNIT Inhalation Powder, 8 &amp; 12UNIT Inhalation Powder)</b>	B	4	PA
<b>Afrezza (4UNIT Inhalation Powder, 8UNIT Inhalation Powder)</b>	B	3	PA
<b>Apidra (Injection Solution)</b>	B	3	PA
<b>Apidra SoloStar (Subcutaneous Solution Pen-Injector)</b>	B	3	PA
<b>Basaglar KwikPen (Subcutaneous Solution Pen-Injector)</b>	B	3	ST
<b>Fiasp FlexTouch (Subcutaneous Solution Pen-Injector)</b>	B	3	PA
<b>Fiasp PenFill (Subcutaneous Solution Cartridge)</b>	B	3	PA
<b>Fiasp (Subcutaneous Solution)</b>	B	3	PA
<b>Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)</b>	B	2	
<b>Humalog KwikPen (Subcutaneous Solution Pen-Injector)</b>	B	2	
<b>Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)</b>	B	2	
<b>Humalog Mix 50/50 (Subcutaneous Suspension)</b>	B	2	
<b>Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)</b>	B	2	
<b>Humalog Mix 75/25 (Subcutaneous Suspension)</b>	B	2	
<b>Humalog (Subcutaneous Solution)</b>	B	2	
<b>Humalog (Subcutaneous Solution Cartridge)</b>	B	2	
<b>Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)</b>	B	2	
<b>Humulin 70/30 (Subcutaneous Suspension)</b>	B	2	
<b>Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)</b>	B	2	
<b>Humulin N (Subcutaneous Suspension)</b>	B	2	
<b>Humulin R (Injection Solution)</b>	B	2	
<b>Humulin R U-500 (Concentrated) (Subcutaneous Solution)</b>	B	2	
<b>Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)</b>	B	2	

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



<b>Drug Name</b>	<b>Brand or Generic</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>
<b>Insulin Aspart Prot &amp; Aspart FlexPen (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Novolog)</b>	B	3	PA
<b>Insulin Aspart FlexPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Novolog)</b>	B	3	PA
<b>Insulin Aspart PenFill (Subcutaneous Solution Cartridge) (Brand Equivalent Novolog)</b>	B	3	PA
<b>Insulin Aspart Prot &amp; Aspart (Subcutaneous Suspension) (Brand Equivalent Novolog)</b>	B	3	PA
<b>Insulin Aspart (Subcutaneous Solution) (Brand Equivalent Novolog)</b>	B	3	PA
<b>Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)</b>	B	2	
<b>Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)</b>	B	2	
<b>Insulin Lispro Prot &amp; Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog)</b>	B	2	
<b>Insulin Lispro (Subcutaneous Solution) (Brand Equivalent Humalog)</b>	B	2	
<b>Lantus SoloStar (Subcutaneous Solution Pen-Injector)</b>	B	2	
<b>Lantus (Subcutaneous Solution)</b>	B	2	
<b>Levemir FlexTouch (Subcutaneous Solution Pen-Injector)</b>	B	2	
<b>Levemir (Subcutaneous Solution)</b>	B	2	
<b>Novolin 70/30 FlexPen (Subcutaneous Suspension Pen-Injector)</b>	B	3	PA
<b>Novolin 70/30 (Subcutaneous Suspension)</b>	B	3	PA
<b>Novolin N FlexPen (Subcutaneous Suspension Pen-Injector)</b>	B	3	PA
<b>Novolin N (Subcutaneous Suspension)</b>	B	3	PA
<b>Novolin R FlexPen (Injection Solution Pen-Injector)</b>	B	3	PA
<b>Novolin R (Injection Solution)</b>	B	3	PA
<b>NovoLog FlexPen (Subcutaneous Solution Pen-Injector)</b>	B	3	PA
<b>NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector)</b>	B	3	PA
<b>NovoLog Mix 70/30 (Subcutaneous Suspension)</b>	B	3	PA
<b>NovoLog PenFill (Subcutaneous Solution Cartridge)</b>	B	3	PA
<b>NovoLog (Subcutaneous Solution)</b>	B	3	PA

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)</b>	B	2	
<b>Toujeo SoloStar (Subcutaneous Solution Pen-Injector)</b>	B	2	
<b>Tresiba FlexTouch (Subcutaneous Solution Pen-Injector)</b>	B	2	
<b>Tresiba (Subcutaneous Solution)</b>	B	2	
<b>Blood Products and Modifiers</b>			
<b>Anticoagulants</b>			
<b>Arixtra (Subcutaneous Solution)</b>	B	4	
<b>Eliquis Starter Pack (Oral Tablet)</b>	B	2	QL
<b>Eliquis (Oral Tablet)</b>	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	QL
Enoxaparin Sodium (30MG/0.3ML Subcutaneous Solution, 40MG/0.4ML Subcutaneous Solution)	G	2	QL
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	
<b>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>	B	4	
<b>Fragmin (2500UNIT/0.2ML Subcutaneous Solution)</b>	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	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Lovenox (100MG/ML Subcutaneous Solution, 120MG/0.8ML Subcutaneous Solution, 60MG/0.6ML Subcutaneous Solution, 80MG/0.8ML Subcutaneous Solution)</b>	B	4	QL
<b>Lovenox (150MG/ML Subcutaneous Solution, 30MG/0.3ML Subcutaneous Solution, 40MG/0.4ML Subcutaneous Solution)</b>	B	3	QL
<b>Pradaxa (Oral Capsule)</b>	B	3	ST; QL
<b>Savaysa (Oral Tablet)</b>	B	3	ST; QL
Warfarin Sodium (Oral Tablet)	G	1	
<b>Xarelto (Oral Tablet)</b>	B	2	QL
<b>Xarelto Starter Pack (Oral Tablet Therapy Pack)</b>	B	2	QL
<b>Zontivity (Oral Tablet)</b>	B	3	PA
<b>Blood Products and Modifiers, Other</b>			
<b>Agrylin (Oral Capsule)</b>	B	3	
Anagrelide HCl (Oral Capsule)	G	2	
<b>Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 300MCG/ML Injection Solution)</b>	B	4	PA
<b>Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution)</b>	B	3	PA
<b>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>	B	4	PA
<b>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>	B	3	PA
<b>Epogen (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)</b>	B	3	PA
<b>Epogen (20000UNIT/ML Injection Solution)</b>	B	4	PA
<b>Fulphila (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA
<b>Granix (Subcutaneous Solution)</b>	B	4	ST

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Granix (Subcutaneous Solution Prefilled Syringe)</b>	B	4	ST
<b>Leukine (Injection Solution Reconstituted)</b>	B	4	PA
<b>Mulpleta (Oral Tablet)</b>	B	4	PA
<b>Neulasta (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA
<b>Neupogen (Injection Solution)</b>	B	4	ST
<b>Neupogen (Injection Solution Prefilled Syringe)</b>	B	4	ST
<b>Nivestym (Injection Solution)</b>	B	4	ST
<b>Nivestym (Injection Solution Prefilled Syringe)</b>	B	4	ST
<b>Oxbryta (Oral Tablet)</b>	B	4	PA; QL
<b>Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)</b>	B	3	PA
<b>Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution)</b>	B	4	PA
<b>Promacta (Oral Packet)</b>	B	4	PA; LA; QL
<b>Promacta (Oral Tablet)</b>	B	4	PA; LA; QL
<b>Retacrit (Injection Solution)</b>	B	3	PA
<b>Siklos (Oral Tablet)</b>	B	4	PA
<b>Udenyca (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA
<b>Zarxio (Injection Solution Prefilled Syringe)</b>	B	4	
<b>Ziextenzo (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA
<b>Hemostasis Agents</b>			
<b>Lysteda (Oral Tablet)</b>	B	3	
Tranexamic Acid (Oral Tablet)	G	2	
<b>Platelet Modifying Agents</b>			
<b>Aggrenox (Oral Capsule Extended Release 12 Hour)</b>	B	3	QL
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	3	QL
<b>Brilinta (Oral Tablet)</b>	B	2	QL
<b>Cablivi (Injection Kit)</b>	B	4	PA; LA; QL
Cilostazol (Oral Tablet)	G	1	
Clopidogrel Bisulfate (75MG Oral Tablet)	G	1	QL
<b>Doptelet (Oral Tablet)</b>	B	4	PA
<b>Effient (Oral Tablet)</b>	B	3	
<b>Plavix (Oral Tablet)</b>	B	3	QL
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
<b>Tavalisse (Oral Tablet)</b>	B	4	PA; QL
<b>Cardiovascular Agents</b>			
<b>Alpha-adrenergic Agonists</b>			
<b>Catapres (Oral Tablet)</b>	B	3	
<b>Catapres-TTS-1 (Transdermal Patch Weekly)</b>	B	3	
<b>Catapres-TTS-2 (Transdermal Patch Weekly)</b>	B	3	
<b>Catapres-TTS-3 (Transdermal Patch Weekly)</b>	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	
Methyldopa (Oral Tablet)	G	3	PA; HRM
Midodrine HCl (Oral Tablet)	G	2	
<b>Northera (Oral Capsule)</b>	B	4	PA; LA; QL
<b>Alpha-adrenergic Blocking Agents</b>			
<b>Cardura (Oral Tablet Immediate Release)</b>	B	3	
<b>Dibenzylidine (Oral Capsule)</b>	B	4	
Doxazosin Mesylate (Oral Tablet)	G	1	
<b>Minipress (Oral Capsule)</b>	B	3	
Phenoxybenzamine HCl (Oral Capsule)	G	4	
Prazosin HCl (Oral Capsule)	G	1	
<b>Angiotensin II Receptor Antagonists</b>			
<b>Atacand (Oral Tablet)</b>	B	3	QL
<b>Avapro (Oral Tablet)</b>	B	3	QL
<b>Benicar (Oral Tablet)</b>	B	3	QL
Candesartan Cilexetil (Oral Tablet)	G	2	QL
<b>Cozaar (Oral Tablet)</b>	B	3	QL
<b>Diovan (Oral Tablet)</b>	B	3	QL
<b>Edarbi (Oral Tablet)</b>	B	3	QL
Irbesartan (Oral Tablet)	G	1	QL
Losartan Potassium (Oral Tablet)	G	1	QL
<b>Micardis (Oral Tablet)</b>	B	3	QL
Olmesartan Medoxomil (Oral Tablet)	G	1	QL
Telmisartan (Oral Tablet)	G	1	QL
Valsartan (Oral Tablet)	G	1	QL
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>			
<b>Accupril (Oral Tablet)</b>	B	3	QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Altace (Oral Capsule)</b>	B	3	QL
Benazepril HCl (Oral Tablet)	G	1	QL
Captopril (100MG Oral Tablet, 50MG Oral Tablet)	G	3	QL
Captopril (12.5MG Oral Tablet, 25MG 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
<b>Lotensin (Oral Tablet)</b>	B	3	QL
Moexipril HCl (Oral Tablet)	G	1	QL
Perindopril Erbumine (Oral Tablet)	G	2	QL
<b>Prinivil (Oral Tablet)</b>	B	3	QL
<b>Qbrelis (Oral Solution)</b>	B	4	QL
Quinapril HCl (Oral Tablet)	G	1	QL
Ramipril (Oral Capsule)	G	1	QL
Trandolapril (Oral Tablet)	G	1	QL
<b>Vasotec (10MG Oral Tablet, 20MG Oral Tablet)</b>	B	4	QL
<b>Vasotec (2.5MG Oral Tablet, 5MG Oral Tablet)</b>	B	3	QL
<b>Zestril (Oral Tablet)</b>	B	3	QL
<b>Antiarrhythmics</b>			
Amiodarone HCl (100MG Oral Tablet, 400MG Oral Tablet)	G	3	
Amiodarone HCl (200MG Oral Tablet)	G	1	
<b>Betapace AF (120MG Oral Tablet, 160MG Oral Tablet)</b>	B	4	
<b>Betapace AF (80MG Oral Tablet)</b>	B	3	
Dofetilide (Oral Capsule)	G	3	
Flecainide Acetate (Oral Tablet)	G	1	
Mexiletine HCl (Oral Capsule)	G	2	
<b>Multaq (Oral Tablet)</b>	B	2	
Pacerone (100MG Oral Tablet, 400MG Oral Tablet)	G	3	
Pacerone (200MG Oral Tablet)	G	1	
Propafenone HCl ER (Oral Capsule Extended Release 12 Hour)	G	3	
Propafenone HCl (Oral Tablet)	G	2	
Quinidine Gluconate ER (Oral Tablet Extended Release)	G	3	
Quinidine Sulfate (Oral Tablet)	G	1	
<b>Rythmol SR (Oral Capsule Extended Release 12 Hour)</b>	B	4	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Sorine (Oral Tablet)	G	1	
Sotalol HCl AF (Oral Tablet)	G	1	
Sotalol HCl (Oral Tablet)	G	1	
<b>Sotylize (Oral Solution)</b>	B	3	PA
<b>Tikosyn (Oral Capsule)</b>	B	3	
<b>Beta-adrenergic Blocking Agents</b>			
Acebutolol HCl (Oral Capsule)	G	2	
Atenolol (Oral Tablet)	G	1	
Betaxolol HCl (Oral Tablet)	G	2	
Bisoprolol Fumarate (Oral Tablet)	G	1	
<b>Bystolic (Oral Tablet)</b>	B	2	QL
Carvedilol (Oral Tablet)	G	1	
Carvedilol Phosphate ER (Oral Capsule Extended Release 24 Hour)	G	3	
<b>Coreg CR (Oral Capsule Extended Release 24 Hour)</b>	B	3	
<b>Coreg (Oral Tablet)</b>	B	3	
<b>Corgard (Oral Tablet)</b>	B	3	
<b>Inderal LA (Oral Capsule Extended Release 24 Hour)</b>	B	4	
<b>InnoPran XL (Oral Capsule Extended Release 24 Hour)</b>	B	4	
Labetalol HCl (Oral Tablet)	G	1	
<b>Lopressor (100MG Oral Tablet)</b>	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	
<b>Tenormin (Oral Tablet)</b>	B	3	
<b>Toprol XL (Oral Tablet Extended Release 24 Hour)</b>	B	3	
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>			
Amlodipine Besylate (Oral Tablet)	G	1	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Felodipine ER (Oral Tablet Extended Release 24 Hour)	G	1	
Isradipine (Oral Capsule)	G	3	
<b>Katerzia (Oral Suspension)</b>	B	4	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	
<b>Norvasc (Oral Tablet)</b>	B	3	
<b>Nymalize (6MG/ML Oral Solution)</b>	B	4	
<b>Procardia XL (Oral Tablet Extended Release 24 Hour)</b>	B	3	
<b>Sular (Oral Tablet Extended Release 24 Hour)</b>	B	4	
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>			
<b>Calan SR (120MG Oral Tablet Extended Release, 240MG Oral Tablet Extended Release)</b>	B	3	
<b>Cardizem CD (Oral Capsule Extended Release 24 Hour)</b>	B	4	
<b>Cardizem LA (Oral Tablet Extended Release 24 Hour)</b>	B	3	
<b>Cardizem (Oral Tablet Immediate Release)</b>	B	4	
Cartia XT (Oral Capsule Extended Release 24 Hour)	G	1	
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour)	G	1	
Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	G	1	
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour)	G	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	
<b>Tiazac (Oral Capsule Extended Release 24 Hour)</b>	B	3	

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



Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>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>	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	
<b>Verelan (Oral Capsule Extended Release 24 Hour)</b>	B	3	
<b>Verelan PM (Oral Capsule Extended Release 24 Hour)</b>	B	3	
<b>Cardiovascular Agents, Other</b>			
<b>Accuretic (Oral Tablet)</b>	B	3	QL
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	G	2	
Acetazolamide (Oral Tablet)	G	2	
<b>Aldactazide (Oral Tablet)</b>	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	3	
<b>Atacand HCT (Oral Tablet)</b>	B	3	QL
Atenolol-Chlorthalidone (Oral Tablet)	G	1	
<b>Avalide (Oral Tablet)</b>	B	3	QL
<b>Azor (Oral Tablet)</b>	B	3	QL
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	2	QL
<b>Benicar HCT (Oral Tablet)</b>	B	3	QL
<b>BiDil (Oral Tablet)</b>	B	2	
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	1	QL
<b>Caduet (Oral Tablet)</b>	B	3	QL
Candesartan Cilexetil-HCTZ (Oral Tablet)	G	3	QL
Captopril-Hydrochlorothiazide (25-15MG Oral Tablet, 25-25MG Oral Tablet)	G	2	QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Captopril-Hydrochlorothiazide (50-15MG Oral Tablet, 50-25MG Oral Tablet)	G	3	QL
<b>Corlanor (Oral Solution)</b>	B	3	PA; QL
<b>Corlanor (Oral Tablet)</b>	B	3	PA; QL
<b>Demser (Oral Capsule)</b>	B	4	
Digitek (125MCG Oral Tablet)	G	3	HRM; QL
Digitek (250MCG Oral Tablet)	G	3	PA; HRM
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
<b>Diovan HCT (Oral Tablet)</b>	B	3	QL
<b>DUTOPROL (Oral Tablet Extended Release 24 Hour)</b>	B	3	
<b>Dyazide (Oral Capsule)</b>	B	3	
<b>Edarbyclor (Oral Tablet)</b>	B	3	QL
Enalapril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
<b>Entresto (Oral Tablet)</b>	B	2	QL
<b>Exforge HCT (Oral Tablet)</b>	B	3	
<b>Exforge (Oral Tablet)</b>	B	3	QL
Fosinopril Sodium-HCTZ (Oral Tablet)	G	2	QL
<b>Hyzaar (Oral Tablet)</b>	B	3	QL
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	1	QL
<b>Lanoxin (125MCG Oral Tablet, 62.5MCG Oral Tablet)</b>	B	3	HRM; QL
<b>Lanoxin (250MCG Oral Tablet)</b>	B	3	PA; HRM
Lisinopril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
<b>Lopressor HCT (Oral Tablet)</b>	B	3	
Losartan Potassium-HCTZ (Oral Tablet)	G	1	QL
<b>Lotrel (Oral Capsule)</b>	B	3	QL
<b>Maxzide (Oral Tablet)</b>	B	3	
<b>Maxzide-25 (Oral Tablet)</b>	B	3	
Metoprolol-Hydrochlorothiazide (Oral Tablet)	G	2	
<b>Micardis HCT (Oral Tablet)</b>	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	

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
Propranolol-HCTZ (Oral Tablet)	G	2	
Quinapril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
<b>Ranexa (Oral Tablet Extended Release 12 Hour)</b>	B	3	ST
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	2	
Spironolactone-HCTZ (Oral Tablet)	G	1	
<b>Tekturna HCT (Oral Tablet)</b>	B	3	QL
<b>Tekturna (Oral Tablet)</b>	B	3	QL
Telmisartan-Amlodipine (Oral Tablet)	G	3	QL
Telmisartan-HCTZ (Oral Tablet)	G	3	QL
<b>Tenoretic 100 (Oral Tablet)</b>	B	3	
<b>Tenoretic 50 (Oral Tablet)</b>	B	3	
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	G	3	QL
Triamterene-HCTZ (Oral Capsule)	G	1	
Triamterene-HCTZ (Oral Tablet)	G	1	
<b>Tribenzor (Oral Tablet)</b>	B	3	QL
<b>Twynsta (Oral Tablet)</b>	B	3	QL
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	1	QL
<b>Vaseretic (Oral Tablet)</b>	B	3	QL
Vecamyl (Oral Tablet)	G	4	PA
<b>Zestoretic (Oral Tablet)</b>	B	3	QL
<b>Ziac (Oral Tablet)</b>	B	3	QL
<b>Diuretics, Loop</b>			
Bumetanide (Injection Solution)	G	1	
Bumetanide (Oral Tablet)	G	2	
<b>Edecrin (Oral Tablet)</b>	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	
<b>Lasix (Oral Tablet)</b>	B	3	
Torsemide (Oral Tablet)	G	1	
<b>Diuretics, Potassium-sparing</b>			
<b>Aldactone (Oral Tablet)</b>	B	3	
Amiloride HCl (Oral Tablet)	G	1	
<b>CaroSpir (Oral Suspension)</b>	B	3	
<b>Dyrenium (Oral Capsule)</b>	B	3	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Eplerenone (25MG Oral Tablet)	G	2	
Eplerenone (50MG Oral Tablet)	G	3	
<b>Inspra (Oral Tablet)</b>	B	3	
Spironolactone (Oral Tablet)	G	1	
Triamterene (Oral Capsule)	G	3	
<b>Diuretics, Thiazide</b>			
Chlorthalidone (Oral Tablet)	G	1	
<b>Diuril (Oral Suspension)</b>	B	3	
Hydrochlorothiazide (Oral Capsule)	G	1	
Hydrochlorothiazide (Oral Tablet)	G	1	
Indapamide (Oral Tablet)	G	1	
Metolazone (Oral Tablet)	G	2	
<b>Dyslipidemics, Fibric Acid Derivatives</b>			
<b>Antara (Oral Capsule)</b>	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 (50MG Oral Capsule)	G	2	
Fenofibrate (150MG Oral Capsule)	G	3	
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	
<b>Fenoglide (120MG Oral Tablet)</b>	B	4	
<b>Fenoglide (40MG Oral Tablet)</b>	B	3	
Gemfibrozil (Oral Tablet)	G	1	
<b>Lipofen (Oral Capsule)</b>	B	3	
<b>Lopid (Oral Tablet)</b>	B	3	
<b>Tricor (Oral Tablet)</b>	B	3	
<b>Triglide (Oral Tablet)</b>	B	3	
<b>Trilipix (Oral Capsule Delayed Release)</b>	B	3	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>			
<b>Altoprev (Oral Tablet Extended Release 24 Hour)</b>	B	4	QL
Atorvastatin Calcium (Oral Tablet)	G	1	QL
<b>Crestor (Oral Tablet)</b>	B	3	QL
<b>Ezallor Sprinkle (Oral Capsule Sprinkle)</b>	B	3	QL

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>FloLipid (Oral Suspension)</b>	B	3	QL
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	G	3	QL
Fluvastatin Sodium (Oral Capsule)	G	3	QL
<b>Lescol XL (Oral Tablet Extended Release 24 Hour)</b>	B	3	QL
<b>Lipitor (Oral Tablet)</b>	B	3	QL
<b>Livalo (Oral Tablet)</b>	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
<b>Zocor (10MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)</b>	B	3	QL
<b>Zypitamag (2MG Oral Tablet, 4MG Oral Tablet)</b>	B	3	ST; QL
<b>Dyslipidemics, Other</b>			
Cholestyramine Light (Oral Powder)	G	3	
Cholestyramine (Oral Packet)	G	3	
Colesevelam HCl (Oral Packet)	G	3	
Colesevelam HCl (Oral Tablet)	G	3	
<b>Colestid (Oral Packet)</b>	B	3	
<b>Colestid (Oral Tablet)</b>	B	3	
Colestipol HCl (Oral Packet)	G	3	
Colestipol HCl (Oral Tablet)	G	2	
Ezetimibe (Oral Tablet)	G	1	
Ezetimibe-Simvastatin (Oral Tablet)	G	3	QL
<b>Juxtapid (Oral Capsule)</b>	B	4	PA; LA
<b>Lovaza (Oral Capsule)</b>	B	3	
<b>Nexlizet (Oral Tablet)</b>	B	3	PA; QL
Niacin ER (Antihyperlipidemic) (1000MG Oral Tablet Extended Release, 750MG Oral Tablet Extended Release)	G	3	
Niacin ER (Antihyperlipidemic) (500MG Oral Tablet Extended Release)	G	1	
Niacor (Oral Tablet)	G	3	
<b>Niaspan (Oral Tablet Extended Release)</b>	B	3	
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	G	2	
<b>Praluent (Subcutaneous Solution Auto-Injector)</b>	B	2	PA; LA; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Prevalite (Oral Packet)	G	3	
Questran Light (Oral Powder)	G	3	
Questran (Oral Packet)	G	3	
<b>Repatha Pushtrex System (Subcutaneous Solution Cartridge)</b>	B	2	PA; QL
<b>Repatha (Subcutaneous Solution Prefilled Syringe)</b>	B	2	PA; QL
<b>Repatha SureClick (Subcutaneous Solution Auto-Injector)</b>	B	2	PA; QL
<b>Vascepa (Oral Capsule)</b>	B	3	
<b>Vytorin (Oral Tablet)</b>	B	3	QL
<b>Welchol (Oral Packet)</b>	B	3	
<b>Welchol (Oral Tablet)</b>	B	3	
<b>Zetia (Oral Tablet)</b>	B	3	
<b>Vasodilators, Direct-acting Arterial</b>			
Hydralazine HCl (Oral Tablet)	G	1	
Minoxidil (Oral Tablet)	G	1	
<b>Vasodilators, Direct-acting Arterial/Venous</b>			
<b>Isordil Titradoso (Oral Tablet)</b>	B	4	
Isosorbide Dinitrate (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	
<b>Nitro-Dur (Transdermal Patch 24 Hour)</b>	B	3	
Nitroglycerin (Tablet Sublingual)	G	1	
Nitroglycerin (Transdermal Patch 24 Hour)	G	1	
Nitroglycerin (Translingual Solution)	G	3	
<b>Nitrostat (Tablet Sublingual)</b>	B	3	
<b>Rectiv (Rectal Ointment)</b>	B	3	QL
<b>Central Nervous System Agents</b>			
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>			

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Adderall (20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	3	QL
<b>Adderall XR (Oral Capsule Extended Release 24 Hour)</b>	B	3	QL
<b>Adzenys ER (Oral Suspension Extended Release)</b>	B	3	QL
<b>Adzenys XR-ODT (Oral Tablet Extended Release Dispersible)</b>	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
<b>Desoxyn (Oral Tablet)</b>	B	4	PA
<b>Dexedrine (Oral Capsule Extended Release 24 Hour)</b>	B	4	QL
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
<b>Dyanavel XR (Oral Suspension Extended Release)</b>	B	3	QL
<b>Evekeo ODT (Oral Tablet Dispersible)</b>	B	3	
Evekeo (Oral Tablet)	G	3	
Methamphetamine HCl (Oral Tablet)	G	4	PA
<b>Mydayis (Oral Capsule Extended Release 24 Hour)</b>	B	3	QL
ProCentra (Oral Solution)	G	3	
<b>Vyvanse (Oral Capsule)</b>	B	3	
<b>Vyvanse (Oral Tablet Chewable)</b>	B	3	
Zenzedi (Oral Tablet)	G	3	QL
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>			
<b>Aptensio XR (Oral Capsule Extended Release 24 Hour)</b>	B	3	QL
Atomoxetine HCl (Oral Capsule)	G	3	
Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)	G	3	PA
<b>Concerta (Oral Tablet Extended Release)</b>	B	3	QL
<b>Cotempla XR-ODT (Oral Tablet Extended Release Dispersible)</b>	B	3	QL
<b>Daytrana (Transdermal Patch)</b>	B	3	QL
Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour)	G	3	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Dexmethylphenidate HCl (Oral Tablet)	G	2	QL
<b>Focalin (Oral Tablet)</b>	B	3	QL
<b>Focalin XR (Oral Capsule Extended Release 24 Hour)</b>	B	3	
<b>Jornay PM (Oral Capsule Extended Release 24 Hour)</b>	B	3	QL
<b>Kapvay (Oral Tablet Extended Release 12 Hour)</b>	B	3	PA
<b>Methylin (Oral Solution)</b>	B	3	QL
Methylphenidate HCl CD (Oral Capsule Extended Release) (Generic Metadate CD)	G	3	
Methylphenidate HCl LA (Oral Capsule Extended Release 24 Hour) (Generic Ritalin LA)	G	3	
Methylphenidate HCl ER (XR) (Oral Capsule Extended Release 24 Hour) (Brand Equivalent Aptensio XR)	G	3	QL
Methylphenidate HCl ER Osmotic Release (Oral Tablet Extended Release)	G	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
<b>QuilliChew ER (Oral Tablet Chewable Extended Release)</b>	B	3	QL
<b>Quillivant XR (Oral Suspension Reconstituted)</b>	B	3	
Relexxii (Oral Tablet Extended Release)	G	3	QL
<b>Ritalin LA (Oral Capsule Extended Release 24 Hour)</b>	B	3	
<b>Ritalin (Oral Tablet)</b>	B	3	QL
<b>Strattera (Oral Capsule)</b>	B	3	
<b>Central Nervous System, Other</b>			
<b>Austedo (Oral Tablet)</b>	B	4	PA; LA; QL
<b>Firdapse (Oral Tablet)</b>	B	4	PA; LA; QL
<b>Gralise (Oral Tablet)</b>	B	3	PA
<b>Gralise Starter (300MG &amp; 600MG Oral Tablet)</b>	B	3	PA
<b>Horizant (Oral Tablet Extended Release)</b>	B	3	PA
<b>Ingrezza (Oral Capsule)</b>	B	4	PA; QL
<b>Ingrezza (Oral Capsule Therapy Pack)</b>	B	4	PA; QL
<b>Nuedexta (Oral Capsule)</b>	B	3	PA; QL
<b>Rilutek (Oral Tablet)</b>	B	4	

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



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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Mavenclad (6 Tabs) (Oral Tablet Therapy Pack)</b>	B	4	PA
<b>Mavenclad (7 Tabs) (Oral Tablet Therapy Pack)</b>	B	4	PA
<b>Mavenclad (8 Tabs) (Oral Tablet Therapy Pack)</b>	B	4	PA
<b>Mavenclad (9 Tabs) (Oral Tablet Therapy Pack)</b>	B	4	PA
<b>Mayzent (Oral Tablet)</b>	B	4	LA; QL
<b>Plegridy Starter Pack (Subcutaneous Solution Pen-Injector)</b>	B	4	
<b>Plegridy Starter Pack (Subcutaneous Solution Prefilled Syringe)</b>	B	4	
<b>Plegridy (Subcutaneous Solution Pen-Injector)</b>	B	4	
<b>Plegridy (Subcutaneous Solution Prefilled Syringe)</b>	B	4	
<b>Rebif Rebidoso (Subcutaneous Solution Auto-Injector)</b>	B	4	ST
<b>Rebif Rebidoso Titration Pack (Subcutaneous Solution Auto-Injector)</b>	B	4	ST
<b>Rebif (Subcutaneous Solution Prefilled Syringe)</b>	B	4	ST
<b>Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)</b>	B	4	ST
<b>Tecfidera Starter Pack (Oral)</b>	B	4	LA
<b>Tecfidera (Oral Capsule Delayed Release)</b>	B	4	LA; QL
<b>Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)</b>	B	4	QL
<b>Dental and Oral Agents</b>			
<b>Dental and Oral Agents</b>			
Cevimeline HCl (Oral Capsule)	G	3	ST
Chlorhexidine Gluconate (Mouth Solution)	G	1	
<b>Evxac (Oral Capsule)</b>	B	3	ST
Pilocarpine HCl (Oral Tablet)	G	3	
<b>Salagen (Oral Tablet)</b>	B	3	
Triamcinolone Acetonide (Dental Paste)	G	2	
<b>Dermatological Agents</b>			
<b>Acne and Rosacea Agents</b>			
<b>Absorica LD (Oral Capsule)</b>	B	4	PA
<b>Absorica (Oral Capsule)</b>	B	4	PA
<b>Acanya (External Gel)</b>	B	3	ST
Acitretin (Oral Capsule)	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
Adapalene (External Cream)	G	3	
Adapalene (0.1% External Gel)	G	2	
Adapalene (0.3% External Gel)	G	3	
Adapalene (External Pad)	G	3	
Adapalene (External Solution)	G	4	
Adapalene-Benzoyl Peroxide (External Gel)	G	3	ST
<b>Aklief (External Cream)</b>	B	3	PA
<b>Altreno (External Lotion)</b>	B	3	PA
Amnesteem (Oral Capsule)	G	3	PA
<b>Arazlo (External Lotion)</b>	B	3	PA
<b>Atralin (External Gel)</b>	B	3	PA
<b>Avita (External Cream)</b>	B	3	PA
<b>Avita (External Gel)</b>	B	3	PA
Azelaic Acid (External Gel)	G	3	
<b>Azelex (External Cream)</b>	B	3	
<b>BenzaClin with Pump (External Gel)</b>	B	3	
<b>Benzamycin (External Gel)</b>	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
<b>Differin (External Cream)</b>	B	3	
<b>Differin (0.3% External Gel)</b>	B	3	
<b>Differin (External Lotion)</b>	B	3	
<b>Epiduo (External Gel)</b>	B	3	ST
<b>Epiduo Forte (External Gel)</b>	B	3	ST
<b>Fabior (External Foam)</b>	B	3	PA
<b>Finacea (External Foam)</b>	B	3	
<b>Finacea (External Gel)</b>	B	3	
Isotretinoin (Oral Capsule)	G	3	PA
<b>Mirvaso (External Gel)</b>	B	3	
Myorisan (Oral Capsule)	G	3	PA
Neuac (External Gel)	G	3	
<b>Onexton (External Gel)</b>	B	3	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Retin-A (External Cream)</b>	B	3	PA
<b>Retin-A (External Gel)</b>	B	3	PA
<b>Retin-A Micro (External Gel)</b>	B	4	PA
<b>Retin-A Micro Pump (0.06% External Gel, 0.08% External Gel)</b>	B	4	PA
<b>Rhofade (External Cream)</b>	B	3	PA
<b>Soriatane (Oral Capsule)</b>	B	4	
Tazarotene (External Cream)	G	3	PA
<b>Tazorac (External Cream)</b>	B	3	PA
<b>Tazorac (0.05% External Gel)</b>	B	4	PA
<b>Tazorac (0.1% External Gel)</b>	B	3	PA
Tretinoin (External Cream)	G	3	PA
Tretinoin (External Gel)	G	3	PA
Tretinoin Microsphere (External Gel)	G	3	PA
<b>Veltin (External Gel)</b>	B	4	PA
Zenatane (Oral Capsule)	G	3	PA
<b>Ziana (External Gel)</b>	B	4	PA
<b>Dermatitis and Pruritus Agents</b>			
Ala-Cort (1% 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	

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
Betamethasone Valerate (External Foam)	G	3	
Betamethasone Valerate (External Lotion)	G	2	
Betamethasone Valerate (External Ointment)	G	2	
<b>Bryhali (External Lotion)</b>	B	3	
<b>Capex (External Shampoo)</b>	B	3	
Clobetasol Propionate Emollient Base (External Cream)	G	2	
Clobetasol Propionate Emulsion (External Foam)	G	3	
Clobetasol Propionate (External Cream)	G	2	
Clobetasol Propionate (External Foam)	G	3	QL
Clobetasol Propionate (External Gel)	G	2	
Clobetasol Propionate (External Liquid)	G	3	QL
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	
<b>Clobex (External Lotion)</b>	B	4	QL
<b>Clobex (External Shampoo)</b>	B	4	
<b>Clobex Spray (External Liquid)</b>	B	4	QL
Clocortolone Pivalate (External Cream)	G	3	
Clodan (External Shampoo)	G	3	
<b>Cloderm (External Cream)</b>	B	3	
<b>Cordran (0.025% External Cream)</b>	B	3	
<b>Cordran (0.05% External Cream)</b>	B	4	
<b>Cordran (External Lotion)</b>	B	3	QL
<b>Cordran (External Ointment)</b>	B	4	
<b>Cordran (External Tape)</b>	B	4	
<b>Cutivate (External Lotion)</b>	B	4	
<b>Derma-Smoothe/FS Scalp (External Oil)</b>	B	3	
<b>Desonate (External Gel)</b>	B	3	ST
Desonide (External Cream)	G	2	
Desonide (External Lotion)	G	3	
Desonide (External Ointment)	G	2	
<b>DesOwen (External Cream)</b>	B	3	
Desoximetasone (External Cream)	G	3	QL
Desoximetasone (External Gel)	G	3	
Desoximetasone (External Liquid)	G	3	
Desoximetasone (External Ointment)	G	3	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Diflorasone Diacetate (External Cream)	G	3	QL
Diflorasone Diacetate (External Ointment)	G	4	ST; QL
<b>Diprolene (External Ointment)</b>	B	3	
Doxepin HCl (External Cream)	G	4	PA; QL
<b>Elidel (External Cream)</b>	B	3	ST; QL
<b>Eucrisa (External Ointment)</b>	B	3	PA; QL
Fluocinolone Acetonide (External Cream)	G	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	
Fluocinonide (0.1% External Cream)	G	3	
Fluocinonide (External Gel)	G	2	
Fluocinonide (External Ointment)	G	2	
Fluocinonide (External Solution)	G	2	
Flurandrenolide (External Cream)	G	3	
Flurandrenolide (External Lotion)	G	3	QL
Flurandrenolide (External Ointment)	G	3	
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	
<b>Halobetasol Propionate (External Foam)</b>	B	4	
Halobetasol Propionate (External Ointment)	G	3	
<b>Halog (External Cream)</b>	B	4	
<b>Halog (External Ointment)</b>	B	4	
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, 2.5% External Cream)	G	1	
Hydrocortisone (2.5% External Lotion)	G	2	
Hydrocortisone (1% External Ointment, 2.5% External Ointment)	G	1	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Hydrocortisone Valerate (External Cream)	G	3	
Hydrocortisone Valerate (External Ointment)	G	3	
<b>Impoyz (External Cream)</b>	B	3	
<b>Kenalog (External Aerosol Solution)</b>	B	4	
<b>Lexette (External Foam)</b>	B	4	
<b>Locoid (External Lotion)</b>	B	4	QL
<b>Locoid Lipocream (External Cream)</b>	B	3	
<b>Luxiq (External Foam)</b>	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
<b>Olux (External Foam)</b>	B	4	QL
<b>Olux-E (External Foam)</b>	B	4	QL
<b>Pandel (External Cream)</b>	B	4	
Pimecrolimus (External Cream)	G	3	ST; QL
Prednicarbate (External Cream)	G	3	
Prednicarbate (External Ointment)	G	3	
<b>Protopic (External Ointment)</b>	B	3	ST
<b>PRUDOXIN (External Cream)</b>	B	4	PA; QL
Psorcon (External Cream)	G	3	QL
Selenium Sulfide (External Lotion)	G	1	
<b>Synalar (External Cream)</b>	B	3	
Tacrolimus (External Ointment)	G	3	ST
Texacort (External Solution)	G	3	
Topicort (External Cream)	G	3	QL
Topicort (External Gel)	G	3	
<b>Topicort (0.05% External Ointment)</b>	B	3	
Topicort (0.25% External Ointment)	G	3	
<b>Topicort Spray (External Liquid)</b>	B	3	
Tovet (External Foam)	G	3	
Triamcinolone Acetonide (External Aerosol Solution) (Generic Kenalog)	G	3	
Triamcinolone Acetonide (External Cream)	G	1	
Triamcinolone Acetonide (External Lotion)	G	2	

<b>Drug Name</b>	<b>Brand or Generic</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>
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 (0.1% External Cream)	G	1	
<b>Tridesilon (External Cream)</b>	B	3	
<b>Ultravate (External Lotion)</b>	B	4	
<b>Vanos (External Cream)</b>	B	4	
<b>Verdeso (External Foam)</b>	B	4	ST
<b>Zonalon (External Cream)</b>	B	4	PA; QL
<b>Dermatological Agents, Other</b>			
<b>Aldara (External Cream)</b>	B	3	QL
Calcipotriene (External Cream)	G	3	
Calcipotriene (External Ointment)	G	3	
Calcipotriene (External Solution)	G	2	
Calcipotriene-Betamethasone (0.005-0.064% External Ointment)	G	3	
Calcipotriene-Betamethasone (0.005-0.064% External Suspension)	G	4	
<b>Calcitriol (External Ointment)</b>	B	3	
<b>Carac (External Cream)</b>	B	4	
Clotrimazole-Betamethasone (External Cream)	G	2	
Clotrimazole-Betamethasone (External Lotion)	G	3	
<b>Condylox (External Gel)</b>	B	4	
<b>Cortisporin (External Cream)</b>	B	3	
<b>Cortisporin (External Ointment)</b>	B	3	
Diclofenac Sodium (3% Transdermal Gel)	G	3	PA
<b>Dovonex (External Cream)</b>	B	4	
<b>Duobrii (External Lotion)</b>	B	4	PA
<b>Efudex (External Cream)</b>	B	3	
<b>Enstilar (External Foam)</b>	B	4	PA
<b>Fluoroplex (External Cream)</b>	B	4	PA
Fluorouracil (5% External Cream)	G	2	
Fluorouracil (External Solution)	G	2	
Hydrocortisone Acetate-Pramoxine (1-1% External Cream)	G	3	

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



Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Imiquimod (5% External Cream)	G	2	QL
<b>Imiquimod Pump (3.75% External Cream)</b>	B	4	PA
Methoxsalen Rapid (Oral Capsule)	G	4	
Neo-Synalar (External Cream)	G	4	
Nystatin-Triamcinolone (External Cream)	G	2	
Nystatin-Triamcinolone (External Ointment)	G	2	
<b>Oxсорalen Ultra (Oral Capsule)</b>	B	4	
<b>Picato (External Gel)</b>	B	2	QL
Podofilox (External Solution)	G	2	
<b>Qbrexza (External Pad)</b>	B	3	
<b>Regranex (External Gel)</b>	B	4	PA
<b>Santyl (External Ointment)</b>	B	3	
<b>Silvadene (External Cream)</b>	B	3	
Silver Sulfadiazine (External Cream)	G	1	
<b>Sorilux (External Foam)</b>	B	4	
<b>SSD (External Cream)</b>	B	1	
<b>Taclonex (External Ointment)</b>	B	4	
<b>Taclonex (External Suspension)</b>	B	4	
<b>Vectical (External Ointment)</b>	B	4	
<b>Veregen (External Ointment)</b>	B	4	
<b>Xerese (External Cream)</b>	B	4	PA
<b>Zyclara Pump (External Cream)</b>	B	4	PA
<b>Pediculicides/Scabicides</b>			
<b>Elimite (External Cream)</b>	B	3	
Lindane (External Shampoo)	G	3	
Malathion (External Lotion)	G	3	
<b>Natroba (External Suspension)</b>	B	3	
Ovide (External Lotion)	G	3	
Permethrin (External Cream)	G	2	
<b>Sklice (External Lotion)</b>	B	3	
<b>Soolantra (External Cream)</b>	B	3	
<b>Topical Anti-infectives</b>			
<b>Aczone (External Gel)</b>	B	3	
<b>Altabax (External Ointment)</b>	B	3	
<b>Amzeeq (External Foam)</b>	B	3	
Ciclopirox (External Gel)	G	2	
Ciclopirox (External Shampoo)	G	2	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Ciclopirox (External Solution)	G	2	
Ciclopirox Olamine (External Cream)	G	2	
Ciclopirox Olamine (External Suspension)	G	2	
<b>Cleocin-T (External Gel)</b>	B	3	QL
<b>Cleocin-T (External Lotion)</b>	B	3	
Clindacin-P (External Swab)	G	2	
<b>Clindagel (External Gel)</b>	B	4	QL
Clindamycin Phosphate (External Foam)	G	3	
Clindamycin Phosphate (External Gel)	G	2	QL
Clindamycin Phosphate (External Lotion)	G	2	
Clindamycin Phosphate (External Solution)	G	1	
Clindamycin Phosphate (External Swab)	G	2	
Clotrimazole (External Cream)	G	1	
Clotrimazole (External Solution)	G	2	
Dapsone (External Gel)	G	3	
Econazole Nitrate (External Cream)	G	2	QL
<b>Ertaczo (External Cream)</b>	B	4	
Ery (External Pad)	G	2	
<b>Erygel (External Gel)</b>	B	3	
Erythromycin (External Gel)	G	3	
Erythromycin (External Solution)	G	2	
<b>Evoclin (External Foam)</b>	B	4	
<b>Extina (External Foam)</b>	B	4	QL
Gentamicin Sulfate (External Cream)	G	2	
Gentamicin Sulfate (External Ointment)	G	1	
<b>Jublia (External Solution)</b>	B	3	
<b>Kerydin (External Solution)</b>	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
<b>Klaron (External Lotion)</b>	B	3	PA
<b>Loprox (External Cream)</b>	B	3	
<b>Loprox (External Shampoo)</b>	B	3	
<b>Luliconazole (External Cream)</b>	B	3	QL

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Luzu (External Cream)</b>	B	3	QL
Mafenide Acetate (External Packet)	G	3	
<b>Mentax (External Cream)</b>	B	3	
Mupirocin Calcium (External Cream)	G	3	
Mupirocin (External Ointment)	G	1	QL
Naftifine HCl (External Cream)	G	3	
<b>Naftin (External Cream)</b>	B	3	
<b>Naftin (External Gel)</b>	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
<b>Oxistat (External Cream)</b>	B	4	QL
<b>Oxistat (External Lotion)</b>	B	4	QL
Sulfacetamide Sodium (Acne) (External Lotion)	G	3	PA
<b>Sulfamylon (External Cream)</b>	B	3	
<b>Sulfamylon (External Packet)</b>	B	4	
<b>Xepi (External Cream)</b>	B	3	
<b>Xolegel (External Gel)</b>	B	4	PA; QL
<b>Electrolytes/Minerals/Metals/Vitamins</b>			
<b>Electrolyte/Mineral Replacement</b>			
<b>Aminosyn II (Intravenous Solution)</b>	B	3	B/D, PA
<b>Aminosyn-PF (7% Intravenous Solution)</b>	B	3	B/D, PA
<b>Carbaglu (Oral Tablet)</b>	B	4	LA
<b>Clinimix E/Dextrose (2.75/5) (Intravenous Solution)</b>	B	3	B/D, PA
<b>Clinimix E/Dextrose (4.25/10) (Intravenous Solution)</b>	B	3	B/D, PA
<b>Clinimix E/Dextrose (4.25/5) (Intravenous Solution)</b>	B	3	B/D, PA
<b>Clinimix E/Dextrose (5/15) (Intravenous Solution)</b>	B	3	B/D, PA
<b>Clinimix E/Dextrose (5/20) (Intravenous Solution)</b>	B	3	B/D, PA
<b>Clinimix/Dextrose (4.25/10) (Intravenous Solution)</b>	B	3	B/D, PA
<b>Clinimix/Dextrose (4.25/5) (Intravenous Solution)</b>	B	3	B/D, PA
<b>Clinimix/Dextrose (5/15) (Intravenous Solution)</b>	B	3	B/D, PA
<b>Clinimix/Dextrose (5/20) (Intravenous Solution)</b>	B	3	B/D, PA
Clinisol SF (Intravenous Solution)	G	3	B/D, PA
Dextrose (10% Intravenous Solution)	G	2	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Dextrose (5% Intravenous Solution)	G	2	B/D, PA
<b>Dextrose-NaCl (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 2.5-0.45% Intravenous Solution, 5-0.2% Intravenous Solution, 5-0.225% Intravenous Solution, 5-0.45% Intravenous Solution)</b>	B	2	
<b>Dextrose-NaCl (5-0.9% Intravenous Solution)</b>	B	2	B/D, PA
<b>Endari (Oral Packet)</b>	B	4	PA
<b>FreAmine HBC (Intravenous Solution)</b>	B	3	B/D, PA
<b>HepatAmine (Intravenous Solution)</b>	B	3	B/D, PA
<b>Intralipid (Intravenous Emulsion)</b>	B	3	B/D, PA
<b>Isolyte-P in D5W (Intravenous Solution)</b>	B	3	
<b>Isolyte-S (Intravenous Solution)</b>	B	3	
<b>KCl in Dextrose-NaCl (Intravenous Solution)</b>	B	2	
<b>KCl-Lactated Ringers-D5W (Intravenous Solution)</b>	B	2	
<b>Klor-Con 10 (Oral Tablet Extended Release)</b>	B	1	
Klor-Con M10 (Oral Tablet Extended Release)	G	1	
Klor-Con M15 (Oral Tablet Extended Release)	G	1	
Klor-Con M20 (Oral Tablet Extended Release)	G	1	
Klor-Con (Oral Packet)	G	3	
<b>Klor-Con 8 (Oral Tablet Extended Release)</b>	B	1	
<b>K-Tab (Oral Tablet Extended Release)</b>	B	3	
<b>Magnesium Sulfate (50% Injection Solution)</b>	B	1	
Magnesium Sulfate (50% (10ML Syringe) Injection Solution)	G	1	
<b>NephrAmine (Intravenous Solution)</b>	B	3	B/D, PA
<b>Normosol-M in D5W (Intravenous Solution)</b>	B	2	
<b>Normosol-R (Intravenous Solution)</b>	B	2	
<b>Nutrilipid (Intravenous Emulsion)</b>	B	3	B/D, PA
<b>Plasma-Lyte 148 (Intravenous Solution)</b>	B	3	
<b>Plasma-Lyte A (Intravenous Solution)</b>	B	3	
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	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Potassium Chloride in Dextrose (20MEQ/L Intravenous Solution)</b>	B	2	B/D, PA
Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution)	G	2	B/D, PA
<b>Potassium Chloride in NaCl (20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)</b>	B	2	B/D, PA
<b>Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 40MEQ/100ML Intravenous Solution)</b>	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 (Oral Solution)	G	3	
Potassium Citrate ER (Oral Tablet Extended Release)	G	3	
Premasol (Intravenous Solution)	G	3	B/D, PA
<b>Procalamine (Intravenous Solution)</b>	B	3	B/D, PA
<b>Prosol (Intravenous Solution)</b>	B	3	B/D, PA
Sodium Chloride (0.45% Intravenous Solution)	G	1	
Sodium Chloride (0.9% Intravenous Solution, 3% Intravenous Solution)	G	1	B/D, PA
<b>Sodium Chloride (5% Intravenous Solution)</b>	B	1	B/D, PA
<b>Sodium Chloride (Irrigation Solution)</b>	B	1	
Sodium Fluoride (Oral Tablet)	G	1	
<b>TPN Electrolytes (Intravenous Concentrate)</b>	B	2	
<b>Travasol (Intravenous Solution)</b>	B	3	B/D, PA
<b>TrophAmine (10% Intravenous Solution)</b>	B	3	B/D, PA
<b>Urocit-K 10 (Oral Tablet Extended Release)</b>	B	3	
<b>Urocit-K 15 (Oral Tablet Extended Release)</b>	B	3	
<b>Urocit-K 5 (Oral Tablet Extended Release)</b>	B	3	
<b>Electrolyte/Mineral/Metal Modifiers</b>			
<b>Chemet (Oral Capsule)</b>	B	4	
Clovique (Oral Capsule)	G	4	PA; QL
Deferasirox (Oral Tablet) (Generic Jadenu)	G	4	PA
Deferasirox (Oral Tablet Soluble) (Generic Exjade)	G	4	PA
<b>Exjade (Oral Tablet Soluble)</b>	B	4	PA
<b>Ferriprox (Oral Solution)</b>	B	4	PA
<b>Ferriprox (Oral Tablet)</b>	B	4	PA

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Jadenu (Oral Tablet)</b>	B	4	PA
<b>Jadenu Sprinkle (Oral Packet)</b>	B	4	PA
<b>Jynarque (Oral Tablet)</b>	B	4	PA
<b>Jynarque (Oral Tablet Therapy Pack)</b>	B	4	PA; QL
<b>Samsca (Oral Tablet)</b>	B	4	PA
<b>Syprine (Oral Capsule)</b>	B	4	PA; QL
Trientine HCl (Oral Capsule)	G	4	PA; QL
<b>Phosphate Binders</b>			
<b>Auryxia (Oral Tablet)</b>	B	4	PA
Calcium Acetate (Phosphate Binder) (Oral Capsule)	G	2	
Calcium Acetate (Phosphate Binder) (Oral Tablet)	G	2	
<b>Fosrenol (Oral Packet)</b>	B	4	
<b>Fosrenol (Oral Tablet Chewable)</b>	B	4	
Lanthanum Carbonate (Oral Tablet Chewable)	G	4	
<b>Phoslyra (Oral Solution)</b>	B	2	
<b>Renagel (Oral Tablet)</b>	B	4	
<b>Renvela (Oral Packet)</b>	B	4	
<b>Renvela (Oral Tablet)</b>	B	4	
Sevelamer Carbonate (Oral Packet)	G	4	
Sevelamer Carbonate (Oral Tablet) (Generic Renvela)	G	3	
Sevelamer HCl (Oral Tablet)	G	3	
<b>Velphoro (Oral Tablet Chewable)</b>	B	4	
<b>Potassium Binders</b>			
Kionex (Oral Suspension)	G	2	
<b>Lokelma (Oral Packet)</b>	B	3	QL
Sodium Polystyrene Sulfonate (Oral Powder)	G	2	
Sodium Polystyrene Sulfonate (Oral Suspension)	G	2	
SPS (Oral Suspension)	G	2	
<b>Veltassa (Oral Packet)</b>	B	4	QL
<b>Vitamins</b>			
VP-PNV-DHA (Oral Capsule)	G	1	
<b>Gastrointestinal Agents</b>			
<b>Anti-Constipation Agents</b>			
<b>Amitiza (Oral Capsule)</b>	B	2	QL
Constulose (Oral Solution)	G	1	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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	
<b>Linzess (Oral Capsule)</b>	B	2	QL
<b>Motegrity (Oral Tablet)</b>	B	3	ST; QL
<b>Movantik (Oral Tablet)</b>	B	3	PA; QL
<b>Relistor (Oral Tablet)</b>	B	4	PA
<b>Relistor (Subcutaneous Solution)</b>	B	4	PA
<b>Symproic (Oral Tablet)</b>	B	3	PA; QL
<b>Trulance (Oral Tablet)</b>	B	3	ST
<b>Zelnorm (Oral Tablet)</b>	B	3	PA; QL
<b>Anti-Diarrheal Agents</b>			
Alosetron HCl (Oral Tablet)	G	4	PA
Diphenoxylate-Atropine (Oral Liquid)	G	3	PA; HRM
Diphenoxylate-Atropine (Oral Tablet)	G	3	PA; HRM
<b>Lomotil (Oral Tablet)</b>	B	3	PA; HRM
Loperamide HCl (Oral Capsule)	G	1	
<b>Lotronex (Oral Tablet)</b>	B	4	PA
<b>Mytesi (Oral Tablet Delayed Release)</b>	B	3	PA
<b>Viberzi (Oral Tablet)</b>	B	4	PA; QL
<b>Xermelo (Oral Tablet)</b>	B	4	PA; LA; QL
<b>Antispasmodics, Gastrointestinal</b>			
<b>Cuvposa (Oral Solution)</b>	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
Methscopolamine Bromide (Oral Tablet)	G	3	
Propantheline Bromide (Oral Tablet)	G	3	PA; HRM
<b>Gastrointestinal Agents, Other</b>			
<b>Actigall (Oral Capsule)</b>	B	4	
Amoxicillin-Clarithromycin-Lansoprazole (Oral)	G	3	
Chenodal (Oral Tablet)	G	4	PA
<b>Clenpiq (Oral Solution)</b>	B	2	
<b>Gattex (Subcutaneous Kit)</b>	B	4	PA; LA

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
GaviLyte-C (Oral Solution Reconstituted)	G	1	
GaviLyte-G (Oral Solution Reconstituted)	G	1	
GaviLyte-N with Flavor Pack (Oral Solution Reconstituted)	G	1	
<b>GoLYTELY (Oral Solution Reconstituted)</b>	B	3	
Helidac Therapy (Oral)	G	4	
<b>MoviPrep (Oral Solution Reconstituted)</b>	B	3	
<b>Myalept (Subcutaneous Solution Reconstituted)</b>	B	4	PA; LA
<b>NuLYTELY with Flavor Packs (Oral Solution Reconstituted)</b>	B	3	
<b>Ocaliva (Oral Tablet)</b>	B	4	PA; QL
<b>Omeclamox-Pak (Oral)</b>	B	4	
<b>OsmoPrep (Oral Tablet)</b>	B	3	
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	G	1	
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	G	1	
<b>Plenvu (Oral Solution Reconstituted)</b>	B	3	
<b>Pylera (Oral Capsule)</b>	B	4	
<b>Suprep Bowel Prep Kit (Oral Solution)</b>	B	2	
<b>Talicia (Oral Capsule Delayed Release)</b>	B	3	
TriLyte (Oral Solution Reconstituted)	G	1	
<b>Urso 250 (Oral Tablet)</b>	B	3	
<b>Urso Forte (Oral Tablet)</b>	B	3	
Ursodiol (Oral Capsule)	G	2	
Ursodiol (Oral Tablet)	G	3	
<b>Histamine2 (H2) Receptor Antagonists</b>			
Cimetidine HCl (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	
Pepcid (40MG Oral Tablet)	G	4	
<b>Protectants</b>			

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



Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Carafate (Oral Suspension)</b>	B	3	
<b>Carafate (Oral Tablet)</b>	B	3	
<b>Cytotec (Oral Tablet)</b>	B	3	
Misoprostol (Oral Tablet)	G	2	
Sucralfate (Oral Suspension)	G	3	
Sucralfate (Oral Tablet)	G	1	
<b>Proton Pump Inhibitors</b>			
<b>Aciphex (Oral Tablet Delayed Release)</b>	B	3	
<b>Dexilant (Oral Capsule Delayed Release)</b>	B	3	QL
Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)	G	2	QL
Esomeprazole Magnesium (Oral Packet)	G	2	
Lansoprazole (Oral Capsule Delayed Release)	G	2	QL
Lansoprazole ODT (Oral Tablet Delayed Release Dispersible)	G	3	
<b>Nexium (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)</b>	B	2	QL
<b>Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet)</b>	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 Tablet Delayed Release)	G	1	QL
<b>Prevacid (Oral Capsule Delayed Release)</b>	B	3	QL
<b>Prevacid SoluTab (Oral Tablet Delayed Release Dispersible)</b>	B	3	
<b>Prilosec (Oral Packet)</b>	B	3	PA
<b>Protonix (Oral Packet)</b>	B	3	ST
<b>Protonix (Oral Tablet Delayed Release)</b>	B	3	QL
Rabeprazole Sodium (Oral Tablet Delayed Release)	G	2	
<b>Zegerid (Oral Capsule)</b>	B	4	PA
<b>Zegerid (Oral Packet)</b>	B	4	PA
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>			
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>			

<b>Drug Name</b>	<b>Brand or Generic</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>
<b>Aralast NP (1000MG Intravenous Solution Reconstituted)</b>	B	4	PA; LA
<b>Buphenyl (Oral Powder)</b>	B	4	
<b>Buphenyl (Oral Tablet)</b>	B	4	
<b>Carnitor (Oral Solution)</b>	B	3	
<b>Carnitor (Oral Tablet)</b>	B	3	
<b>Cerdelga (Oral Capsule)</b>	B	4	PA
<b>Cholbam (Oral Capsule)</b>	B	4	PA
<b>Creon (Oral Capsule Delayed Release Particles)</b>	B	2	
Cromolyn Sodium (Oral Concentrate)	G	2	
<b>Cystadane (Oral Powder)</b>	B	4	
<b>Cystagon (Oral Capsule)</b>	B	3	LA
<b>Galafold (Oral Capsule)</b>	B	4	LA
<b>Gastrocrom (Oral Concentrate)</b>	B	4	
<b>Glassia (Intravenous Solution)</b>	B	4	PA; LA
<b>Keveyis (Oral Tablet)</b>	B	4	PA; QL
<b>Kuvan (Oral Packet)</b>	B	4	LA
<b>Kuvan (Oral Tablet Soluble)</b>	B	4	LA
Levocarnitine (1GM/10ML Oral Solution)	G	3	
<b>Levocarnitine (330MG Oral Tablet)</b>	B	2	
Miglustat (Oral Capsule)	G	4	PA; LA
Nitisinone (Oral Capsule)	G	4	
<b>Nityr (Oral Tablet)</b>	B	4	LA
<b>Orfadin (Oral Capsule)</b>	B	4	LA
<b>Orfadin (Oral Suspension)</b>	B	4	LA
<b>Palynziq (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA; QL
<b>Pancreaze (10500UNIT Oral Capsule Delayed Release Particles, 2600UNIT Oral Capsule Delayed Release Particles, 4200UNIT Oral Capsule Delayed Release Particles)</b>	B	3	ST
<b>Pancreaze (16800UNIT Oral Capsule Delayed Release Particles, 21000UNIT Oral Capsule Delayed Release Particles)</b>	B	4	ST
<b>Pertzye (16000UNIT Oral Capsule Delayed Release Particles, 24000-86250UNIT Oral Capsule Delayed Release Particles)</b>	B	4	ST

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Pertzye (4000UNIT Oral Capsule Delayed Release Particles, 8000UNIT Oral Capsule Delayed Release Particles)</b>	B	3	ST
<b>Procysbi (Oral Packet)</b>	B	4	LA
<b>Prolastin-C (Intravenous Solution Reconstituted)</b>	B	4	PA; LA
<b>RAVICTI (Oral Liquid)</b>	B	4	LA
Sodium Phenylbutyrate (Oral Powder)	G	4	
Sodium Phenylbutyrate (Oral Tablet)	G	4	
<b>Sucraid (Oral Solution)</b>	B	4	LA
<b>Tegsedi (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA; LA
<b>Viokace (10440UNIT Oral Tablet)</b>	B	3	ST
<b>Viokace (20880UNIT Oral Tablet)</b>	B	4	ST
<b>Vyndamax (Oral Capsule)</b>	B	4	PA; LA; QL
<b>Vyndaqel (Oral Capsule)</b>	B	4	PA; LA; QL
<b>Xuriden (Oral Packet)</b>	B	4	PA; LA
<b>Zavesca (Oral Capsule)</b>	B	4	PA; LA
<b>Zemaira (Intravenous Solution Reconstituted)</b>	B	4	PA; LA
<b>Zenpep (Oral Capsule Delayed Release Particles)</b>	B	2	
<b>Genitourinary Agents</b>			
<b>Antispasmodics, Urinary</b>			
Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour)	G	3	ST; QL
<b>Detrol LA (Oral Capsule Extended Release 24 Hour)</b>	B	3	
<b>Detrol (Oral Tablet)</b>	B	3	
<b>Ditropan XL (Oral Tablet Extended Release 24 Hour)</b>	B	3	
Flavoxate HCl (Oral Tablet)	G	2	
<b>Gelnique (Transdermal Gel)</b>	B	3	
<b>Myrbetriq (Oral Tablet Extended Release 24 Hour)</b>	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	
<b>Oxytrol (Transdermal Patch Twice Weekly)</b>	B	4	
Solifenacin Succinate (Oral Tablet)	G	2	QL
Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour)	G	3	
Tolterodine Tartrate (Oral Tablet)	G	2	
<b>Toviaz (Oral Tablet Extended Release 24 Hour)</b>	B	3	ST; QL

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	
<b>Vesicare (Oral Tablet)</b>	B	3	ST; QL
<b>Benign Prostatic Hypertrophy Agents</b>			
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	G	1	
<b>Avodart (Oral Capsule)</b>	B	3	
<b>Cardura XL (Oral Tablet Extended Release 24 Hour)</b>	B	3	QL
<b>Cialis (2.5MG Oral Tablet, 5MG Oral Tablet)</b>	B	3	PA; QL
Dutasteride (Oral Capsule)	G	2	
Dutasteride-Tamsulosin HCl (Oral Capsule)	G	3	
Finasteride (5MG Oral Tablet) (Generic Proscar)	G	1	
<b>Flomax (Oral Capsule)</b>	B	3	
<b>Jalyn (Oral Capsule)</b>	B	3	
<b>Proscar (Oral Tablet)</b>	B	3	
<b>Rapaflo (Oral Capsule)</b>	B	3	ST; QL
Silodosin (Oral Capsule)	G	3	QL
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	G	3	PA; QL
Tamsulosin HCl (Oral Capsule)	G	1	
Terazosin HCl (Oral Capsule)	G	1	
<b>Uroxatral (Oral Tablet Extended Release 24 Hour)</b>	B	3	
<b>Genitourinary Agents, Other</b>			
Bethanechol Chloride (10MG Oral Tablet, 25MG Oral Tablet, 5MG Oral Tablet)	G	2	
Bethanechol Chloride (50MG Oral Tablet)	G	3	
<b>Cuprimine (Oral Capsule)</b>	B	4	PA
<b>Depen Titratabs (Oral Tablet)</b>	B	4	
<b>Elmiron (Oral Capsule)</b>	B	4	
<b>Lithostat (Oral Tablet)</b>	B	4	
Penicillamine (250MG Oral Capsule)	G	4	PA
Penicillamine (250MG Oral Tablet)	G	4	
<b>Thiola EC (Oral Tablet Delayed Release)</b>	B	4	LA
<b>Thiola (Oral Tablet Immediate Release)</b>	B	4	LA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>			
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>			

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Acthar (Injection Gel)</b>	B	4	PA; LA
<b>Cortef (Oral Tablet)</b>	B	3	
Cortisone Acetate (Oral Tablet)	G	2	
Dexabliss (Oral Tablet Therapy Pack)	G	3	
Dexamethasone Intensol (Oral Concentrate)	G	2	
Dexamethasone (Oral Elixir)	G	1	
Dexamethasone (Oral Tablet)	G	1	
Dexamethasone (Oral Tablet Therapy Pack)	G	3	
<b>Emflaza (Oral Suspension)</b>	B	4	PA; LA
<b>Emflaza (Oral Tablet)</b>	B	4	PA; LA
Fludrocortisone Acetate (Oral Tablet)	G	1	
Hydrocortisone (Oral Tablet)	G	1	
<b>Medrol (Oral Tablet)</b>	B	3	
<b>Medrol (Oral Tablet Therapy Pack)</b>	B	3	
Methylprednisolone (Oral Tablet)	G	1	
Methylprednisolone (Oral Tablet Therapy Pack)	G	1	
Millipred (Oral Tablet)	G	3	
<b>Orapred ODT (Oral Tablet Dispersible)</b>	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	
<b>Rayos (Oral Tablet Delayed Release)</b>	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	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>			

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>			
<b>DDAVP (Nasal Solution)</b>	B	4	
<b>DDAVP (0.1MG Oral Tablet)</b>	B	3	
<b>DDAVP (0.2MG Oral Tablet)</b>	B	4	
<b>DDAVP Rhinal Tube (Nasal Solution)</b>	B	3	
Desmopressin Acetate (Oral Tablet)	G	2	
Desmopressin Acetate Spray (Nasal Solution)	G	3	
<b>Egrifta (1MG Subcutaneous Solution Reconstituted)</b>	B	4	PA; LA
<b>Egrifta SV (2MG Subcutaneous Solution Reconstituted)</b>	B	4	PA; LA
<b>Genotropin MiniQuick (Subcutaneous Solution Reconstituted)</b>	B	4	PA
<b>Genotropin (12MG Subcutaneous Solution Reconstituted)</b>	B	4	PA
<b>Genotropin (5MG Subcutaneous Solution Reconstituted)</b>	B	3	PA
<b>Humatrope (Injection Solution Renconstituted), Humatrope Combo Pack (Injection)</b>	B	4	PA
<b>Increlex (Subcutaneous Solution)</b>	B	4	PA; LA
<b>Nocdurna (Tablet Sublingual)</b>	B	3	PA
<b>Norditropin FlexPro (Subcutaneous Solution)</b>	B	4	PA
<b>Nutropin AQ NuSpin 10 (Subcutaneous Solution)</b>	B	4	PA
<b>Nutropin AQ NuSpin 20 (Subcutaneous Solution)</b>	B	4	PA
<b>Nutropin AQ NuSpin 5 (Subcutaneous Solution)</b>	B	4	PA
<b>Omnitrope (Subcutaneous Solution)</b>	B	4	PA
<b>Omnitrope (Subcutaneous Solution Reconstituted)</b>	B	4	PA
<b>Saizen (Injection Solution Reconstituted)</b>	B	4	PA; LA
<b>Saizenprep (Injection Solution Reconstituted)</b>	B	4	PA; LA
<b>Serostim (Subcutaneous Solution Reconstituted)</b>	B	4	PA; LA
<b>Stimate (Nasal Solution)</b>	B	4	
<b>Zomacton (10MG Subcutaneous Solution Reconstituted)</b>	B	4	PA
<b>Zomacton (5MG Subcutaneous Solution Reconstituted)</b>	B	3	PA
<b>Zorbtive (Subcutaneous Solution Reconstituted)</b>	B	4	PA; LA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>			

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>			
<b>Korlym (Oral Tablet)</b>	B	4	PA; LA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>			
<b>Anabolic Steroids</b>			
<b>Anadrol-50 (Oral Tablet)</b>	B	4	PA
Oxandrolone (10MG Oral Tablet)	G	3	
Oxandrolone (2.5MG Oral Tablet)	G	2	
<b>Androgens</b>			
<b>Androderm (Transdermal Patch 24 Hour)</b>	B	2	
<b>AndroGel Pump (Transdermal Gel)</b>	B	4	
<b>AndroGel (Transdermal Gel)</b>	B	4	
<b>Aveed (Intramuscular Solution)</b>	B	3	PA
Danazol (Oral Capsule)	G	3	
Depo-Testosterone (Intramuscular Solution)	G	3	
<b>Fortesta (Transdermal Gel)</b>	B	3	
<b>Intrarosa (Vaginal Insert)</b>	B	3	PA; QL
Methitest (Oral Tablet)	G	4	PA
Methyltestosterone (Oral Capsule)	G	4	PA
<b>Testim (Transdermal Gel)</b>	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	
<b>Vogelxo Pump (Transdermal Gel)</b>	B	3	
<b>Vogelxo (Transdermal Gel)</b>	B	3	
<b>Xyosted (Subcutaneous Solution Auto-Injector)</b>	B	3	PA
<b>Estrogens</b>			
<b>Alora (Transdermal Patch Twice Weekly)</b>	B	3	PA; HRM; QL
Altavera (Oral Tablet)	G	3	
Alyacen 1/35 (Oral Tablet)	G	3	
Amethia (Oral Tablet)	G	3	
<b>Annovera (Vaginal Ring)</b>	B	3	QL
Apri (Oral Tablet)	G	3	
Aranelle (Oral Tablet)	G	3	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Ashlyna (Oral Tablet)	G	3	
Aubra EQ (Oral Tablet)	G	3	
Aviane (Oral Tablet)	G	3	
<b>Balcoltra (Oral Tablet)</b>	B	3	
Balziva (Oral Tablet)	G	3	
<b>Beyaz (Oral Tablet)</b>	B	3	
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	
<b>Climara Pro (Transdermal Patch Weekly)</b>	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	
<b>Delestrogen (Intramuscular Oil)</b>	B	3	
Depo-Estradiol (Intramuscular Oil)	G	3	
Desogestrel-Ethinyl Estradiol (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	
<b>Elestrin (Transdermal Gel)</b>	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	3	
Estradiol (Vaginal Tablet)	G	3	
Estradiol Valerate (Intramuscular Oil)	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
<b>Estring (Vaginal Ring)</b>	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	
<b>Femring (Vaginal Ring)</b>	B	3	
Femynor (Oral Tablet)	G	3	
Fyavolv (Oral Tablet)	G	3	PA; HRM
<b>Generess Fe (Oral Tablet Chewable)</b>	B	3	
Gianvi (Oral Tablet)	G	3	
Hailey 24 Fe (Oral Tablet)	G	3	
<b>Imvexxy Maintenance Pack (Vaginal Insert)</b>	B	2	PA
<b>Imvexxy Starter Pack (Vaginal Insert)</b>	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	
<b>Layolis Fe (Oral Tablet Chewable)</b>	B	3	
Leena (Oral Tablet)	G	3	
Lessina (Oral Tablet)	G	3	
Levonest (Oral Tablet)	G	3	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
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	
<b>Lo Loestrin Fe (Oral Tablet)</b>	B	3	
Loestrin 1.5/30 (21) (Oral Tablet)	G	3	
Loestrin 1/20 (21) (Oral Tablet)	G	3	
Loestrin Fe 1.5/30 (Oral Tablet)	G	3	
Loestrin Fe 1/20 (Oral Tablet)	G	3	
Loryna (Oral Tablet)	G	3	
<b>LoSeasonique (Oral Tablet)</b>	B	3	
Low-Ogestrel (Oral Tablet)	G	3	
Lutera (Oral Tablet)	G	3	
Marlissa (Oral Tablet)	G	3	
Melodetta 24 Fe (Oral Tablet Chewable)	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	
<b>Minastrin 24 Fe (Oral Tablet Chewable)</b>	B	3	
<b>Minivelle (Transdermal Patch Twice Weekly)</b>	B	3	PA; HRM; QL
<b>Natazia (Oral Tablet)</b>	B	3	
Necon 0.5/35 (28) (Oral Tablet)	G	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 (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	

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
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	
<b>NuvaRing (Vaginal Ring)</b>	B	3	
Ocella (Oral Tablet)	G	3	
Orsythia (Oral Tablet)	G	3	
Pimtrea (Oral Tablet)	G	3	
Pirmella 1/35 (Oral Tablet)	G	3	
Portia-28 (Oral Tablet)	G	3	
<b>Premarin (Vaginal Cream)</b>	B	2	
Previfem (Oral Tablet)	G	3	
<b>Quartette (Oral Tablet)</b>	B	3	
Reclipsen (Oral Tablet)	G	3	
Rivelsa (Oral Tablet)	G	3	
<b>Safyral (Oral Tablet)</b>	B	3	
<b>Seasonique (Oral Tablet)</b>	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	
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-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	
<b>Vagifem (Vaginal Tablet)</b>	B	3	
Velivet (Oral Tablet)	G	3	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Vienna (Oral Tablet)	G	3	
<b>Vivelle-Dot (Transdermal Patch Twice Weekly)</b>	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	
<b>Yasmin 28 (Oral Tablet)</b>	B	3	
<b>YAZ (Oral Tablet)</b>	B	3	
Yuvafem (Vaginal Tablet)	G	3	
Zarah (Oral Tablet)	G	3	
Zovia 1/35E (28) (Oral Tablet)	G	3	
<b>Progestins</b>			
Aygestin (Oral Tablet)	G	3	
Camila (Oral Tablet)	G	2	
<b>Crinone (Vaginal Gel)</b>	B	3	PA
Deblitane (Oral Tablet)	G	2	
<b>Depo-Provera (Intramuscular Suspension)</b>	B	3	
<b>Depo-SubQ Provera 104 (Subcutaneous Suspension Prefilled Syringe)</b>	B	3	
Errin (Oral Tablet)	G	2	
Incassia (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 Micronized (Oral Capsule)	G	2	
<b>Prometrium (Oral Capsule)</b>	B	3	
<b>Provera (Oral Tablet)</b>	B	3	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Sharobel (Oral Tablet)	G	2	
<b>Slynd (Oral Tablet)</b>	B	3	
<b>Selective Estrogen Receptor Modifying Agents</b>			
<b>Evista (Oral Tablet)</b>	B	3	
<b>Osphena (Oral Tablet)</b>	B	2	PA; QL
Raloxifene HCl (Oral Tablet)	G	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>			
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>			
<b>Cytomel (Oral Tablet)</b>	B	3	
<b>Euthyrox (Oral Tablet)</b>	B	1	
<b>Levo-T (Oral Tablet)</b>	B	1	
Levothyroxine Sodium (Oral Tablet)	G	1	
<b>Levoxyl (Oral Tablet)</b>	B	1	
Liothyronine Sodium (Oral Tablet)	G	1	
<b>Synthroid (Oral Tablet)</b>	B	2	
<b>Tirosint (Oral Capsule)</b>	B	3	
<b>Tirosint-SOL (Oral Solution)</b>	B	3	
<b>Unithroid (100MCG Oral Tablet, 112MCG Oral Tablet, 125MCG Oral Tablet, 150MCG Oral Tablet, 175MCG Oral Tablet, 200MCG Oral Tablet, 25MCG Oral Tablet, 300MCG Oral Tablet, 50MCG Oral Tablet, 75MCG Oral Tablet, 88MCG Oral Tablet)</b>	B	1	
<b>Hormonal Agents, Suppressant (Adrenal)</b>			
<b>Hormonal Agents, Suppressant (Adrenal)</b>			
<b>Lysodren (Oral Tablet)</b>	B	4	
<b>Hormonal Agents, Suppressant (Pituitary)</b>			
<b>Hormonal Agents, Suppressant (Pituitary)</b>			
<b>Bynfezia Pen (Subcutaneous Solution Pen-Injector)</b>	B	4	PA
Cabergoline (Oral Tablet)	G	2	
<b>Eligard (Subcutaneous Kit)</b>	B	3	PA
<b>Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)</b>	B	4	PA
<b>Firmagon (80MG Subcutaneous Solution Reconstituted)</b>	B	3	PA
Leuprolide Acetate (Injection Kit)	G	3	PA
<b>Lupaneta Pack (Combination Kit)</b>	B	4	PA
<b>Lupron Depot (1-Month) (Intramuscular Kit)</b>	B	4	PA

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Lupron Depot (3-Month) (Intramuscular Kit)</b>	B	4	PA
<b>Lupron Depot (4-Month) (Intramuscular Kit)</b>	B	4	PA
<b>Lupron Depot (6-Month) (Intramuscular Kit)</b>	B	4	PA
Octreotide Acetate (1000MCG/ML Injection Solution, 500MCG/ML Injection Solution)	G	4	PA
Octreotide Acetate (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 50MCG/ML Injection Solution)	G	3	PA
<b>Oriahnn (Oral Capsule Therapy Pack)</b>	B	4	PA; QL
<b>Orilissa (Oral Tablet)</b>	B	4	PA; QL
<b>Sandostatin (Injection Solution)</b>	B	4	PA
<b>Signifor (Subcutaneous Solution)</b>	B	4	PA; LA
<b>Somatuline Depot (Subcutaneous Solution)</b>	B	4	
<b>Somavert (Subcutaneous Solution Reconstituted)</b>	B	4	PA; LA; QL
<b>Synarel (Nasal Solution)</b>	B	4	
<b>Trelstar Mixject (Intramuscular Suspension Reconstituted)</b>	B	4	PA
<b>Hormonal Agents, Suppressant (Thyroid)</b>			
<b>Antithyroid Agents</b>			
Methimazole (Oral Tablet)	G	1	
Propylthiouracil (Oral Tablet)	G	1	
Tapazole (Oral Tablet)	G	3	
<b>Immunological Agents</b>			
<b>Angioedema Agents</b>			
<b>Berinert (Intravenous Kit)</b>	B	4	PA; LA
<b>Cinryze (Intravenous Solution Reconstituted)</b>	B	4	PA; LA
<b>Firazyr (Subcutaneous Solution)</b>	B	4	PA; QL
<b>Haegarda (Subcutaneous Solution Reconstituted)</b>	B	4	PA; LA
Icatibant Acetate (Subcutaneous Solution)	G	4	PA; QL
<b>Ruconest (Intravenous Solution Reconstituted)</b>	B	4	PA; LA
<b>Takhzyro (Subcutaneous Solution)</b>	B	4	PA
<b>Immunoglobulins</b>			
<b>BIVIGAM (Intravenous Solution)</b>	B	4	PA
<b>Flebogamma DIF (5GM/50ML Intravenous Solution)</b>	B	4	PA
<b>Gammagard (2.5GM/25ML Injection Solution)</b>	B	4	PA

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

<b>Drug Name</b>	<b>Brand or Generic</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>
<b>Gammagard S/D Less IgA (Intravenous Solution Reconstituted)</b>	B	4	PA
<b>Gammaked (1GM/10ML Injection Solution)</b>	B	4	PA
<b>Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)</b>	B	4	PA
<b>Gamunex-C (1GM/10ML Injection Solution)</b>	B	4	PA
<b>Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)</b>	B	4	PA
<b>Panzyga (Intravenous Solution)</b>	B	4	PA
<b>Privigen (20GM/200ML Intravenous Solution)</b>	B	4	PA
<b>Varizig (Intramuscular Solution)</b>	B	4	
<b>Immunological Agents, Other</b>			
<b>Actemra ACTPen (Subcutaneous Solution Auto-Injector)</b>	B	4	PA
<b>Actemra (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA
<b>Arcalyst (Subcutaneous Solution Reconstituted)</b>	B	4	PA; LA
<b>Benlysta (Subcutaneous Solution Auto-Injector)</b>	B	4	PA
<b>Benlysta (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA
<b>Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA; LA
<b>Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector)</b>	B	4	PA; LA
<b>Dupixent (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA
<b>Grastek (Tablet Sublingual)</b>	B	2	PA
<b>Ilumya (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA
<b>Kevzara (Subcutaneous Solution Auto-Injector)</b>	B	4	PA
<b>Kevzara (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA
<b>Kineret (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA
<b>Odactra (Tablet Sublingual)</b>	B	3	PA
<b>Olumiant (Oral Tablet)</b>	B	4	PA; QL
<b>Oralair 300IR (Tablet Sublingual)</b>	B	3	PA
<b>Orencia ClickJect (Subcutaneous Solution Auto-Injector)</b>	B	4	PA
<b>Orencia (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA
<b>Otezla (Oral Tablet)</b>	B	4	PA; LA
<b>Otezla (Oral Tablet Therapy Pack)</b>	B	4	PA; LA

<b>Drug Name</b>	<b>Brand or Generic</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>
<b>Ridaura (Oral Capsule)</b>	B	4	
<b>Rinvoq (Oral Tablet Extended Release 24 Hour)</b>	B	4	PA; QL
<b>Siliq (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA
<b>Skyrizi (150 MG Dose) (Subcutaneous Prefilled Syringe Kit)</b>	B	4	PA
<b>Stelara (Subcutaneous Solution)</b>	B	4	PA
<b>Stelara (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA
<b>Taltz (Subcutaneous Solution Auto-Injector)</b>	B	4	PA; LA
<b>Taltz (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA; LA
<b>Tremfya (Subcutaneous Solution Pen-Injector)</b>	B	4	PA
<b>Tremfya (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA
<b>Xeljanz (Oral Tablet Immediate Release)</b>	B	4	PA; QL
<b>Xeljanz XR (Oral Tablet Extended Release 24 Hour)</b>	B	4	PA; QL
<b>Xolair (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA; LA
<b>Xolair (Subcutaneous Solution Reconstituted)</b>	B	4	PA; LA
<b>Immunostimulants</b>			
<b>Actimmune (Subcutaneous Solution)</b>	B	4	LA
<b>Intron A (Injection Solution)</b>	B	4	PA; LA
<b>Intron A (Injection Solution Reconstituted)</b>	B	4	PA; LA
<b>Pegasys ProClick (Subcutaneous Solution)</b>	B	4	PA
<b>Pegasys (Subcutaneous Solution)</b>	B	4	PA
<b>Sylatron (200MCG Subcutaneous Kit, 300MCG Subcutaneous Kit)</b>	B	4	PA
<b>Immunosuppressants</b>			
<b>Arava (Oral Tablet)</b>	B	4	
<b>Astagraf XL (0.5MG Oral Capsule Extended Release 24 Hour, 1MG Oral Capsule Extended Release 24 Hour)</b>	B	3	B/D, PA
<b>Astagraf XL (5MG Oral Capsule Extended Release 24 Hour)</b>	B	4	B/D, PA
<b>Azasan (100MG Oral Tablet)</b>	G	3	B/D, PA
<b>Azasan (75MG Oral Tablet)</b>	G	4	B/D, PA
<b>Azathioprine (Oral Tablet)</b>	G	1	B/D, PA
<b>Cellcept (Oral Capsule)</b>	B	4	B/D, PA
<b>Cellcept (Oral Suspension Reconstituted)</b>	B	4	B/D, PA
<b>Cellcept (Oral Tablet)</b>	B	4	B/D, PA

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



Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Cimzia Prefilled (Subcutaneous Kit)</b>	B	4	PA
<b>Cimzia (Subcutaneous Kit)</b>	B	4	PA
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
<b>Enbrel Mini (Subcutaneous Solution Cartridge)</b>	B	4	PA
<b>Enbrel (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA
<b>Enbrel (Subcutaneous Solution Reconstituted)</b>	B	4	PA
<b>Enbrel SureClick (Subcutaneous Solution Auto-Injector)</b>	B	4	PA
<b>Envarsus XR (Oral Tablet Extended Release 24 Hour)</b>	B	3	B/D, PA
Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet)	G	4	B/D, PA
Gengraf (Oral Capsule)	G	2	B/D, PA
Gengraf (Oral Solution)	G	2	B/D, PA
<b>Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit)</b>	B	4	PA
<b>Humira Pen (Subcutaneous Pen-Injector Kit)</b>	B	4	PA
<b>Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit)</b>	B	4	PA
<b>Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit)</b>	B	4	PA
<b>Humira (Subcutaneous Prefilled Syringe Kit)</b>	B	4	PA
<b>Imuran (Oral Tablet)</b>	B	3	B/D, PA
Leflunomide (Oral Tablet)	G	2	
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
<b>Myfortic (180MG Oral Tablet Delayed Release)</b>	B	3	B/D, PA
<b>Myfortic (360MG Oral Tablet Delayed Release)</b>	B	4	B/D, PA
<b>Neoral (Oral Capsule)</b>	B	3	B/D, PA
<b>Neoral (Oral Solution)</b>	B	3	B/D, PA
<b>Otrexup (Subcutaneous Solution Auto-Injector)</b>	B	3	PA

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Prograf (0.5MG Oral Capsule)</b>	B	3	B/D, PA
<b>Prograf (1MG Oral Capsule, 5MG Oral Capsule)</b>	B	4	B/D, PA
<b>Prograf (Oral Packet)</b>	B	3	B/D, PA
<b>Rapamune (Oral Solution)</b>	B	4	B/D, PA
<b>Rapamune (0.5MG Oral Tablet)</b>	B	3	B/D, PA
<b>Rapamune (1MG Oral Tablet, 2MG Oral Tablet)</b>	B	4	B/D, PA
<b>Rasuvo (Subcutaneous Solution Auto-Injector)</b>	B	3	PA
<b>Sandimmune (100MG Oral Capsule)</b>	B	4	B/D, PA
<b>Sandimmune (25MG Oral Capsule)</b>	B	3	B/D, PA
<b>Sandimmune (100MG/ML Oral Solution)</b>	B	4	B/D, PA
<b>Simponi (Subcutaneous Solution Auto-Injector)</b>	B	4	PA
<b>Simponi (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA
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	
<b>Xatmep (Oral Solution)</b>	B	3	PA
<b>Zortress (Oral Tablet)</b>	B	4	B/D, PA
<b>Vaccines</b>			
<b>ActHIB (Intramuscular Solution Reconstituted)</b>	B	2	QL
<b>Adacel (Intramuscular Suspension)</b>	B	2	QL
<b>BCG Vaccine (Injection)</b>	B	2	QL
<b>Bexsero (Intramuscular Suspension Prefilled Syringe)</b>	B	2	QL
<b>Boostrix (5-2.5-18.5 Intramuscular Suspension, 5-2.5-18.5 (0.5ML Syringe) Intramuscular Suspension)</b>	B	2	QL
<b>Daptacel (Intramuscular Suspension)</b>	B	2	QL
<b>Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension)</b>	B	2	QL
<b>Engerix-B (Injection Suspension)</b>	B	2	B/D, PA; QL
<b>Gardasil 9 (Intramuscular Suspension)</b>	B	2	QL
<b>Gardasil 9 (Intramuscular Suspension Prefilled Syringe)</b>	B	2	QL
<b>Havrix (Intramuscular Suspension)</b>	B	2	QL
<b>Hiberix (Injection Solution Reconstituted)</b>	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
<b>Imovax Rabies (Intramuscular Injectable)</b>	B	2	B/D, PA; QL
<b>Infanrix (Intramuscular Suspension)</b>	B	2	QL
<b>IPOL (Injection)</b>	B	2	QL
<b>Ixiaro (Intramuscular Suspension)</b>	B	2	QL
<b>Kinrix (Intramuscular Suspension)</b>	B	2	QL
<b>Menactra (Intramuscular Injectable)</b>	B	2	QL
<b>Menveo (Intramuscular Solution Reconstituted)</b>	B	2	QL
<b>M-M-R II (Injection Solution Reconstituted)</b>	B	2	QL
<b>Pediarix (Intramuscular Suspension)</b>	B	2	QL
<b>Pedvax HIB (Intramuscular Suspension)</b>	B	2	QL
<b>ProQuad (Subcutaneous Suspension Reconstituted)</b>	B	2	QL
<b>Quadracel (Intramuscular Suspension)</b>	B	2	QL
<b>RabAvert (Intramuscular Suspension Reconstituted)</b>	B	2	B/D, PA; QL
<b>Recombivax HB (Injection Suspension)</b>	B	2	B/D, PA; QL
<b>Rotarix (Oral Suspension Reconstituted)</b>	B	2	QL
<b>RotaTeq (Oral Solution)</b>	B	2	QL
<b>Shingrix (Intramuscular Suspension Reconstituted)</b>	B	2	PA; QL
<b>TDVAX (Intramuscular Suspension)</b>	B	2	QL
<b>Tenivac (Intramuscular Injectable)</b>	B	2	QL
<b>Trumenba (Intramuscular Suspension Prefilled Syringe)</b>	B	2	QL
<b>Twinrix (Intramuscular Suspension Prefilled Syringe)</b>	B	2	QL
<b>Typhim Vi (Intramuscular Solution)</b>	B	2	QL
<b>VAQTA (Intramuscular Suspension)</b>	B	2	QL
<b>Varivax (Subcutaneous Injectable)</b>	B	2	QL
<b>YF-Vax (Subcutaneous Injectable)</b>	B	2	QL
<b>Zostavax (19400UNT/0.65ML Subcutaneous Suspension Reconstituted)</b>	B	3	PA; QL
<b>Inflammatory Bowel Disease Agents</b>			
<b>Aminosalicylates</b>			
<b>Apriso (Oral Capsule Extended Release 24 Hour)</b>	B	2	QL
<b>Asacol HD (Oral Tablet Delayed Release)</b>	B	4	ST; QL
<b>Azulfidine EN-tabs (Oral Tablet Delayed Release)</b>	B	3	
<b>Azulfidine (Oral Tablet Immediate Release)</b>	B	3	
Balsalazide Disodium (Oral Capsule)	G	3	
<b>Canasa (Rectal Suppository)</b>	B	4	QL
Colazal (Oral Capsule)	G	4	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Delzicol (Oral Capsule Delayed Release)</b>	B	3	ST
<b>Dipentum (Oral Capsule)</b>	B	4	
<b>Lialda (Oral Tablet Delayed Release)</b>	B	4	ST; QL
Mesalamine ER (0.375MG 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
Mesalamine (800MG Oral Tablet Delayed Release) (Generic Asacol)	G	3	ST; QL
Mesalamine (Rectal Enema)	G	3	
Mesalamine (Rectal Suppository)	G	3	QL
<b>Pentasa (Oral Capsule Extended Release)</b>	B	3	QL
<b>Rowasa (Rectal Kit)</b>	B	4	
Sulfasalazine (Oral Tablet Immediate Release)	G	1	
Sulfasalazine (Oral Tablet Delayed Release)	G	1	
<b>Glucocorticoids</b>			
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	
<b>Entocort EC (Oral Capsule Delayed Release Particles)</b>	B	4	
Hydrocortisone (Rectal Enema)	G	3	
Procto-Med HC (External Cream)	G	1	
Procto-Pak (External Cream)	G	1	
Proctosol HC (External Cream)	G	1	
Proctozone-HC (External Cream)	G	1	
<b>Uceris (Oral Tablet Extended Release 24 Hour)</b>	B	4	ST
<b>Uceris (Rectal Foam)</b>	B	3	
<b>Metabolic Bone Disease Agents</b>			
<b>Metabolic Bone Disease Agents</b>			
<b>Actonel (150MG Oral Tablet, 35MG Oral Tablet, 5MG Oral Tablet)</b>	B	3	
Alendronate Sodium (Oral Solution)	G	3	
Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet)	G	1	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Atelvia (Oral Tablet Delayed Release)</b>	B	3	
<b>Boniva (Oral Tablet)</b>	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
<b>Evenity (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA; QL
<b>Forteo (Subcutaneous Solution Pen-Injector)</b>	B	4	PA
<b>Fosamax (Oral Tablet)</b>	B	3	
<b>Fosamax Plus D (Oral Tablet)</b>	B	3	
Ibandronate Sodium (Oral Tablet)	G	2	
<b>Natpara (Subcutaneous Cartridge)</b>	B	4	PA; LA
Paricalcitol (Oral Capsule)	G	3	B/D, PA
<b>Prolia (Subcutaneous Solution Prefilled Syringe)</b>	B	3	QL
<b>Rayaldee (Oral Capsule Extended Release)</b>	B	4	QL
Risedronate Sodium (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	
<b>Rocaltrol (Oral Capsule)</b>	B	3	B/D, PA
<b>Rocaltrol (Oral Solution)</b>	B	3	B/D, PA
<b>Sensipar (Oral Tablet)</b>	B	4	B/D, PA; QL
<b>Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector)</b>	B	4	PA
<b>Tymlos (Subcutaneous Solution Pen-Injector)</b>	B	4	PA
<b>Xgeva (Subcutaneous Solution)</b>	B	4	PA
<b>Zemplar (1MCG Oral Capsule)</b>	B	3	B/D, PA
<b>Zemplar (2MCG Oral Capsule)</b>	B	4	B/D, PA
<b>Miscellaneous Therapeutic Agents</b>			
<b>Miscellaneous Therapeutic Agents</b>			
Alcohol Prep Pads	G	2	
Gauze (Non-medicated 2X2 Pad)	G	2	
Insulin Syringes, Needles	G	2	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Ophthalmic Agents</b>			
<b>Ophthalmic Agents, Other</b>			
<b>Atropine Sulfate (1% Ophthalmic Solution)</b>	B	2	
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	G	2	
<b>Blephamide (Ophthalmic Suspension)</b>	B	3	
Blephamide S.O.P. (Ophthalmic Ointment)	G	3	
<b>Cequa (Ophthalmic Solution)</b>	B	3	PA; QL
<b>Combigan (Ophthalmic Solution)</b>	B	2	
<b>Cosopt (Ophthalmic Solution)</b>	B	3	
<b>Cosopt PF (Ophthalmic Solution)</b>	B	3	
<b>Cystaran (Ophthalmic Solution)</b>	B	4	LA
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	G	1	
Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution)	G	3	
<b>Lacrisert (Ophthalmic Insert)</b>	B	3	
<b>Maxitrol (Ophthalmic Ointment)</b>	B	3	
<b>Maxitrol (Ophthalmic Suspension)</b>	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	
<b>Oxervate (Ophthalmic Solution)</b>	B	4	PA; QL
<b>Pred-G (Ophthalmic Suspension)</b>	B	3	
<b>Pred-G S.O.P. (Ophthalmic Ointment)</b>	B	3	
Proparacaine HCl (Ophthalmic Solution)	G	1	
<b>Restasis Single-Use Vials (Ophthalmic Emulsion)</b>	B	2	QL
<b>Rocklatan (Ophthalmic Solution)</b>	B	2	ST
Sulfacetamide-Prednisolone (Ophthalmic Solution)	G	1	
<b>TobraDex (Ophthalmic Ointment)</b>	B	2	
<b>TobraDex (Ophthalmic Suspension)</b>	B	3	
<b>TobraDex ST (Ophthalmic Suspension)</b>	B	3	
Tobramycin-Dexamethasone (Ophthalmic Suspension)	G	2	
<b>Xiidra (Ophthalmic Solution)</b>	B	3	QL
<b>Zylet (Ophthalmic Suspension)</b>	B	3	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Ophthalmic Anti-allergy Agents</b>			
<b>Alocril (Ophthalmic Solution)</b>	B	3	
<b>Alomide (Ophthalmic Solution)</b>	B	3	
Azelastine HCl (Ophthalmic Solution)	G	1	
<b>Bepreve (Ophthalmic Solution)</b>	B	3	
Cromolyn Sodium (Ophthalmic Solution)	G	1	
Epinastine HCl (Ophthalmic Solution)	G	2	
<b>Lastacaft (Ophthalmic Solution)</b>	B	2	
Olopatadine HCl (Ophthalmic Solution)	G	2	
<b>Pazeo (Ophthalmic Solution)</b>	B	2	
<b>Zerviate (Ophthalmic Solution)</b>	B	3	
<b>Ophthalmic Anti-Infectives</b>			
<b>Azasite (Ophthalmic Solution)</b>	B	3	
Bacitracin (Ophthalmic Ointment)	G	2	
Bacitracin-Polymyxin B (Ophthalmic Ointment)	G	1	
<b>Besivance (Ophthalmic Suspension)</b>	B	3	
Bleph-10 (Ophthalmic Solution)	G	3	
<b>Ciloxan (Ophthalmic Ointment)</b>	B	3	
<b>Ciloxan (Ophthalmic Solution)</b>	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	
<b>Moxeza (Ophthalmic Solution)</b>	B	3	
Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox)	G	2	
<b>Natacyn (Ophthalmic Suspension)</b>	B	3	
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)	G	2	
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	G	2	
<b>Ocuflox (Ophthalmic Solution)</b>	B	3	
Ofloxacin (Ophthalmic Solution)	G	1	
Polymyxin B-Trimethoprim (Ophthalmic Solution)	G	1	
<b>Polytrim (Ophthalmic Solution)</b>	B	3	
Sulfacetamide Sodium (Ophthalmic Ointment)	G	1	



Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Sulfacetamide Sodium (Ophthalmic Solution)	G	1	
Tobramycin (Ophthalmic Solution)	G	1	
<b>Tobrex (Ophthalmic Ointment)</b>	B	3	
<b>Tobrex (Ophthalmic Solution)</b>	B	3	
Trifluridine (Ophthalmic Solution)	G	2	
<b>Vigamox (Ophthalmic Solution)</b>	B	3	
<b>Zymaxid (Ophthalmic Solution)</b>	B	3	
<b>Ophthalmic Anti-inflammatories</b>			
<b>Acular LS (Ophthalmic Solution)</b>	B	3	
<b>Acular (Ophthalmic Solution)</b>	B	3	
<b>Acuvail (Ophthalmic Solution)</b>	B	3	ST
<b>Alrex (Ophthalmic Suspension)</b>	B	3	
Bromfenac Sodium (Once-Daily) (Ophthalmic Solution)	G	3	
<b>BromSite (Ophthalmic Solution)</b>	B	3	ST
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	G	2	
Diclofenac Sodium (Ophthalmic Solution)	G	1	
<b>Durezol (Ophthalmic Emulsion)</b>	B	3	
<b>Flarex (Ophthalmic Suspension)</b>	B	3	
Fluorometholone (Ophthalmic Suspension)	G	2	
Flurbiprofen Sodium (Ophthalmic Solution)	G	1	
<b>FML Forte (Ophthalmic Suspension)</b>	B	3	
<b>FML Liquifilm (Ophthalmic Suspension)</b>	B	3	
<b>FML (Ophthalmic Ointment)</b>	B	3	
<b>Ilevro (Ophthalmic Suspension)</b>	B	2	
<b>Inveltys (Ophthalmic Suspension)</b>	B	3	ST
Ketorolac Tromethamine (Ophthalmic Solution)	G	2	
<b>Lotemax (Ophthalmic Gel)</b>	B	3	
<b>Lotemax (Ophthalmic Ointment)</b>	B	3	
<b>Lotemax (Ophthalmic Suspension)</b>	B	3	
<b>Lotemax SM (Ophthalmic Gel)</b>	B	3	
Loteprednol Etabonate (Ophthalmic Suspension)	G	3	
<b>Maxidex (Ophthalmic Suspension)</b>	B	3	
<b>Nevanac (Ophthalmic Suspension)</b>	B	3	
<b>Pred Forte (Ophthalmic Suspension)</b>	B	3	
<b>Pred Mild (Ophthalmic Suspension)</b>	B	3	

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



Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Prednisolone Acetate (Ophthalmic Suspension)	G	2	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	G	1	
<b>Prolensa (Ophthalmic Solution)</b>	B	3	
<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>			
Betaxolol HCl (Ophthalmic Solution)	G	2	
<b>Betimol (Ophthalmic Solution)</b>	B	3	
<b>Betoptic-S (Ophthalmic Suspension)</b>	B	3	
Carteolol HCl (Ophthalmic Solution)	G	1	
<b>Istalol (Ophthalmic Solution)</b>	B	3	
Levobunolol HCl (Ophthalmic Solution)	G	1	
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	G	2	
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic)	G	1	
Timolol Maleate (0.5% (DAILY) Ophthalmic Solution)	G	3	
<b>Timoptic Ocudose (Ophthalmic Solution)</b>	B	3	
<b>Timoptic-XE (Ophthalmic Gel Forming Solution)</b>	B	3	
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>			
<b>Alphagan P (0.1% Ophthalmic Solution)</b>	B	2	
<b>Alphagan P (0.15% Ophthalmic Solution)</b>	B	3	
Apraclonidine HCl (Ophthalmic Solution)	G	2	
<b>Azopt (Ophthalmic Suspension)</b>	B	2	
<b>Brimonidine Tartrate (0.15% Ophthalmic Solution)</b>	B	3	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	G	1	
Dorzolamide HCl (Ophthalmic Solution)	G	1	
<b>Iopidine (1% Ophthalmic Solution)</b>	B	4	
<b>Isopto Carpine (Ophthalmic Solution)</b>	B	3	
Methazolamide (Oral Tablet)	G	3	
<b>Phospholine Iodide (Ophthalmic Solution Reconstituted)</b>	B	3	
Pilocarpine HCl (Ophthalmic Solution)	G	2	
<b>Rhopressa (Ophthalmic Solution)</b>	B	2	ST
<b>Simbrinza (Ophthalmic Suspension)</b>	B	2	
<b>Trusopt (Ophthalmic Solution)</b>	B	3	
<b>Ophthalmic Prostaglandin and Prostanamide Analogs</b>			
Bimatoprost (Ophthalmic Solution)	G	3	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Latanoprost (Ophthalmic Solution)	G	1	
<b>Lumigan (Ophthalmic Solution)</b>	B	2	
<b>Travatan Z (Ophthalmic Solution)</b>	B	3	
Travoprost (BAK Free) (Ophthalmic Solution)	G	2	
<b>Vyzulta (Ophthalmic Solution)</b>	B	3	
<b>Xalatan (Ophthalmic Solution)</b>	B	3	
<b>Xelpros (Ophthalmic Emulsion)</b>	B	3	ST
<b>Zioptan (Ophthalmic Solution)</b>	B	3	
<b>Otic Agents</b>			
<b>Otic Agents</b>			
Acetic Acid (Otic Solution)	G	1	
<b>Cetraxal (Otic Solution)</b>	B	3	
<b>Cipro HC (Otic Suspension)</b>	B	3	
<b>Ciprodex (Otic Suspension)</b>	B	3	
<b>Ciprofloxacin HCl (Otic Solution)</b>	B	3	
<b>Ciprofloxacin-Fluocinolone PF (Otic Solution)</b>	B	3	ST
<b>DermOtic (Otic Oil)</b>	B	3	
Flac (Otic Oil)	G	3	
Fluocinolone Acetonide (Otic Oil)	G	2	
Hydrocortisone-Acetic Acid (Otic Solution)	G	2	
Neomycin-Polymyxin-HC (1% Otic Solution)	G	2	
Neomycin-Polymyxin-HC (Otic Suspension)	G	2	
Ofloxacin (Otic Solution)	G	2	
<b>Otovel (Otic Solution)</b>	B	3	ST
<b>Respiratory Tract/Pulmonary Agents</b>			
<b>Antihistamines</b>			
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	
<b>Clarinet (Oral Tablet)</b>	B	3	
Cyproheptadine HCl (Oral Tablet)	G	3	PA; HRM
Desloratadine (Oral Tablet)	G	2	
Desloratadine ODT (Oral Tablet Dispersible)	G	3	
<b>Dymista (Nasal Suspension)</b>	B	3	
Levocetirizine Dihydrochloride (Oral Solution)	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
Levocetirizine Dihydrochloride (Oral Tablet)	G	1	
Olopatadine HCl (Nasal Solution)	G	3	
<b>Patanase (Nasal Solution)</b>	B	3	
<b>Anti-inflammatories, Inhaled Corticosteroids</b>			
<b>Alvesco (Inhalation Aerosol Solution)</b>	B	3	ST; QL
<b>Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	B	2	QL
<b>Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated)</b>	B	3	ST; QL
<b>Asmanex (30 Metered Doses) (Inhalation Aerosol Powder Breath Activated)</b>	B	3	ST; QL
<b>Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated)</b>	B	3	ST; QL
<b>Asmanex HFA (Inhalation Aerosol)</b>	B	3	ST; QL
<b>Beconase AQ (Nasal Suspension)</b>	B	3	ST
Budesonide (Inhalation Suspension)	G	3	B/D, PA
<b>Flovent Diskus (Inhalation Aerosol Powder Breath Activated)</b>	B	2	
<b>Flovent HFA (Inhalation Aerosol)</b>	B	2	QL
Flunisolide (Nasal Solution)	G	2	
Fluticasone Propionate (Nasal Suspension)	G	1	
Mometasone Furoate (Nasal Suspension)	G	3	
<b>Nasonex (Nasal Suspension)</b>	B	3	
<b>Omnaris (Nasal Suspension)</b>	B	3	ST
<b>Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated)</b>	B	3	ST
<b>Pulmicort (0.25MG/2ML Inhalation Suspension, 0.5MG/2ML Inhalation Suspension)</b>	B	3	B/D, PA
<b>Pulmicort (1MG/2ML Inhalation Suspension)</b>	B	4	B/D, PA
<b>Qnasl Childrens (Nasal Aerosol Solution)</b>	B	3	ST
<b>Qnasl (Nasal Aerosol Solution)</b>	B	3	ST
<b>QVAR RediHaler (Inhalation Aerosol Breath Activated)</b>	B	3	ST; QL
<b>Xhance (Nasal Exhaler Suspension)</b>	B	3	
<b>Zetonna (Nasal Aerosol Solution)</b>	B	3	ST
<b>Antileukotrienes</b>			
<b>Accolate (Oral Tablet)</b>	B	3	
Montelukast Sodium (Oral Packet)	G	2	QL
Montelukast Sodium (Oral Tablet)	G	1	QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Montelukast Sodium (Oral Tablet Chewable)	G	1	QL
<b>Singulair (Oral Packet)</b>	B	3	QL
<b>Singulair (Oral Tablet)</b>	B	3	QL
<b>Singulair (Oral Tablet Chewable)</b>	B	3	QL
Zafirlukast (Oral Tablet)	G	2	
Zileuton ER (Oral Tablet Extended Release 12 Hour)	G	4	ST
<b>Zyflo (Oral Tablet Immediate Release)</b>	B	4	ST
<b>Bronchodilators, Anticholinergic</b>			
<b>Atrovent HFA (Inhalation Aerosol Solution)</b>	B	3	
<b>Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	B	3	ST; QL
Ipratropium Bromide (Inhalation Solution)	G	1	B/D, PA
Ipratropium Bromide (Nasal Solution)	G	2	
<b>Lonhala Magnair (Inhalation Solution)</b>	B	4	QL
<b>Seebri Neohaler (Inhalation Capsule)</b>	B	3	ST
<b>Spiriva HandiHaler (Inhalation Capsule)</b>	B	2	QL
<b>Spiriva Respimat (Inhalation Aerosol Solution)</b>	B	2	QL
<b>Tudorza Pressair (Inhalation Aerosol Powder Breath Activated)</b>	B	3	ST
<b>Yupelri (Inhalation Solution)</b>	B	4	B/D, PA; QL
<b>Bronchodilators, Sympathomimetic</b>			
Albuterol Sulfate ER (Oral Tablet Extended Release 12 Hour)	G	3	
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	
<b>Arcapta Neohaler (Inhalation Capsule)</b>	B	3	ST
<b>Brovana (Inhalation Nebulization Solution)</b>	B	4	PA; QL
Epinephrine (Injection Solution Auto-Injector)	G	2	QL
<b>EpiPen 2-Pak (Injection Solution Auto-Injector)</b>	B	3	QL
<b>EpiPen Jr 2-Pak (Injection Solution Auto-Injector)</b>	B	3	QL

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
Levalbuterol HCl (Inhalation Nebulization Solution)	G	3	B/D, PA
Levalbuterol Tartrate (Inhalation Aerosol)	G	3	ST
Metaproterenol Sulfate (Oral Syrup)	G	3	
<b>Perforomist (Inhalation Nebulization Solution)</b>	B	3	B/D, PA; QL
<b>ProAir HFA (Inhalation Aerosol Solution)</b>	B	2	
<b>ProAir RespiClick (Inhalation Aerosol Powder Breath Activated)</b>	B	2	
<b>Proventil HFA (Inhalation Aerosol Solution)</b>	B	3	ST
<b>Serevent Diskus (Inhalation Aerosol Powder Breath Activated)</b>	B	2	QL
<b>Striverdi Respimat (Inhalation Aerosol Solution)</b>	B	3	ST
<b>Symjepi (Injection Solution Prefilled Syringe)</b>	B	3	QL
Terbutaline Sulfate (Oral Tablet)	G	3	
<b>Ventolin HFA (Inhalation Aerosol Solution)</b>	B	3	ST
<b>Xopenex Concentrate (Inhalation Nebulization Solution)</b>	B	3	B/D, PA
<b>Xopenex HFA (Inhalation Aerosol)</b>	B	3	ST
<b>Xopenex (0.31MG/3ML Inhalation Nebulization Solution, 0.63MG/3ML Inhalation Nebulization Solution)</b>	B	3	B/D, PA
<b>Xopenex (1.25MG/3ML Inhalation Nebulization Solution)</b>	B	4	B/D, PA
<b>Cystic Fibrosis Agents</b>			
<b>Bethkis (Inhalation Nebulization Solution)</b>	B	4	B/D, PA; QL
<b>Cayston (Inhalation Solution Reconstituted)</b>	B	4	PA; LA
<b>Kalydeco (Oral Packet)</b>	B	4	PA; LA
<b>Kalydeco (Oral Tablet)</b>	B	4	PA; LA
<b>Orkambi (Oral Packet)</b>	B	4	PA; LA; QL
<b>Orkambi (Oral Tablet)</b>	B	4	PA; LA; QL
<b>Pulmozyme (Inhalation Solution)</b>	B	4	B/D, PA; QL
<b>Symdeko (Oral Tablet Therapy Pack)</b>	B	4	PA; QL
<b>TOBI (Inhalation Nebulization Solution)</b>	B	4	B/D, PA; QL
<b>TOBI Podhaler (Inhalation Capsule)</b>	B	4	PA; QL
Tobramycin (Inhalation Nebulization Solution)	G	4	B/D, PA; QL
<b>Trikafta (Oral Tablet Therapy Pack)</b>	B	4	PA; LA; QL
<b>Mast Cell Stabilizers</b>			
Cromolyn Sodium (Inhalation Nebulization Solution)	G	4	B/D, PA

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Phosphodiesterase Inhibitors, Airways Disease</b>			
<b>Daliresp (Oral Tablet)</b>	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	
<b>Pulmonary Antihypertensives</b>			
<b>Adcirca (Oral Tablet)</b>	B	4	PA
<b>Adempas (Oral Tablet)</b>	B	4	PA; LA
Alyq (Oral Tablet)	G	3	PA
Ambrisentan (Oral Tablet)	G	4	PA; LA; QL
Bosentan (Oral Tablet)	G	4	PA; LA; QL
<b>Letairis (Oral Tablet)</b>	B	4	PA; LA; QL
<b>Opsumit (Oral Tablet)</b>	B	4	PA; LA
<b>Orenitram (0.125MG Oral Tablet Extended Release)</b>	B	3	PA; LA
<b>Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release)</b>	B	4	PA; LA
<b>Revatio (Oral Suspension Reconstituted)</b>	B	4	PA
<b>Revatio (Oral Tablet)</b>	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
<b>Tracleer (Oral Tablet)</b>	B	4	PA; LA; QL
<b>Tracleer (Oral Tablet Soluble)</b>	B	4	PA; LA; QL
<b>Uptravi (Oral Tablet)</b>	B	4	PA; LA; QL
<b>Uptravi (Oral Tablet Therapy Pack)</b>	B	4	PA; LA
<b>Ventavis (Inhalation Solution)</b>	B	4	PA; LA
<b>Pulmonary Fibrosis Agents</b>			
<b>Esbriet (Oral Capsule)</b>	B	4	PA; LA; QL
<b>Esbriet (Oral Tablet)</b>	B	4	PA; LA; QL
<b>Ofev (Oral Capsule)</b>	B	4	PA; LA; QL
<b>Respiratory Tract Agents, Other</b>			
Acetylcysteine (Inhalation Solution)	G	1	B/D, PA

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Advair Diskus (Inhalation Aerosol Powder Breath Activated)</b>	B	2	QL
<b>Advair HFA (Inhalation Aerosol)</b>	B	2	QL
<b>AirDuo RespiClick 113/14 (Inhalation Aerosol Powder Breath Activated)</b>	B	3	ST; QL
<b>AirDuo RespiClick 232/14 (Inhalation Aerosol Powder Breath Activated)</b>	B	3	ST; QL
<b>AirDuo RespiClick 55/14 (Inhalation Aerosol Powder Breath Activated)</b>	B	3	ST; QL
<b>Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	B	2	QL
<b>Bevespi Aerosphere (Inhalation Aerosol)</b>	B	3	ST
<b>Breo Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	B	2	QL
<b>Clarinex-D 12 Hour (Oral Tablet Extended Release 12 Hour)</b>	B	3	
<b>Combivent Respimat (Inhalation Aerosol Solution)</b>	B	2	QL
<b>Duaklir Pressair (Inhalation Aerosol Powder Breath Activated)</b>	B	4	ST; QL
<b>Dulera (Inhalation Aerosol)</b>	B	3	QL
<b>Fasenra Pen (Subcutaneous Solution Auto-Injector)</b>	B	4	PA; LA
<b>Fasenra (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA; LA
Fluticasone-Salmeterol (Inhalation Aerosol Powder Breath Activated)	G	2	QL
Ipratropium-Albuterol (Inhalation Solution)	G	1	B/D, PA
<b>Nucala (Subcutaneous Solution Auto-Injector)</b>	B	4	PA; LA; QL
<b>Nucala (Subcutaneous Solution Prefilled Syringe)</b>	B	4	PA; LA; QL
<b>Nucala (Subcutaneous Solution Reconstituted)</b>	B	4	PA; LA; QL
<b>Semprex-D (Oral Capsule)</b>	B	3	
<b>Stiolto Respimat (Inhalation Aerosol Solution)</b>	B	2	
<b>Symbicort (Inhalation Aerosol)</b>	B	2	QL
<b>Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	B	2	QL
<b>Utibron Neohaler (Inhalation Capsule)</b>	B	3	ST
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	2	QL
<b>Skeletal Muscle Relaxants</b>			
<b>Skeletal Muscle Relaxants</b>			

<b>Drug Name</b>	<b>Brand or Generic</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>
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
<b>Sleep Disorder Agents</b>			
<b>Sleep Promoting Agents</b>			
<b>Ambien (Oral Tablet Immediate Release)</b>	B	3	PA; HRM; QL
<b>Belsomra (Oral Tablet)</b>	B	2	QL
Doxepin HCl (Oral Tablet)	G	3	
<b>Hetlioz (Oral Capsule)</b>	B	4	PA; LA; QL
Ramelteon (Oral Tablet)	G	3	
<b>Restoril (22.5MG Oral Capsule)</b>	B	4	HRM; QL
<b>Rozerem (Oral Tablet)</b>	B	3	ST
<b>Silenor (Oral Tablet)</b>	B	3	
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
<b>Wakefulness Promoting Agents</b>			
Armodafinil (Oral Tablet)	G	2	PA; QL
Modafinil (Oral Tablet)	G	2	PA; QL
<b>Nuvigil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)</b>	B	4	PA; QL
<b>Nuvigil (50MG Oral Tablet)</b>	B	3	PA; QL
<b>Provigil (Oral Tablet)</b>	B	4	PA; QL
<b>Sunosi (Oral Tablet)</b>	B	3	PA; QL
<b>Wakix (Oral Tablet)</b>	B	4	PA; QL
<b>Xyrem (Oral Solution)</b>	B	4	PA; LA; QL

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



## Covered drugs with a quantity limit (QL)

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

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

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

Drug Name	Brand or Generic	Quantity Limit
Abacavir Sulfate (Oral Solution)	G	Maximum of 32 ml per day
Abacavir Sulfate (Oral Tablet)	G	Maximum of 2 tablets per day
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	Maximum of 1 tablet per day
Abacavir-Lamivudine-Zidovudine (Oral Tablet)	G	Maximum of 2 tablets per day
<b>Abilify MyCite (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Abilify (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Accupril (Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Accuretic (10-12.5MG Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Accuretic (20-12.5MG Oral Tablet, 20-25MG Oral Tablet)</b>	B	Maximum of 2 tablets per day
Acetaminophen-Caffeine-Dihydrocodeine (Oral Tablet)	G	Maximum of 10 tablets per day
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	Maximum of 150 ml per day
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	Maximum of 13 tablets per day
<b>ActHIB (Intramuscular Solution Reconstituted)</b>	B	1 vaccination dose (1 injection) per day
<b>Actiq (Buccal Lozenge On A Handle)</b>	B	Maximum of 4 lozenges per day
<b>Actoplus Met (Oral Tablet Immediate Release)</b>	B	Maximum of 3 tablets per day
<b>Actos (15MG Oral Tablet)</b>	B	Maximum of 3 tablets per day
<b>Actos (30MG Oral Tablet, 45MG Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Adacel (Intramuscular Suspension)</b>	B	1 vaccination dose (0.5 ml) per day
Adderall (20MG Oral Tablet)	G	Maximum of 3 tablets per day
Adderall (5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day

Drug Name	Brand or Generic	Quantity Limit
<b>Adderall XR (Oral Capsule Extended Release 24 Hour)</b>	B	Maximum of 2 capsules per day
<b>Adlyxin Starter Pack (Subcutaneous Pen-Injector Kit)</b>	B	Maximum of 1 kit (6 ml) per 28 days
<b>Adlyxin (Subcutaneous Solution Pen-Injector)</b>	B	Maximum of 2 pens (6 ml) per 28 days
<b>Advair Diskus (Inhalation Aerosol Powder Breath Activated)</b>	B	Maximum of 1 inhaler (60 blisters) per 30 days
<b>Advair HFA (Inhalation Aerosol)</b>	B	Maximum of 1 inhaler (12 grams) per 30 days
<b>Adzenys ER (Oral Suspension Extended Release)</b>	B	Maximum of 15 ml per day
<b>Adzenys XR-ODT (Oral Tablet Extended Release Dispersible)</b>	B	Maximum of 1 tablet per day
<b>Aggrenox (Oral Capsule Extended Release 12 Hour)</b>	B	Maximum of 2 capsules per day
<b>Aimovig (140MG/ML Subcutaneous Solution Auto-Injector)</b>	B	Maximum of 1 pen (1 ml) per 30 days
<b>Aimovig (70MG/ML Subcutaneous Solution Auto-Injector)</b>	B	Maximum of 2 pens (2 ml) per 30 days
<b>AirDuo RespiClick 113/14 (Inhalation Aerosol Powder Breath Activated)</b>	B	Maximum of 1 inhaler per 30 days
<b>AirDuo RespiClick 232/14 (Inhalation Aerosol Powder Breath Activated)</b>	B	Maximum of 1 inhaler per 30 days
<b>AirDuo RespiClick 55/14 (Inhalation Aerosol Powder Breath Activated)</b>	B	Maximum of 1 inhaler per 30 days
<b>Ajovy (Subcutaneous Solution Auto-Injector)</b>	B	Maximum of 1 pen (1.5 ml) per 30 days
<b>Ajovy (Subcutaneous Solution Prefilled Syringe)</b>	B	Maximum of 1 syringe (1.5 ml) per 30 days
Albendazole (Oral Tablet)	G	Maximum of 16 tablets per day
<b>Aldara (External Cream)</b>	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
<b>Alogliptin-Metformin HCl (Oral Tablet)</b>	B	Maximum of 2 tablets per day
Alogliptin-Pioglitazone (Oral Tablet)	G	Maximum of 1 tablet per day
<b>Alora (Transdermal Patch Twice Weekly)</b>	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
<b>Altace (Oral Capsule)</b>	B	Maximum of 2 capsules per day
<b>Altoprev (Oral Tablet Extended Release 24 Hour)</b>	B	Maximum of 1 tablet per day
<b>Alunbrig (180MG Oral Tablet, 90MG Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Alunbrig (30MG Oral Tablet)</b>	B	Maximum of 4 tablets per day
<b>Alunbrig (Oral Tablet Therapy Pack)</b>	B	Maximum of 1 pack (30 tablets) per 30 days
<b>Alvesco (160MCG/ACT Inhalation Aerosol Solution)</b>	B	Maximum of 2 inhalers (12.2 grams) per 30 days
<b>Alvesco (80MCG/ACT Inhalation Aerosol Solution)</b>	B	Maximum of 1 inhaler (6.1 grams) per 30 days
<b>Amaryl (1MG Oral Tablet)</b>	B	Maximum of 8 tablets per day
<b>Amaryl (2MG Oral Tablet)</b>	B	Maximum of 4 tablets per day
<b>Amaryl (4MG Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Ambien (Oral Tablet Immediate Release)</b>	B	Maximum of 1 tablet per day
Ambrisentan (Oral Tablet)	G	Maximum of 1 tablet per day
<b>Amerge (Oral Tablet)</b>	B	Maximum of 12 tablets per 30 days
<b>Amitiza (Oral Capsule)</b>	B	Maximum of 2 capsules per day
Amlodipine-Atorvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Benazepril (Oral Capsule)	G	Maximum of 1 capsule per day

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

Drug Name	Brand or Generic	Quantity Limit
Aripiprazole ODT (15MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Armodafinil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	G	Maximum of 1 tablet per day
Armodafinil (50MG Oral Tablet)	G	Maximum of 2 tablets per day
<b>Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	B	Maximum of 1 inhaler (30 blisters) per 30 days
<b>Asacol HD (Oral Tablet Delayed Release)</b>	B	Maximum of 6 tablets per day
<b>Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated)</b>	B	Maximum of 1 inhaler per 30 days
<b>Asmanex (30 Metered Doses) (110MCG/INH Inhalation Aerosol Powder Breath Activated)</b>	B	Maximum of 2 inhalers per 30 days
<b>Asmanex (30 Metered Doses) (220MCG/INH Inhalation Aerosol Powder Breath Activated)</b>	B	Maximum of 1 inhaler per 30 days
<b>Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated)</b>	B	Maximum of 1 inhaler per 30 days
<b>Asmanex HFA (Inhalation Aerosol)</b>	B	Maximum of 1 inhaler (13 grams) per 30 days
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	Maximum of 2 capsules per day
<b>Atacand HCT (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Atacand (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Atacand (8MG Oral Tablet)</b>	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
<b>Ativan (0.5MG Oral Tablet, 1MG Oral Tablet)</b>	B	Maximum of 4 tablets per day
<b>Ativan (2MG Oral Tablet)</b>	B	Maximum of 5 tablets per day
Atorvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
<b>Atripla (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Aubagio (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Austedo (Oral Tablet)</b>	B	Maximum of 4 tablets per day
<b>Avalide (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Avandia (2MG Oral Tablet)</b>	B	Maximum of 4 tablets per day
<b>Avandia (4MG Oral Tablet)</b>	B	Maximum of 2 tablets per day

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



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

Drug Name	Brand or Generic	Quantity Limit
Chloroquine Phosphate (Oral Tablet)	G	Maximum of 2 tablets per day
<b>Cialis (2.5MG Oral Tablet, 5MG Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Cimduo (Oral Tablet)</b>	B	Maximum of 1 tablet per day
Cinacalcet HCl (30MG Oral Tablet, 60MG Oral Tablet)	G	Maximum of 2 tablets per day
Cinacalcet HCl (90MG Oral Tablet)	G	Maximum of 4 tablets per day
<b>Cleocin-T (External Gel)</b>	B	Maximum of 75 grams per 30 days
<b>Clindagel (External Gel)</b>	B	Maximum of 75 ml per 30 days
Clindamycin Phosphate (External Gel)	G	Maximum of 75 grams per 30 days
Clobazam (2.5MG/ML Oral Suspension)	G	Maximum of 16 ml per day
Clobazam (10MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 2 tablets per day
Clobetasol Propionate (External Foam)	G	Maximum of 100 grams per 30 days
Clobetasol Propionate (External Liquid Spray)	G	Maximum of 125 ml per 30 days
Clobetasol Propionate (External Lotion)	G	Maximum of 118 ml per 30 days
<b>Clobex (External Lotion)</b>	B	Maximum of 118 ml per 30 days
<b>Clobex Spray (External Liquid)</b>	B	Maximum of 125 ml per 30 days
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Clonazepam (2MG Oral Tablet)	G	Maximum of 10 tablets per day
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Clonazepam ODT (2MG Oral Tablet Dispersible)	G	Maximum of 10 tablets per day
Clopidogrel Bisulfate (75MG Oral Tablet)	G	Maximum of 4 tablets per day
Clorazepate Dipotassium (15MG Oral Tablet)	G	Maximum of 6 tablets per day
Clorazepate Dipotassium (3.75MG Oral Tablet)	G	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5MG Oral Tablet)	G	Maximum of 12 tablets per day
Clovique (Oral Capsule)	G	Maximum of 8 capsules per day
<b>Codeine Sulfate (15MG Oral Tablet)</b>	B	Maximum of 6 tablets per day
Codeine Sulfate (30MG Oral Tablet, 60MG Oral Tablet)	G	Maximum of 6 tablets per day
<b>Combivent Respimat (Inhalation Aerosol Solution)</b>	B	Maximum of 1 inhaler (4 grams) per 20 days
<b>Combivir (Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Complera (Oral Tablet)</b>	B	Maximum of 1 tablet per day



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

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

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

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

Drug Name	Brand or Generic	Quantity Limit
Enoxaparin Sodium (40MG/0.4ML Subcutaneous Solution)	G	Maximum of 2 syringes (0.8 ml) per day
Enoxaparin Sodium (60MG/0.6ML Subcutaneous Solution)	G	Maximum of 2 syringes (1.2 ml) per day
<b>Entresto (Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Epclusa (Oral Tablet)</b>	B	Maximum of 1 tablet per day
Epinephrine (Injection Solution Auto-Injector)	G	Maximum of 4 pens (2 boxes) per 30 days
<b>EpiPen 2-Pak (Injection Solution Auto-Injector)</b>	B	Maximum of 4 pens (2 boxes) per 30 days
<b>EpiPen Jr 2-Pak (Injection Solution Auto-Injector)</b>	B	Maximum of 4 pens (2 boxes) per 30 days
<b>Epivir (Oral Solution)</b>	B	Maximum of 32 ml per day
<b>Epivir (150MG Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Epivir (300MG Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Epzicom (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Esbriet (Oral Capsule)</b>	B	Maximum of 9 capsules per day
<b>Esbriet (267MG Oral Tablet)</b>	B	Maximum of 9 tablets per day
<b>Esbriet (801MG Oral Tablet)</b>	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
<b>Eucrisa (External Ointment)</b>	B	Maximum of 100 grams per 30 days
<b>Eventy (Subcutaneous Solution Prefilled Syringe)</b>	B	Maximum of 2 syringes (2.34 ml) per 28 days
<b>Evotaz (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Exelon (Transdermal Patch 24 Hour)</b>	B	Maximum of 1 patch per day
<b>Exforge (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Extina (External Foam)</b>	B	Maximum of 100 grams per 28 days
<b>Ezallor Sprinkle (Oral Capsule Sprinkle)</b>	B	Maximum of 1 capsule per day
Ezetimibe-Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
<b>Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Farxiga (Oral Tablet)</b>	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
<b>Fentora (Buccal Tablet)</b>	B	Maximum of 4 tablets per day
<b>Firazyr (Subcutaneous Solution)</b>	B	Maximum of 3 syringes (9 ml) per day
<b>Firdapse (Oral Tablet)</b>	B	Maximum of 8 tablets per day
<b>Flector (Transdermal Patch)</b>	B	Maximum of 2 patches per day
<b>FloLipid (20MG/5ML Oral Suspension)</b>	B	Maximum of 5 ml per day
<b>FloLipid (40MG/5ML Oral Suspension)</b>	B	Maximum of 10 ml per day
<b>Flovent HFA (110MCG/ACT Inhalation Aerosol)</b>	B	Maximum of 1 inhaler (12 grams) per 30 days
<b>Flovent HFA (220MCG/ACT Inhalation Aerosol)</b>	B	Maximum of 2 inhalers (24 grams) per 30 days
<b>Flovent HFA (44MCG/ACT Inhalation Aerosol)</b>	B	Maximum of 1 inhaler (10.6 grams) per 30 days
Flurandrenolide (External Lotion)	G	Maximum of 240 ml per 30 days
Fluticasone-Salmeterol (100-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 250-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 500-50MCG/DOSE Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	Maximum of 1 inhaler (60 blisters) per 30 days
Fluticasone-Salmeterol (113-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 232-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 55-14MCG/ACT Inhalation Aerosol Powder Breath Activated) (Brand Equivalent AirDuo)	G	Maximum of 1 inhaler per 30 days
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Fluvastatin Sodium (20MG Oral Capsule)	G	Maximum of 1 capsule per day
Fluvastatin Sodium (40MG Oral Capsule)	G	Maximum of 2 capsules per day



<b>Drug Name</b>	<b>Brand or Generic</b>	<b>Quantity Limit</b>
<b>Focalin (Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Fortamet (1000MG Oral Tablet Extended Release 24 Hour)</b>	B	Maximum of 2 tablets per day
<b>Fortamet (500MG Oral Tablet Extended Release 24 Hour)</b>	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
<b>Frova (Oral Tablet)</b>	B	Maximum of 12 tablets per 30 days
Frovatriptan Succinate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
<b>Fuzeon (Subcutaneous Solution Reconstituted)</b>	B	Maximum of 2 vials per day
<b>Fycompa (Oral Suspension)</b>	B	Maximum of 24 ml per day
<b>Fycompa (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Gardasil 9 (Intramuscular Suspension)</b>	B	1 vaccination dose (0.5 ml) per day
<b>Gardasil 9 (Intramuscular Suspension Prefilled Syringe)</b>	B	1 vaccination dose (0.5 ml) per day
<b>Genvoya (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Geodon (Oral Capsule)</b>	B	Maximum of 2 capsules per day
<b>Gilenya (0.5MG Oral Capsule)</b>	B	Maximum of 1 pack (30 capsules) per 30 days
<b>Gleevec (Oral Tablet)</b>	B	Maximum of 3 tablets per day
Glimepiride (1MG Oral Tablet)	G	Maximum of 8 tablets per day
Glimepiride (2MG Oral Tablet)	G	Maximum of 4 tablets per day
Glimepiride (4MG Oral Tablet)	G	Maximum of 2 tablets per day
Glipizide ER (10MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Glipizide ER (2.5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 8 tablets per day
Glipizide ER (5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 4 tablets per day
Glipizide (10MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Glipizide (5MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-250MG Oral Tablet)	G	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)	G	Maximum of 4 tablets per day

<b>Drug Name</b>	<b>Brand or Generic</b>	<b>Quantity Limit</b>
<b>Gloperba (Oral Solution)</b>	B	Maximum of 20 ml per day
<b>Glucotrol (10MG Oral Tablet Immediate Release)</b>	B	Maximum of 4 tablets per day
<b>Glucotrol (5MG Oral Tablet Immediate Release)</b>	B	Maximum of 8 tablets per day
<b>Glucotrol XL (10MG Oral Tablet Extended Release 24 Hour)</b>	B	Maximum of 2 tablets per day
<b>Glucotrol XL (2.5MG Oral Tablet Extended Release 24 Hour)</b>	B	Maximum of 8 tablets per day
<b>Glucotrol XL (5MG Oral Tablet Extended Release 24 Hour)</b>	B	Maximum of 4 tablets per day
<b>Glumetza (1000MG Oral Tablet Extended Release 24 Hour)</b>	B	Maximum of 2 tablets per day
<b>Glumetza (500MG Oral Tablet Extended Release 24 Hour)</b>	B	Maximum of 4 tablets per day
<b>Glyxambi (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Harvoni (33.75-150MG Oral Packet)</b>	B	Maximum of 1 carton (28 packets) per 28 days
<b>Harvoni (45-200MG Oral Packet)</b>	B	Maximum of 2 cartons (56 packets) per 28 days
<b>Harvoni (90-400MG Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Havrix (Intramuscular Suspension)</b>	B	Maximum of 2 vaccines per lifetime
<b>Hetlioz (Oral Capsule)</b>	B	Maximum of 1 capsule per day
<b>Hiberix (Injection Solution Reconstituted)</b>	B	1 vaccination dose (1 injection) per day
Hydrocodone Bitartrate ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	G	Maximum of 2 capsules per day
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	G	Maximum of 180 ml per day
Hydrocodone-Acetaminophen (10-300MG Oral Tablet, 5-300MG Oral Tablet, 7.5-300MG Oral Tablet)	G	Maximum of 13 tablets per day
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
Hydrocodone-Ibuprofen (Oral Tablet)	G	Maximum of 5 tablets per day
Hydrocortisone Butyrate (External Lotion)	G	Maximum of 118 ml per 30 days
Hydromorphone HCl ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	G	Maximum of 2 tablets per day
Hydromorphone HCl (1MG/ML Oral Liquid)	G	Maximum of 50 ml per day



<b>Drug Name</b>	<b>Brand or Generic</b>	<b>Quantity Limit</b>
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
<b>Hysingla ER (Oral Tablet ER 24 Hour Abuse-Deterrent)</b>	B	Maximum of 1 tablet per day
<b>Hyzaar (100-12.5MG Oral Tablet, 100-25MG Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Hyzaar (50-12.5MG Oral Tablet)</b>	B	Maximum of 2 tablets per day
Icatibant Acetate (Subcutaneous Solution)	G	Maximum of 3 syringes (9 ml) per day
Imatinib Mesylate (Oral Tablet)	G	Maximum of 3 tablets per day
<b>Imbruvica (140MG Oral Capsule)</b>	B	Maximum of 4 capsules per day
<b>Imbruvica (70MG Oral Capsule)</b>	B	Maximum of 1 capsule per day
<b>Imbruvica (Oral Tablet)</b>	B	Maximum of 1 tablet per day
Imiquimod (5% External Cream)	G	Maximum of 24 grams per 30 days
<b>Imitrex (Nasal Solution)</b>	B	Maximum of 12 devices per 30 days
<b>Imitrex (Oral Tablet)</b>	B	Maximum of 12 tablets per 30 days
<b>Imitrex STATdose Refill (6MG/0.5ML Subcutaneous Solution Cartridge)</b>	B	Maximum of 12 injections (6 ml) per 30 days
<b>Imitrex STATdose System (4MG/0.5ML Subcutaneous Solution Auto-Injector)</b>	B	Maximum of 12 injections (6 ml) per 30 days
<b>Imitrex (Subcutaneous Solution)</b>	B	Maximum of 12 injections (6 ml) per 30 days
<b>Imovax Rabies (Intramuscular Injectable)</b>	B	1 vaccination dose (1 injection) per day
<b>Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	B	Maximum of 1 inhaler (30 blisters) per 30 days
<b>Infanrix (Intramuscular Suspension)</b>	B	1 vaccination dose (0.5 ml) per day
<b>Ingrezza (Oral Capsule)</b>	B	Maximum of 1 capsule per day
<b>Ingrezza (Oral Capsule Therapy Pack)</b>	B	Maximum of 1 pack (28 capsules) per 28 days
<b>Inlyta (Oral Tablet)</b>	B	Maximum of 4 tablets per day
<b>Inrebic (Oral Capsule)</b>	B	Maximum of 4 capsules per day
<b>Intelence (100MG Oral Tablet, 200MG Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Intelence (25MG Oral Tablet)</b>	B	Maximum of 4 tablets per day
<b>Intrarosa (Vaginal Insert)</b>	B	Maximum of 1 vaginal insert per day

Drug Name	Brand or Generic	Quantity Limit
<b>Invega (1.5MG Oral Tablet Extended Release 24 Hour, 3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)</b>	B	Maximum of 1 tablet per day
<b>Invega (6MG Oral Tablet Extended Release 24 Hour)</b>	B	Maximum of 2 tablets per day
<b>Invirase (Oral Tablet)</b>	B	Maximum of 4 tablets per day
<b>Invokamet (Oral Tablet Immediate Release)</b>	B	Maximum of 2 tablets per day
<b>Invokamet XR (Oral Tablet Extended Release 24 Hour)</b>	B	Maximum of 2 tablets per day
<b>Invokana (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>IPOL (Injection)</b>	B	1 vaccination dose (0.5 ml) per day
<b>Irbesartan (150MG Oral Tablet, 300MG Oral Tablet)</b>	G	Maximum of 1 tablet per day
<b>Irbesartan (75MG Oral Tablet)</b>	G	Maximum of 3 tablets per day
<b>Irbesartan-Hydrochlorothiazide (Oral Tablet)</b>	G	Maximum of 1 tablet per day
<b>Iressa (Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Isentress HD (Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Isentress (Oral Packet)</b>	B	Maximum of 2 packets per day
<b>Isentress (Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Isentress (Oral Tablet Chewable)</b>	B	Maximum of 6 tablets per day
<b>Ixiaro (Intramuscular Suspension)</b>	B	1 vaccination dose (0.5 ml) per day
<b>Jakafi (Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Janumet (Oral Tablet Immediate Release)</b>	B	Maximum of 2 tablets per day
<b>Janumet XR (100-1000MG Oral Tablet Extended Release 24 Hour)</b>	B	Maximum of 1 tablet per day
<b>Janumet XR (50-1000MG Oral Tablet Extended Release 24 Hour, 50-500MG Oral Tablet Extended Release 24 Hour)</b>	B	Maximum of 2 tablets per day
<b>Januvia (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Jardiance (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Jentadueto (Oral Tablet Immediate Release)</b>	B	Maximum of 2 tablets per day
<b>Jentadueto XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)</b>	B	Maximum of 2 tablets per day
<b>Jentadueto XR (5-1000MG Oral Tablet Extended Release 24 Hour)</b>	B	Maximum of 1 tablet per day
<b>Jornay PM (Oral Capsule Extended Release 24 Hour)</b>	B	Maximum of 1 capsule per day

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

<b>Drug Name</b>	<b>Brand or Generic</b>	<b>Quantity Limit</b>
<b>Lanoxin (125MCG Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Lanoxin (62.5MCG Oral Tablet)</b>	B	Maximum of 2 tablets per day
Lansoprazole (Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
<b>Latuda (120MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 60MG Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Latuda (80MG Oral Tablet)</b>	B	Maximum of 2 tablets per day
Ledipasvir-Sofosbuvir (Oral Tablet)	G	Maximum of 1 tablet per day
<b>Lescol XL (Oral Tablet Extended Release 24 Hour)</b>	B	Maximum of 1 tablet per day
<b>Letairis (Oral Tablet)</b>	B	Maximum of 1 tablet per day
Levorphanol Tartrate (Oral Tablet)	G	Maximum of 6 tablets per day
<b>Lexiva (Oral Suspension)</b>	B	Maximum of 60 ml per day
<b>Lexiva (Oral Tablet)</b>	B	Maximum of 4 tablets per day
<b>Lialda (Oral Tablet Delayed Release)</b>	B	Maximum of 4 tablets per day
Lidocaine (5% External Ointment)	G	Maximum of 152 grams per 30 days
Lidocaine (5% External Patch)	G	Maximum of 3 patches per day
<b>Lidoderm (External Patch)</b>	B	Maximum of 3 patches per day
<b>Linzess (Oral Capsule)</b>	B	Maximum of 1 capsule per day
<b>Lipitor (Oral Tablet)</b>	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
<b>Livalo (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Locoid (External Lotion)</b>	B	Maximum of 118 ml per 30 days
<b>Lokelma (Oral Packet)</b>	B	Maximum of 90 packets per 30 days
<b>Lonhala Magnair (Inhalation Solution)</b>	B	Maximum of 2 vials (2 ml) per day
Lopinavir-Ritonavir (Oral Solution)	G	Maximum of 2 bottles (320 ml) per 30 days
Lorazepam Intensol (Oral Concentrate)	G	Maximum of 5 ml per day
Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Lorazepam (2MG Oral Tablet)	G	Maximum of 5 tablets per day
<b>Lorbrena (100MG Oral Tablet)</b>	B	Maximum of 1 tablet per day

Drug Name	Brand or Generic	Quantity Limit
<b>Lorbrena (25MG Oral Tablet)</b>	B	Maximum of 3 tablets per day
Lorcet HD (Oral Tablet)	G	Maximum of 12 tablets per day
Lorcet (Oral Tablet)	G	Maximum of 12 tablets per day
Lorcet Plus (7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
Losartan Potassium (100MG Oral Tablet)	G	Maximum of 1 tablet per day
Losartan Potassium (25MG Oral Tablet, 50MG Oral Tablet)	G	Maximum of 2 tablets per day
Losartan Potassium-HCTZ (100-12.5MG Oral Tablet, 100-25MG Oral Tablet)	G	Maximum of 1 tablet per day
Losartan Potassium-HCTZ (50-12.5MG Oral Tablet)	G	Maximum of 2 tablets per day
<b>Lotensin (Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Lotrel (Oral Capsule)</b>	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
<b>Lovenox (100MG/ML Subcutaneous Solution, 150MG/ML Subcutaneous Solution)</b>	B	Maximum of 2 syringes (2 ml) per day
<b>Lovenox (120MG/0.8ML Subcutaneous Solution, 80MG/0.8ML Subcutaneous Solution)</b>	B	Maximum of 2 syringes (1.6 ml) per day
<b>Lovenox (30MG/0.3ML Subcutaneous Solution)</b>	B	Maximum of 2 syringes (0.6 ml) per day
<b>Lovenox (40MG/0.4ML Subcutaneous Solution)</b>	B	Maximum of 2 syringes (0.8 ml) per day
<b>Lovenox (60MG/0.6ML Subcutaneous Solution)</b>	B	Maximum of 2 syringes (1.2 ml) per day
<b>Lucemyra (Oral Tablet)</b>	B	Maximum of 16 tablets per day
<b>Luliconazole (External Cream)</b>	B	Maximum of 60 grams per 28 days
<b>Luzu (External Cream)</b>	B	Maximum of 60 grams per 28 days
<b>Lyrica CR (165MG Oral Tablet Extended Release 24 Hour, 82.5MG Oral Tablet Extended Release 24 Hour)</b>	B	Maximum of 3 tablets per day
<b>Lyrica CR (330MG Oral Tablet Extended Release 24 Hour)</b>	B	Maximum of 2 tablets per day
<b>Lyrica (100MG Oral Capsule, 150MG Oral Capsule, 200MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)</b>	B	Maximum of 3 capsules per day

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



Drug Name	Brand or Generic	Quantity Limit
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
<b>Methylin (10MG/5ML Oral Solution)</b>	B	Maximum of 30 ml per day
<b>Methylin (5MG/5ML Oral Solution)</b>	B	Maximum of 60 ml per day
Methylphenidate HCl ER (XR) (Oral Capsule Extended Release 24 Hour) (Brand Equivalent Aptensio XR)	G	Maximum of 1 capsule per day
Methylphenidate HCl ER (10MG Oral Tablet Extended Release)	G	Maximum of 4 tablets per day
Methylphenidate HCl ER Osmotic Release (18MG Oral Tablet Extended Release) (Generic Concerta), Methylphenidate HCl ER (20MG Oral Tablet Extended Release) (Generic Metadate ER)	G	Maximum of 3 tablets per day
Methylphenidate HCl ER (18MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 3 tablets per day
Methylphenidate HCl ER (27MG Oral Tablet Extended Release 24 Hour, 36MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
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



Drug Name	Brand or Generic	Quantity Limit
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
<b>Micardis HCT (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Micardis HCT (80-12.5MG Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Micardis (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Migranal (Nasal Solution)</b>	B	Maximum of 16 vials (16 ml) per 28 days
<b>Minivelle (Transdermal Patch Twice Weekly)</b>	B	Maximum of 8 patches per 28 days
Minocycline HCl ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
<b>Minolira (Oral Tablet Extended Release 24 Hour)</b>	B	Maximum of 1 tablet per day
<b>M-M-R II (Injection Solution Reconstituted)</b>	B	1 vaccination dose (1 injection) per day
Modafinil (100MG Oral Tablet)	G	Maximum of 1 tablet per day
Modafinil (200MG Oral Tablet)	G	Maximum of 2 tablets per day
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
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

Drug Name	Brand or Generic	Quantity Limit
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
<b>Motegrity (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Movantik (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>MS Contin (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release)</b>	B	Maximum of 3 tablets per day
<b>MS Contin (200MG Oral Tablet Extended Release)</b>	B	Maximum of 2 tablets per day
<b>MS Contin (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release)</b>	B	Maximum of 4 tablets per day
Mupirocin (External Ointment)	G	Maximum of 110 grams per 30 days

Drug Name	Brand or Generic	Quantity Limit
<b>Mydayis (12.5MG Oral Capsule Extended Release 24 Hour, 25MG Oral Capsule Extended Release 24 Hour)</b>	B	Maximum of 2 capsules per day
<b>Mydayis (37.5MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)</b>	B	Maximum of 1 capsule per day
<b>Namenda (10MG Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Namenda (5MG Oral Tablet)</b>	B	Maximum of 3 tablets per day
<b>Namenda XR (Oral Capsule Extended Release 24 Hour)</b>	B	Maximum of 1 capsule per day
<b>Namenda XR Titration Pack (Oral Capsule Extended Release 24 Hour)</b>	B	Maximum of 1 capsule per day
<b>Namzaric (Oral Capsule ER 24 Hour Therapy Pack)</b>	B	Maximum of 1 capsule per day
<b>Namzaric (Oral Capsule Extended Release 24 Hour)</b>	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
<b>Nayzilam (Nasal Solution)</b>	B	Maximum of 10 devices per 30 days
<b>Nebupent (Inhalation Solution Reconstituted)</b>	B	Maximum of 1 vial (300 mg) per 28 days
<b>Nerlynx (Oral Tablet)</b>	B	Maximum of 6 tablets per day
<b>Nesina (Oral Tablet)</b>	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
<b>Nexium (20MG Oral Capsule Delayed Release)</b>	B	Maximum of 3 capsules per day
<b>Nexium (40MG Oral Capsule Delayed Release)</b>	B	Maximum of 2 capsules per day
<b>Nexlizet (Oral Tablet)</b>	B	Maximum of 1 tablet per day
Nolix (External Lotion)	G	Maximum of 240 ml per 30 days
Norco (Oral Tablet)	G	Maximum of 12 tablets per day
<b>Northera (100MG Oral Capsule)</b>	B	Maximum of 3 capsules per day
<b>Northera (200MG Oral Capsule, 300MG Oral Capsule)</b>	B	Maximum of 6 capsules per day

<b>Drug Name</b>	<b>Brand or Generic</b>	<b>Quantity Limit</b>
<b>Norvir (Oral Packet)</b>	B	Maximum of 12 packets per day
<b>Norvir (Oral Solution)</b>	B	Maximum of 16 ml per day
<b>Norvir (Oral Tablet)</b>	B	Maximum of 12 tablets per day
<b>Nourianz (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Noxafil (Oral Suspension)</b>	B	Maximum of 20 ml per day
<b>Noxafil (Oral Tablet Delayed Release)</b>	B	Maximum of 6 tablets per day
<b>Nucala (Subcutaneous Solution Auto-Injector)</b>	B	Maximum of 3 ml per 28 days
<b>Nucala (Subcutaneous Solution Prefilled Syringe)</b>	B	Maximum of 3 ml per 28 days
<b>Nucala (Subcutaneous Solution Reconstituted)</b>	B	Maximum of 3 vials per 28 days
<b>Nucynta ER (Oral Tablet Extended Release 12 Hour)</b>	B	Maximum of 2 tablets per day
<b>Nucynta (Oral Tablet Immediate Release)</b>	B	Maximum of 6 tablets per day
<b>Nuedexta (Oral Capsule)</b>	B	Maximum of 2 capsules per day
<b>Nuplazid (Oral Capsule)</b>	B	Maximum of 1 capsule per day
<b>Nuplazid (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Nuvigil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Nuvigil (50MG Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Nuzyra (Oral Tablet)</b>	B	Maximum of 2 tablets per day
Nyamyc (External Powder)	G	Maximum of 120 grams per 30 days
Nystatin (External Powder)	G	Maximum of 120 grams per 30 days
Nystop (External Powder)	G	Maximum of 120 grams per 30 days
<b>Ocaliva (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Odefsey (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Odomzo (Oral Capsule)</b>	B	Maximum of 1 capsule per day
<b>Ofev (Oral Capsule)</b>	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

Drug Name	Brand or Generic	Quantity Limit
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
<b>Olumiant (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Olux (External Foam)</b>	B	Maximum of 100 grams per 30 days
<b>Olux-E (External Foam)</b>	B	Maximum of 100 grams per 30 days
Omeprazole (10MG Oral Capsule Delayed Release)	G	Maximum of 3 capsules per day
<b>Onfi (Oral Suspension)</b>	B	Maximum of 16 ml per day
<b>Onfi (Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Onglyza (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Onzetra Xsail (Nasal Exhaler Powder)</b>	B	Maximum of 1 kit (16 exhalers) per 30 days
<b>Oriahnn (Oral Capsule Therapy Pack)</b>	B	Maximum of 1 pack (56 capsules) per 28 days
<b>Orilissa (150MG Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Orilissa (200MG Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Orkambi (Oral Packet)</b>	B	Maximum of 56 packets per 28 days
<b>Orkambi (Oral Tablet)</b>	B	Maximum of 112 tablets per 28 days
<b>Oseni (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Osphena (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Oxbryta (Oral Tablet)</b>	B	Maximum of 3 tablets per day
<b>Oxervate (Ophthalmic Solution)</b>	B	Maximum of 2 vials (2 ml) per day
Oxiconazole Nitrate (External Cream)	G	Maximum of 90 grams per 30 days
<b>Oxistat (External Cream)</b>	B	Maximum of 90 grams per 30 days
<b>Oxistat (External Lotion)</b>	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
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

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



Drug Name	Brand or Generic	Quantity Limit
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	Maximum of 1 vial (300 mg) per 28 days
<b>Pentasa (250MG Oral Capsule Extended Release)</b>	B	Maximum of 12 capsules per day
<b>Pentasa (500MG Oral Capsule Extended Release)</b>	B	Maximum of 8 capsules per day
Percocet (Oral Tablet)	G	Maximum of 12 tablets per day
<b>Perforomist (Inhalation Nebulization Solution)</b>	B	Maximum of 2 vials (4 ml) per day
Perindopril Erbumine (Oral Tablet)	G	Maximum of 2 tablets per day
<b>Picato (0.015% External Gel)</b>	B	Maximum of 3 tubes per 30 days
<b>Picato (0.05% External Gel)</b>	B	Maximum of 2 tubes per 30 days
<b>Pifeltro (Oral Tablet)</b>	B	Maximum of 1 tablet per day
Pimecrolimus (External Cream)	G	Maximum of 100 grams per 30 days
Pioglitazone HCl (15MG Oral Tablet)	G	Maximum of 3 tablets per day
Pioglitazone HCl (30MG Oral Tablet, 45MG Oral Tablet)	G	Maximum of 1 tablet per day
Pioglitazone HCl-Glimepiride (Oral Tablet)	G	Maximum of 1 tablet per day
Pioglitazone HCl-Metformin HCl (Oral Tablet)	G	Maximum of 3 tablets per day
<b>Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)</b>	B	Maximum of 1 tablet per day
<b>Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)</b>	B	Maximum of 2 tablets per day
<b>Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)</b>	B	Maximum of 2 tablets per day
<b>Plaquenil (Oral Tablet)</b>	B	Maximum of 3 tablets per day
<b>Plavix (Oral Tablet)</b>	B	Maximum of 4 tablets per day
Posaconazole (Oral Tablet Delayed Release)	G	Maximum of 6 tablets per day
<b>Pradaxa (Oral Capsule)</b>	B	Maximum of 2 capsules per day
<b>Praluent (Subcutaneous Solution Auto-Injector)</b>	B	Maximum of 2 pens (2 ml) per 28 days
Pravastatin Sodium (Oral Tablet)	G	Maximum of 1 tablet per day
Pregabalin (100MG Oral Capsule, 150MG Oral Capsule, 200MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	G	Maximum of 3 capsules per day
Pregabalin (225MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 2 capsules per day
Pregabalin (Oral Solution)	G	Maximum of 30 ml per day



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

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
<b>QuilliChew ER (20MG Oral Tablet Chewable Extended Release, 40MG Oral Tablet Chewable Extended Release)</b>	B	Maximum of 1 tablet per day
<b>QuilliChew ER (30MG Oral Tablet Chewable Extended Release)</b>	B	Maximum of 2 tablets per day
Quinapril HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Quinapril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Quinapril-Hydrochlorothiazide (20-12.5MG Oral Tablet, 20-25MG Oral Tablet)	G	Maximum of 2 tablets per day
<b>QVAR RediHaler (Inhalation Aerosol Breath Activated)</b>	B	Maximum of 2 inhalers (21.2 grams) per 30 days
<b>RabAvert (Intramuscular Suspension Reconstituted)</b>	B	1 vaccination dose (1 injection) per day
Ramipril (Oral Capsule)	G	Maximum of 2 capsules per day
<b>Rapaflo (Oral Capsule)</b>	B	Maximum of 1 capsule per day
<b>Rayaldee (Oral Capsule Extended Release)</b>	B	Maximum of 2 capsules per day
<b>Recombivax HB (10MCG/ML Injection Suspension, 10MCG/ML (1ML Syringe) Injection Suspension, 40MCG/ML Injection Suspension)</b>	B	1 vaccination dose (1 ml) per day
<b>Recombivax HB (5MCG/0.5ML Injection Suspension)</b>	B	1 vaccination dose (0.5 ml) per day
<b>Rectiv (Rectal Ointment)</b>	B	Maximum of 30 grams per 30 days
Relexxii (Oral Tablet Extended Release)	G	Maximum of 1 tablet per day
<b>Relpax (Oral Tablet)</b>	B	Maximum of 12 tablets per 30 days
Repaglinide (0.5MG Oral Tablet)	G	Maximum of 32 tablets per day

<b>Drug Name</b>	<b>Brand or Generic</b>	<b>Quantity Limit</b>
Repaglinide (1MG Oral Tablet)	G	Maximum of 16 tablets per day
Repaglinide (2MG Oral Tablet)	G	Maximum of 8 tablets per day
<b>Repatha Pushtronex System (Subcutaneous Solution Cartridge)</b>	B	Maximum of 1 cartridge (3.5 ml) per 28 days
<b>Repatha (Subcutaneous Solution Prefilled Syringe)</b>	B	Maximum of 3 syringes (3 ml) per 28 days
<b>Repatha SureClick (Subcutaneous Solution Auto-Injector)</b>	B	Maximum of 3 pens (3 ml) per 28 days
<b>Restasis Single-Use Vials (Ophthalmic Emulsion)</b>	B	Maximum of 2 vials per day
<b>Restoril (22.5MG Oral Capsule)</b>	B	Maximum of 1 capsule per day
<b>Retevmo (40MG Oral Capsule)</b>	B	Maximum of 6 capsules per day
<b>Retevmo (80MG Oral Capsule)</b>	B	Maximum of 4 capsules per day
<b>Retrovir (Oral Capsule)</b>	B	Maximum of 6 capsules per day
<b>Retrovir (Oral Syrup)</b>	B	Maximum of 64 ml per day
<b>Rexulti (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Reyataz (150MG Oral Capsule, 300MG Oral Capsule)</b>	B	Maximum of 1 capsule per day
<b>Reyataz (200MG Oral Capsule)</b>	B	Maximum of 2 capsules per day
<b>Reyataz (Oral Packet)</b>	B	Maximum of 6 packets per day
<b>Reyvow (100MG Oral Tablet)</b>	B	Maximum of 8 tablets per 30 days
<b>Reyvow (50MG Oral Tablet)</b>	B	Maximum of 4 tablets per 30 days
<b>Rinvoq (Oral Tablet Extended Release 24 Hour)</b>	B	Maximum of 1 tablet per day
<b>Riomet ER (Oral Suspension Reconstituted ER)</b>	B	Maximum of 20 ml per day
<b>Riomet (Oral Solution)</b>	B	Maximum of 25.5 ml per day
<b>Ritalin (Oral Tablet)</b>	B	Maximum of 3 tablets per day
Ritonavir (Oral Tablet)	G	Maximum of 12 tablets per day
Rivastigmine (Transdermal Patch 24 Hour)	G	Maximum of 1 patch per day
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
<b>Rotarix (Oral Suspension Reconstituted)</b>	B	1 vaccination dose (1 ml) per day
<b>RotaTeq (Oral Solution)</b>	B	1 vaccination dose (2 ml) per day
<b>Roxicodone (15MG Oral Tablet)</b>	B	Maximum of 8 tablets per day
<b>Roxicodone (30MG Oral Tablet)</b>	B	Maximum of 6 tablets per day
<b>Roxicodone (5MG Oral Tablet)</b>	B	Maximum of 12 tablets per day

<b>Drug Name</b>	<b>Brand or Generic</b>	<b>Quantity Limit</b>
<b>Rozlytrek (100MG Oral Capsule)</b>	B	Maximum of 5 capsules per day
<b>Rozlytrek (200MG Oral Capsule)</b>	B	Maximum of 3 capsules per day
<b>Ruzurgi (Oral Tablet)</b>	B	Maximum of 10 tablets per day
<b>Rybelsus (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Rydapt (Oral Capsule)</b>	B	Maximum of 8 capsules per day
<b>Sabril (Oral Packet)</b>	B	Maximum of 6 packets per day
<b>Sabril (Oral Tablet)</b>	B	Maximum of 6 tablets per day
<b>Sancuso (Transdermal Patch)</b>	B	Maximum of 4 patches per 28 days
<b>Savaysa (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Secuado (Transdermal Patch 24 Hour)</b>	B	Maximum of 1 patch per day
<b>Segluromet (2.5-1000MG Oral Tablet, 7.5-1000MG Oral Tablet, 7.5-500MG Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Segluromet (2.5-500MG Oral Tablet)</b>	B	Maximum of 4 tablets per day
<b>Selzentry (Oral Solution)</b>	B	Maximum of 8 bottles (1840 ml) per 30 days
<b>Selzentry (150MG Oral Tablet, 75MG Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Selzentry (25MG Oral Tablet, 300MG Oral Tablet)</b>	B	Maximum of 4 tablets per day
<b>Sensipar (30MG Oral Tablet, 60MG Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Sensipar (90MG Oral Tablet)</b>	B	Maximum of 4 tablets per day
<b>Serevent Diskus (Inhalation Aerosol Powder Breath Activated)</b>	B	Maximum of 1 inhaler (60 inhalations) per 30 days
<b>Seroquel (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)</b>	B	Maximum of 3 tablets per day
<b>Seroquel (25MG Oral Tablet Immediate Release)</b>	B	Maximum of 4 tablets per day
<b>Seroquel (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)</b>	B	Maximum of 2 tablets per day
<b>Seroquel XR (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)</b>	B	Maximum of 1 tablet per day

Drug Name	Brand or Generic	Quantity Limit
<b>Seroquel XR (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)</b>	B	Maximum of 2 tablets per day
<b>Shingrix (Intramuscular Suspension Reconstituted)</b>	B	1 vaccination dose (1 injection) per day
Silodosin (Oral Capsule)	G	Maximum of 1 capsule per day
Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
<b>Singulair (Oral Packet)</b>	B	Maximum of 1 packet per day
<b>Singulair (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Singulair (Oral Tablet Chewable)</b>	B	Maximum of 1 tablet per day
Sofosbuvir-Velpatasvir (Oral Tablet)	G	Maximum of 1 tablet per day
Solifenacin Succinate (Oral Tablet)	G	Maximum of 1 tablet per day
<b>Soliqua (Subcutaneous Solution Pen-Injector)</b>	B	Maximum of 6 pens (18 ml) per 30 days
<b>Solodyn (Oral Tablet Extended Release 24 Hour)</b>	B	Maximum of 1 tablet per day
<b>Somavert (Subcutaneous Solution Reconstituted)</b>	B	Maximum of 1 vial per day
<b>Sovaldi (150MG Oral Packet)</b>	B	Maximum of 1 carton (28 packets) per 28 days
<b>Sovaldi (200MG Oral Packet)</b>	B	Maximum of 2 cartons (56 packets) per 28 days
<b>Sovaldi (400MG Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Spiriva HandiHaler (Inhalation Capsule)</b>	B	Maximum of 1 capsule per day
<b>Spiriva Respimat (Inhalation Aerosol Solution)</b>	B	Maximum of 1 inhaler (4 grams) per 30 days
<b>Starlix (120MG Oral Tablet)</b>	B	Maximum of 3 tablets per day
Stavudine (Oral Capsule)	G	Maximum of 2 capsules per day
<b>Steglatro (15MG Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Steglatro (5MG Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Steglujan (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Stribild (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Suboxone (12-3MG Sublingual Film, 4-1MG Sublingual Film)</b>	B	Maximum of 2 films per day
<b>Suboxone (2-0.5MG Sublingual Film, 8-2MG Sublingual Film)</b>	B	Maximum of 3 films per day

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



<b>Drug Name</b>	<b>Brand or Generic</b>	<b>Quantity Limit</b>
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
<b>Talzenna (0.25MG Oral Capsule)</b>	B	Maximum of 3 capsules per day
<b>Talzenna (1MG Oral Capsule)</b>	B	Maximum of 1 capsule per day
<b>Targretin (External Gel)</b>	B	Maximum of 60 grams per 30 days
<b>Tasmar (Oral Tablet)</b>	B	Maximum of 6 tablets per day
<b>Tavalisse (Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Tazverik (Oral Tablet)</b>	B	Maximum of 8 tablets per day
<b>TDVAX (Intramuscular Suspension)</b>	B	1 vaccination dose (0.5 ml) per day
<b>Tecfidera (Oral Capsule Delayed Release)</b>	B	Maximum of 2 capsules per day
<b>Tekturna HCT (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Tekturna (Oral Tablet)</b>	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
<b>Tenivac (Intramuscular Injectable)</b>	B	1 vaccination dose (0.5 ml) per day
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
<b>Thalomid (100MG Oral Capsule, 50MG Oral Capsule)</b>	B	Maximum of 1 capsule per day
<b>Thalomid (150MG Oral Capsule, 200MG Oral Capsule)</b>	B	Maximum of 2 capsules per day
<b>Tibsovo (Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Tivicay (10MG Oral Tablet, 25MG Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Tivicay (50MG Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>TOBI (Inhalation Nebulization Solution)</b>	B	Maximum of 2 ampules (10 ml) per day
<b>TOBI Podhaler (Inhalation Capsule)</b>	B	Maximum of 8 capsules per day
Tobramycin (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
<b>Tosymra (Nasal Solution)</b>	B	Maximum of 12 devices per 30 days
<b>Toviaz (Oral Tablet Extended Release 24 Hour)</b>	B	Maximum of 1 tablet per day
<b>Tracleer (Oral Tablet)</b>	B	Maximum of 2 tablets per day



Drug Name	Brand or Generic	Quantity Limit
<b>Tracleer (Oral Tablet Soluble)</b>	B	Maximum of 8 tablets per day
<b>Tradjenta (Oral Tablet)</b>	B	Maximum of 1 tablet per day
Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Tramadol HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Tramadol HCl ER (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Tramadol HCl (50MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Tramadol-Acetaminophen (Oral Tablet)	G	Maximum of 8 tablets per day
Trandolapril (1MG Oral Tablet, 2MG Oral Tablet)	G	Maximum of 1 tablet per day
Trandolapril (4MG Oral Tablet)	G	Maximum of 2 tablets per day
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	G	Maximum of 1 tablet per day
<b>Tranxene-T (Oral Tablet)</b>	B	Maximum of 12 tablets per day
<b>Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	B	Maximum of 1 inhaler (60 blisters) per 30 days
<b>Treximet (Oral Tablet)</b>	B	Maximum of 9 tablets per 30 days
Trezix (Oral Capsule)	G	Maximum of 10 capsules per day
<b>Tribenzor (Oral Tablet)</b>	B	Maximum of 1 tablet per day
Trientine HCl (Oral Capsule)	G	Maximum of 8 capsules per day
<b>Trikafta (Oral Tablet Therapy Pack)</b>	B	Maximum of 1 pack (84 tablets) per 28 days
<b>Triumeq (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Trizivir (Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Trulicity (Subcutaneous Solution Pen-Injector)</b>	B	Maximum of 4 pens (2 ml) per 28 days
<b>Trumenba (Intramuscular Suspension Prefilled Syringe)</b>	B	1 vaccination dose (0.5 ml) per day
<b>Truvada (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Tukysa (150MG Oral Tablet)</b>	B	Maximum of 4 tablets per day
<b>Tukysa (50MG Oral Tablet)</b>	B	Maximum of 12 tablets per day
<b>Turalio (Oral Capsule)</b>	B	Maximum of 4 capsules per day

Drug Name	Brand or Generic	Quantity Limit
<b>Twinrix (Intramuscular Suspension Prefilled Syringe)</b>	B	1 vaccination dose (1 ml) per day
<b>Twynsta (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Tybost (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Typhim Vi (Intramuscular Solution)</b>	B	1 vaccination dose (0.5 ml) per day
<b>Ubrelyv (Oral Tablet)</b>	B	Maximum of 16 tablets per 30 days
<b>Ultracet (Oral Tablet)</b>	B	Maximum of 8 tablets per day
<b>Ultram (Oral Tablet Immediate Release)</b>	B	Maximum of 8 tablets per day
<b>Uptravi (1000MCG Oral Tablet, 1200MCG Oral Tablet, 1400MCG Oral Tablet, 1600MCG Oral Tablet, 400MCG Oral Tablet, 600MCG Oral Tablet, 800MCG Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Uptravi (200MCG Oral Tablet)</b>	B	Maximum of 5 tablets per day
Valacyclovir HCl (1GM Oral Tablet)	G	Maximum of 4 tablets per day
Valacyclovir HCl (500MG Oral Tablet)	G	Maximum of 2 tablets per day
<b>Valchlor (External Gel)</b>	B	Maximum of 60 grams per 30 days
<b>Valcyte (Oral Solution Reconstituted)</b>	B	Maximum of 36 ml per day
<b>Valcyte (Oral Tablet)</b>	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
<b>Valium (Oral Tablet)</b>	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
<b>Valtoco 10 MG Dose (Nasal Liquid)</b>	B	Maximum of 10 blister packs (10 spray devices) per 30 days
<b>Valtoco 15 MG Dose (Nasal Liquid Therapy Pack)</b>	B	Maximum of 10 blister packs (20 spray devices) per 30 days
<b>Valtoco 20 MG Dose (Nasal Liquid Therapy Pack)</b>	B	Maximum of 10 blister packs (20 spray devices) per 30 days
<b>Valtoco 5 MG Dose (Nasal Liquid)</b>	B	Maximum of 10 blister packs (10 spray devices) per 30 days
<b>Valtrex (1GM Oral Tablet)</b>	B	Maximum of 4 tablets per day
<b>Valtrex (500MG Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Vancocin HCl (125MG Oral Capsule)</b>	B	Maximum of 4 capsules per day
<b>Vancocin (250MG Oral Capsule)</b>	B	Maximum of 8 capsules per day

Drug Name	Brand or Generic	Quantity Limit
Vancomycin HCl (125MG Oral Capsule)	G	Maximum of 4 capsules per day
Vancomycin HCl (250MG Oral Capsule)	G	Maximum of 8 capsules per day
<b>VAQTA (Intramuscular Suspension)</b>	B	Maximum of 2 vaccines per lifetime
<b>Varivax (Subcutaneous Injectable)</b>	B	1 vaccination dose (1 injection) per day
<b>Vaseretic (Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Vasotec (Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Veltassa (Oral Packet)</b>	B	Maximum of 1 packet per day
<b>Vesicare (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Viberzi (Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Victoza (Subcutaneous Solution Pen-Injector)</b>	B	Maximum of 3 pens (9 ml) per 30 days
<b>Viekira Pak (Oral Tablet Therapy Pack)</b>	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
<b>Vimpat (Oral Solution)</b>	B	Maximum of 40 ml per day
<b>Vimpat (Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Viracept (250MG Oral Tablet)</b>	B	Maximum of 10 tablets per day
<b>Viracept (625MG Oral Tablet)</b>	B	Maximum of 4 tablets per day
<b>Viramune (Oral Suspension)</b>	B	Maximum of 40 ml per day
<b>Viramune (Oral Tablet Immediate Release)</b>	B	Maximum of 2 tablets per day
<b>Viramune XR (Oral Tablet Extended Release 24 Hour)</b>	B	Maximum of 1 tablet per day
<b>Viread (Oral Powder)</b>	B	Maximum of 4 bottles (240 grams) per 30 days
<b>Viread (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Vitrakvi (100MG Oral Capsule)</b>	B	Maximum of 4 capsules per day
<b>Vitrakvi (25MG Oral Capsule)</b>	B	Maximum of 6 capsules per day
<b>Vitrakvi (Oral Solution)</b>	B	Maximum of 20 ml per day
<b>Vivelle-Dot (Transdermal Patch Twice Weekly)</b>	B	Maximum of 8 patches per 28 days
<b>Vivlodex (Oral Capsule)</b>	B	Maximum of 1 capsule per day
<b>Vosevi (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)</b>	B	Maximum of 1 capsule per day

Drug Name	Brand or Generic	Quantity Limit
<b>Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)</b>	B	Maximum of 4 capsules per day
<b>Vyndamax (Oral Capsule)</b>	B	Maximum of 1 capsule per day
<b>Vyndaqel (Oral Capsule)</b>	B	Maximum of 4 capsules per day
<b>Vytorin (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Wakix (Oral Tablet)</b>	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
<b>Xanax (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)</b>	B	Maximum of 4 tablets per day
<b>Xanax (2MG Oral Tablet Immediate Release)</b>	B	Maximum of 5 tablets per day
<b>Xanax XR (0.5MG Oral Tablet Extended Release 24 Hour, 1MG Oral Tablet Extended Release 24 Hour)</b>	B	Maximum of 1 tablet per day
<b>Xanax XR (2MG Oral Tablet Extended Release 24 Hour)</b>	B	Maximum of 5 tablets per day
<b>Xanax XR (3MG Oral Tablet Extended Release 24 Hour)</b>	B	Maximum of 3 tablets per day
<b>Xarelto (10MG Oral Tablet, 20MG Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Xarelto (15MG Oral Tablet, 2.5MG Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Xarelto Starter Pack (Oral Tablet Therapy Pack)</b>	B	Maximum of 1 pack (51 tablets) per 30 days
<b>Xcopri (250 MG Daily Dose) (Oral Tablet Therapy Pack)</b>	B	Maximum of 1 pack (56 tablets) per 28 days
<b>Xcopri (350 MG Daily Dose) (Oral Tablet Therapy Pack)</b>	B	Maximum of 1 pack (56 tablets) per 28 days
<b>Xcopri (100MG Oral Tablet, 50MG Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Xcopri (150MG Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Xcopri (200MG Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Xcopri (Oral Tablet Titration Therapy Pack)</b>	B	Maximum of 1 pack (28 tablets) per 28 days
<b>Xeljanz (Oral Tablet Immediate Release)</b>	B	Maximum of 2 tablets per day
<b>Xeljanz XR (Oral Tablet Extended Release 24 Hour)</b>	B	Maximum of 1 tablet per day

<b>Drug Name</b>	<b>Brand or Generic</b>	<b>Quantity Limit</b>
<b>Xenleta (Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Xermelo (Oral Tablet)</b>	B	Maximum of 3 tablets per day
<b>Xigduo XR (10-1000MG Oral Tablet Extended Release 24 Hour, 10-500MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)</b>	B	Maximum of 1 tablet per day
<b>Xigduo XR (2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)</b>	B	Maximum of 2 tablets per day
<b>Xiidra (Ophthalmic Solution)</b>	B	Maximum of 2 vials per day
<b>Xofluza (40 MG Dose) (Oral Tablet Therapy Pack)</b>	B	Maximum of 2 tablets per 30 days
<b>Xofluza (80 MG Dose) (Oral Tablet Therapy Pack)</b>	B	Maximum of 2 tablets per 30 days
<b>Xolegel (External Gel)</b>	B	Maximum of 90 grams per 30 days
<b>Xospata (Oral Tablet)</b>	B	Maximum of 3 tablets per day
<b>Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)</b>	B	Maximum of 20 tablets per 28 days
<b>Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)</b>	B	Maximum of 12 tablets per 28 days
<b>Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)</b>	B	Maximum of 16 tablets per 28 days
<b>Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)</b>	B	Maximum of 32 tablets per 28 days
<b>Xtampza ER (13.5MG Oral Capsule ER 12 Hour Abuse-Deterrent, 18MG Oral Capsule ER 12 Hour Abuse-Deterrent, 9MG Oral Capsule ER 12 Hour Abuse-Deterrent)</b>	B	Maximum of 3 capsules per day
<b>Xtampza ER (27MG Oral Capsule ER 12 Hour Abuse-Deterrent, 36MG Oral Capsule ER 12 Hour Abuse-Deterrent)</b>	B	Maximum of 6 capsules per day
<b>Xultophy (Subcutaneous Solution Pen-Injector)</b>	B	Maximum of 5 pens (15 ml) per 30 days
<b>Xyrem (Oral Solution)</b>	B	Maximum of 18 ml per day
<b>YF-Vax (Subcutaneous Injectable)</b>	B	1 vaccination dose (1 injection) per day
<b>Yupelri (Inhalation Solution)</b>	B	Maximum of 1 vial (3 ml) per day
<b>Zaleplon (10MG Oral Capsule)</b>	G	Maximum of 2 capsules per day
<b>Zaleplon (5MG Oral Capsule)</b>	G	Maximum of 1 capsule per day

<b>Drug Name</b>	<b>Brand or Generic</b>	<b>Quantity Limit</b>
<b>Zelboraf (Oral Tablet)</b>	B	Maximum of 8 tablets per day
<b>Zelnorm (Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Zembrace SymTouch (Subcutaneous Solution Auto-Injector)</b>	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
<b>Zepatier (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Zestoretic (10-12.5MG Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Zestoretic (20-12.5MG Oral Tablet)</b>	B	Maximum of 4 tablets per day
<b>Zestoretic (20-25MG Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Zestril (Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Ziac (Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Ziagen (Oral Solution)</b>	B	Maximum of 32 ml per day
<b>Ziagen (Oral Tablet)</b>	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
<b>Zocor (10MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Zohydro ER (Oral Capsule ER 12 Hour Abuse-Deterrent)</b>	B	Maximum of 2 capsules per day
Zolmitriptan (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Zolmitriptan ODT (Oral Tablet Dispersible)	G	Maximum of 12 tablets per 30 days
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	Maximum of 1 tablet per day
<b>Zomig (2.5MG Nasal Solution)</b>	B	Maximum of 18 devices per 30 days
<b>Zomig (5MG Nasal Solution)</b>	B	Maximum of 12 devices per 30 days
<b>Zomig (Oral Tablet)</b>	B	Maximum of 12 tablets per 30 days
<b>Zomig ZMT (Oral Tablet Dispersible)</b>	B	Maximum of 12 tablets per 30 days
<b>Zonalon (External Cream)</b>	B	Maximum of 90 grams per 30 days
<b>Zostavax (19400UNT/0.65ML Subcutaneous Suspension Reconstituted)</b>	B	1 vaccination dose (1 injection) per day
<b>ZTIido (External Patch)</b>	B	Maximum of 3 patches per day



Drug Name	Brand or Generic	Quantity Limit
<b>Zubsolv (1.4-0.36MG Tablet Sublingual, 5.7-1.4MG Tablet Sublingual)</b>	B	Maximum of 3 tablets per day
<b>Zubsolv (11.4-2.9MG Tablet Sublingual)</b>	B	Maximum of 1 tablet per day
<b>Zubsolv (2.9-0.71MG Tablet Sublingual)</b>	B	Maximum of 5 tablets per day
<b>Zubsolv (8.6-2.1MG Tablet Sublingual)</b>	B	Maximum of 2 tablets per day
<b>Zypitamag (2MG Oral Tablet, 4MG Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Zyprexa (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Zyprexa Zydis (Oral Tablet Dispersible)</b>	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.

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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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>
<b>Analgesics - drugs to treat pain, inflammation, and muscle and joint conditions</b>		
<b>Inflammation</b>		
Salsalate	1	
<b>Urinary Tract Pain</b>		
Phenazopyridine	1	
<b>Anorexiant - drugs to promote weight loss</b>		
Phentermine	1	QL (maximum of 1 capsule/tablet per day)
<b>Anticoagulants - drugs to prevent clotting</b>		
Heparin Lock Flush	1	
<b>Dermatological agents - drugs to treat skin conditions</b>		
<b>Dry, Itchy Scalp</b>		
Sulfacetamide Sodium Liquid Wash 10%	1	
Sulfacetamide Sodium w/Sulfur in Urea Emulsion 10-5%	1	
<b>Dry Skin</b>		
Urea 50% Cream	1	
<b>Gastrointestinal agents - drugs to treat bowel, intestine and stomach conditions</b>		
<b>Hemorrhoids</b>		
Hydrocortisone Acetate Suppository 25 mg	1	
Lidocaine/Hydrocortisone Acetate	1	
<b>Irritable Bowel or Ulcers</b>		
Clidinium & Chlordiazepoxide	1	
Hyoscyamine Sulfate	1	
<b>Levbid</b>	3	

**Bold type = Brand name drug** Plain type = Generic drug

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>
<b>Genitourinary agents - drugs to treat bladder, genital and kidney conditions</b>		
<b>Erectile Dysfunction</b>		
<b>Edex</b>	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)
<b>Sexual Desire Disorder</b>		
<b>Addyi</b>	3	QL (maximum of 1 tablet per day)
<b>Urinary Tract Infection</b>		
Methenamine/Hyoscamine/Methyl Blue/Sod Phosphate/Phenyl Salicylate	1	
Methenamine/Hyoscamine/Methylene Blue/Sodium Phosphate	1	
<b>Urinary Tract Spasm and Pain</b>		
Belladonna Alkaloids & Opium Suppositories	1	MME, 7D, DL
<b>Hormonal agents - hormone replacement/modifying drugs</b>		
<b>Thyroid Supplement</b>		
<b>Armour Thyroid</b>	3	
<b>Nutritional supplements - drugs to treat vitamin &amp; mineral deficiencies</b>		
<b>Potassium Supplement</b>		
<b>K-Phos Tab</b>	3	
Potassium Bicarbonate Effervescent Tab 25 mEq	1	
<b>Vitamins and Minerals</b>		
Cyanocobalamin Injection (Vitamin B12)	1	

**Bold type = Brand name drug** Plain type = Generic drug

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>
Folic Acid 1 mg (Rx only)	1	
Folic Acid-Vitamin B6-Vitamin B12 Tablet 2.5-25-1 mg	1	
Phytonadione	1	
Renal 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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