

# Complete Drug List (Formulary) 2021

## AARP MedicareRx Walgreens (PDP)

**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 UnitedHealthcare Customer Service at:



Toll-free **1-866-870-3470**, TTY **711**

8 a.m. - 8 p.m. local time, 7 days a week



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

If you are a member of a group sponsored plan (your coverage is provided through a former employer, union group or trust), please call the Customer Service number on the back of your UnitedHealthcare member ID card.



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## Questions?

If you have questions, we're here to help. Call UnitedHealthcare Customer Service at:



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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 UnitedHealthcare 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 AARP MedicareRx Walgreens (PDP) plan.

## 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 12–26 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 27–88 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.



### Can't find your drug?

Check the complete drug list by visiting our plan website at [www.myAARPMedicare.com](http://www.myAARPMedicare.com). You can use online tools to look up your drugs. This information is updated on a regular basis.

## 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 5 drug tiers. Each tier has a copay or coinsurance amount. The chart below shows the differences between the tiers.

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

Drug Tier	Includes
<b>Tier 1:</b> <b>Preferred generic</b>	Lower-cost, commonly used generic drugs.
<b>Tier 2:</b> <b>Generic</b>	Many generic drugs.
<b>Tier 3:</b> <b>Preferred brand</b>	Many common brand name drugs, called preferred brands and some higher-cost generic drugs.
<b>Tier 4:</b> <b>Non-preferred drug</b>	Non-preferred generic and non-preferred brand name drugs.
<b>Tier 5:</b> <b>Specialty tier</b>	Unique and/or very high-cost brand and generic drugs.

In addition, your plan has added coverage of some prescription drugs that are not normally covered under Medicare Part D. Please see section "Additional covered drugs" on page 115 for a list of these 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 UnitedHealthcare 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 27. 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 UnitedHealthcare 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 correctly for a medical condition covered by Medicare. If you don't get 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 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.

### **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 UnitedHealthcare 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 UnitedHealthcare 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. If approved this would lower the amount you pay out-of-pocket for your drug.

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 UnitedHealthcare 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 UnitedHealthcare Customer Service. Our contact information, along with the date we last updated the drug list, is on the cover.

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

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

<b>A</b>		
Abacavir Sulfate.....	52	Alclometasone Dipropionate ..... 64
Abacavir Sulfate-Lamivudine .....	52	Alcohol Prep Pads.....
Abacavir-Lamivudine- Zidovudine.....	52	Alecensa.....
Abelcet.....	40	Alendronate Sodium.....
Abilify Maintena.....	48, 49	Alfuzosin HCl ER.....
Abiraterone Acetate.....	42	Alinia.....
Acamprosate Calcium.....	29	Aliskiren Fumarate.....
Acarbose.....	55	Allopurinol.....
Acetaminophen-Codeine.....	28	Alosetron HCl.....
Acetazolamide.....	60	Alphagan P.....
Acetazolamide ER.....	60	Alprazolam.....
Acetic Acid.....	85	Altavera.....
Acetylcysteine.....	88	Alunbrig.....
Acitretin.....	63	Alyacen 1/35.....
Actemra.....	79	Alyq.....
Actemra ACTPen.....	79	Amantadine HCl.....
ActHIB.....	81	AmBisome.....
Actimmune.....	80	Amethia.....
Acyclovir.....	51	Amikacin Sulfate.....
Acyclovir Sodium.....	51	Amiloride HCl.....
Adacel.....	81	Aminosyn II.....
Adapalene.....	63, 64	Aminosyn-PF.....
Adempas.....	87	Amiodarone HCl.....
Afinitor.....	44	Amitriptyline HCl.....
Afinitor Disperz.....	44	Amlodipine Besylate.....
Aimovig.....	41	Amlodipine-Benazepril.....
Ala-Cort.....	64	Amlodipine-Valsartan.....
Albendazole.....	47	Ammonium Lactate.....
Albuterol Sulfate.....	87	Amnesteem.....
Albuterol Sulfate HFA.....	86	Amoxapine.....
		Amoxicillin.....
		Amoxicillin-Potassium Clavulanate.....
		Amoxicillin-Potassium Clavulanate ER.....
		Amphetamine- Dextroamphetamine.....
		Amphetamine- Dextroamphetamine ER.....
		Amphotericin B.....
		Ampicillin.....
		Ampicillin Sodium.....
		Ampicillin-Sulbactam Sodium .....
		Anadrol-50.....
		Anagrelide HCl.....
		Anastrozole.....
		Androderm.....
		Anoro Ellipta.....
		Apokyn.....
		Apraclonidine HCl.....
		Aprepitant.....
		Apri.....
		Apriso.....
		Aptiom.....
		Aptivus.....
		Aralast NP.....
		Aranesp.....
		Arcalyst.....
		Aripiprazole.....
		Aripiprazole ODT.....
		Aristada.....
		Aristada Initio.....
		Armodafinil.....
		Ashlyna.....
		Aspirin-Dipyridamole ER.....
		Atazanavir Sulfate.....

Atenolol.....	59	Benazepril-Hydrochlorothiazide	44
Atenolol-Chlorthalidone.....	60	.....	60
Atomoxetine HCl.....	62	Benlysta.....	79
Atorvastatin Calcium.....	61	Benznidazole.....	47
Atovaquone.....	47	Benzoyl Peroxide-Erythromycin	64
Atovaquone-Proguanil HCl....	47	.....	64
Atripila.....	52	Benztropine Mesylate.....	47
Atropine Sulfate.....	83	Bepreve.....	84
Atrovent HFA.....	86	Berinert.....	78
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Auryxia.....	69	.....	64
Aviane.....	74	Betamethasone Dipropionate	64
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Azathioprine.....	80	Betamethasone Valerate.....	64
Azelaic Acid.....	64	Betaseron.....	63
Azelastine HCl.....	84, 86	Betaxolol HCl.....	85
Azithromycin.....	33	Bethanechol Chloride.....	72
Azopt.....	85	Betimol.....	85
Aztreonam.....	30	Bexarotene.....	46
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Bacitracin.....	84	Bexsero.....	81
Bacitracin-Polymyxin B.....	84	Bicalutamide.....	42
Baclofen.....	50	Bicillin C-R.....	33
Balsalazide Disodium.....	82	Bicillin C-R 900/300.....	33
Balversa.....	44	Bicillin L-A.....	33
Balziva.....	74	Biktaryv.....	51
Banzel.....	37	Bimatoprost.....	85
Baqsimi Two Pack.....	55	Bisoprolol Fumarate.....	59
Baraclude.....	51	BIVIGAM.....	79
Basaglar KwikPen.....	56	Blephamide.....	83
BCG Vaccine.....	81	Blephamide S.O.P.....	83
Belsomra.....	88	Blisovi 24 Fe.....	74
Benazepril HCl.....	58	Blisovi Fe 1.5/30.....	74
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		Bosentan.....	87
		Bosulif.....	44
		Braftovi.....	44
		Breo Ellipta.....	88
		Briellyn.....	74
		Brilinta.....	58
		Brimonidine Tartrate.....	85
		BRIVIACT.....	35
		Bromocriptine Mesylate.....	48
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		Budesonide ER.....	82
		Bumetanide.....	60
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Symfi.....	52	Temazepam.....	88	Torsemide.....	61
Symfi Lo.....	52	Tenivac.....	82	Toviaz.....	72
SymlinPen 120.....	55	Tenofovir Disoproxil Fumarate .....	52	TPN Electrolytes.....	69
SymlinPen 60.....	55	Terazosin HCl.....	72	Tracleer.....	87
Sympazan.....	36	Terbinafine HCl.....	40	Tradjenta.....	55
Symtuza.....	53	Terconazole.....	40	Tramadol HCl.....	29
Synarel.....	78	Teriparatide.....	83	Tramadol HCl ER.....	28
Synjardy.....	55	Testosterone.....	73	Tramadol-Acetaminophen.....	29
Synjardy XR.....	55	Testosterone Cypionate.....	73	Tranexamic Acid.....	58
Synribo.....	43	Testosterone Enanthate.....	73	Transderm-Scop.....	40
Synthroid.....	77	Tetrabenazine.....	63	Tranylcypromine Sulfate.....	38
<b>T</b>		Tetracycline HCl.....	35	Travasol.....	69
Tabloid.....	43	Thalomid.....	43	Travoprost.....	85
Tabrecta.....	43	Theophylline.....	87	Trazodone HCl.....	39
Tacrolimus.....	65, 81	Theophylline ER.....	87	Trecator.....	42
Tadalafil.....	87	Thioridazine HCl.....	48	Trelstar Mixject.....	78
Tafinlar.....	46	Thiothixene.....	48	Tretinoin.....	46, 64
Tagrisso.....	46	Tiagabine HCl.....	36	Trexall.....	81
Talzenna.....	46	Tibsovo.....	46	Tri-Estarylla.....	76
		Tigecycline.....	31	Tri-Lo-Estarylla.....	76



Tri-Lo-Sprintec.....	76	Ursodiol.....	70	Vigabatrin.....	36, 37
Tri-Mili.....	76	<b>V</b>		Vigadrone.....	37
Tri-Previfem.....	76	Valacyclovir HCl.....	51	Viibryd.....	39
Tri-Sprintec.....	76	Valchlor.....	42	Viibryd Starter Pack.....	39
Tri-VyLibra.....	76	Valganciclovir HCl.....	51	Vimpat.....	37
Tri-VyLibra Lo.....	76	Valproic Acid.....	35	Viracept.....	53
Triamcinolone Acetonide.....	63, 65	Valsartan.....	58	Viread.....	53
Triamterene-HCTZ.....	60	Valsartan-Hydrochlorothiazide	60	Vitrakvi.....	46
Triderm.....	66	.....	60	Vivitrol.....	29
Trientine HCl.....	69	Valtoco 10 MG Dose.....	36	Vizimpro.....	46
Trifluoperazine HCl.....	48	Valtoco 15 MG Dose.....	36	Voriconazole.....	40, 41
Trifluridine.....	84	Valtoco 20 MG Dose.....	36	Vosevi.....	51
Trihexyphenidyl HCl.....	47	Valtoco 5 MG Dose.....	36	Votrient.....	46
TriLyte.....	70	Vancomycin HCl.....	31	VP-PNV-DHA.....	69
Trimethoprim.....	31	Vandazole.....	31	Vraylar.....	50
Trimipramine Maleate.....	39	VAQTA.....	82	Vyfemla.....	76
Trintellix.....	39	Varivax.....	82	VyLibra.....	77
Triumeq.....	52	Varizig.....	79	Vyndamax.....	71
Trivora.....	76	Vascepa.....	62	Vyndaqel.....	71
TrophAmine.....	69	Velphoro.....	69	<b>W</b>	
Trulicity.....	55	Veltassa.....	69	Warfarin Sodium.....	57
Trumenba.....	82	Vemlidy.....	51	<b>X</b>	
Truvada.....	52	Venclexta.....	46	Xalkori.....	46
Tukysa.....	43	Venclexta Starting Pack.....	46	Xarelto.....	57
Turalio.....	46	Venlafaxine HCl.....	39	Xarelto Starter Pack.....	57
Twinrix.....	82	Venlafaxine HCl ER.....	39	Xatmep.....	81
Tybost.....	53	Ventavis.....	87	Xcopri.....	36
Tykerb.....	46	Ventolin HFA.....	87	Xeljanz.....	79
Tymlos.....	83	Verapamil HCl.....	60	Xeljanz XR.....	79
Typhim Vi.....	82	Verapamil HCl ER.....	59	Xgeva.....	83
<b>U</b>		Versacloz.....	50	Xifaxan.....	31
Udenyca.....	58	Verzenio.....	46	Xigduo XR.....	55
Unithroid.....	78	Vibramycin.....	35	Xofluza.....	54
		Vienna.....	76	Xolair.....	79, 80

Xospata.....	46	Zarah.....	77	Zirgan.....	51
Xpovio.....	43	Zarxio.....	58	Zolinza.....	43
Xtampza ER.....	28	Zejula.....	46	Zolpidem Tartrate.....	88
Xtandi.....	42	Zelboraf.....	46	Zonisamide.....	37
Xulane.....	77	Zenatane.....	64	Zortress.....	81
Xyrem.....	88	Zenpep.....	71	Zostavax.....	82
<b>Y</b>		Zerbaxa.....	32	Zovia 1/35E.....	77
YF-Vax.....	82	Zidovudine.....	53	Zydelig.....	46
<b>Z</b>		Ziprasidone HCl.....	50	Zykadia.....	46
Zafirlukast.....	86	Ziprasidone Mesylate.....	50	Zyprexa Relprev.....	50

## 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 12-26.

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 89-114.

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Analgesics</b>			
<b>Nonsteroidal Anti-inflammatory Drugs</b>			
Celecoxib (Oral Capsule)	G	3	QL
Diclofenac Potassium (Oral Tablet)	G	3	
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	G	3	
Diclofenac Sodium (Oral Tablet Delayed Release)	G	3	
Diclofenac Sodium (1% Transdermal Gel)	G	3	
<b>Duexis (Oral Tablet)</b>	B	5	ST; DL
Ibu (600MG Oral Tablet, 800MG Oral Tablet)	G	2	
Ibuprofen (Oral Suspension)	G	2	
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	G	2	
Meloxicam (Oral Tablet)	G	1	
Naproxen DR (Oral Tablet Delayed Release) (Generic EC-Naprosyn)	G	3	
Naproxen (Oral Suspension)	G	4	
Naproxen (Oral Tablet Immediate Release)	G	2	
Sulindac (Oral Tablet)	G	2	
<b>Opioid Analgesics, Long-acting</b>			
Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour)	G	3	7D; MME; DL; QL
Methadone HCl (Oral Solution)	G	3	7D; MME; DL; QL
Methadone HCl (Oral Tablet)	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	3	7D; MME; DL; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	G	4	7D; MME; DL; QL
Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour)	G	3	7D; MME; DL; QL
Tramadol HCl ER (Oral Tablet Extended Release 24 Hour)	G	3	7D; MME; DL; QL
<b>Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)</b>	B	3	7D; MME; DL; QL
<b>Opioid Analgesics, Short-acting</b>			
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	2	7D; MME; DL; QL
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	2	7D; MME; DL; QL
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	G	3	QL
Butalbital-Aspirin-Caffeine (Oral Capsule)	G	3	QL
Butorphanol Tartrate (Nasal Solution)	G	3	7D; MME; DL; QL
<b>Codeine Sulfate (15MG Oral Tablet)</b>	B	3	7D; MME; DL; QL
Codeine Sulfate (30MG Oral Tablet, 60MG Oral Tablet)	G	3	7D; MME; DL; QL
<b>Duramorph (Injection Solution)</b>	B	4	DL
Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	3	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	5	PA; DL; QL
Fentanyl Citrate (200MCG Buccal Lozenge On A Handle)	G	4	PA; DL; QL
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	G	3	7D; MME; DL; QL
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	3	7D; MME; DL; QL
Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	G	3	7D; MME; DL; QL
Hydromorphone HCl (1MG/ML Oral Liquid)	G	4	7D; MME; DL; QL
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release, 8MG Oral Tablet Immediate Release)	G	2	7D; MME; DL; QL
Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution)	G	4	DL
Lorcet HD (Oral Tablet)	G	3	7D; MME; DL; QL

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Lorcet (Oral Tablet)	G	3	7D; MME; DL; QL
Lorcet Plus (Oral Tablet)	G	3	7D; MME; DL; QL
Morphine Sulfate (Oral Solution)	G	3	7D; MME; DL; QL
Morphine Sulfate (Oral Tablet Immediate Release)	G	3	7D; MME; DL; QL
Oxycodone HCl (100MG/5ML Oral Concentrate)	G	4	7D; MME; DL; QL
Oxycodone HCl (5MG/5ML Oral Solution)	G	3	7D; MME; DL; QL
Oxycodone HCl (10MG Oral Tablet Immediate Release, 15MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	3	7D; MME; DL; QL
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	3	7D; MME; DL; QL
Oxycodone-Aspirin (Oral Tablet)	G	3	7D; MME; DL; QL
Tramadol HCl (50MG Oral Tablet Immediate Release)	G	2	7D; MME; DL; QL
Tramadol-Acetaminophen (Oral Tablet)	G	2	7D; MME; DL; QL
<b>Anesthetics</b>			
<b>Local Anesthetics</b>			
Lidocaine (5% External Ointment)	G	4	QL
Lidocaine (5% External Patch)	G	4	PA; QL
Lidocaine HCl (4% External Solution)	G	4	
Lidocaine HCl (External Gel)	G	2	
Lidocaine Viscous (2% Mouth/Throat Solution)	G	2	
Lidocaine-Prilocaine (External Cream)	G	3	
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>			
<b>Alcohol Deterrents/Anti-craving</b>			
Acamprosate Calcium (Oral Tablet Delayed Release)	G	4	
Disulfiram (Oral Tablet)	G	4	
Naltrexone HCl (Oral Tablet)	G	3	
<b>Vivitrol (Intramuscular Suspension Reconstituted)</b>	B	5	DL
<b>Opioid Dependence</b>			
Buprenorphine HCl (Tablet Sublingual)	G	2	QL
Buprenorphine HCl-Naloxone HCl (Sublingual Film)	G	4	QL
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	G	2	QL
<b>Suboxone (Sublingual Film)</b>	B	4	QL
<b>Opioid Reversal Agents</b>			
Naloxone HCl (0.4MG/ML Injection Solution)	G	2	
Naloxone HCl (Injection Solution Cartridge)	G	2	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Naloxone HCl (Injection Solution Prefilled Syringe)	G	2	
<b>Narcan (Nasal Liquid)</b>	B	3	
<b>Smoking Cessation Agents</b>			
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	G	2	
<b>Chantix Continuing Month Pak (Oral Tablet)</b>	B	4	
<b>Chantix (Oral Tablet)</b>	B	4	
<b>Chantix Starting Month Pak (Oral Tablet)</b>	B	4	
<b>Nicotrol (Inhalation Inhaler)</b>	B	4	
<b>Nicotrol NS (Nasal Solution)</b>	B	4	
<b>Antibacterials</b>			
<b>Aminoglycosides</b>			
Amikacin Sulfate (500MG/2ML Injection Solution)	G	4	
Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	G	4	
Gentamicin Sulfate (40MG/ML Injection Solution)	G	4	
Neomycin Sulfate (Oral Tablet)	G	2	
Paromomycin Sulfate (Oral Capsule)	G	4	
Streptomycin Sulfate (Intramuscular Solution Reconstituted)	G	4	
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	G	4	
<b>Antibacterials, Other</b>			
Aztreonam (1GM Injection Solution Reconstituted)	G	4	
Clindamycin HCl (Oral Capsule)	G	2	
Clindamycin Palmitate HCl (Oral Solution Reconstituted)	G	4	
Clindamycin Phosphate in D5W (Intravenous Solution)	G	4	
Clindamycin Phosphate (300MG/2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution)	G	4	
Clindamycin Phosphate (Vaginal Cream)	G	3	
Colistimethate Sodium (CBA) (Injection Solution Reconstituted)	G	4	
Daptomycin (500MG Intravenous Solution Reconstituted)	G	5	DL
Linezolid (Intravenous Solution)	G	4	
Linezolid (Oral Suspension Reconstituted)	G	5	DL

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Linezolid (Oral Tablet)	G	4	QL
Methenamine Hippurate (Oral Tablet)	G	3	
Metronidazole (0.75% External Cream)	G	3	
Metronidazole (0.75% External Gel)	G	3	
Metronidazole in NaCl 0.79% (Intravenous Solution)	G	4	
Metronidazole (250MG Oral Tablet, 500MG Oral Tablet)	G	2	
Metronidazole (0.75% Vaginal Gel)	G	3	
Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin)	G	3	
Nitrofurantoin Monohydrate (Generic Macrobid)	G	3	
Nitrofurantoin (Oral Suspension)	G	4	
Polymyxin B Sulfate (Injection Solution Reconstituted)	G	4	
Tigecycline (Intravenous Solution Reconstituted)	G	5	DL
Tinidazole (Oral Tablet)	G	4	
Trimethoprim (Oral Tablet)	G	2	
Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)	G	4	
<b>Vancomycin HCl (250MG Intravenous Solution Reconstituted)</b>	B	4	
Vancomycin HCl (Oral Capsule)	G	4	QL
<b>Vandazole (Vaginal Gel)</b>	B	3	
<b>Xifaxan (Oral Tablet)</b>	B	5	PA; DL
<b>Beta-lactam, Cephalosporins</b>			
Cefaclor (Oral Capsule)	G	3	
Cefadroxil (Oral Capsule)	G	2	
Cefadroxil (Oral Suspension Reconstituted)	G	2	
Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	3	
Cefdinir (Oral Capsule)	G	3	
Cefdinir (Oral Suspension Reconstituted)	G	3	
Cefepime HCl (Injection Solution Reconstituted)	G	4	
Cefixime (Oral Capsule)	G	3	
Cefixime (Oral Suspension Reconstituted)	G	4	
Cefotetan Disodium (Injection Solution Reconstituted)	G	4	
Cefoxitin Sodium (Injection Solution Reconstituted)	G	4	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Cefoxitin Sodium (Intravenous Solution Reconstituted)	G	4	
Cefpodoxime Proxetil (Oral Suspension Reconstituted)	G	4	
Cefpodoxime Proxetil (Oral Tablet)	G	4	
Cefprozil (Oral Suspension Reconstituted)	G	3	
Cefprozil (Oral Tablet)	G	3	
Ceftazidime (Injection Solution Reconstituted)	G	4	
Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	4	
Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	G	4	
Cefuroxime Axetil (Oral Tablet)	G	3	
Cefuroxime Sodium (Injection Solution Reconstituted)	G	4	
Cefuroxime Sodium (Intravenous Solution Reconstituted)	G	4	
Cephalexin (250MG Oral Capsule, 500MG Oral Capsule)	G	2	
Cephalexin (750MG Oral Capsule)	G	3	
Cephalexin (Oral Suspension Reconstituted)	G	2	
<b>Suprax (Oral Capsule)</b>	B	3	
<b>Suprax (500MG/5ML Oral Suspension Reconstituted)</b>	B	3	
Suprax (Oral Tablet Chewable)	G	3	
Tazicef (Injection Solution Reconstituted)	G	4	
<b>Zerbaxa (Intravenous Solution Reconstituted)</b>	B	4	PA
<b>Beta-lactam, Penicillins</b>			
Amoxicillin (Oral Capsule)	G	2	
Amoxicillin (Oral Suspension Reconstituted)	G	2	
Amoxicillin (Oral Tablet Immediate Release)	G	2	
Amoxicillin (Oral Tablet Chewable)	G	2	
Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour)	G	4	
Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted)	G	2	
Amoxicillin-Potassium Clavulanate (Oral Tablet Immediate Release)	G	2	
Amoxicillin-Potassium Clavulanate (Oral Tablet Chewable)	G	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>
Ampicillin (Oral Capsule)	G	2	
Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted)	G	4	
Ampicillin Sodium (10GM Intravenous Solution Reconstituted)	G	4	
Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)	G	4	
Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted)	G	4	
<b>Bicillin C-R 900/300 (Intramuscular Suspension)</b>	B	4	
<b>Bicillin C-R (Intramuscular Suspension)</b>	B	4	
<b>Bicillin L-A (Intramuscular Suspension)</b>	B	4	
Dicloxacillin Sodium (Oral Capsule)	G	2	
Nafcillin Sodium (1GM Injection Solution Reconstituted, 2GM Injection Solution Reconstituted)	G	4	
Nafcillin Sodium (10GM Intravenous Solution Reconstituted)	G	4	
<b>Oxacillin Sodium in Dextrose (Intravenous Solution)</b>	B	4	
Oxacillin Sodium (Injection Solution Reconstituted)	G	4	
Oxacillin Sodium (Intravenous Solution Reconstituted)	G	4	
Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)	G	4	
Penicillin G Procaine (Intramuscular Suspension)	G	4	
Penicillin G Sodium (Injection Solution Reconstituted)	G	4	
Penicillin V Potassium (Oral Solution Reconstituted)	G	2	
Penicillin V Potassium (Oral Tablet)	G	2	
Piperacillin-Tazobactam (Intravenous Solution Reconstituted)	G	4	
<b>Carbapenems</b>			
Ertapenem Sodium (Injection Solution Reconstituted)	G	4	
Imipenem-Cilastatin (Intravenous Solution Reconstituted)	G	4	
Meropenem (Intravenous Solution Reconstituted)	G	4	
<b>Macrolides</b>			
Azithromycin (Intravenous Solution Reconstituted)	G	4	
Azithromycin (Oral Suspension Reconstituted)	G	2	
Azithromycin (Oral Tablet)	G	2	
Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	G	3	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Clarithromycin (Oral Suspension Reconstituted)	G	4	
Clarithromycin (Oral Tablet Immediate Release)	G	3	
<b>Dificid (Oral Tablet)</b>	B	5	DL
<b>E.E.S. Granules (Oral Suspension Reconstituted)</b>	B	4	
Erythrocin Lactobionate (Intravenous Solution Reconstituted)	G	4	
Erythromycin Base (Oral Capsule Delayed Release Particles)	G	4	
Erythromycin Base (Oral Tablet Immediate Release)	G	4	
Erythromycin Base (Oral Tablet Delayed Release)	G	4	
Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted)	G	4	
Erythromycin Ethylsuccinate (Oral Tablet)	G	4	
<b>Quinolones</b>			
Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	G	2	
Ciprofloxacin in D5W (200MG/100ML Intravenous Solution)	G	4	
Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution)	G	4	
Levofloxacin (25MG/ML Intravenous Solution)	G	4	
Levofloxacin (25MG/ML Oral Solution)	G	4	
Levofloxacin (250MG Oral Tablet, 500MG Oral Tablet, 750MG Oral Tablet)	G	3	
Moxifloxacin HCl in NaCl (Intravenous Solution)	G	4	
Moxifloxacin HCl (Oral Tablet)	G	3	
Ofloxacin (Oral Tablet)	G	3	
<b>Sulfonamides</b>			
Sulfadiazine (Oral Tablet)	G	4	
Sulfamethoxazole-Trimethoprim (Oral Suspension)	G	3	
Sulfamethoxazole-Trimethoprim (Oral Tablet)	G	2	
<b>Tetracyclines</b>			
Demeclocycline HCl (Oral Tablet)	G	4	
Doxy 100 (Intravenous Solution Reconstituted)	G	4	
Doxycycline Hyclate (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
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release)	G	3	
Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule)	G	3	
Doxycycline Monohydrate (Oral Suspension Reconstituted)	G	4	
Doxycycline Monohydrate (100MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	G	3	
Minocycline HCl (Oral Capsule)	G	2	
Tetracycline HCl (Oral Capsule)	G	4	
<b>Vibramycin (50MG/5ML Oral Syrup)</b>	B	4	
<b>Anticonvulsants</b>			
<b>Anticonvulsants, Other</b>			
<b>BRIVIACT (Oral Solution)</b>	B	5	PA; DL; QL
<b>BRIVIACT (Oral Tablet)</b>	B	5	PA; DL; QL
<b>Epidiolex (Oral Solution)</b>	B	5	PA; DL
Felbamate (Oral Suspension)	G	5	DL
Felbamate (Oral Tablet)	G	4	
<b>Fycompa (Oral Suspension)</b>	B	5	DL; QL
<b>Fycompa (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)</b>	B	5	DL; QL
<b>Fycompa (2MG Oral Tablet)</b>	B	4	QL
Lamotrigine (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release)	G	2	
Lamotrigine (25MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	G	3	
Levetiracetam ER (Oral Tablet Extended Release 24 Hour)	G	3	
Levetiracetam (Oral Solution)	G	2	
Levetiracetam (Oral Tablet Immediate Release)	G	2	
Roweepra (Oral Tablet Immediate Release)	G	2	
Roweepra XR (Oral Tablet Extended Release 24 Hour)	G	3	
<b>Spritam ODT (Oral Tablet Disintegrating Soluble)</b>	B	4	
Topiramate (Oral Capsule Sprinkle Immediate Release)	G	3	
Topiramate (Oral Tablet)	G	2	
Valproic Acid (Oral Capsule)	G	2	
Valproic Acid (Oral Solution)	G	2	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Xcopri (250 MG Daily Dose) (Oral Tablet Therapy Pack)</b>	B	5	PA; DL; QL
<b>Xcopri (350 MG Daily Dose) (Oral Tablet Therapy Pack)</b>	B	5	PA; DL; QL
<b>Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)</b>	B	4	PA; QL
<b>Xcopri (200MG Oral Tablet)</b>	B	5	PA; DL; QL
<b>Xcopri (14x12.5MG &amp; 14x25MG Oral Tablet Therapy Pack)</b>	B	4	PA; QL
<b>Xcopri (14x150MG &amp; 14x200MG Oral Tablet Therapy Pack, 14x50MG &amp; 14x100MG Oral Tablet Therapy Pack)</b>	B	5	PA; DL; QL
<b>Calcium Channel Modifying Agents</b>			
<b>Celontin (Oral Capsule)</b>	B	4	
Ethosuximide (Oral Capsule)	G	3	
Ethosuximide (Oral Solution)	G	4	
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>			
Clobazam (Oral Suspension)	G	4	PA; QL
Clobazam (Oral Tablet)	G	4	PA; QL
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	G	4	QL
Gabapentin (Oral Capsule)	G	2	
Gabapentin (250MG/5ML Oral Solution)	G	3	
Gabapentin (Oral Tablet)	G	2	
<b>Nayzilam (Nasal Solution)</b>	B	4	QL
Phenobarbital (Oral Elixir)	G	2	
Phenobarbital (Oral Tablet)	G	2	
Primidone (Oral Tablet)	G	2	
<b>Sympazan (10MG Oral Film, 20MG Oral Film)</b>	B	5	PA; DL; QL
<b>Sympazan (5MG Oral Film)</b>	B	4	PA; QL
Tiagabine HCl (Oral Tablet)	G	4	
<b>Valtoco 10 MG Dose (Nasal Liquid)</b>	B	4	QL
<b>Valtoco 15 MG Dose (Nasal Liquid Therapy Pack)</b>	B	4	QL
<b>Valtoco 20 MG Dose (Nasal Liquid Therapy Pack)</b>	B	4	QL
<b>Valtoco 5 MG Dose (Nasal Liquid)</b>	B	4	QL
Vigabatrin (Oral Packet)	G	5	PA; LA; DL; 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>
Vigabatrin (Oral Tablet)	G	5	PA; LA; DL; QL
Vigadrone (Oral Packet)	G	5	PA; LA; DL; 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 (Oral Capsule Extended Release 12 Hour)	G	3	
Carbamazepine ER (Oral Tablet Extended Release 12 Hour)	G	3	
Carbamazepine (Oral Suspension)	G	3	
Carbamazepine (Oral Tablet Immediate Release)	G	3	
Carbamazepine (Oral Tablet Chewable)	G	3	
Dilantin INFATABS (Oral Tablet Chewable)	G	3	
Dilantin (Oral Capsule)	G	3	
Epitol (Oral Tablet)	G	3	
Oxcarbazepine (300MG/5ML Oral Suspension)	G	4	
Oxcarbazepine (150MG Oral Tablet, 300MG Oral Tablet, 600MG Oral Tablet)	G	3	
<b>Peganone (Oral Tablet)</b>	B	4	
Phenytek (Oral Capsule)	G	3	
Phenytoin (125MG/5ML Oral Suspension)	G	2	
Phenytoin (Oral Tablet Chewable)	G	3	
Phenytoin Sodium Extended (100MG Oral Capsule)	G	2	
Phenytoin Sodium Extended (200MG Oral Capsule, 300MG Oral Capsule)	G	3	
<b>Vimpat (Oral Solution)</b>	B	5	DL; QL
<b>Vimpat (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet)</b>	B	5	DL; QL
<b>Vimpat (50MG Oral Tablet)</b>	B	4	QL
Zonisamide (Oral Capsule)	G	2	
<b>Antidementia Agents</b>			
<b>Cholinesterase Inhibitors</b>			
Donepezil HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	2	QL
Donepezil HCl ODT (Oral Tablet Dispersible)	G	2	QL
Rivastigmine Tartrate (Oral Capsule)	G	3	QL
Rivastigmine (Transdermal Patch 24 Hour)	G	4	ST; QL
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>			

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Memantine HCl (2MG/ML Oral Solution)	G	4	PA; QL
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	2	PA; QL
<b>Memantine HCl Titration Pak (Oral Tablet)</b>	B	3	PA
<b>Antidepressants</b>			
<b>Antidepressants, Other</b>			
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	G	2	
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	2	
Bupropion HCl (Oral Tablet Immediate Release)	G	2	
Maprotiline HCl (Oral Tablet)	G	4	
Mirtazapine (Oral Tablet)	G	2	
Mirtazapine ODT (Oral Tablet Dispersible)	G	3	
<b>Monoamine Oxidase Inhibitors</b>			
<b>Emsam (Transdermal Patch 24 Hour)</b>	B	5	DL; QL
<b>Marplan (Oral Tablet)</b>	B	4	
Phenelzine Sulfate (Oral Tablet)	G	3	
Tranylcypromine Sulfate (Oral Tablet)	G	4	
<b>SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)</b>			
Citalopram Hydrobromide (Oral Solution)	G	3	
Citalopram Hydrobromide (Oral Tablet)	G	1	
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	3	QL
Escitalopram Oxalate (Oral Solution)	G	2	
Escitalopram Oxalate (Oral Tablet)	G	2	
<b>Fetzima (Oral Capsule Extended Release 24 Hour)</b>	B	4	ST; QL
<b>Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)</b>	B	4	ST
Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)	G	2	
Fluoxetine HCl (20MG/5ML Oral Solution)	G	2	
Fluvoxamine Maleate (Oral Tablet)	G	3	
Nefazodone HCl (Oral Tablet)	G	4	
Paroxetine HCl (Oral Tablet Immediate Release)	G	2	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Paxil (Oral Suspension)</b>	B	4	
Sertraline HCl (Oral Concentrate)	G	4	
Sertraline HCl (Oral Tablet)	G	1	
Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	G	2	
<b>Trintellix (Oral Tablet)</b>	B	4	QL
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	G	3	
Venlafaxine HCl (Oral Tablet Immediate Release)	G	3	
<b>Viibryd (Oral Tablet)</b>	B	4	QL
<b>Viibryd Starter Pack (Oral Kit)</b>	B	4	QL
<b>Tricyclics</b>			
Amitriptyline HCl (Oral Tablet)	G	3	
Amoxapine (Oral Tablet)	G	3	
Clomipramine HCl (Oral Capsule)	G	4	
Desipramine HCl (Oral Tablet)	G	3	
Doxepin HCl (Oral Capsule)	G	3	
Doxepin HCl (Oral Concentrate)	G	3	
Imipramine HCl (Oral Tablet)	G	4	
Imipramine Pamoate (Oral Capsule)	G	4	
Nortriptyline HCl (Oral Capsule)	G	2	
Nortriptyline HCl (Oral Solution)	G	2	
Protriptyline HCl (Oral Tablet)	G	4	
Trimipramine Maleate (Oral Capsule)	G	4	
<b>Antiemetics</b>			
<b>Antiemetics, Other</b>			
Compro (Rectal Suppository)	G	4	
Meclizine HCl (Oral Tablet)	G	2	
Metoclopramide HCl (5MG/5ML Oral Solution)	G	2	
Metoclopramide HCl (Oral Tablet)	G	2	
Perphenazine (Oral Tablet)	G	4	
Prochlorperazine Maleate (Oral Tablet)	G	2	
Prochlorperazine (Rectal Suppository)	G	4	
Promethazine HCl (Oral Syrup)	G	2	
Promethazine HCl (Oral Tablet)	G	2	
Promethazine HCl (Rectal Suppository)	G	4	
Promethegan (25MG Rectal Suppository)	G	4	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Scopolamine (Transdermal Patch 72 Hour)	G	4	
<b>Transderm-Scop (1.5MG) (Transdermal Patch 72 Hour)</b>	B	4	
<b>Emetogenic Therapy Adjuncts</b>			
Aprepitant (Oral Therapy Pack, Oral Capsule)	G	4	PA
Dronabinol (Oral Capsule)	G	4	PA
Granisetron HCl (Oral Tablet)	G	3	B/D, PA; QL
Ondansetron HCl (Oral Solution)	G	4	B/D, PA
Ondansetron HCl (Oral Tablet)	G	2	B/D, PA
Ondansetron ODT (Oral Tablet Dispersible)	G	2	B/D, PA
<b>Antifungals</b>			
<b>Antifungals</b>			
<b>Abelcet (Intravenous Suspension)</b>	B	4	B/D, PA
<b>AmBisome (Intravenous Suspension Reconstituted)</b>	B	4	B/D, PA
Amphotericin B (Intravenous Solution Reconstituted)	G	4	B/D, PA
Clotrimazole (Mouth/Throat Troche)	G	2	
Fluconazole in Sodium Chloride (Intravenous Solution)	G	4	
Fluconazole (Oral Suspension Reconstituted)	G	2	
Fluconazole (Oral Tablet)	G	2	
Flucytosine (Oral Capsule)	G	5	DL
Griseofulvin Microsize (Oral Suspension)	G	4	
Griseofulvin Microsize (Oral Tablet)	G	4	
Griseofulvin Ultramicronsize (Oral Tablet)	G	4	
Itraconazole (Oral Capsule)	G	4	PA; QL
Itraconazole (Oral Solution)	G	5	PA; DL
Ketoconazole (Oral Tablet)	G	3	
Micafungin Sodium (Intravenous Solution Reconstituted)	G	4	
Miconazole 3 (Vaginal Suppository)	G	3	
<b>Noxafil (Oral Suspension)</b>	B	5	DL; QL
Nystatin (Mouth/Throat Suspension)	G	2	
Nystatin (Oral Tablet)	G	3	
Posaconazole (Oral Tablet Delayed Release)	G	5	PA; DL; QL
Terbinafine HCl (Oral Tablet)	G	3	
Terconazole (Vaginal Cream)	G	3	
Terconazole (Vaginal Suppository)	G	3	
Voriconazole (Intravenous Solution Reconstituted)	G	5	DL

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
Voriconazole (Oral Suspension Reconstituted)	G	5	DL
Voriconazole (Oral Tablet)	G	4	
<b>Antigout Agents</b>			
<b>Antigout Agents</b>			
Allopurinol (Oral Tablet)	G	2	
<b>Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)</b>	B	3	QL
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	G	3	QL
Febuxostat (Oral Tablet)	G	3	ST
Probenecid (Oral Tablet)	G	2	
Probenecid-Colchicine (Oral Tablet)	G	2	
<b>Antimigraine Agents</b>			
<b>Acute</b>			
Rizatriptan Benzoate (Oral Tablet)	G	3	QL
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	3	QL
Sumatriptan (Nasal Solution)	G	4	QL
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	2	QL
Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)	G	4	QL
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	G	4	QL
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector)	G	4	QL
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Prefilled Syringe)	G	4	QL
<b>Ergot Alkaloids</b>			
Dihydroergotamine Mesylate (Nasal Solution)	G	5	PA; DL; QL
Ergotamine-Caffeine (Oral Tablet)	G	3	
Migergot (Rectal Suppository)	G	4	
<b>Prophylactic</b>			
<b>Aimovig (Subcutaneous Solution Auto-Injector)</b>	B	4	PA; QL
Timolol Maleate (Oral Tablet)	G	3	
<b>Antimyasthenic Agents</b>			
<b>Parasympathomimetics</b>			
<b>Guanidine HCl (Oral Tablet)</b>	B	3	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Pyridostigmine Bromide ER (Oral Tablet Extended Release)	G	4	
Pyridostigmine Bromide (60MG Oral Tablet Immediate Release)	G	3	
<b>Antimycobacterials</b>			
<b>Antimycobacterials, Other</b>			
Dapsone (Oral Tablet)	G	3	
Rifabutin (Oral Capsule)	G	4	
<b>Antituberculars</b>			
Ethambutol HCl (Oral Tablet)	G	3	
Isoniazid (Oral Syrup)	G	4	
Isoniazid (Oral Tablet)	G	2	
Paser (Oral Packet)	G	4	
<b>Priftin (Oral Tablet)</b>	B	4	
Pyrazinamide (Oral Tablet)	G	4	
Rifampin (600MG Intravenous Solution Reconstituted)	G	4	
Rifampin (150MG Oral Capsule, 300MG Oral Capsule)	G	3	
<b>Sirturo (100MG Oral Tablet)</b>	B	5	PA; LA; DL
<b>Trecator (Oral Tablet)</b>	B	4	
<b>Antineoplastics</b>			
<b>Alkylating Agents</b>			
Cyclophosphamide (25MG Oral Capsule)	G	3	B/D, PA
Cyclophosphamide (50MG Oral Capsule)	G	4	B/D, PA
<b>Leukeran (Oral Tablet)</b>	B	5	DL
<b>Matulane (Oral Capsule)</b>	B	5	LA; DL
<b>Valchlor (External Gel)</b>	B	5	PA; LA; DL; QL
<b>Antiandrogens</b>			
Abiraterone Acetate (Oral Tablet)	G	4	PA; QL
Bicalutamide (Oral Tablet)	G	2	
<b>Erleada (Oral Tablet)</b>	B	5	PA; DL; QL
Flutamide (Oral Capsule)	G	3	
Nilutamide (Oral Tablet)	G	5	DL
<b>Nubeqa (Oral Tablet)</b>	B	5	PA; LA; DL; QL
<b>Xtandi (Oral Capsule)</b>	B	5	PA; LA; DL; QL
<b>Antiangiogenic Agents</b>			
<b>Pomalyst (Oral Capsule)</b>	B	5	PA; DL; QL

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Qinlock (Oral Tablet)</b>	B	5	PA; DL; QL
<b>Revlimid (Oral Capsule)</b>	B	5	PA; LA; DL; QL
<b>Tabrecta (Oral Tablet)</b>	B	5	PA; DL; QL
<b>Thalomid (Oral Capsule)</b>	B	5	PA; DL; QL
<b>Antiestrogens/Modifiers</b>			
<b>Emcyt (Oral Capsule)</b>	B	4	
<b>Soltamox (Oral Solution)</b>	B	4	
Tamoxifen Citrate (Oral Tablet)	G	2	
Toremifene Citrate (Oral Tablet)	G	5	DL
<b>Antimetabolites</b>			
<b>Droxia (Oral Capsule)</b>	B	3	
Hydroxyurea (Oral Capsule)	G	2	
Mercaptopurine (Oral Tablet)	G	3	
<b>Purixan (Oral Suspension)</b>	B	5	PA; DL
<b>Tabloid (Oral Tablet)</b>	B	4	PA
<b>Antineoplastics, Other</b>			
<b>IDHIFA (Oral Tablet)</b>	B	5	PA; LA; DL; QL
<b>Lonsurf (Oral Tablet)</b>	B	5	PA; LA; DL; QL
<b>Ninlaro (Oral Capsule)</b>	B	5	PA; DL; QL
<b>Pemazyre (Oral Tablet)</b>	B	5	PA; DL; QL
<b>Retevmo (Oral Capsule)</b>	B	5	PA; DL; QL
<b>Synribo (Subcutaneous Solution Reconstituted)</b>	B	5	PA; DL
<b>Tazverik (Oral Tablet)</b>	B	5	PA; LA; DL; QL
<b>Tukysa (Oral Tablet)</b>	B	5	PA; DL; QL
<b>Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)</b>	B	5	PA; LA; DL; QL
<b>Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)</b>	B	5	PA; LA; DL; QL
<b>Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)</b>	B	5	PA; LA; DL; QL
<b>Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)</b>	B	5	PA; LA; DL; QL
<b>Zolinza (Oral Capsule)</b>	B	5	PA; DL
<b>Aromatase Inhibitors, 3rd Generation</b>			
Anastrozole (Oral Tablet)	G	1	
Exemestane (Oral Tablet)	G	4	
Letrozole (Oral Tablet)	G	2	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Molecular Target Inhibitors</b>			
<b>Afinitor Disperz (Oral Tablet Soluble)</b>	B	5	PA; DL
<b>Afinitor (10MG Oral Tablet)</b>	B	5	PA; DL
<b>Alecensa (Oral Capsule)</b>	B	5	PA; LA; DL; QL
<b>Alunbrig (Oral Tablet)</b>	B	5	PA; LA; DL; QL
<b>Alunbrig (Oral Tablet Therapy Pack)</b>	B	5	PA; LA; DL; QL
<b>Ayvakit (Oral Tablet)</b>	B	5	PA; LA; DL; QL
<b>Balversa (Oral Tablet)</b>	B	5	PA; LA; DL; QL
<b>Bosulif (Oral Tablet)</b>	B	5	PA; DL; QL
<b>Braftovi (Oral Capsule)</b>	B	5	PA; DL
<b>Brukinsa (Oral Capsule)</b>	B	5	PA; LA; DL; QL
<b>Cabometyx (Oral Tablet)</b>	B	5	PA; LA; DL; QL
<b>Calquence (Oral Capsule)</b>	B	5	PA; DL; QL
<b>Caprelsa (Oral Tablet)</b>	B	5	PA; LA; DL
<b>Cometriq (100MG Daily Dose) (Oral Kit)</b>	B	5	PA; LA; DL
<b>Cometriq (140MG Daily Dose) (Oral Kit)</b>	B	5	PA; LA; DL
<b>Cometriq (60MG Daily Dose) (Oral Kit)</b>	B	5	PA; LA; DL
<b>Copiktra (Oral Capsule)</b>	B	5	PA; DL; QL
<b>Cotellic (Oral Tablet)</b>	B	5	PA; LA; DL; QL
<b>Daurismo (Oral Tablet)</b>	B	5	PA; LA; DL; QL
<b>Erivedge (Oral Capsule)</b>	B	5	PA; LA; DL; QL
Erlotinib HCl (Oral Tablet)	G	5	PA; DL; QL
Everolimus (2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	5	PA; DL
<b>Farydak (Oral Capsule)</b>	B	5	PA; DL
<b>Gilotrif (Oral Tablet)</b>	B	5	PA; LA; DL
<b>Ibrance (Oral Capsule)</b>	B	5	PA; LA; DL; QL
<b>Ibrance (Oral Tablet)</b>	B	5	PA; LA; DL; QL
<b>Iclusig (Oral Tablet)</b>	B	5	PA; LA; DL; QL
Imatinib Mesylate (Oral Tablet)	G	5	PA; DL; QL
<b>Imbruvica (Oral Capsule)</b>	B	5	PA; LA; DL; QL
<b>Imbruvica (Oral Tablet)</b>	B	5	PA; DL; QL
<b>Inlyta (Oral Tablet)</b>	B	5	PA; LA; DL; QL
<b>Inrebic (Oral Capsule)</b>	B	5	PA; DL; QL
<b>Iressa (Oral Tablet)</b>	B	5	PA; LA; DL; QL
<b>Jakafi (Oral Tablet)</b>	B	5	PA; LA; DL; 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>Kisqali (200MG Dose) (Oral Tablet)</b>	B	5	PA; DL; QL
<b>Kisqali (400MG Dose) (Oral Tablet)</b>	B	5	PA; DL; QL
<b>Kisqali (600MG Dose) (Oral Tablet)</b>	B	5	PA; DL; QL
<b>Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)</b>	B	5	PA; DL; QL
<b>Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)</b>	B	5	PA; DL; QL
<b>Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)</b>	B	5	PA; DL; QL
<b>Koselugo (Oral Capsule)</b>	B	5	PA; DL; QL
<b>Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)</b>	B	5	PA; LA; DL
<b>Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)</b>	B	5	PA; LA; DL
<b>Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)</b>	B	5	PA; LA; DL
<b>Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)</b>	B	5	PA; LA; DL
<b>Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)</b>	B	5	PA; LA; DL
<b>Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)</b>	B	5	PA; LA; DL
<b>Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)</b>	B	5	PA; LA; DL
<b>Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)</b>	B	5	PA; LA; DL
<b>Lorbrena (Oral Tablet)</b>	B	5	PA; LA; DL; QL
<b>Lynparza (Oral Tablet)</b>	B	5	PA; LA; DL; QL
<b>Mekinist (Oral Tablet)</b>	B	5	PA; LA; DL
<b>Mektovi (Oral Tablet)</b>	B	5	PA; DL
<b>Nerlynx (Oral Tablet)</b>	B	5	PA; LA; DL; QL
<b>Nexavar (Oral Tablet)</b>	B	5	PA; LA; DL
<b>Odomzo (Oral Capsule)</b>	B	5	PA; LA; DL; QL
<b>Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)</b>	B	5	PA; DL; QL
<b>Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)</b>	B	5	PA; DL; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)</b>	B	5	PA; DL; QL
<b>Rozlytrek (Oral Capsule)</b>	B	5	PA; DL; QL
<b>Rubraca (Oral Tablet)</b>	B	5	PA; LA; DL; QL
<b>Rydapt (Oral Capsule)</b>	B	5	PA; DL; QL
<b>Sprycel (Oral Tablet)</b>	B	5	PA; DL; QL
<b>Stivarga (Oral Tablet)</b>	B	5	PA; LA; DL; QL
<b>Sutent (Oral Capsule)</b>	B	5	PA; DL; QL
<b>Tafinlar (Oral Capsule)</b>	B	5	PA; LA; DL
<b>Tagrisso (Oral Tablet)</b>	B	5	PA; LA; DL; QL
<b>Talzenna (Oral Capsule)</b>	B	5	PA; LA; DL; QL
<b>Tasigna (Oral Capsule)</b>	B	5	PA; DL; QL
<b>Tibsovo (Oral Tablet)</b>	B	5	PA; DL; QL
<b>Turalio (Oral Capsule)</b>	B	5	PA; LA; DL; QL
<b>Tykerb (Oral Tablet)</b>	B	5	PA; LA; DL
<b>Venclexta (100MG Oral Tablet, 50MG Oral Tablet)</b>	B	5	PA; LA; DL; QL
<b>Venclexta (10MG Oral Tablet)</b>	B	3	PA; LA; QL
<b>Venclexta Starting Pack (Oral Tablet Therapy Pack)</b>	B	5	PA; LA; DL
<b>Verzenio (Oral Tablet)</b>	B	5	PA; LA; DL; QL
<b>Vittrakvi (Oral Capsule)</b>	B	5	PA; LA; DL; QL
<b>Vittrakvi (Oral Solution)</b>	B	5	PA; LA; DL; QL
<b>Vizimpro (Oral Tablet)</b>	B	5	PA; LA; DL; QL
<b>Votrient (Oral Tablet)</b>	B	5	PA; LA; DL; QL
<b>Xalkori (Oral Capsule)</b>	B	5	PA; LA; DL
<b>Xospata (Oral Tablet)</b>	B	5	PA; DL; QL
<b>Zejula (Oral Capsule)</b>	B	5	PA; LA; DL; QL
<b>Zelboraf (Oral Tablet)</b>	B	5	PA; LA; DL; QL
<b>Zydelig (Oral Tablet)</b>	B	5	PA; LA; DL; QL
<b>Zykadia (Oral Tablet)</b>	B	5	PA; DL; QL
<b>Retinoids</b>			
Bexarotene (Oral Capsule)	G	5	PA; DL
<b>Targretin (External Gel)</b>	B	5	PA; DL; QL
Tretinoin (Oral Capsule)	G	5	DL
<b>Treatment Adjuncts</b>			
Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet, 5MG 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
Leucovorin Calcium (25MG Oral Tablet)	G	4	
<b>Mesnex (Oral Tablet)</b>	B	5	DL
<b>Antiparasitics</b>			
<b>Anthelmintics</b>			
Albendazole (Oral Tablet)	G	5	DL; QL
Ivermectin (Oral Tablet)	G	3	
Praziquantel (Oral Tablet)	G	4	
<b>Antiprotozoals</b>			
<b>Alinia (Oral Suspension Reconstituted)</b>	B	4	
<b>Alinia (Oral Tablet)</b>	B	4	
Atovaquone (Oral Suspension)	G	5	DL
Atovaquone-Proguanil HCl (Oral Tablet)	G	3	
<b>Benznidazole (Oral Tablet)</b>	B	4	
Chloroquine Phosphate (Oral Tablet)	G	3	QL
<b>Coartem (Oral Tablet)</b>	B	4	
<b>DARAPRIM (Oral Tablet)</b>	B	4	
Hydroxychloroquine Sulfate (Oral Tablet)	G	3	QL
Mefloquine HCl (Oral Tablet)	G	3	
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	4	B/D, PA; QL
Pentamidine Isethionate (Injection Solution Reconstituted)	G	4	
Primaquine Phosphate (Oral Tablet)	G	3	
Pyrimethamine (Oral Tablet)	G	4	
Quinine Sulfate (Oral Capsule)	G	3	PA
<b>Antiparkinson Agents</b>			
<b>Anticholinergics</b>			
Benztropine Mesylate (Oral Tablet)	G	2	
Trihexyphenidyl HCl (Oral Solution)	G	2	
Trihexyphenidyl HCl (Oral Tablet)	G	2	
<b>Antiparkinson Agents, Other</b>			
Amantadine HCl (Oral Capsule)	G	3	
Amantadine HCl (Oral Syrup)	G	2	
Carbidopa-Levodopa-Entacapone (Oral Tablet)	G	4	
Entacapone (Oral Tablet)	G	4	
<b>Dopamine Agonists</b>			
<b>Apokyn (Subcutaneous Solution Cartridge)</b>	B	5	PA; LA; DL; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Bromocriptine Mesylate (Oral Capsule)	G	4	
Bromocriptine Mesylate (Oral Tablet)	G	4	
<b>Neupro (Transdermal Patch 24 Hour)</b>	B	4	
Pramipexole Dihydrochloride (Oral Tablet Immediate Release)	G	3	
Ropinirole HCl (Oral Tablet Immediate Release)	G	2	
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>			
Carbidopa (Oral Tablet)	G	4	
Carbidopa-Levodopa ER (Oral Tablet Extended Release)	G	2	
Carbidopa-Levodopa (Oral Tablet Immediate Release)	G	2	
Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	G	2	
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>			
Rasagiline Mesylate (Oral Tablet)	G	4	
Selegiline HCl (Oral Capsule)	G	3	
Selegiline HCl (Oral Tablet)	G	3	
<b>Antipsychotics</b>			
<b>1st Generation/Typical</b>			
Chlorpromazine HCl (Oral Tablet)	G	4	
Fluphenazine Decanoate (Injection Solution)	G	4	
Fluphenazine HCl (2.5MG/ML Injection Solution)	G	4	
Fluphenazine HCl (5MG/ML Oral Concentrate)	G	3	
Fluphenazine HCl (2.5MG/5ML Oral Elixir)	G	4	
Fluphenazine HCl (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	G	2	
Haloperidol Decanoate (Intramuscular Solution)	G	4	
Haloperidol Lactate (Injection Solution)	G	4	
Haloperidol Lactate (Oral Concentrate)	G	2	
Haloperidol (Oral Tablet)	G	2	
Loxapine Succinate (Oral Capsule)	G	3	
Molindone HCl (Oral Tablet)	G	4	
Pimozide (Oral Tablet)	G	3	
Thioridazine HCl (Oral Tablet)	G	3	
Thiothixene (Oral Capsule)	G	3	
Trifluoperazine HCl (Oral Tablet)	G	3	
<b>2nd Generation/Atypical</b>			
<b>Abilify Maintena (Intramuscular Prefilled Syringe)</b>	B	5	DL

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>Abilify Maintena (Intramuscular Suspension Reconstituted ER)</b>	B	5	DL
Aripiprazole (Oral Solution)	G	4	QL
Aripiprazole (Oral Tablet)	G	4	QL
Aripiprazole ODT (Oral Tablet Dispersible)	G	4	QL
<b>Aristada Initio (Intramuscular Prefilled Syringe)</b>	B	5	DL
<b>Aristada (Intramuscular Prefilled Syringe)</b>	B	5	DL
<b>Caplyta (Oral Capsule)</b>	B	5	ST; DL; QL
<b>Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)</b>	B	4	ST; QL
<b>Fanapt Titration Pack (Oral Tablet)</b>	B	4	ST
<b>Geodon (Intramuscular Solution Reconstituted)</b>	B	4	
<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	5	DL
<b>Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)</b>	B	4	
<b>Invega Trinza (Intramuscular Suspension Prefilled Syringe)</b>	B	5	DL
<b>Latuda (Oral Tablet)</b>	B	5	DL; QL
<b>Nuplazid (Oral Capsule)</b>	B	5	PA; DL; QL
<b>Nuplazid (Oral Tablet)</b>	B	5	PA; DL; QL
Olanzapine (10MG Intramuscular Solution Reconstituted)	G	4	
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	2	QL
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	3	QL
Paliperidone ER (Oral Tablet Extended Release 24 Hour)	G	4	QL
Quetiapine Fumarate (Oral Tablet Immediate Release)	G	2	QL
<b>Rexulti (Oral Tablet)</b>	B	5	DL; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER)</b>	B	4	
<b>Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER)</b>	B	5	DL
Risperidone (1MG/ML Oral Solution)	G	4	
Risperidone (0.25MG Oral Tablet, 0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet)	G	2	
Risperidone ODT (0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible, 3MG Oral Tablet Dispersible, 4MG Oral Tablet Dispersible)	G	4	
<b>Saphris (Tablet Sublingual)</b>	B	4	QL
<b>Secuado (Transdermal Patch 24 Hour)</b>	B	5	PA; DL; 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	4	ST
Ziprasidone HCl (Oral Capsule)	G	3	QL
Ziprasidone Mesylate (Intramuscular Solution Reconstituted)	G	4	
<b>Zyprexa Relprew (210MG Intramuscular Suspension Reconstituted)</b>	B	4	
<b>Treatment-Resistant</b>			
Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	3	
Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)	G	4	QL
<b>Versacloz (Oral Suspension)</b>	B	5	DL
<b>Antispasticity Agents</b>			
<b>Antispasticity Agents</b>			
Baclofen (Oral Tablet)	G	3	
Tizanidine HCl (Oral Tablet)	G	2	
<b>Antivirals</b>			
<b>Anti-cytomegalovirus (CMV) Agents</b>			

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Valganciclovir HCl (50MG/ML Oral Solution Reconstituted)	G	5	DL; QL
Valganciclovir HCl (450MG Oral Tablet)	G	3	QL
<b>Zirgan (Ophthalmic Gel)</b>	B	4	
<b>Anti-hepatitis B (HBV) Agents</b>			
<b>Baraclude (Oral Solution)</b>	B	5	DL
Entecavir (Oral Tablet)	G	4	
<b>Epivir HBV (Oral Solution)</b>	B	4	
Lamivudine (100MG Oral Tablet)	G	3	
<b>Vemlidy (Oral Tablet)</b>	B	5	DL; QL
<b>Anti-hepatitis C (HCV) Agents</b>			
<b>Epclusa (Oral Tablet)</b>	B	5	PA; DL; QL
<b>Harvoni (Oral Packet)</b>	B	5	PA; DL; QL
<b>Harvoni (90-400MG Oral Tablet)</b>	B	5	PA; DL; QL
Ledipasvir-Sofosbuvir (Oral Tablet)	G	5	PA; DL; QL
<b>Mavyret (Oral Tablet)</b>	B	5	PA; DL; QL
Ribavirin (Oral Tablet)	G	3	
Sofosbuvir-Velpatasvir (Oral Tablet)	G	5	PA; DL; QL
<b>Sovaldi (400MG Oral Tablet)</b>	B	5	PA; DL; QL
<b>Vosevi (Oral Tablet)</b>	B	5	PA; DL; QL
<b>Antiherpetic Agents</b>			
Acyclovir (Oral Capsule)	G	2	
Acyclovir (Oral Suspension)	G	4	
Acyclovir (Oral Tablet)	G	2	
Acyclovir Sodium (Intravenous Solution)	G	4	B/D, PA
Valacyclovir HCl (Oral Tablet)	G	3	QL
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>			
<b>Biktarvy (Oral Tablet)</b>	B	5	DL; QL
<b>Dovato (Oral Tablet)</b>	B	5	DL; QL
<b>Genvoya (Oral Tablet)</b>	B	5	DL; QL
<b>Isentress HD (Oral Tablet)</b>	B	5	DL; QL
<b>Isentress (Oral Packet)</b>	B	4	QL
<b>Isentress (Oral Tablet)</b>	B	5	DL; QL
<b>Isentress (100MG Oral Tablet Chewable)</b>	B	4	QL
<b>Isentress (25MG Oral Tablet Chewable)</b>	B	3	QL
<b>Juluca (Oral Tablet)</b>	B	5	DL; QL
<b>Stribild (Oral Tablet)</b>	B	5	DL; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Tivicay (10MG Oral Tablet)</b>	B	4	QL
<b>Tivicay (25MG Oral Tablet, 50MG Oral Tablet)</b>	B	5	DL; QL
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>			
<b>Atripla (Oral Tablet)</b>	B	5	DL; QL
<b>Complera (Oral Tablet)</b>	B	5	DL; QL
<b>Delstrigo (Oral Tablet)</b>	B	5	DL; QL
<b>Edurant (Oral Tablet)</b>	B	5	DL; QL
Efavirenz (Oral Capsule)	G	4	QL
Efavirenz (Oral Tablet)	G	4	QL
<b>Intelence (100MG Oral Tablet, 200MG Oral Tablet)</b>	B	5	DL; QL
<b>Intelence (25MG Oral Tablet)</b>	B	4	QL
Nevirapine ER (Oral Tablet Extended Release 24 Hour)	G	4	QL
Nevirapine (Oral Suspension)	G	4	QL
Nevirapine (Oral Tablet Immediate Release)	G	3	QL
<b>Pifeltro (Oral Tablet)</b>	B	5	DL; QL
<b>Symfi Lo (Oral Tablet)</b>	B	5	DL; QL
<b>Symfi (Oral Tablet)</b>	B	5	DL; QL
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>			
Abacavir Sulfate (Oral Solution)	G	4	QL
Abacavir Sulfate (Oral Tablet)	G	4	QL
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	4	QL
Abacavir-Lamivudine-Zidovudine (Oral Tablet)	G	5	DL; QL
<b>Cimduo (Oral Tablet)</b>	B	5	DL; QL
<b>Descovy (Oral Tablet)</b>	B	5	DL; QL
Didanosine (250MG Oral Capsule Delayed Release, 400MG Oral Capsule Delayed Release)	G	3	QL
<b>Emtriva (Oral Capsule)</b>	B	4	QL
<b>Emtriva (Oral Solution)</b>	B	4	QL
Lamivudine (10MG/ML Oral Solution)	G	3	QL
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet)	G	3	QL
Lamivudine-Zidovudine (Oral Tablet)	G	4	QL
<b>Odefsey (Oral Tablet)</b>	B	5	DL; QL
Stavudine (Oral Capsule)	G	3	QL
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	4	QL
<b>Triumeq (Oral Tablet)</b>	B	5	DL; QL
<b>Truvada (Oral Tablet)</b>	B	5	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>Viread (Oral Powder)</b>	B	5	DL; QL
<b>Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)</b>	B	5	DL; QL
Zidovudine (Oral Capsule)	G	3	QL
Zidovudine (Oral Syrup)	G	3	QL
Zidovudine (Oral Tablet)	G	3	QL
<b>Anti-HIV Agents, Other</b>			
<b>Fuzeon (Subcutaneous Solution Reconstituted)</b>	B	5	DL; QL
<b>Selzentry (Oral Solution)</b>	B	5	DL; QL
<b>Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet)</b>	B	5	DL; QL
<b>Selzentry (25MG Oral Tablet)</b>	B	3	QL
<b>Tybost (Oral Tablet)</b>	B	4	QL
<b>Anti-HIV Agents, Protease Inhibitors</b>			
<b>Aptivus (Oral Capsule)</b>	B	5	DL; QL
<b>Aptivus (Oral Solution)</b>	B	5	DL; QL
Atazanavir Sulfate (Oral Capsule)	G	4	QL
<b>Crixivan (Oral Capsule)</b>	B	4	QL
<b>Evotaz (Oral Tablet)</b>	B	5	DL; QL
Fosamprenavir Calcium (Oral Tablet)	G	5	DL; QL
<b>Invirase (Oral Tablet)</b>	B	5	DL; QL
<b>Kaletra (100-25MG Oral Tablet)</b>	B	4	QL
<b>Kaletra (200-50MG Oral Tablet)</b>	B	5	DL; QL
<b>Lexiva (Oral Suspension)</b>	B	4	QL
Lopinavir-Ritonavir (Oral Solution)	G	4	QL
<b>Norvir (Oral Packet)</b>	B	4	QL
<b>Norvir (Oral Solution)</b>	B	4	QL
<b>Prezcobix (Oral Tablet)</b>	B	5	DL; QL
<b>Prezista (Oral Suspension)</b>	B	5	DL; QL
<b>Prezista (150MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)</b>	B	5	DL; QL
<b>Prezista (75MG Oral Tablet)</b>	B	4	QL
<b>Reyataz (Oral Packet)</b>	B	5	DL; QL
Ritonavir (Oral Tablet)	G	3	QL
<b>Symtuza (Oral Tablet)</b>	B	5	DL; QL
<b>Viracept (Oral Tablet)</b>	B	5	DL; QL
<b>Anti-influenza Agents</b>			

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Oseltamivir Phosphate (Oral Capsule)	G	3	QL
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	3	QL
<b>Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)</b>	B	3	QL
Rimantadine HCl (Oral Tablet)	G	4	
<b>Xofluza (40 MG Dose) (Oral Tablet Therapy Pack)</b>	B	3	QL
<b>Xofluza (80 MG Dose) (Oral Tablet Therapy Pack)</b>	B	3	QL
<b>Anxiolytics</b>			
<b>Anxiolytics, Other</b>			
Buspirone HCl (Oral Tablet)	G	2	
Hydroxyzine HCl (Oral Syrup)	G	3	
Hydroxyzine HCl (Oral Tablet)	G	3	
Hydroxyzine Pamoate (Oral Capsule)	G	3	
<b>Benzodiazepines</b>			
Alprazolam (Oral Tablet Immediate Release)	G	2	QL
Chlordiazepoxide HCl (Oral Capsule)	G	2	
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet)	G	2	QL
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible)	G	4	QL
Clorazepate Dipotassium (Oral Tablet)	G	3	QL
Diazepam Intensol (5MG/ML Oral Concentrate)	G	2	QL
Diazepam (5MG/5ML Oral Solution)	G	2	
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	2	QL
Lorazepam (2MG/ML Oral Concentrate)	G	2	QL
Lorazepam (Oral Tablet)	G	2	QL
<b>Bipolar Agents</b>			
<b>Mood Stabilizers</b>			
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	G	3	
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	G	2	
Divalproex Sodium (Oral Tablet Delayed Release)	G	2	
Lithium Carbonate ER (Oral Tablet Extended Release)	G	2	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Lithium Carbonate (Oral Capsule)	G	2	
Lithium Carbonate (Oral Tablet Immediate Release)	G	2	
<b>Lithium (Oral Solution)</b>	B	3	
<b>Blood Glucose Regulators</b>			
<b>Antidiabetic Agents</b>			
Acarbose (Oral Tablet)	G	3	QL
<b>Bydureon BCise (Subcutaneous Auto-Injector)</b>	B	3	QL
<b>Bydureon (Subcutaneous Pen-Injector)</b>	B	3	QL
<b>Farxiga (Oral Tablet)</b>	B	3	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	3	QL
<b>Jardiance (Oral Tablet)</b>	B	3	QL
<b>Jentaduo (Oral Tablet Immediate Release)</b>	B	3	QL
<b>Jentaduo XR (Oral Tablet Extended Release 24 Hour)</b>	B	3	QL
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	1	QL
Metformin HCl (Oral Tablet Immediate Release)	G	1	QL
Pioglitazone HCl (Oral Tablet)	G	2	QL
Repaglinide (Oral Tablet)	G	3	QL
<b>SymlinPen 120 (Subcutaneous Solution Pen-Injector)</b>	B	5	PA; DL
<b>SymlinPen 60 (Subcutaneous Solution Pen-Injector)</b>	B	5	PA; DL
<b>Synjardy (Oral Tablet Immediate Release)</b>	B	3	QL
<b>Synjardy XR (Oral Tablet Extended Release 24 Hour)</b>	B	3	QL
<b>Tradjenta (Oral Tablet)</b>	B	3	QL
<b>Trulicity (Subcutaneous Solution Pen-Injector)</b>	B	3	QL
<b>Xigduo XR (Oral Tablet Extended Release 24 Hour)</b>	B	3	QL
<b>Glycemic Agents</b>			
<b>Baqsimi Two Pack (Nasal Powder)</b>	B	3	
Diazoxide (Oral Suspension)	G	5	DL
<b>GlucaGen HypoKit (Injection Solution Reconstituted)</b>	B	4	
<b>Glucagon (Injection Kit) (Lilly)</b>	B	3	
<b>Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector)</b>	B	3	
<b>Gvoke PFS (Subcutaneous Solution Prefilled Syringe)</b>	B	3	

<b>Drug Name</b>	<b>Brand or Generic</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>
<b>Insulins</b>			
<b>Basaglar KwikPen (Subcutaneous Solution Pen-Injector)</b>	B	3	
<b>Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)</b>	B	3	
<b>Humalog KwikPen (Subcutaneous Solution Pen-Injector)</b>	B	3	
<b>Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)</b>	B	3	
<b>Humalog Mix 50/50 (Subcutaneous Suspension)</b>	B	3	
<b>Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)</b>	B	3	
<b>Humalog Mix 75/25 (Subcutaneous Suspension)</b>	B	3	
<b>Humalog (Subcutaneous Solution)</b>	B	3	
<b>Humalog (Subcutaneous Solution Cartridge)</b>	B	3	
<b>Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)</b>	B	3	
<b>Humulin 70/30 (Subcutaneous Suspension)</b>	B	3	
<b>Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)</b>	B	3	
<b>Humulin N (Subcutaneous Suspension)</b>	B	3	
<b>Humulin R (Injection Solution)</b>	B	3	
<b>Humulin R U-500 (Concentrated) (Subcutaneous Solution)</b>	B	3	
<b>Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)</b>	B	3	
<b>Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)</b>	B	3	
<b>Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)</b>	B	3	
<b>Insulin Lispro Prot &amp; Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog)</b>	B	3	
<b>Insulin Lispro (Subcutaneous Solution) (Brand Equivalent Humalog)</b>	B	3	
<b>Levemir FlexTouch (Subcutaneous Solution Pen-Injector)</b>	B	3	
<b>Levemir (Subcutaneous Solution)</b>	B	3	

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



Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Blood Products and Modifiers</b>			
<b>Anticoagulants</b>			
Enoxaparin Sodium (Subcutaneous Solution)	G	4	QL
Fondaparinux Sodium (Subcutaneous Solution)	G	4	
Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution)	G	3	
Heparin Sodium (1000UNIT/ML Injection Solution)	G	3	B/D, PA
Jantoven (Oral Tablet)	G	2	
Warfarin Sodium (Oral Tablet)	G	2	
<b>Xarelto (Oral Tablet)</b>	B	3	QL
<b>Xarelto Starter Pack (Oral Tablet Therapy Pack)</b>	B	3	QL
<b>Blood Products and Modifiers, Other</b>			
Anagrelide HCl (Oral Capsule)	G	3	
<b>Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 300MCG/ML Injection Solution)</b>	B	5	PA; DL
<b>Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution)</b>	B	4	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	5	PA; DL
<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	4	PA
<b>Neulasta (Subcutaneous Solution Prefilled Syringe)</b>	B	5	PA; DL
<b>Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)</b>	B	4	PA
<b>Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution)</b>	B	5	PA; DL
<b>Promacta (Oral Packet)</b>	B	5	PA; LA; DL; QL
<b>Promacta (Oral Tablet)</b>	B	5	PA; LA; DL; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Retacrit (Injection Solution)</b>	B	4	PA
<b>Udenyca (Subcutaneous Solution Prefilled Syringe)</b>	B	5	PA; DL
<b>Zarxio (Injection Solution Prefilled Syringe)</b>	B	5	DL
<b>Hemostasis Agents</b>			
Tranexamic Acid (Oral Tablet)	G	3	
<b>Platelet Modifying Agents</b>			
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	4	QL
<b>Brilinta (Oral Tablet)</b>	B	3	QL
<b>Cablivi (Injection Kit)</b>	B	5	PA; LA; DL; QL
Cilostazol (Oral Tablet)	G	3	
Clopidogrel Bisulfate (75MG Oral Tablet)	G	2	QL
<b>Cardiovascular Agents</b>			
<b>Alpha-adrenergic Agonists</b>			
Clonidine HCl (Oral Tablet Immediate Release)	G	2	
Clonidine (Transdermal Patch Weekly)	G	4	
Methyldopa (Oral Tablet)	G	3	
Midodrine HCl (Oral Tablet)	G	3	
<b>Northera (Oral Capsule)</b>	B	4	PA; LA; QL
<b>Alpha-adrenergic Blocking Agents</b>			
Doxazosin Mesylate (Oral Tablet)	G	2	
Prazosin HCl (Oral Capsule)	G	3	
<b>Angiotensin II Receptor Antagonists</b>			
Irbesartan (Oral Tablet)	G	3	QL
Losartan Potassium (Oral Tablet)	G	1	QL
Olmesartan Medoxomil (Oral Tablet)	G	3	QL
Telmisartan (Oral Tablet)	G	3	QL
Valsartan (Oral Tablet)	G	2	QL
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>			
Benazepril HCl (Oral Tablet)	G	1	QL
Enalapril Maleate (Oral Tablet)	G	3	QL
Fosinopril Sodium (Oral Tablet)	G	3	QL
Lisinopril (Oral Tablet)	G	1	QL
Quinapril HCl (Oral Tablet)	G	2	QL
Ramipril (Oral Capsule)	G	2	QL
<b>Antiarrhythmics</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
Amiodarone HCl (200MG Oral Tablet)	G	2	
Dofetilide (Oral Capsule)	G	4	
Flecainide Acetate (Oral Tablet)	G	3	
Mexiletine HCl (Oral Capsule)	G	3	
<b>Multaq (Oral Tablet)</b>	B	3	QL
Pacerone (200MG Oral Tablet)	G	2	
Propafenone HCl (Oral Tablet)	G	2	
Quinidine Sulfate (Oral Tablet)	G	2	
Sotalol HCl AF (Oral Tablet)	G	2	
Sotalol HCl (Oral Tablet)	G	2	
<b>Beta-adrenergic Blocking Agents</b>			
Atenolol (Oral Tablet)	G	1	
Bisoprolol Fumarate (Oral Tablet)	G	2	
Carvedilol (Oral Tablet)	G	1	
Labetalol HCl (Oral Tablet)	G	2	
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	G	2	
Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	1	
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour)	G	3	
Propranolol HCl (Oral Solution)	G	2	
Propranolol HCl (Oral Tablet)	G	2	
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>			
Amlodipine Besylate (Oral Tablet)	G	1	
Felodipine ER (Oral Tablet Extended Release 24 Hour)	G	3	
Nimodipine (Oral Capsule)	G	4	
<b>Nymalize (6MG/ML Oral Solution)</b>	B	5	DL
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>			
Cartia XT (Oral Capsule Extended Release 24 Hour)	G	3	
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	3	
Diltiazem HCl (Oral Tablet Immediate Release)	G	2	
Dilt-XR (Oral Capsule Extended Release 24 Hour)	G	3	
Verapamil HCl ER (Oral Tablet Extended Release)	G	2	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Verapamil HCl (Oral Tablet Immediate Release)	G	2	
<b>Cardiovascular Agents, Other</b>			
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	G	4	
Acetazolamide (Oral Tablet)	G	3	
Aliskiren Fumarate (Oral Tablet)	G	4	QL
Amlodipine-Benazepril (Oral Capsule)	G	2	QL
Amlodipine-Valsartan (Oral Tablet)	G	3	QL
Atenolol-Chlorthalidone (Oral Tablet)	G	2	
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	3	QL
<b>Corlanor (Oral Solution)</b>	B	4	PA; QL
<b>Corlanor (Oral Tablet)</b>	B	4	PA; QL
<b>Demser (Oral Capsule)</b>	B	5	DL
Digitek (Oral Tablet)	G	2	
Digox (Oral Tablet)	G	2	
Digoxin (Oral Solution)	G	4	
Digoxin (Oral Tablet)	G	2	
Enalapril-Hydrochlorothiazide (Oral Tablet)	G	3	QL
<b>Entresto (Oral Tablet)</b>	B	3	QL
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	3	QL
Lisinopril-Hydrochlorothiazide (Oral Tablet)	G	1	QL
Losartan Potassium-HCTZ (Oral Tablet)	G	1	QL
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	3	QL
Pentoxifylline ER (Oral Tablet Extended Release)	G	2	
Quinapril-Hydrochlorothiazide (Oral Tablet)	G	2	QL
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	3	QL
Spirolactone-HCTZ (Oral Tablet)	G	3	
Telmisartan-HCTZ (Oral Tablet)	G	3	QL
Triamterene-HCTZ (Oral Capsule)	G	2	
Triamterene-HCTZ (Oral Tablet)	G	2	
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	2	QL
<b>Diuretics, Loop</b>			
Bumetanide (Injection Solution)	G	4	
Bumetanide (Oral Tablet)	G	3	
Furosemide (Injection Solution)	G	4	B/D, PA
Furosemide (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
Furosemide (Oral Tablet)	G	1	
Torsemide (Oral Tablet)	G	2	
<b>Diuretics, Potassium-sparing</b>			
Amiloride HCl (Oral Tablet)	G	2	
Spironolactone (Oral Tablet)	G	2	
<b>Diuretics, Thiazide</b>			
Chlorthalidone (Oral Tablet)	G	3	
<b>Diuril (Oral Suspension)</b>			
Hydrochlorothiazide (Oral Capsule)	G	1	
Hydrochlorothiazide (Oral Tablet)	G	1	
Indapamide (Oral Tablet)	G	2	
Metolazone (Oral Tablet)	G	3	
<b>Dyslipidemics, Fibric Acid Derivatives</b>			
Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet)	G	2	
Gemfibrozil (Oral Tablet)	G	2	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>			
Atorvastatin Calcium (Oral Tablet)	G	1	QL
Lovastatin (Oral Tablet)	G	2	QL
Pravastatin Sodium (Oral Tablet)	G	2	QL
Rosuvastatin Calcium (Oral Tablet)	G	2	QL
Simvastatin (Oral Tablet)	G	1	QL
<b>Dyslipidemics, Other</b>			
Cholestyramine Light (Oral Powder)	G	3	
Cholestyramine (Oral Packet)	G	3	
Colestipol HCl (Oral Packet)	G	4	
Colestipol HCl (Oral Tablet)	G	3	
Ezetimibe (Oral Tablet)	G	3	QL
Ezetimibe-Simvastatin (Oral Tablet)	G	4	QL
<b>Juxtapid (Oral Capsule)</b>			
Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release)	G	3	
Niacor (Oral Tablet)	G	4	
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	G	4	QL
<b>Praluent (Subcutaneous Solution Auto-Injector)</b>			
Prevalite (Oral Packet)	G	3	PA; LA; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Repatha Pushtrex System (Subcutaneous Solution Cartridge)</b>	B	3	PA; QL
<b>Repatha (Subcutaneous Solution Prefilled Syringe)</b>	B	3	PA; QL
<b>Repatha SureClick (Subcutaneous Solution Auto-Injector)</b>	B	3	PA; QL
<b>Vascepa (Oral Capsule)</b>	B	4	
<b>Vasodilators, Direct-acting Arterial</b>			
Hydralazine HCl (Oral Tablet)	G	2	
Minoxidil (Oral Tablet)	G	3	
<b>Vasodilators, Direct-acting Arterial/Venous</b>			
Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	3	
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour)	G	2	
Isosorbide Mononitrate (Oral Tablet Immediate Release)	G	2	
Minitran (Transdermal Patch 24 Hour)	G	3	
Nitro-Bid (Transdermal Ointment)	G	4	
Nitroglycerin (Tablet Sublingual)	G	3	
Nitroglycerin (Transdermal Patch 24 Hour)	G	3	
Nitroglycerin (Translingual Solution)	G	4	
<b>Nitrostat (Tablet Sublingual)</b>	B	3	
<b>Rectiv (Rectal Ointment)</b>	B	4	QL
<b>Central Nervous System Agents</b>			
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>			
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	4	QL
Amphetamine-Dextroamphetamine (Oral Tablet)	G	3	QL
Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)	G	4	QL
Dextroamphetamine Sulfate (Oral Tablet)	G	3	QL
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>			
Atomoxetine HCl (Oral Capsule)	G	4	QL
Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)	G	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
Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour)	G	4	
Dexmethylphenidate HCl (Oral Tablet)	G	3	QL
Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release)	G	4	QL
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	G	3	QL
<b>Central Nervous System, Other</b>			
<b>Nuedexta (Oral Capsule)</b>	B	4	PA; QL
Riluzole (Oral Tablet)	G	3	
Tetrabenazine (Oral Tablet)	G	5	PA; LA; DL; QL
<b>Fibromyalgia Agents</b>			
<b>Drizalma Sprinkle (Oral Capsule Delayed Release Sprinkle)</b>	B	4	ST; QL
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	G	3	QL
Pregabalin (Oral Capsule)	G	3	QL
Pregabalin (Oral Solution)	G	3	QL
<b>Savella (Oral Tablet)</b>	B	3	
<b>Savella Titration Pack (Oral Tablet)</b>	B	3	
<b>Multiple Sclerosis Agents</b>			
<b>Betaseron (Subcutaneous Kit)</b>	B	5	DL; QL
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	3	QL
<b>Gilenya (0.5MG Oral Capsule)</b>	B	5	DL; QL
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	G	5	DL; QL
Glatopa (Subcutaneous Solution Prefilled Syringe)	G	5	DL; QL
<b>Dental and Oral Agents</b>			
<b>Dental and Oral Agents</b>			
Chlorhexidine Gluconate (Mouth Solution)	G	2	
Pilocarpine HCl (Oral Tablet)	G	4	
Triamcinolone Acetonide (Dental Paste)	G	3	
<b>Dermatological Agents</b>			
<b>Acne and Rosacea Agents</b>			
Acitretin (Oral Capsule)	G	4	
Adapalene (External Cream)	G	4	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Adapalene (0.1% External Gel)	G	3	
Amnesteem (Oral Capsule)	G	4	PA
Azelaic Acid (External Gel)	G	4	
Benzoyl Peroxide-Erythromycin (External Gel)	G	4	
Claravis (Oral Capsule)	G	4	PA
Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel)	G	4	
<b>Finacea (External Foam)</b>	B	4	
Isotretinoin (Oral Capsule)	G	4	PA
<b>Mirvaso (External Gel)</b>	B	4	
Myorisan (Oral Capsule)	G	4	PA
Tazarotene (External Cream)	G	4	PA
Tretinoin (External Cream)	G	4	PA
Tretinoin (0.01% External Gel, 0.025% External Gel)	G	4	PA
Zenatane (Oral Capsule)	G	4	PA
<b>Dermatitis and Pruritus Agents</b>			
Ala-Cort (1% External Cream)	G	3	
Alclometasone Dipropionate (External Cream)	G	3	
Alclometasone Dipropionate (External Ointment)	G	3	
Ammonium Lactate (External Cream)	G	3	
Ammonium Lactate (External Lotion)	G	3	
Betamethasone Dipropionate Aug (External Cream)	G	3	
Betamethasone Dipropionate Aug (External Gel)	G	3	
Betamethasone Dipropionate Aug (External Lotion)	G	3	
Betamethasone Dipropionate Aug (External Ointment)	G	3	
Betamethasone Dipropionate (External Cream)	G	3	
Betamethasone Dipropionate (External Lotion)	G	3	
Betamethasone Dipropionate (External Ointment)	G	3	
Betamethasone Valerate (External Cream)	G	3	
Betamethasone Valerate (External Lotion)	G	3	
Betamethasone Valerate (External Ointment)	G	3	
Clobetasol Propionate Emollient Base (External Cream)	G	4	
Clobetasol Propionate (External Cream)	G	4	
Clobetasol Propionate (External Gel)	G	4	
Clobetasol Propionate (External Ointment)	G	4	
Clobetasol Propionate (External Shampoo)	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
Clobetasol Propionate (External Solution)	G	3	
Desonide (External Ointment)	G	4	
Desoximetasone (External Cream)	G	4	QL
Doxepin HCl (External Cream)	G	4	PA; QL
Fluocinolone Acetonide (External Cream)	G	3	
Fluocinolone Acetonide (External Ointment)	G	3	
Fluocinolone Acetonide (External Solution)	G	3	
Fluocinolone Acetonide Scalp (External Oil)	G	4	
Fluocinonide Emulsified Base (External Cream)	G	3	
Fluocinonide (External Gel)	G	3	
Fluocinonide (External Ointment)	G	3	
Fluocinonide (External Solution)	G	3	
Fluticasone Propionate (External Cream)	G	3	
Fluticasone Propionate (External Ointment)	G	3	
Halobetasol Propionate (External Cream)	G	4	
Halobetasol Propionate (External Ointment)	G	4	
<b>Halog (External Ointment)</b>	B	5	DL
Hydrocortisone Butyrate (External Ointment)	G	3	
Hydrocortisone (1% External Cream, 2.5% External Cream)	G	3	
Hydrocortisone (2.5% External Lotion)	G	3	
Hydrocortisone (1% External Ointment, 2.5% External Ointment)	G	3	
Hydrocortisone Valerate (External Cream)	G	4	
Hydrocortisone Valerate (External Ointment)	G	4	
Mometasone Furoate (External Cream)	G	3	
Mometasone Furoate (External Ointment)	G	3	
Mometasone Furoate (External Solution)	G	3	
Pimecrolimus (External Cream)	G	4	ST; QL
Prednicarbate (External Cream)	G	4	
Prednicarbate (External Ointment)	G	4	
Selenium Sulfide (External Lotion)	G	2	
Tacrolimus (External Ointment)	G	4	ST
Triamcinolone Acetonide (External Cream)	G	2	
Triamcinolone Acetonide (External Lotion)	G	3	
Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment)	G	2	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Triderm (0.1% External Cream)	G	2	
<b>Dermatological Agents, Other</b>			
Calcipotriene (External Cream)	G	4	
Calcipotriene (External Ointment)	G	4	
Calcipotriene (External Solution)	G	3	
<b>Calcitriol (External Ointment)</b>	B	4	
Clotrimazole-Betamethasone (External Cream)	G	3	
Clotrimazole-Betamethasone (External Lotion)	G	4	
Diclofenac Sodium (3% Transdermal Gel)	G	4	PA
Fluorouracil (5% External Cream)	G	4	
Fluorouracil (External Solution)	G	3	
Imiquimod (5% External Cream)	G	4	QL
<b>Picato (External Gel)</b>	B	3	QL
Podofilox (External Solution)	G	3	
<b>Regranex (External Gel)</b>	B	5	PA; DL
<b>Santyl (External Ointment)</b>	B	4	
Silver Sulfadiazine (External Cream)	G	3	
<b>SSD (External Cream)</b>	B	3	
<b>Pediculicides/Scabicides</b>			
Malathion (External Lotion)	G	4	
Permethrin (External Cream)	G	3	
<b>Topical Anti-infectives</b>			
Ciclopirox (External Gel)	G	3	
Ciclopirox (External Shampoo)	G	3	
Ciclopirox (External Solution)	G	3	
Ciclopirox Olamine (External Cream)	G	3	
Ciclopirox Olamine (External Suspension)	G	3	
Clindacin-P (External Swab)	G	3	
Clindamycin Phosphate (External Gel)	G	3	QL
Clindamycin Phosphate (External Lotion)	G	3	
Clindamycin Phosphate (External Solution)	G	3	
Clindamycin Phosphate (External Swab)	G	3	
Clotrimazole (External Cream)	G	2	
Clotrimazole (External Solution)	G	2	
Ery (External Pad)	G	3	

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>
Erythromycin (External Gel)	G	4	
Erythromycin (External Solution)	G	3	
Gentamicin Sulfate (External Cream)	G	3	
Gentamicin Sulfate (External Ointment)	G	3	
<b>Jublia (External Solution)</b>	B	4	
Ketoconazole (External Cream)	G	2	QL
Ketoconazole (External Shampoo)	G	2	
Mupirocin (External Ointment)	G	2	QL
Nyamyc (External Powder)	G	2	QL
Nystatin (External Cream)	G	2	
Nystatin (External Ointment)	G	2	
Nystatin (External Powder)	G	2	QL
Nystop (External Powder)	G	2	QL
<b>Electrolytes/Minerals/Metals/Vitamins</b>			
<b>Electrolyte/Mineral Replacement</b>			
<b>Aminosyn II (Intravenous Solution)</b>	B	4	B/D, PA
<b>Aminosyn-PF (7% Intravenous Solution)</b>	B	4	B/D, PA
<b>Carbaglu (Oral Tablet)</b>	B	5	LA; DL
Dextrose (10% Intravenous Solution)	G	4	
Dextrose (5% Intravenous Solution)	G	4	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	4	
<b>Dextrose-NaCl (5-0.9% Intravenous Solution)</b>	B	4	B/D, PA
<b>FreAmine HBC (Intravenous Solution)</b>	B	4	B/D, PA
<b>HepatAmine (Intravenous Solution)</b>	B	4	B/D, PA
<b>Intralipid (Intravenous Emulsion)</b>	B	4	B/D, PA
<b>Isolyte-P in D5W (Intravenous Solution)</b>	B	4	
<b>Isolyte-S (Intravenous Solution)</b>	B	4	
<b>KCl in Dextrose-NaCl (Intravenous Solution)</b>	B	4	
<b>KCl-Lactated Ringers-D5W (Intravenous Solution)</b>	B	4	
<b>Klor-Con 10 (Oral Tablet Extended Release)</b>	B	2	
Klor-Con M10 (Oral Tablet Extended Release)	G	2	
Klor-Con M15 (Oral Tablet Extended Release)	G	2	
Klor-Con M20 (Oral Tablet Extended Release)	G	2	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Klor-Con (Oral Packet)	G	3	
<b>Klor-Con 8 (Oral Tablet Extended Release)</b>	B	2	
<b>Magnesium Sulfate (50% Injection Solution)</b>	B	4	
Magnesium Sulfate (50% (10ML Syringe) Injection Solution)	G	4	
<b>NephrAmine (Intravenous Solution)</b>	B	4	B/D, PA
<b>Normosol-M in D5W (Intravenous Solution)</b>	B	4	
<b>Normosol-R (Intravenous Solution)</b>	B	4	
<b>Nutrilipid (Intravenous Emulsion)</b>	B	4	B/D, PA
<b>Plasma-Lyte 148 (Intravenous Solution)</b>	B	4	
<b>Plasma-Lyte A (Intravenous Solution)</b>	B	4	
Plenamaine (Intravenous Solution)	G	4	B/D, PA
Potassium Chloride CR (Oral Tablet Extended Release)	G	2	
<b>Potassium Chloride in Dextrose (20MEQ/L Intravenous Solution)</b>	B	4	B/D, PA
Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution)	G	4	B/D, PA
<b>Potassium Chloride in NaCl (20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)</b>	B	4	B/D, PA
<b>Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 40MEQ/100ML Intravenous Solution)</b>	B	4	B/D, PA
Potassium Chloride (2MEQ/ML Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution)	G	4	B/D, PA
Potassium Chloride (Oral Packet)	G	3	
Potassium Chloride (Oral Solution)	G	3	
Potassium Citrate ER (Oral Tablet Extended Release)	G	4	
Premasol (Intravenous Solution)	G	4	B/D, PA
<b>Procalamine (Intravenous Solution)</b>	B	4	B/D, PA
<b>Prosol (Intravenous Solution)</b>	B	4	B/D, PA
Sodium Chloride (0.45% Intravenous Solution)	G	4	
Sodium Chloride (0.9% Intravenous Solution, 3% Intravenous Solution)	G	4	B/D, PA
<b>Sodium Chloride (5% Intravenous Solution)</b>	B	4	B/D, PA
<b>Sodium Chloride (Irrigation Solution)</b>	B	3	
Sodium Fluoride (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>TPN Electrolytes (Intravenous Concentrate)</b>	B	4	
<b>Travasol (Intravenous Solution)</b>	B	4	B/D, PA
<b>TrophAmine (10% Intravenous Solution)</b>	B	4	B/D, PA
<b>Electrolyte/Mineral/Metal Modifiers</b>			
<b>Chemet (Oral Capsule)</b>	B	4	
Clovique (Oral Capsule)	G	5	PA; DL; QL
Deferasirox (Oral Tablet) (Generic Jadenu)	G	5	PA; DL
Deferasirox (Oral Tablet Soluble) (Generic Exjade)	G	5	PA; DL
<b>Exjade (Oral Tablet Soluble)</b>	B	5	PA; DL
<b>Ferriprox (Oral Solution)</b>	B	5	PA; DL
<b>Ferriprox (Oral Tablet)</b>	B	5	PA; DL
<b>Jadenu Sprinkle (Oral Packet)</b>	B	5	PA; DL
<b>Samsca (Oral Tablet)</b>	B	5	PA; DL; QL
Trientine HCl (Oral Capsule)	G	5	PA; DL; QL
<b>Phosphate Binders</b>			
<b>Auryxia (Oral Tablet)</b>	B	4	PA
Calcium Acetate (Phosphate Binder) (Oral Capsule)	G	3	
Calcium Acetate (Phosphate Binder) (Oral Tablet)	G	3	
Sevelamer Carbonate (Oral Packet)	G	4	
Sevelamer Carbonate (Oral Tablet) (Generic Renvela)	G	4	
<b>Velphoro (Oral Tablet Chewable)</b>	B	4	
<b>Potassium Binders</b>			
Kionex (Oral Suspension)	G	3	
<b>Lokelma (Oral Packet)</b>	B	4	QL
Sodium Polystyrene Sulfonate (Oral Powder)	G	3	
Sodium Polystyrene Sulfonate (Oral Suspension)	G	3	
SPS (Oral Suspension)	G	3	
<b>Veltassa (Oral Packet)</b>	B	4	QL
<b>Vitamins</b>			
VP-PNV-DHA (Oral Capsule)	G	3	
<b>Gastrointestinal Agents</b>			
<b>Anti-Constipation Agents</b>			
Constulose (Oral Solution)	G	2	
Enulose (Oral Solution)	G	2	
Generlac (Oral Solution)	G	2	
Lactulose (10GM/15ML Oral Solution)	G	2	
<b>Linzess (Oral Capsule)</b>	B	3	QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Relistor (Oral Tablet)</b>	B	4	PA; QL
<b>Relistor (Subcutaneous Solution)</b>	B	4	PA
<b>Anti-Diarrheal Agents</b>			
Alosetron HCl (Oral Tablet)	G	5	PA; DL
Diphenoxylate-Atropine (Oral Liquid)	G	3	
Diphenoxylate-Atropine (Oral Tablet)	G	3	
Loperamide HCl (Oral Capsule)	G	2	
<b>Antispasmodics, Gastrointestinal</b>			
<b>Cuvposa (Oral Solution)</b>	B	4	PA
Dicyclomine HCl (Oral Capsule)	G	2	
Dicyclomine HCl (Oral Solution)	G	2	
Dicyclomine HCl (Oral Tablet)	G	2	
<b>Gastrointestinal Agents, Other</b>			
Chenodal (Oral Tablet)	G	5	PA; DL
<b>Clenpiq (Oral Solution)</b>	B	3	
<b>Gattex (Subcutaneous Kit)</b>	B	5	PA; LA; DL
GaviLyte-C (Oral Solution Reconstituted)	G	2	
GaviLyte-G (Oral Solution Reconstituted)	G	2	
GaviLyte-N with Flavor Pack (Oral Solution Reconstituted)	G	2	
<b>Myalept (Subcutaneous Solution Reconstituted)</b>	B	5	PA; LA; DL
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	G	2	
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	G	2	
<b>Suprep Bowel Prep Kit (Oral Solution)</b>	B	3	
TriLyte (Oral Solution Reconstituted)	G	2	
Ursodiol (Oral Capsule)	G	3	
Ursodiol (Oral Tablet)	G	4	
<b>Histamine2 (H2) Receptor Antagonists</b>			
Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	G	2	
Nizatidine (Oral Capsule)	G	3	
<b>Protectants</b>			
Misoprostol (Oral Tablet)	G	3	
Sucralfate (Oral Suspension)	G	4	
Sucralfate (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>Proton Pump Inhibitors</b>			
<b>Dexilant (Oral Capsule Delayed Release)</b>	B	4	QL
Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)	G	3	QL
Lansoprazole (Oral Capsule Delayed Release)	G	3	QL
Omeprazole (10MG Oral Capsule Delayed Release)	G	2	QL
Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	G	2	
Pantoprazole Sodium (Oral Tablet Delayed Release)	G	2	QL
<b>Prilosec (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>Aralast NP (1000MG Intravenous Solution Reconstituted)</b>	B	5	PA; LA; DL
<b>Cholbam (Oral Capsule)</b>	B	5	PA; DL
Cromolyn Sodium (Oral Concentrate)	G	3	
<b>Cystadane (Oral Powder)</b>	B	5	DL
<b>Cystagon (Oral Capsule)</b>	B	4	LA
<b>Kuvan (Oral Packet)</b>	B	5	LA; DL
<b>Kuvan (Oral Tablet Soluble)</b>	B	5	LA; DL
Levocarnitine (1GM/10ML Oral Solution)	G	3	
<b>Levocarnitine (330MG Oral Tablet)</b>	B	3	
Miglustat (Oral Capsule)	G	5	PA; LA; DL
Nitisinone (Oral Capsule)	G	5	DL
<b>Orfadin (20MG Oral Capsule)</b>	B	5	LA; DL
<b>Orfadin (Oral Suspension)</b>	B	5	LA; DL
<b>Prolastin-C (Intravenous Solution Reconstituted)</b>	B	5	PA; LA; DL
<b>RAVICTI (Oral Liquid)</b>	B	5	LA; DL; QL
Sodium Phenylbutyrate (Oral Powder)	G	5	DL
Sodium Phenylbutyrate (Oral Tablet)	G	5	DL
<b>Sucraid (Oral Solution)</b>	B	5	LA; DL
<b>Tegsedi (Subcutaneous Solution Prefilled Syringe)</b>	B	5	PA; LA; DL
<b>Vyndamax (Oral Capsule)</b>	B	5	PA; LA; DL; QL
<b>Vyndaqel (Oral Capsule)</b>	B	5	PA; LA; DL; QL
<b>Zenpep (Oral Capsule Delayed Release Particles)</b>	B	3	
<b>Genitourinary Agents</b>			
<b>Antispasmodics, Urinary</b>			

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Myrbetriq (Oral Tablet Extended Release 24 Hour)</b>	B	3	
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	G	2	QL
Oxybutynin Chloride (Oral Syrup)	G	3	
Oxybutynin Chloride (Oral Tablet Immediate Release)	G	2	
Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour)	G	4	
<b>Toviaz (Oral Tablet Extended Release 24 Hour)</b>	B	3	QL
<b>Benign Prostatic Hypertrophy Agents</b>			
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	G	2	
Dutasteride (Oral Capsule)	G	3	QL
Finasteride (5MG Oral Tablet) (Generic Proscar)	G	3	
Tamsulosin HCl (Oral Capsule)	G	2	
Terazosin HCl (Oral Capsule)	G	2	
<b>Genitourinary Agents, Other</b>			
Bethanechol Chloride (Oral Tablet)	G	3	
<b>Depen Titratabs (Oral Tablet)</b>	B	5	DL
<b>Elmiron (Oral Capsule)</b>	B	4	
Penicillamine (Oral Tablet)	G	5	DL
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>			
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>			
Dexamethasone (Oral Elixir)	G	3	
Dexamethasone (Oral Tablet)	G	2	
Fludrocortisone Acetate (Oral Tablet)	G	2	
Hydrocortisone (Oral Tablet)	G	3	
Methylprednisolone (Oral Tablet)	G	2	
Methylprednisolone (Oral Tablet Therapy Pack)	G	2	
Prednisolone (Oral Solution)	G	2	
Prednisolone Sodium Phosphate (25MG/5ML Oral Solution)	G	2	
Prednisolone Sodium Phosphate (6.7 (5 Base)MG/5ML Oral Solution)	G	4	
Prednisone Intensol (Oral Concentrate)	G	4	
Prednisone (5MG/5ML Oral Solution)	G	4	
Prednisone (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
Prednisone (Oral Tablet Therapy Pack)	G	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>			
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>			
Desmopressin Acetate (Oral Tablet)	G	3	
Desmopressin Acetate Spray (Nasal Solution)	G	4	
<b>Egrifta (1MG Subcutaneous Solution Reconstituted)</b>	B	5	PA; LA; DL
<b>Egrifta SV (2MG Subcutaneous Solution Reconstituted)</b>	B	5	PA; LA; DL
<b>Genotropin MiniQuick (Subcutaneous Solution Reconstituted)</b>	B	5	PA; DL
<b>Genotropin (Subcutaneous Solution Reconstituted)</b>	B	5	PA; DL
<b>Increlex (Subcutaneous Solution)</b>	B	5	PA; LA; DL
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>			
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>			
<b>Korlym (Oral Tablet)</b>	B	5	PA; LA; DL; QL
<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	4	PA; QL
Oxandrolone (2.5MG Oral Tablet)	G	3	PA; QL
<b>Androgens</b>			
<b>Androderm (Transdermal Patch 24 Hour)</b>	B	3	QL
Danazol (Oral Capsule)	G	4	
Testosterone Cypionate (Intramuscular Solution)	G	2	
Testosterone Enanthate (Intramuscular Solution)	G	4	
Testosterone (25MG/2.5GM 1% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel)	G	3	
Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel), Testosterone Pump (1.62% Transdermal Gel)	G	4	
<b>Estrogens</b>			
Altavera (Oral Tablet)	G	4	
Alyacen 1/35 (Oral Tablet)	G	4	
Amethia (Oral Tablet)	G	4	
Apri (Oral Tablet)	G	4	
Ashlyna (Oral Tablet)	G	4	
Aubra EQ (Oral Tablet)	G	4	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Aviane (Oral Tablet)	G	4	
Balziva (Oral Tablet)	G	4	
Blisovi 24 Fe (Oral Tablet)	G	4	
Blisovi Fe 1.5/30 (Oral Tablet)	G	4	
Briellyn (Oral Tablet)	G	4	
Camrese Lo (Oral Tablet)	G	4	
<b>Climara Pro (Transdermal Patch Weekly)</b>	B	4	
Cryselle-28 (Oral Tablet)	G	4	
Cyclafem 1/35 (Oral Tablet)	G	4	
Cyred EQ (Oral Tablet)	G	4	
Desogestrel-Ethinyl Estradiol (Oral Tablet)	G	4	
Drospirenone-Ethinyl Estradiol (Oral Tablet)	G	4	
<b>Elestrin (Transdermal Gel)</b>	B	4	
EluRyng (Vaginal Ring)	G	4	
Emoquette (Oral Tablet)	G	4	
Enpresse-28 (Oral Tablet)	G	4	
Enskyce (Oral Tablet)	G	4	
Estarylla (Oral Tablet)	G	4	
Estradiol (Oral Tablet)	G	2	
Estradiol (Transdermal Patch Weekly)	G	3	QL
Estradiol (Vaginal Cream)	G	4	
Estradiol Valerate (Intramuscular Oil)	G	4	
<b>Estring (Vaginal Ring)</b>	B	4	
Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet)	G	4	
Etonogestrel-Ethinyl Estradiol (Vaginal Ring)	G	4	
Falmina (Oral Tablet)	G	4	
Fayosim (Oral Tablet)	G	4	
<b>Femring (Vaginal Ring)</b>	B	4	
Femynor (Oral Tablet)	G	4	
Gianvi (Oral Tablet)	G	4	
Hailey 24 Fe (Oral Tablet)	G	4	
Introvale (Oral Tablet)	G	4	
Isibloom (Oral Tablet)	G	4	
Jasmiel (Oral Tablet)	G	4	
Juleber (Oral Tablet)	G	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>
Junel 1.5/30 (Oral Tablet)	G	4	
Junel 1/20 (Oral Tablet)	G	4	
Junel Fe 1.5/30 (Oral Tablet)	G	4	
Junel Fe 1/20 (Oral Tablet)	G	4	
Junel Fe 24 (Oral Tablet)	G	4	
Kariva (Oral Tablet)	G	4	
Kelnor 1/35 (Oral Tablet)	G	4	
Kelnor 1/50 (Oral Tablet)	G	4	
Kurvelo (Oral Tablet)	G	4	
LARIN 1.5/30 (Oral Tablet)	G	4	
LARIN 1/20 (Oral Tablet)	G	4	
LARIN Fe 1.5/30 (Oral Tablet)	G	4	
LARIN Fe 1/20 (Oral Tablet)	G	4	
Larissia (Oral Tablet)	G	4	
Lessina (Oral Tablet)	G	4	
Levonest (Oral Tablet)	G	4	
Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet)	G	4	
Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet)	G	4	
Levonorgestrel-Ethinyl Estradiol (Oral Tablet)	G	4	
Levora 0.15/30 (28) (Oral Tablet)	G	4	
Loryna (Oral Tablet)	G	4	
Low-Ogestrel (Oral Tablet)	G	4	
Lutera (Oral Tablet)	G	4	
Marlissa (Oral Tablet)	G	4	
Melodetta 24 Fe (Oral Tablet Chewable)	G	4	
Menest (Oral Tablet)	G	3	
Mibelas 24 Fe (Oral Tablet Chewable)	G	4	
Microgestin 1.5/30 (Oral Tablet)	G	4	
Microgestin 1/20 (Oral Tablet)	G	4	
Microgestin Fe 1.5/30 (Oral Tablet)	G	4	
Microgestin Fe 1/20 (Oral Tablet)	G	4	
Mili (Oral Tablet)	G	4	
Necon 0.5/35 (28) (Oral Tablet)	G	4	
Nikki (Oral Tablet)	G	4	
Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet)	G	4	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG(24) Oral Tablet Chewable)	G	4	
Norgestimate-Ethinyl Estradiol (Oral Tablet)	G	4	
Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)	G	4	
Nortrel 0.5/35 (28) (Oral Tablet)	G	4	
Nortrel 1/35 (21) (Oral Tablet)	G	4	
Nortrel 1/35 (28) (Oral Tablet)	G	4	
Ocella (Oral Tablet)	G	4	
Orsythia (Oral Tablet)	G	4	
Pimtreea (Oral Tablet)	G	4	
Pirmella 1/35 (Oral Tablet)	G	4	
Portia-28 (Oral Tablet)	G	4	
<b>Premarin (Oral Tablet)</b>	B	4	QL
<b>Premarin (Vaginal Cream)</b>	B	3	
<b>Premphase (Oral Tablet)</b>	B	4	QL
<b>Prempro (Oral Tablet)</b>	B	4	QL
Previfem (Oral Tablet)	G	4	
Reclipsen (Oral Tablet)	G	4	
Rivelsa (Oral Tablet)	G	4	
Setlakin (Oral Tablet)	G	4	
Sprintec 28 (Oral Tablet)	G	4	
Sronyx (Oral Tablet)	G	4	
Syeda (Oral Tablet)	G	4	
Tarina 24 Fe (Oral Tablet)	G	4	
Tarina Fe 1/20 EQ (Oral Tablet)	G	4	
Tri-Estarylla (Oral Tablet)	G	4	
Tri-Lo-Estarylla (Oral Tablet)	G	4	
Tri-Lo-Sprintec (Oral Tablet)	G	4	
Tri-Mili (Oral Tablet)	G	4	
Tri-Previfem (Oral Tablet)	G	4	
Tri-Sprintec (Oral Tablet)	G	4	
Trivora (28) (Oral Tablet)	G	4	
Tri-VyLibra Lo (Oral Tablet)	G	4	
Tri-VyLibra (Oral Tablet)	G	4	
Vienva (Oral Tablet)	G	4	
Vyfemla (Oral Tablet)	G	4	

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

<b>Drug Name</b>	<b>Brand or Generic</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>
VyLibra (Oral Tablet)	G	4	
Xulane (Transdermal Patch Weekly)	G	4	
Zarah (Oral Tablet)	G	4	
Zovia 1/35E (28) (Oral Tablet)	G	4	
<b>Progestins</b>			
Camila (Oral Tablet)	G	4	
<b>Crinone (Vaginal Gel)</b>	B	4	PA
Deblitane (Oral Tablet)	G	4	
<b>Depo-Provera (400MG/ML Intramuscular Suspension)</b>	B	4	
Errin (Oral Tablet)	G	4	
Incassia (Oral Tablet)	G	4	
Lyza (Oral Tablet)	G	4	
Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension)	G	4	
Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension Prefilled Syringe)	G	4	
Medroxyprogesterone Acetate (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	G	2	
Megestrol Acetate (40MG/ML Oral Suspension)	G	3	
Megestrol Acetate (625MG/5ML Oral Suspension)	G	4	
Megestrol Acetate (Oral Tablet)	G	3	
Nora-BE (Oral Tablet)	G	4	
Norethindrone Acetate (5MG Oral Tablet)	G	3	
Norethindrone (0.35MG Oral Tablet)	G	4	
Progesterone Micronized (Oral Capsule)	G	3	
Sharobel (Oral Tablet)	G	4	
<b>Selective Estrogen Receptor Modifying Agents</b>			
<b>Osphena (Oral Tablet)</b>	B	3	PA; QL
Raloxifene HCl (Oral Tablet)	G	3	QL
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>			
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>			
<b>Euthyrox (Oral Tablet)</b>	B	3	
<b>Levo-T (Oral Tablet)</b>	B	3	
Levothyroxine Sodium (Oral Tablet)	G	1	
<b>Levoxyl (Oral Tablet)</b>	B	3	
Liothyronine Sodium (Oral Tablet)	G	3	
<b>Synthroid (Oral Tablet)</b>	B	3	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<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	3	
<b>Hormonal Agents, Suppressant (Adrenal)</b>			
<b>Hormonal Agents, Suppressant (Adrenal)</b>			
<b>Lysodren (Oral Tablet)</b>	B	5	DL
<b>Hormonal Agents, Suppressant (Pituitary)</b>			
<b>Hormonal Agents, Suppressant (Pituitary)</b>			
Cabergoline (Oral Tablet)	G	4	
<b>Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)</b>	B	5	PA; DL
<b>Firmagon (80MG Subcutaneous Solution Reconstituted)</b>	B	3	PA
Leuprolide Acetate (Injection Kit)	G	4	PA
<b>Lupron Depot (1-Month) (Intramuscular Kit)</b>	B	5	PA; DL
<b>Lupron Depot (3-Month) (Intramuscular Kit)</b>	B	5	PA; DL
<b>Lupron Depot (4-Month) (Intramuscular Kit)</b>	B	5	PA; DL
<b>Lupron Depot (6-Month) (Intramuscular Kit)</b>	B	5	PA; DL
Octreotide Acetate (Injection Solution)	G	4	PA
<b>Signifor (Subcutaneous Solution)</b>	B	5	PA; LA; DL
<b>Somatuline Depot (Subcutaneous Solution)</b>	B	5	DL
<b>Somavert (Subcutaneous Solution Reconstituted)</b>	B	5	PA; LA; DL; QL
<b>Synarel (Nasal Solution)</b>	B	5	DL
<b>Trelstar Mixject (Intramuscular Suspension Reconstituted)</b>	B	5	PA; DL
<b>Hormonal Agents, Suppressant (Thyroid)</b>			
<b>Antithyroid Agents</b>			
Methimazole (Oral Tablet)	G	1	
Propylthiouracil (Oral Tablet)	G	2	
<b>Immunological Agents</b>			
<b>Angioedema Agents</b>			
<b>Berinert (Intravenous Kit)</b>	B	5	PA; LA; DL
<b>Cinryze (Intravenous Solution Reconstituted)</b>	B	5	PA; LA; DL
<b>Haegarda (Subcutaneous Solution Reconstituted)</b>	B	5	PA; LA; DL

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Icatibant Acetate (Subcutaneous Solution)	G	5	PA; DL; QL
<b>Immunoglobulins</b>			
<b>BIVIGAM (Intravenous Solution)</b>	B	5	PA; DL
<b>Flebogamma DIF (5GM/50ML Intravenous Solution)</b>	B	5	PA; DL
<b>Gammagard (2.5GM/25ML Injection Solution)</b>	B	5	PA; DL
<b>Gammagard S/D Less IgA (Intravenous Solution Reconstituted)</b>	B	5	PA; DL
<b>Gammaked (1GM/10ML Injection Solution)</b>	B	5	PA; DL
<b>Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)</b>	B	5	PA; DL
<b>Gamunex-C (1GM/10ML Injection Solution)</b>	B	5	PA; DL
<b>Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)</b>	B	5	PA; DL
<b>Panzyga (Intravenous Solution)</b>	B	5	PA; DL
<b>Privigen (20GM/200ML Intravenous Solution)</b>	B	5	PA; DL
<b>Varizig (Intramuscular Solution)</b>	B	5	DL
<b>Immunological Agents, Other</b>			
<b>Actemra ACTPen (Subcutaneous Solution Auto-Injector)</b>	B	5	PA; DL
<b>Actemra (Subcutaneous Solution Prefilled Syringe)</b>	B	5	PA; DL
<b>Arcalyst (Subcutaneous Solution Reconstituted)</b>	B	5	PA; LA; DL
<b>Benlysta (Subcutaneous Solution Auto-Injector)</b>	B	5	PA; DL
<b>Benlysta (Subcutaneous Solution Prefilled Syringe)</b>	B	5	PA; DL
<b>Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe)</b>	B	5	PA; LA; DL
<b>Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector)</b>	B	5	PA; LA; DL
<b>Orencia ClickJect (Subcutaneous Solution Auto-Injector)</b>	B	5	PA; DL
<b>Orencia (Subcutaneous Solution Prefilled Syringe)</b>	B	5	PA; DL
<b>Ridaura (Oral Capsule)</b>	B	5	DL
<b>Stelara (Subcutaneous Solution)</b>	B	5	PA; DL
<b>Stelara (Subcutaneous Solution Prefilled Syringe)</b>	B	5	PA; DL
<b>Xeljanz (Oral Tablet Immediate Release)</b>	B	5	PA; DL; QL
<b>Xeljanz XR (Oral Tablet Extended Release 24 Hour)</b>	B	5	PA; DL; QL
<b>Xolair (Subcutaneous Solution Prefilled Syringe)</b>	B	5	PA; LA; DL

<b>Drug Name</b>	<b>Brand or Generic</b>	<b>Drug Tier</b>	<b>Coverage Rules or Limits on use</b>
<b>Xolair (Subcutaneous Solution Reconstituted)</b>	B	5	PA; LA; DL
<b>Immunostimulants</b>			
<b>Actimmune (Subcutaneous Solution)</b>	B	5	LA; DL
<b>Intron A (Injection Solution)</b>	B	5	PA; LA; DL
<b>Intron A (Injection Solution Reconstituted)</b>	B	5	PA; LA; DL
<b>Pegasys ProClick (Subcutaneous Solution)</b>	B	5	PA; DL
<b>Sylatron (200MCG Subcutaneous Kit, 300MCG Subcutaneous Kit)</b>	B	5	PA; DL
<b>Immunosuppressants</b>			
Azathioprine (Oral Tablet)	G	2	B/D, PA
Cyclosporine Modified (Oral Capsule)	G	4	B/D, PA
Cyclosporine Modified (Oral Solution)	G	4	B/D, PA
Cyclosporine (Oral Capsule)	G	4	B/D, PA
Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet)	G	5	B/D, PA; DL
Gengraf (Oral Capsule)	G	4	B/D, PA
Gengraf (Oral Solution)	G	4	B/D, PA
<b>Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit)</b>	B	5	PA; DL
<b>Humira Pen (Subcutaneous Pen-Injector Kit)</b>	B	5	PA; DL
<b>Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit)</b>	B	5	PA; DL
<b>Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit)</b>	B	5	PA; DL
<b>Humira (Subcutaneous Prefilled Syringe Kit)</b>	B	5	PA; DL
Leflunomide (Oral Tablet)	G	3	
Methotrexate (Oral Tablet)	G	2	
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	G	3	
Methotrexate Sodium (50MG/2ML Injection Solution)	G	3	
Mycophenolate Mofetil (Oral Capsule)	G	3	B/D, PA
Mycophenolate Mofetil (Oral Suspension Reconstituted)	G	5	B/D, PA; DL
Mycophenolate Mofetil (Oral Tablet)	G	3	B/D, PA
Mycophenolate Sodium (Oral Tablet Delayed Release)	G	4	B/D, PA
<b>Prograf (Oral Packet)</b>	B	4	B/D, PA
<b>Sandimmune (Oral Solution)</b>	B	5	B/D, PA; DL

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>
Sirolimus (Oral Solution)	G	5	B/D, PA; DL
Sirolimus (Oral Tablet)	G	4	B/D, PA
Tacrolimus (Oral Capsule)	G	3	B/D, PA
Trexall (Oral Tablet)	G	4	
<b>Xatmep (Oral Solution)</b>	B	4	PA
<b>Zortress (1MG Oral Tablet)</b>	B	5	B/D, PA; DL
<b>Vaccines</b>			
<b>ActHIB (Intramuscular Solution Reconstituted)</b>	B	3	QL
<b>Adacel (Intramuscular Suspension)</b>	B	3	QL
<b>BCG Vaccine (Injection)</b>	B	3	QL
<b>Bexsero (Intramuscular Suspension Prefilled Syringe)</b>	B	3	QL
<b>Boostrix (5-2.5-18.5 Intramuscular Suspension, 5-2.5-18.5 (0.5ML Syringe) Intramuscular Suspension)</b>	B	3	QL
<b>Daptacel (Intramuscular Suspension)</b>	B	3	QL
<b>Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension)</b>	B	3	QL
<b>Engerix-B (Injection Suspension)</b>	B	3	B/D, PA; QL
<b>Gardasil 9 (Intramuscular Suspension)</b>	B	3	QL
<b>Gardasil 9 (Intramuscular Suspension Prefilled Syringe)</b>	B	3	QL
<b>Havrix (Intramuscular Suspension)</b>	B	3	QL
<b>Hiberix (Injection Solution Reconstituted)</b>	B	3	QL
<b>Imovax Rabies (Intramuscular Injectable)</b>	B	3	B/D, PA; QL
<b>Infanrix (Intramuscular Suspension)</b>	B	3	QL
<b>IPOL (Injection)</b>	B	3	QL
<b>Ixiaro (Intramuscular Suspension)</b>	B	3	QL
<b>Kinrix (Intramuscular Suspension)</b>	B	3	QL
<b>Menactra (Intramuscular Injectable)</b>	B	3	QL
<b>Menveo (Intramuscular Solution Reconstituted)</b>	B	3	QL
<b>M-M-R II (Injection Solution Reconstituted)</b>	B	3	QL
<b>Pediarix (Intramuscular Suspension)</b>	B	3	QL
<b>Pedvax HIB (Intramuscular Suspension)</b>	B	3	QL
<b>ProQuad (Subcutaneous Suspension Reconstituted)</b>	B	3	QL
<b>Quadracel (Intramuscular Suspension)</b>	B	3	QL
<b>RabAvert (Intramuscular Suspension Reconstituted)</b>	B	3	B/D, PA; QL
<b>Recombivax HB (Injection Suspension)</b>	B	3	B/D, PA; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Rotarix (Oral Suspension Reconstituted)</b>	B	3	QL
<b>RotaTeq (Oral Solution)</b>	B	3	QL
<b>Shingrix (Intramuscular Suspension Reconstituted)</b>	B	3	PA; QL
<b>TDVAX (Intramuscular Suspension)</b>	B	3	QL
<b>Tenivac (Intramuscular Injectable)</b>	B	3	QL
<b>Trumenba (Intramuscular Suspension Prefilled Syringe)</b>	B	3	QL
<b>Twinrix (Intramuscular Suspension Prefilled Syringe)</b>	B	3	QL
<b>Typhim Vi (Intramuscular Solution)</b>	B	3	QL
<b>VAQTA (Intramuscular Suspension)</b>	B	3	QL
<b>Varivax (Subcutaneous Injectable)</b>	B	3	QL
<b>YF-Vax (Subcutaneous Injectable)</b>	B	3	QL
<b>Zostavax (19400UNT/0.65ML Subcutaneous Suspension Reconstituted)</b>	B	4	PA; QL
<b>Inflammatory Bowel Disease Agents</b>			
<b>Aminosalicylates</b>			
<b>Apriso (Oral Capsule Extended Release 24 Hour)</b>	B	3	QL
Balsalazide Disodium (Oral Capsule)	G	4	
Mesalamine ER (0.375MG Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	3	QL
Mesalamine (Rectal Enema)	G	4	QL
Mesalamine (Rectal Suppository)	G	4	QL
Sulfasalazine (Oral Tablet Immediate Release)	G	2	
Sulfasalazine (Oral Tablet Delayed Release)	G	2	
<b>Glucocorticoids</b>			
Budesonide ER (Oral Tablet Extended Release 24 Hour)	G	5	ST; DL
Budesonide (Oral Capsule Delayed Release Particles)	G	4	
Hydrocortisone (Rectal Enema)	G	3	
Procto-Med HC (External Cream)	G	2	
Procto-Pak (External Cream)	G	2	
Proctosol HC (External Cream)	G	2	
Proctozone-HC (External Cream)	G	2	
<b>Metabolic Bone Disease Agents</b>			
<b>Metabolic Bone Disease Agents</b>			
Alendronate Sodium (Oral Solution)	G	3	

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

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet)	G	1	QL
Calcitonin Salmon (Nasal Solution)	G	3	QL
Calcitriol (Oral Capsule)	G	2	B/D, PA
Calcitriol (Oral Solution)	G	2	B/D, PA
Cinacalcet HCl (30MG Oral Tablet)	G	4	B/D, PA; QL
Cinacalcet HCl (60MG Oral Tablet, 90MG Oral Tablet)	G	5	B/D, PA; DL; QL
<b>Forteo (Subcutaneous Solution Pen-Injector)</b>	B	5	PA; DL; QL
Ibandronate Sodium (Oral Tablet)	G	3	QL
<b>Natpara (Subcutaneous Cartridge)</b>	B	5	PA; LA; DL
Paricalcitol (Oral Capsule)	G	4	B/D, PA
<b>Prolia (Subcutaneous Solution Prefilled Syringe)</b>	B	4	QL
<b>Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector)</b>	B	5	PA; DL; QL
<b>Tymlos (Subcutaneous Solution Pen-Injector)</b>	B	5	PA; DL; QL
<b>Xgeva (Subcutaneous Solution)</b>	B	5	PA; DL
<b>Miscellaneous Therapeutic Agents</b>			
<b>Miscellaneous Therapeutic Agents</b>			
Alcohol Prep Pads	G	3	
Gauze (Non-medicated 2X2 Pad)	G	3	
Insulin Syringes, Needles	G	3	
<b>Ophthalmic Agents</b>			
<b>Ophthalmic Agents, Other</b>			
<b>Atropine Sulfate (1% Ophthalmic Solution)</b>	B	3	
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	G	3	
<b>Blephamide (Ophthalmic Suspension)</b>	B	4	
Blephamide S.O.P. (Ophthalmic Ointment)	G	4	
<b>Cystaran (Ophthalmic Solution)</b>	B	5	LA; DL
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	G	3	
Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution)	G	4	
<b>Lacrisert (Ophthalmic Insert)</b>	B	4	
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	G	2	
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	G	2	
Neomycin-Polymyxin-HC (Ophthalmic Suspension)	G	4	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Proparacaine HCl (Ophthalmic Solution)	G	2	
<b>Restasis Single-Use Vials (Ophthalmic Emulsion)</b>	B	3	QL
Sulfacetamide-Prednisolone (Ophthalmic Solution)	G	2	
<b>TobraDex (Ophthalmic Ointment)</b>	B	3	
Tobramycin-Dexamethasone (Ophthalmic Suspension)	G	3	
<b>Ophthalmic Anti-allergy Agents</b>			
Azelastine HCl (Ophthalmic Solution)	G	3	
<b>Bepreve (Ophthalmic Solution)</b>	B	4	
Cromolyn Sodium (Ophthalmic Solution)	G	2	
Epinastine HCl (Ophthalmic Solution)	G	3	
<b>Lastacaft (Ophthalmic Solution)</b>	B	3	
Olopatadine HCl (Ophthalmic Solution)	G	3	
<b>Ophthalmic Anti-Infectives</b>			
Bacitracin (Ophthalmic Ointment)	G	2	
Bacitracin-Polymyxin B (Ophthalmic Ointment)	G	2	
Ciprofloxacin HCl (Ophthalmic Solution)	G	2	
Erythromycin (Ophthalmic Ointment)	G	2	
Gentak (Ophthalmic Ointment)	G	2	
Gentamicin Sulfate (Ophthalmic Solution)	G	2	
Levofloxacin (0.5% Ophthalmic Solution)	G	3	
Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox)	G	4	
<b>Natacyn (Ophthalmic Suspension)</b>	B	4	
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)	G	3	
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	G	3	
Ofloxacin (Ophthalmic Solution)	G	3	
Polymyxin B-Trimethoprim (Ophthalmic Solution)	G	2	
Sulfacetamide Sodium (Ophthalmic Ointment)	G	3	
Sulfacetamide Sodium (Ophthalmic Solution)	G	2	
Tobramycin (Ophthalmic Solution)	G	3	
Trifluridine (Ophthalmic Solution)	G	3	
<b>Ophthalmic Anti-inflammatories</b>			
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	G	3	
Diclofenac Sodium (Ophthalmic 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
Fluorometholone (Ophthalmic Suspension)	G	3	
Flurbiprofen Sodium (Ophthalmic Solution)	G	2	
<b>Ilevro (Ophthalmic Suspension)</b>	B	3	
Ketorolac Tromethamine (Ophthalmic Solution)	G	3	
<b>Nevanac (Ophthalmic Suspension)</b>	B	3	
Prednisolone Acetate (Ophthalmic Suspension)	G	3	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	G	2	
<b>Prolensa (Ophthalmic Solution)</b>	B	4	
<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>			
Betaxolol HCl (Ophthalmic Solution)	G	3	
<b>Betimol (Ophthalmic Solution)</b>	B	4	
Carteolol HCl (Ophthalmic Solution)	G	2	
Levobunolol HCl (Ophthalmic Solution)	G	2	
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	G	3	
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic)	G	2	
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>			
<b>Alphagan P (0.1% Ophthalmic Solution)</b>	B	3	
Apraclonidine HCl (Ophthalmic Solution)	G	3	
<b>Azopt (Ophthalmic Suspension)</b>	B	3	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	G	2	
Dorzolamide HCl (Ophthalmic Solution)	G	2	
Methazolamide (Oral Tablet)	G	4	
<b>Phospholine Iodide (Ophthalmic Solution Reconstituted)</b>	B	4	
Pilocarpine HCl (Ophthalmic Solution)	G	3	
<b>Simbrinza (Ophthalmic Suspension)</b>	B	3	
<b>Ophthalmic Prostaglandin and Prostanamide Analogs</b>			
Bimatoprost (Ophthalmic Solution)	G	3	
Latanoprost (Ophthalmic Solution)	G	2	
<b>Lumigan (Ophthalmic Solution)</b>	B	3	
Travoprost (BAK Free) (Ophthalmic Solution)	G	3	
<b>Otic Agents</b>			
<b>Otic Agents</b>			
Acetic Acid (Otic Solution)	G	2	

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
Flac (Otic Oil)	G	4	
Fluocinolone Acetonide (Otic Oil)	G	4	
Hydrocortisone-Acetic Acid (Otic Solution)	G	3	
Neomycin-Polymyxin-HC (1% Otic Solution)	G	3	
Neomycin-Polymyxin-HC (Otic Suspension)	G	3	
Ofloxacin (Otic Solution)	G	3	
<b>Respiratory Tract/Pulmonary Agents</b>			
<b>Antihistamines</b>			
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution)	G	3	
Cetirizine HCl (1MG/ML Oral Solution)	G	2	
Cyproheptadine HCl (Oral Syrup)	G	3	
Cyproheptadine HCl (Oral Tablet)	G	3	
Levocetirizine Dihydrochloride (Oral Tablet)	G	3	QL
<b>Anti-inflammatories, Inhaled Corticosteroids</b>			
Budesonide (0.25MG/2ML Inhalation Suspension, 0.5MG/2ML Inhalation Suspension)	G	4	B/D, PA
Flunisolide (Nasal Solution)	G	3	
Fluticasone Propionate (Nasal Suspension)	G	2	
<b>Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated)</b>	B	3	QL
<b>Antileukotrienes</b>			
Montelukast Sodium (Oral Packet)	G	2	QL
Montelukast Sodium (Oral Tablet)	G	2	QL
Montelukast Sodium (Oral Tablet Chewable)	G	2	QL
Zafirlukast (Oral Tablet)	G	3	QL
<b>Bronchodilators, Anticholinergic</b>			
<b>Atrovent HFA (Inhalation Aerosol Solution)</b>	B	4	
<b>Increase Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	B	3	QL
Ipratropium Bromide (Inhalation Solution)	G	2	B/D, PA
Ipratropium Bromide (Nasal Solution)	G	3	
<b>Bronchodilators, Sympathomimetic</b>			
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution (Generic Proair), 108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil)	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
Albuterol Sulfate (Inhalation Nebulization Solution)	G	3	B/D, PA
Albuterol Sulfate (Oral Syrup)	G	4	
Albuterol Sulfate (Oral Tablet Immediate Release)	G	4	
Epinephrine (Injection Solution Auto-Injector)	G	3	QL
<b>Perforomist (Inhalation Nebulization Solution)</b>	B	4	B/D, PA; QL
<b>Striverdi Respimat (Inhalation Aerosol Solution)</b>	B	3	QL
<b>Ventolin HFA (Inhalation Aerosol Solution)</b>	B	3	
<b>Cystic Fibrosis Agents</b>			
<b>Cayston (Inhalation Solution Reconstituted)</b>	B	5	PA; LA; DL
<b>Kalydeco (Oral Packet)</b>	B	5	PA; LA; DL; QL
<b>Kalydeco (Oral Tablet)</b>	B	5	PA; LA; DL; QL
<b>Orkambi (Oral Packet)</b>	B	5	PA; LA; DL; QL
<b>Orkambi (Oral Tablet)</b>	B	5	PA; LA; DL; QL
<b>Pulmozyme (Inhalation Solution)</b>	B	5	B/D, PA; DL; QL
<b>TOBI Podhaler (Inhalation Capsule)</b>	B	5	PA; DL; QL
Tobramycin (Inhalation Nebulization Solution)	G	5	B/D, PA; DL; QL
<b>Mast Cell Stabilizers</b>			
Cromolyn Sodium (Inhalation Nebulization Solution)	G	5	B/D, PA; DL
<b>Phosphodiesterase Inhibitors, Airways Disease</b>			
<b>Daliresp (Oral Tablet)</b>	B	4	PA; QL
Theophylline ER (300MG Oral Tablet Extended Release 12 Hour)	G	3	
Theophylline ER (Oral Tablet Extended Release 24 Hour)	G	3	
Theophylline (Oral Solution)	G	3	
<b>Pulmonary Antihypertensives</b>			
<b>Adempas (Oral Tablet)</b>	B	5	PA; LA; DL
Alyq (Oral Tablet)	G	4	PA; QL
Bosentan (Oral Tablet)	G	5	PA; LA; DL; QL
<b>Orenitram (0.125MG Oral Tablet Extended Release)</b>	B	4	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	5	PA; LA; DL
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	3	PA; QL
Tadalafil (PAH) (20MG Oral Tablet)	G	4	PA; QL
<b>Tracleer (Oral Tablet Soluble)</b>	B	5	PA; LA; DL; QL
<b>Ventavis (Inhalation Solution)</b>	B	5	PA; LA; DL; QL

Drug Name	Brand or Generic	Drug Tier	Coverage Rules or Limits on use
<b>Pulmonary Fibrosis Agents</b>			
<b>Esbriet (Oral Capsule)</b>	B	5	PA; LA; DL; QL
<b>Esbriet (Oral Tablet)</b>	B	5	PA; LA; DL; QL
<b>Ofev (Oral Capsule)</b>	B	5	PA; LA; DL; QL
<b>Respiratory Tract Agents, Other</b>			
Acetylcysteine (Inhalation Solution)	G	2	B/D, PA
<b>Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	B	3	QL
<b>Breo Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	B	3	QL
<b>Combivent Respimat (Inhalation Aerosol Solution)</b>	B	3	QL
<b>Fasenra Pen (Subcutaneous Solution Auto-Injector)</b>	B	5	PA; LA; DL
<b>Fasenra (Subcutaneous Solution Prefilled Syringe)</b>	B	5	PA; LA; DL
Ipratropium-Albuterol (Inhalation Solution)	G	2	B/D, PA
<b>Nucala (Subcutaneous Solution Auto-Injector)</b>	B	5	PA; LA; DL; QL
<b>Nucala (Subcutaneous Solution Prefilled Syringe)</b>	B	5	PA; LA; DL; QL
<b>Nucala (Subcutaneous Solution Reconstituted)</b>	B	5	PA; LA; DL; QL
<b>Skeletal Muscle Relaxants</b>			
<b>Skeletal Muscle Relaxants</b>			
Chlorzoxazone (500MG Oral Tablet)	G	3	
Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	2	
<b>Sleep Disorder Agents</b>			
<b>Sleep Promoting Agents</b>			
<b>Belsomra (Oral Tablet)</b>	B	3	QL
Eszopiclone (Oral Tablet)	G	3	QL
<b>Hetlioz (Oral Capsule)</b>	B	5	PA; LA; DL; QL
Temazepam (15MG Oral Capsule, 30MG Oral Capsule)	G	2	QL
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	2	QL
<b>Wakefulness Promoting Agents</b>			
Armodafinil (Oral Tablet)	G	4	PA; QL
Modafinil (Oral Tablet)	G	3	PA; QL
<b>Xyrem (Oral Solution)</b>	B	5	PA; LA; DL; 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 UnitedHealthcare 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
Abiraterone Acetate (Oral Tablet)	G	Maximum of 4 tablets per day
Acarbose (100MG Oral Tablet)	G	Maximum of 3 tablets per day
Acarbose (25MG Oral Tablet)	G	Maximum of 12 tablets per day
Acarbose (50MG Oral Tablet)	G	Maximum of 6 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>Adacel (Intramuscular Suspension)</b>	B	1 vaccination dose (0.5 ml) 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
Albendazole (Oral Tablet)	G	Maximum of 16 tablets per day
<b>Alecensa (Oral Capsule)</b>	B	Maximum of 8 capsules per day
Alendronate Sodium (10MG Oral Tablet)	G	Maximum of 1 tablet per day
Alendronate Sodium (35MG Oral Tablet)	G	Maximum of 8 tablets per 28 days
Alendronate Sodium (70MG Oral Tablet)	G	Maximum of 4 tablets per 28 days
Aliskiren Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day

Drug Name	Brand or Generic	Quantity Limit
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
<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
Alyq (Oral Tablet)	G	Maximum of 2 tablets per day
Amlodipine-Benazepril (Oral Capsule)	G	Maximum of 1 capsule per day
Amlodipine-Valsartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 2 capsules per day
Amphetamine-Dextroamphetamine (10MG Oral Tablet, 12.5MG Oral Tablet, 15MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Amphetamine-Dextroamphetamine (20MG Oral Tablet)	G	Maximum of 3 tablets per day
<b>Androderm (Transdermal Patch 24 Hour)</b>	B	Maximum of 1 patch per day
<b>Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)</b>	B	Maximum of 1 inhaler (60 blisters) 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>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
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

Drug Name	Brand or Generic	Quantity Limit
Aripiprazole ODT (10MG Oral Tablet Dispersible)	G	Maximum of 3 tablets per day
Aripiprazole ODT (15MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Armodafinil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	G	Maximum of 1 tablet per day
Armodafinil (50MG Oral Tablet)	G	Maximum of 2 tablets per day
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	Maximum of 2 capsules per day
Atazanavir Sulfate (150MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 1 capsule per day
Atazanavir Sulfate (200MG Oral Capsule)	G	Maximum of 2 capsules per day
Atomoxetine HCl (100MG Oral Capsule, 60MG Oral Capsule, 80MG Oral Capsule)	G	Maximum of 1 capsule per day
Atomoxetine HCl (10MG Oral Capsule, 18MG Oral Capsule, 25MG Oral Capsule, 40MG Oral Capsule)	G	Maximum of 2 capsules 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>Ayvakit (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>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>Betaseron (Subcutaneous Kit)</b>	B	Maximum of 1 kit (15 vials) per 30 days
<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
<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>Bosulif (100MG Oral Tablet)</b>	B	Maximum of 6 tablets per day
<b>Bosulif (400MG Oral Tablet, 500MG Oral Tablet)</b>	B	Maximum of 1 tablet per day

Drug Name	Brand or Generic	Quantity Limit
<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>Brukinsa (Oral Capsule)</b>	B	Maximum of 4 capsules per day
Buprenorphine HCl (Tablet Sublingual)	G	Maximum of 3 tablets per day
Buprenorphine HCl-Naloxone HCl (12-3MG Sublingual Film, 4-1MG Sublingual Film)	G	Maximum of 2 films per day
Buprenorphine HCl-Naloxone HCl (2-0.5MG Sublingual Film, 8-2MG Sublingual Film)	G	Maximum of 3 films per day
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	G	Maximum of 3 tablets per day
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	G	Maximum of 6 tablets per day
Butalbital-Aspirin-Caffeine (Oral Capsule)	G	Maximum of 6 capsules per day
Butorphanol Tartrate (Nasal Solution)	G	Maximum of 2 bottles (5 ml) per 30 days
<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>Cablivi (Injection Kit)</b>	B	Maximum of 1 kit per day
<b>Cabometyx (20MG Oral Tablet, 60MG Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Cabometyx (40MG Oral Tablet)</b>	B	Maximum of 2 tablets per day
Calcitonin Salmon (Nasal Solution)	G	Maximum of 1 bottle per 28 days
<b>Calquence (Oral Capsule)</b>	B	Maximum of 2 capsules per day
<b>Caplyta (Oral Capsule)</b>	B	Maximum of 1 capsule per day
Celecoxib (Oral Capsule)	G	Maximum of 2 capsules per day
Chloroquine Phosphate (Oral Tablet)	G	Maximum of 2 tablets 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
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

Drug Name	Brand or Generic	Quantity Limit
Clobazam (10MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 2 tablets per day
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Clonazepam (2MG Oral Tablet)	G	Maximum of 10 tablets per day
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Clonazepam ODT (2MG Oral Tablet Dispersible)	G	Maximum of 10 tablets per day
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
Clozapine ODT (100MG Oral Tablet Dispersible)	G	Maximum of 9 tablets per day
Clozapine ODT (12.5MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Clozapine ODT (150MG Oral Tablet Dispersible)	G	Maximum of 6 tablets per day
Clozapine ODT (200MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Clozapine ODT (25MG Oral Tablet Dispersible)	G	Maximum of 3 tablets 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>Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)</b>	B	Maximum of 4 capsules per day
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	G	Maximum of 4 tablets per day
<b>Combivent Respimat (Inhalation Aerosol Solution)</b>	B	Maximum of 1 inhaler (4 grams) per 20 days
<b>Complera (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Copiktra (Oral Capsule)</b>	B	Maximum of 2 capsules per day
<b>Corlanor (Oral Solution)</b>	B	Maximum of 15 ml per day
<b>Corlanor (Oral Tablet)</b>	B	Maximum of 2 tablets per day

Drug Name	Brand or Generic	Quantity Limit
<b>Cotellic (Oral Tablet)</b>	B	Maximum of 3 tablets 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
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
<b>Daliresp (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Daptacel (Intramuscular Suspension)</b>	B	1 vaccination dose (0.5 ml) 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>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
Desvenlafaxine Succinate ER (100MG Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	Maximum of 4 tablets per day
Desvenlafaxine Succinate ER (25MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	Maximum of 1 tablet 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
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
Didanosine (250MG Oral Capsule Delayed Release, 400MG Oral Capsule Delayed Release)	G	Maximum of 1 capsule per day
Dihydroergotamine Mesylate (Nasal Solution)	G	Maximum of 16 vials (16 ml) per 28 days

Drug Name	Brand or Generic	Quantity Limit
<b>Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension)</b>	B	1 vaccination dose (0.5 ml) per day
Donepezil HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Donepezil HCl (5MG Oral Tablet)	G	Maximum of 1 tablet per day
Donepezil HCl ODT (10MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Donepezil HCl ODT (5MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day
<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
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
Dutasteride (Oral Capsule)	G	Maximum of 1 capsule per day
<b>Edurant (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
<b>Emsam (Transdermal Patch 24 Hour)</b>	B	Maximum of 1 patch per day
<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

Drug Name	Brand or Generic	Quantity Limit
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
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>Erivedge (Oral Capsule)</b>	B	Maximum of 1 capsule per day
<b>Erleada (Oral Tablet)</b>	B	Maximum of 4 tablets per day
Erlotinib HCl (100MG Oral Tablet, 150MG Oral Tablet)	G	Maximum of 1 tablet per day
Erlotinib HCl (25MG Oral Tablet)	G	Maximum of 3 tablets 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 Weekly)	G	Maximum of 4 patches per 28 days
Eszopiclone (Oral Tablet)	G	Maximum of 1 tablet per day
<b>Evotaz (Oral Tablet)</b>	B	Maximum of 1 tablet per day
Ezetimibe (Oral Tablet)	G	Maximum of 1 tablet 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
Fentanyl Citrate (Buccal Lozenge On A Handle)	G	Maximum of 4 lozenges per day



Drug Name	Brand or Generic	Quantity Limit
Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour)	G	Maximum of 15 patches per 30 days
<b>Fetzima (Oral Capsule Extended Release 24 Hour)</b>	B	Maximum of 1 capsule per day
<b>Forteo (Subcutaneous Solution Pen-Injector)</b>	B	Maximum of 1 pen (2.4 ml) per 28 days
Fosamprenavir Calcium (Oral Tablet)	G	Maximum of 4 tablets per day
Fosinopril Sodium (Oral Tablet)	G	Maximum of 2 tablets per day
<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>Gilenya (0.5MG Oral Capsule)</b>	B	Maximum of 1 pack (30 capsules) per 30 days
Glatiramer Acetate (20MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 1 syringe (1 ml) per day
Glatiramer Acetate (40MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 12 syringes (12 ml) per 28 days
Glatopa (20MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 1 syringe (1 ml) per day
Glatopa (40MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 12 syringes (12 ml) per 28 days
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

Drug Name	Brand or Generic	Quantity Limit
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
Granisetron HCl (Oral Tablet)	G	Maximum of 2 tablets 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-Acetaminophen (7.5-325MG/15ML Oral Solution)	G	Maximum of 180 ml per day
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	G	Maximum of 5 tablets per day
Hydromorphone HCl (1MG/ML Oral Liquid)	G	Maximum of 50 ml per day
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Hydromorphone HCl (8MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Hydroxychloroquine Sulfate (Oral Tablet)	G	Maximum of 3 tablets per day
Ibandronate Sodium (Oral Tablet)	G	Maximum of 1 tablet per 28 days
<b>Ibrance (Oral Capsule)</b>	B	Maximum of 1 capsule per day
<b>Ibrance (Oral Tablet)</b>	B	Maximum of 1 tablet per day
Icatibant Acetate (Subcutaneous Solution)	G	Maximum of 3 syringes (9 ml) per day
<b>Iclusig (15MG Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Iclusig (45MG Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>IDHIFA (Oral Tablet)</b>	B	Maximum of 1 tablet per day
Imatinib Mesylate (Oral Tablet)	G	Maximum of 3 tablets per day

<b>Drug Name</b>	<b>Brand or Generic</b>	<b>Quantity Limit</b>
<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>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>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>Invirase (Oral Tablet)</b>	B	Maximum of 4 tablets per day
<b>IPOL (Injection)</b>	B	1 vaccination dose (0.5 ml) per day
Irbesartan (150MG Oral Tablet, 300MG Oral Tablet)	G	Maximum of 1 tablet per day
Irbesartan (75MG Oral Tablet)	G	Maximum of 3 tablets per day
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
<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
Itraconazole (Oral Capsule)	G	Maximum of 4 capsules 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>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>Juluca (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<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

Drug Name	Brand or Generic	Quantity Limit
<b>Kalydeco (Oral Packet)</b>	B	Maximum of 2 packets per day
<b>Kalydeco (Oral Tablet)</b>	B	Maximum of 2 tablets per day
Ketoconazole (External Cream)	G	Maximum of 90 grams per 30 days
<b>Kinrix (Intramuscular Suspension)</b>	B	1 vaccination dose (0.5 ml) per day
<b>Kisqali (200MG Dose) (Oral Tablet)</b>	B	Maximum of 3 tablets per day
<b>Kisqali (400MG Dose) (Oral Tablet)</b>	B	Maximum of 3 tablets per day
<b>Kisqali (600MG Dose) (Oral Tablet)</b>	B	Maximum of 3 tablets per day
<b>Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)</b>	B	Maximum of 1 pack (91 tablets) per 28 days
<b>Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)</b>	B	Maximum of 1 pack (91 tablets) per 28 days
<b>Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)</b>	B	Maximum of 1 pack (91 tablets) per 28 days
<b>Korlym (Oral Tablet)</b>	B	Maximum of 4 tablets 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
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
Levocetirizine Dihydrochloride (Oral Tablet)	G	Maximum of 1 tablet per day
<b>Lexiva (Oral Suspension)</b>	B	Maximum of 60 ml 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
Linezolid (Oral Tablet)	G	Maximum of 2 tablets per day
<b>Linzess (Oral Capsule)</b>	B	Maximum of 1 capsule per day
Lisinopril (Oral Tablet)	G	Maximum of 2 tablets per day
Lisinopril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Lisinopril-Hydrochlorothiazide (20-12.5MG Oral Tablet)	G	Maximum of 4 tablets per day

Drug Name	Brand or Generic	Quantity Limit
Lisinopril-Hydrochlorothiazide (20-25MG Oral Tablet)	G	Maximum of 2 tablets per day
<b>Lokelma (Oral Packet)</b>	B	Maximum of 90 packets per 30 days
<b>Lonsurf (15-6.14MG Oral Tablet)</b>	B	Maximum of 10 tablets per day
<b>Lonsurf (20-8.19MG Oral Tablet)</b>	B	Maximum of 8 tablets per day
Lopinavir-Ritonavir (Oral Solution)	G	Maximum of 2 bottles (320 ml) per 30 days
Lorazepam (2MG/ML 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
<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 (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
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>Lynparza (Oral Tablet)</b>	B	Maximum of 4 tablets per day
<b>Mavyret (Oral Tablet)</b>	B	Maximum of 3 tablets 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 (Rectal Enema)	G	Maximum of 1 bottle (60 ml) per day
Mesalamine (Rectal Suppository)	G	Maximum of 1 suppository per day

Drug Name	Brand or Generic	Quantity Limit
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 4 tablets per day
Metformin HCl ER (750MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 2 tablets per day
Metformin HCl (1000MG Oral Tablet Immediate Release)	G	Maximum of 2.5 tablets per day
Metformin HCl (500MG Oral Tablet Immediate Release)	G	Maximum of 5 tablets per day
Metformin HCl (850MG Oral Tablet Immediate Release)	G	Maximum of 3 tablets per day
Methadone HCl (10MG/5ML Oral Solution)	G	Maximum of 60 ml per day
Methadone HCl (5MG/5ML Oral Solution)	G	Maximum of 120 ml per day
Methadone HCl (10MG Oral Tablet)	G	Maximum of 12 tablets per day
Methadone HCl (5MG Oral Tablet)	G	Maximum of 8 tablets per day
Methylphenidate HCl ER (10MG Oral Tablet Extended Release)	G	Maximum of 4 tablets per day
Methylphenidate HCl ER (20MG Oral Tablet Extended Release)	G	Maximum of 3 tablets per day
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	G	Maximum of 3 tablets 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
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 (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 3 tablets per day
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 2 tablets per day
Morphine Sulfate ER (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 4 tablets per day
Morphine Sulfate (10MG/5ML Oral Solution)	G	Maximum of 100 ml per day
Morphine Sulfate (20MG/5ML Oral Solution)	G	Maximum of 50 ml per day

Drug Name	Brand or Generic	Quantity Limit
Morphine Sulfate (15MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Morphine Sulfate (30MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
<b>Multaq (Oral Tablet)</b>	B	Maximum of 2 tablets per day
Mupirocin (External Ointment)	G	Maximum of 110 grams per 30 days
<b>Nayzilam (Nasal Solution)</b>	B	Maximum of 10 devices per 30 days
<b>Nerlynx (Oral Tablet)</b>	B	Maximum of 6 tablets per day
Nevirapine ER (100MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Nevirapine (Oral Suspension)	G	Maximum of 40 ml per day
Nevirapine (Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
<b>Ninlaro (Oral Capsule)</b>	B	Maximum of 3 capsules per 28 days
<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>Norvir (Oral Packet)</b>	B	Maximum of 12 packets per day
<b>Norvir (Oral Solution)</b>	B	Maximum of 16 ml per day
<b>Noxafil (Oral Suspension)</b>	B	Maximum of 20 ml per day
<b>Nubeqa (Oral Tablet)</b>	B	Maximum of 4 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>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 (10MG Oral Tablet)</b>	B	Maximum of 1 tablet 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>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

Drug Name	Brand or Generic	Quantity Limit
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day
Olmesartan Medoxomil (20MG Oral Tablet, 40MG Oral Tablet)	G	Maximum of 1 tablet per day
Olmesartan Medoxomil (5MG Oral Tablet)	G	Maximum of 2 tablets per day
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	G	Maximum of 4 capsules per day
Omeprazole (10MG Oral Capsule Delayed Release)	G	Maximum of 3 capsules 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
Oseltamivir Phosphate (Oral Capsule)	G	Maximum of 2 capsules per day
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	Maximum of 26 ml per day
<b>Osphena (Oral Tablet)</b>	B	Maximum of 1 tablet per day
Oxandrolone (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Oxandrolone (2.5MG Oral Tablet)	G	Maximum of 4 tablets per day
Oxybutynin Chloride ER (10MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 3 tablets per day
Oxybutynin Chloride ER (15MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Oxybutynin Chloride ER (5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet 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
Paliperidone ER (1.5MG Oral Tablet Extended Release 24 Hour, 3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Paliperidone ER (6MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Pantoprazole Sodium (20MG Oral Tablet Delayed Release)	G	Maximum of 3 tablets per day
Pantoprazole Sodium (40MG Oral Tablet Delayed Release)	G	Maximum of 2 tablets per day
<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
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	Maximum of 1 vial (300 mg) per 28 days
<b>Perforomist (Inhalation Nebulization Solution)</b>	B	Maximum of 2 vials (4 ml) 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
<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>Pomalyst (Oral Capsule)</b>	B	Maximum of 1 capsule per day
Posaconazole (Oral Tablet Delayed Release)	G	Maximum of 6 tablets 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

Drug Name	Brand or Generic	Quantity Limit
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>Premarin (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Premphase (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Prempro (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
<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>Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated)</b>	B	Maximum of 2 inhalers per 30 days
<b>Pulmozyme (Inhalation Solution)</b>	B	Maximum of 2 ampules (5 ml) per day
<b>Qinlock (Oral Tablet)</b>	B	Maximum of 3 tablets per day
<b>Quadracel (Intramuscular Suspension)</b>	B	1 vaccination dose (0.5 ml) 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

Drug Name	Brand or Generic	Quantity Limit
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>RabAvert (Intramuscular Suspension Reconstituted)</b>	B	1 vaccination dose (1 injection) per day
Raloxifene HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Ramipril (Oral Capsule)	G	Maximum of 2 capsules per day
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
<b>RAVICTI (Oral Liquid)</b>	B	Maximum of 17.5 ml 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
<b>Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)</b>	B	Maximum of 3 inhalers (60 blisters) per 30 days
<b>Relistor (Oral Tablet)</b>	B	Maximum of 3 tablets per day
Repaglinide (0.5MG Oral Tablet)	G	Maximum of 32 tablets per day
Repaglinide (1MG Oral Tablet)	G	Maximum of 16 tablets per day
Repaglinide (2MG Oral Tablet)	G	Maximum of 8 tablets per day
<b>Repatha Pushtrox 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>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>Revlimid (Oral Capsule)</b>	B	Maximum of 1 capsule per day
<b>Rexulti (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Reyataz (Oral Packet)</b>	B	Maximum of 6 packets per day
Ritonavir (Oral Tablet)	G	Maximum of 12 tablets per day

Drug Name	Brand or Generic	Quantity Limit
Rivastigmine Tartrate (Oral Capsule)	G	Maximum of 2 capsules 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>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>Rubraca (Oral Tablet)</b>	B	Maximum of 4 tablets per day
<b>Rydapt (Oral Capsule)</b>	B	Maximum of 8 capsules per day
<b>Samsca (Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Saphris (Tablet Sublingual)</b>	B	Maximum of 2 tablets per day
<b>Secuado (Transdermal Patch 24 Hour)</b>	B	Maximum of 1 patch 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>Shingrix (Intramuscular Suspension Reconstituted)</b>	B	1 vaccination dose (1 injection) per day
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	Maximum of 3 tablets per day
Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Sofosbuvir-Velpatasvir (Oral Tablet)	G	Maximum of 1 tablet per day
<b>Somavert (Subcutaneous Solution Reconstituted)</b>	B	Maximum of 1 vial per day
<b>Sovaldi (400MG Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Sprycel (100MG Oral Tablet, 140MG Oral Tablet, 70MG Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Sprycel (20MG Oral Tablet, 50MG Oral Tablet)</b>	B	Maximum of 3 tablets per day
<b>Sprycel (80MG Oral Tablet)</b>	B	Maximum of 2 tablets per day
Stavudine (Oral Capsule)	G	Maximum of 2 capsules per day
<b>Stivarga (Oral Tablet)</b>	B	Maximum of 4 tablets per day
<b>Stribild (Oral Tablet)</b>	B	Maximum of 1 tablet per day

Drug Name	Brand or Generic	Quantity Limit
<b>Striverdi Respimat (Inhalation Aerosol Solution)</b>	B	Maximum of 1 inhaler (4 grams) per 30 days
<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
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
<b>Sutent (12.5MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule)</b>	B	Maximum of 1 capsule per day
<b>Sutent (37.5MG Oral Capsule)</b>	B	Maximum of 2 capsules per day
<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>Sympazan (Oral Film)</b>	B	Maximum of 2 films 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>Tabrecta (Oral Tablet)</b>	B	Maximum of 4 tablets per day
Tadalafil (PAH) (20MG Oral Tablet)	G	Maximum of 2 tablets per day
<b>Tagrisso (Oral Tablet)</b>	B	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>Tasigna (150MG Oral Capsule)</b>	B	Maximum of 5 capsules per day
<b>Tasigna (200MG Oral Capsule)</b>	B	Maximum of 4 capsules per day

Drug Name	Brand or Generic	Quantity Limit
<b>Tasigna (50MG Oral Capsule)</b>	B	Maximum of 14 capsules 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
Telmisartan (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 (15MG Oral Capsule, 30MG 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>Teriparatide (Recombinant) (Subcutaneous Solution Pen-Injector)</b>	B	Maximum of 1 pen (2.48 ml) per 28 days
Tetrabenazine (12.5MG Oral Tablet)	G	Maximum of 3 tablets per day
Tetrabenazine (25MG Oral Tablet)	G	Maximum of 4 tablets 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 Podhaler (Inhalation Capsule)</b>	B	Maximum of 8 capsules per day
Tobramycin (Inhalation Nebulization Solution)	G	Maximum of 2 ampules (10 ml) per day
<b>Toviaz (Oral Tablet Extended Release 24 Hour)</b>	B	Maximum of 1 tablet per day
<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 (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
Trientine HCl (Oral Capsule)	G	Maximum of 8 capsules per day
<b>Trintellix (Oral Tablet)</b>	B	Maximum of 1 tablet per day

<b>Drug Name</b>	<b>Brand or Generic</b>	<b>Quantity Limit</b>
<b>Triumeq (Oral Tablet)</b>	B	Maximum of 1 tablet 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
<b>Twinrix (Intramuscular Suspension Prefilled Syringe)</b>	B	1 vaccination dose (1 ml) per day
<b>Tybost (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Tymlos (Subcutaneous Solution Pen-Injector)</b>	B	Maximum of 1.56 ml per 30 days
<b>Typhim Vi (Intramuscular Solution)</b>	B	1 vaccination dose (0.5 ml) 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
Valganciclovir HCl (50MG/ML Oral Solution Reconstituted)	G	Maximum of 36 ml per day
Valganciclovir HCl (450MG Oral Tablet)	G	Maximum of 4 tablets per day
Valsartan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	G	Maximum of 2 tablets per day
Valsartan (320MG Oral Tablet)	G	Maximum of 1 tablet per day
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
<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
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>Veltassa (Oral Packet)</b>	B	Maximum of 1 packet per day

<b>Drug Name</b>	<b>Brand or Generic</b>	<b>Quantity Limit</b>
<b>Vemlidy (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Venclexta (100MG Oral Tablet)</b>	B	Maximum of 6 tablets per day
<b>Venclexta (10MG Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Venclexta (50MG Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Ventavis (10MCG/ML Inhalation Solution)</b>	B	Maximum of 7 ml per day
<b>Ventavis (20MCG/ML Inhalation Solution)</b>	B	Maximum of 3 ml per day
<b>Verzenio (Oral Tablet)</b>	B	Maximum of 2 tablets per day
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>Viibryd (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Viibryd Starter Pack (Oral Kit)</b>	B	Maximum of 1 pack (30 tablets) per 30 days
<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>Viread (Oral Powder)</b>	B	Maximum of 4 bottles (240 grams) per 30 days
<b>Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG 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>Vizimpro (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Vosevi (Oral Tablet)</b>	B	Maximum of 1 tablet per day
<b>Votrient (Oral Tablet)</b>	B	Maximum of 4 tablets 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
<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>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>Drug Name</b>	<b>Brand or Generic</b>	<b>Quantity Limit</b>
<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>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>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>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

Drug Name	Brand or Generic	Quantity Limit
<b>Xtandi (Oral Capsule)</b>	B	Maximum of 4 capsules per day
<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
Zafirlukast (Oral Tablet)	G	Maximum of 2 tablets per day
<b>Zejula (Oral Capsule)</b>	B	Maximum of 3 capsules per day
<b>Zelboraf (Oral Tablet)</b>	B	Maximum of 8 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
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	Maximum of 1 tablet per day
<b>Zostavax (19400UNT/0.65ML Subcutaneous Suspension Reconstituted)</b>	B	1 vaccination dose (1 injection) per day
<b>Zydelig (Oral Tablet)</b>	B	Maximum of 2 tablets per day
<b>Zykadia (Oral Tablet)</b>	B	Maximum of 3 tablets per day

### Additional covered drugs

Your plan has additional coverage for the prescription drugs listed below. These drugs are not normally covered in a Medicare Advantage plan with prescription drug coverage. The amount you pay when you fill prescriptions for these drugs does not count toward your total drug costs. This means, the amount you pay doesn't help you qualify for catastrophic coverage. Also, if you're receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

Drug Name	Drug Tier	Restrictions
<b>Vitamins</b>		
Folic Acid (1mg tablet)	2	
Cyanocobalamin (1000mcg/ml vial)	2	
Ergocalciferol (50000mcg capsule)	2	
<b>Erectile Dysfunction</b>		
Sildenafil (25mg tablet)	2	Maximum of 4 tablets per 30 days
Sildenafil (50mg tablet)	2	Maximum of 4 tablets per 30 days
Sildenafil (100mg tablet)	2	Maximum of 4 tablets per 30 days

**Required information**

Benefits, drug list (formulary), pharmacy network and/or copayments/coinsurance may change on January 1 of each year, and from time to time during the plan year. You will receive notice when necessary.

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

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If you are a member of a group sponsored plan (your coverage is provided through a former employer, union group or trust), please call the Customer Service number on the back of your UnitedHealthcare member ID card.