



Complete Drug List (Formulary) 2026

AARP® Medicare Rx Saver from UHC (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, contact UnitedHealthcare Customer Service:



myAARPMedicare.com



Toll-free 1-866-460-8854, TTY 711

7 a.m.-10 p.m. CT: 7 Days Oct-Mar; M-F Apr-Sept

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 number on your UnitedHealthcare member ID card.



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Questions?

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



Toll-free **1-866-460-8854**, TTY **711**
7 a.m.-10 p.m. CT: 7 Days Oct-Mar; M-F Apr-Sept

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 October 1, 2025.

To get updated information about the 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 Medicare Rx Saver from UHC (PDP).

Important message about what you pay for vaccines - Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most adult Part D vaccines at no cost to you, even if you haven’t paid your deductible. Call UnitedHealthcare Customer Service for more information.

Important message about what you pay for insulin - You will pay a maximum of \$35 for each 1-month supply of Part D covered insulin drugs through all drug payment stages, except the Catastrophic drug payment stage, where you pay \$0.

How can I find a drug on the Drug List?

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

1. **By name.** Turn to the section “Covered drugs by name (**Drug index**)” on pages 12-27 to see the list of drug names in alphabetical order. Find the name of your drug. The page number where you can find the drug will be next to it.
2. **By medical condition.** Turn to the section “Covered drugs by category” on pages 28-85. The drugs in this Drug List are grouped into categories depending on the type of medical condition they are used to treat. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. This is where you will find drugs that treat heart conditions.



Can't find your drug?

Check the Drug List at myAARPMedicare.com. You can use online tools to look up your drugs. Updates to the Drug List are posted on our website monthly.

What are generic drugs?

Generic drugs have the same active ingredients as brand name drugs. They usually cost less than brand name drugs and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Depending on state laws, generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription. Our plan covers both brand name and generic drugs.

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

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

What are original biological products and how are they related to biosimilars?

On the Drug List, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For more information about drug types, please review your Evidence of Coverage, Chapter 3, Section 3.1. The Drug List tells which Part D drugs are covered.

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
Tier 1: Preferred Generic	Lower-cost, commonly used generic drugs.
Tier 2: Generic	Many generic drugs.
Tier 3: Preferred Brand	Many common brand name drugs, called preferred brands and some higher-cost generic drugs.
Covered Insulin Drugs*	Insulin drugs with \$35 max copay.
Tier 4: Non-preferred Drug	Non-preferred generic and non-preferred brand name drugs.
Tier 5: Specialty Tier	Unique and/or very high-cost brand and generic drugs.

* You will pay a maximum of \$35 for each 1-month supply of Part D covered insulin drugs through all drug payment stages, except the Catastrophic drug payment stage, where you pay \$0.

Getting Extra Help

If you qualify for Extra Help paying for your prescription drugs, your copays and coinsurance may be lower. Members who qualify for Extra Help will receive the Evidence of Coverage Rider for people who get Extra Help paying for prescription drugs (also called a Low Income Subsidy (LIS) Rider). Please read it to learn about your costs. You can also call 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 category” chart starting on page 28. 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

PA - Prior authorization

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

QL - Quantity limits

The plan will only cover a certain amount of this drug for 1 copay or over a certain number of days. These limits can help ensure safe and effective use of the drug. If you are prescribed more than this amount or your doctor or prescriber thinks the limit is not right for your situation, you or your doctor or prescriber 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 or prescriber thinks they are not right for you, you or your doctor or prescriber can ask the plan to cover this drug.

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

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

Other special coverage rules

B/D - Medicare Part B or Part D

Depending on how this drug is used, it may be covered by either Medicare Part B (doctor and outpatient health care) or Medicare Part D (prescription drugs). Your doctor or prescriber 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 only be given out by certain facilities, doctors or prescribers. 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 to all opioid drugs used to treat pain. This additional limit is called a cumulative morphine milligram equivalent (MME). It's designed to monitor safe dosing levels of opioids for people who may be taking more than 1 opioid drug for pain management. If your doctor or prescriber prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor or prescriber can ask the plan to cover the additional quantity.

7D - 7-day limit

An opioid drug used to treat pain may be limited to a 7-day supply if you don't have a recent history of using opioids. This limit helps minimize long-term opioid use. If you are new to the plan and have a recent history of using opioids, the pharmacy may override the limit when appropriate.

DL - Dispensing limit

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

What if my drug is not on this list?

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

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

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

How can I get an exception?

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

Types of exceptions you can ask for

- **Drug List exception:** Ask the plan to cover your drug even if it's not on the Drug List. If approved, this drug will be covered at a pre-determined cost-sharing level. You will not be able to ask us to provide the drug at a lower cost-sharing level.
- **Utilization exception:** Ask the plan to revise the coverage rules or limits on your Medicare Part D 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?

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

How long does it take to get an exception?

After we get the statement from your doctor or prescriber 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 or prescriber 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 or prescriber'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 or prescriber to decide if there is a similar drug on the Drug List you can take instead. If you and your doctor or prescriber decide this is the only drug that will work for you, you will need to ask for an exception. For more information about exceptions, please review your Evidence of Coverage.

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

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

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

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

Can the Drug List change?

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

Changes that can affect you this year

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our Drug List if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our Drug List, we may decide to keep the brand name drug or original biological product on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the Drug List (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

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

If we make such a change, you or your doctor or prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section “How can I get an exception?” on page 8.

Some of these drug types may be new to you. For more information, see the section titled “What are original biological products and how are they related to biosimilars?”.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the Drug List when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product or move it to a different cost-sharing tier or both. 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, when a member requests a refill of the drug, they may receive at least a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your doctor or prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception. For more information, see the section “How can I get an exception?” on page 8.

- **Drugs removed from the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug’s manufacturer takes a drug off the market, we may immediately take it off the Drug List. If you are taking the drug, we will send you a notice after we make the change.

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

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

Drugs with dosages other than a 1-month supply

Drugs packaged in an extended day supply

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

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

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

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

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

For more information

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

If you have questions about your plan's prescription drug coverage, please call 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 or call Medicare at 1-800-633-4227, TTY 1-877-486-2048, 24 hours a day, 7 days a week.

Covered drugs by name (Drug index)

A					
Abacavir Sulfate	50	Ala -Cort	62	Amphetamine	
Abacavir Sulfate -Lamivudine .		Albendazole	47	-Dextroamphetamine	61
.....	50	Albuterol Sulfate .	83	Amphetamine	
Abelcet	39	Albuterol Sulfate HFA	83	-Dextroamphetamine ER	61
Abigale Lo	70	Alclometasone Dipropionate .		Amphotericin B	39
Abilify Maintena	52		62	Amphotericin B Liposome	39
Abiraterone Acetate	41	Alcohol Prep Pads.....	80	Ampicillin	32
Abrysvo	78	Alecensa	43	Ampicillin Sodium	32
Acamprosate Calcium	29	Alendronate Sodium	80	Ampicillin -Sulbactam Sodium .	
Acarbose	54	Alfuzosin HCl ER	69		33
Accutane	62	Aliskiren Fumarate	58	Anagrelide HCl	56
Acetaminophen -Codeine	29	Allopurinol	40	Anastrozole	42
Acetazolamide	58	Alosetron HCl	67	Anoro Ellipta	84
Acetazolamide ER	58	Alprazolam	52	Aprepitant	39
Acetic Acid	82	Altavera	70	Apri	70
Acetylcysteine .	84	Alunbrig	43	Aptivus	51
Acitretin	62	Alyacen 1/35	70	Aranelle	70
ActHIB	78	Amantadine HCl	47	Aranesp .	56
Actimmune	76	Amikacin Sulfate	30	Arcalyst	75
Acyclovir .	50	Amiloride HCl	59	Arexvy	78
Acyclovir Sodium	50	Amiodarone HCl	57	Arformoterol Tartrate	83
Adacel	78	Amitriptyline HCl	38	Arikayce	30
Adalimumab -aaty	77	Amlodipine Besylate	58	Aripiprazole	53
Adalimumab -adbm .	77	Amlodipine -Benazepril	58	Aripiprazole ODT	53
Adapalene	62	Ammonium Lactate .	62	Aristada	53
Adempas	83	Amnesteem	62	Aristada Initio	53
Aimovig	40	Amoxapine	38	Armodafinil	85
Airsupra .	84	Amoxicillin	32	Asenapine Maleate .	53
Akeega	42	Amoxicillin -Potassium		Ashlyna .	70
		Clavulanate .	32	Aspirin -Dipyridamole ER	56
		Amoxicillin -Potassium		Astagraf XL	77
		Clavulanate ER	32	Atazanavir Sulfate	51

Atenolol	58	Balziva	70	Bonsity	80
Atenolol -Chlorthalidone	58	Baqsimi One Pack	54	Boostrix	78
Atomoxetine HCl	61	Baraclude	49	Bosentan	83
Atorvastatin Calcium	59	Belsomra	85	Bosulif	43
Atovaquone	47	Benazepril HCl	57	Braftovi	43
Atovaquone -Proguanil HCl	47	Benazepril -Hydrochlorothiazide	58	Breo Ellipta	84
Atropine Sulfate	80	Benlysta	75	Briellyn	70
Atrovent HFA	82	Benzoyl Peroxide -Erythromycin	62	Brimonidine Tartrate	82
Aubra EQ	70	Benztropine Mesylate	47	Bromocriptine Mesylate	74
Augtyro	43	Besremi	76	Brukinsa	43
Austedo	61	Betaine	68	Budesonide	82
Auvelity	37	Betamethasone Dipropionate	63	Budesonide ER	79
Aviane	70	Betamethasone Dipropionate Aug	62	Bumetanide	59
Avmapi Fakzynja Co -Pack	42	Betamethasone Valerate	63	Buprenorphine HCl	30
Ayvakit	43	Betaseron	61	Buprenorphine HCl -Naloxone HCl	30
Azathioprine	77	Betaxolol HCl	81	Bupropion HCl	37
Azelaic Acid	62	Bethanechol Chloride	69	Bupropion HCl SR	37
Azelastine HCl	82	Betimol	81	Bupropion HCl XL	37
Azithromycin	33	Bexarotene	46	Buspirone HCl	52
Aztreonam	30	Bexsero	78	Butalbital -Acetaminophen -Caffeine	29
Azurette	70	Bicalutamide	41	Bylvay	67
B		Bicillin C -R	33	C	
BCG Vaccine	78	Bicillin C -R 900/300	33	Cabergoline	74
BRIVIACT	34	Bicillin L -A	33	Cablivi	56
Bacitracin	81	Biktarvy	50	Cabometyx	43
Bacitracin -Polymyxin B	81	Bisoprolol Fumarate	58	Calcipotriene	64
Baclofen	49	Blisovi 24 Fe	70	Calcitonin Salmon	80
Balsalazide Disodium	79	Blisovi Fe 1.5/30	70	Calcitriol	80
Balversa	43			Calquence	43

Camila	73	Cefuroxime Axetil	32	Clindamycin Phosphate	64
Camrese Lo	70	Cefuroxime Sodium	32	Clindamycin Phosphate in D5W	30
Candesartan Cilexetil	57	Celecoxib	28	Clindamycin Phosphate -Benzoyl Peroxide	62
Caplyta	48	Cephalexin	32	Clobazam	35
Caprelsa	43	Cetirizine HCl	82	Clobetasol Propionate	63
Carbamazepine	36	Chlorhexidine Gluconate	62	Clomipramine HCl	38
Carbamazepine ER	36	Chloroquine Phosphate	47	Clonazepam	52
Carbidopa	47	Chlorpromazine HCl	48	Clonazepam ODT	52
Carbidopa -Levodopa	48	Chlorthalidone	59	Clonidine	57
Carbidopa -Levodopa ER	48	Chlorzoxazone	85	Clonidine HCl	57
Carbidopa -Levodopa ODT	48	Cholbam	68	Clonidine HCl ER	61
Carbidopa -Levodopa -Entacapone	47	Cholestyramine	60	Clopidogrel Bisulfate	57
Carglumic Acid	65	Cholestyramine Light	60	Clorazepate Dipotassium	52
Carteolol HCl	81	Cibinqo	75	Clotrimazole	64
Cartia XT	58	Ciclopirox	64	Clotrimazole -Betamethasone	64
Carvedilol	58	Ciclopirox Olamine	64	Clozapine	49
Cayston	83	Cilostazol	57	Clozapine ODT	49
Cefaclor	31	Cimduo	50	Coartem	47
Cefadroxil	31	Cinacalcet HCl	80	Cobenfy	61
Cefazolin Sodium	31	Ciprofloxacin HCl	81	Cobenfy Starter Pack	61
Cefdinir	31	Ciprofloxacin in D5W	34	Colchicine	40
Cefepime HCl	31	Citalopram Hydrobromide	38	Colchicine -Probenecid	40
Cefixime	32	Claravis	62	Colestipol HCl	60
Cefotetan Disodium	32	Clarithromycin	33	Colistimethate Sodium	31
Cefoxitin Sodium	32	Clarithromycin ER	33	Combivent Respimat	84
Cefpodoxime Proxetil	32	Clenpiq	67	Cometriq	43
Cefprozil	32	Climara Pro	70	Complera	50
Ceftazidime	32	Clindamycin HCl	30	Constulose	66
Ceftriaxone Sodium	32	Clindamycin Palmitate HCl	30	Copiktra	43

Cosentyx	75	Deblitane	73	Dihydroergotamine Mesylate	40
Cosentyx Sensoready	75	Deferasirox	66	Dilantin	36
Cosentyx UnoReady	75	Delstrigo	50	Dilantin INFATABS	36
Cotellic	43	Demeclocycline HCl	34	Dilt -XR	58
Creon	68	Depo -SubQ Provera 104	73	Diltiazem HCl	58
Cresemba	39	Descovy	51	Diltiazem HCl ER Beads	58
Crinone	73	Desipramine HCl	39	Diltiazem HCl ER Coated Beads	58
Cromolyn Sodium	83	Desmopressin Acetate	69	Dimethyl Fumarate	62
Cryselle -28	70	Desmopressin Acetate Spray	69	Dimethyl Fumarate Starter Pack	62
Cyclobenzaprine HCl	85	Desonide	63	Diphenoxylate -Atropine	67
Cyclophosphamide	41	Desoximetasone	63	Disulfiram	30
Cycloserine	41	Desvenlafaxine Succinate ER	38	Divalproex Sodium	53
Cyclosporine	77	Dexamethasone	69	Divalproex Sodium ER	53
Cyclosporine Modified	77	Dexamethasone Sodium Phosphate	81	Dofetilide	57
Cyred EQ	70	Dexmethylphenidate HCl	61	Dolishale	70
Cystagon	68	Dextrose	65	Donepezil HCl	37
Cystaran	80	Dextrose -Sodium Chloride ..	65	Donepezil HCl ODT	37
D		Diacomit	35	Doptelet	57
Dabigatran Etexilate Mesylate	55	Diazepam	52	Dorzolamide HCl	82
Dalfampridine ER	61	Diazepam Intensol	52	Dorzolamide HCl -Timolol Maleate	80
Danazol	70	Diazoxide	54	Dovato	50
Danziten	43	Diclofenac Potassium	28	Doxazosin Mesylate	57
Dapagliflozin Propanediol	60	Diclofenac Sodium	81	Doxepin HCl	39
Dapsone	41	Diclofenac Sodium ER	28	Doxy 100	34
Daptacel	78	Dicloxacillin Sodium	33	Doxycycline Hyclate	34
Daptomycin	31	Dicyclomine HCl	67	Doxycycline Monohydrate	34
Darunavir	51	Difcid	33	Drizalma Sprinkle	61
Dasatinib	43	Digoxin	58	Dronabinol	39
Daurismo	43				

Drospirenone -Ethinyl Estradiol	70
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Xermelo	67	Zolpidem Tartrate	85		
Xifaxan	31	Zonisade	37		

Covered drugs by category

The list below has information about the drugs covered by this plan. If you have trouble finding your drug, turn to the “Covered drugs by name (**Drug index**)” on pages 12-27.

The first column lists the drug name, which may include the dosage form and strength. **Brand name (B)** drugs are listed in **bold** type (for example, **Humalog**) and generic (G) drugs are listed in plain type (for example, Simvastatin). The **(B)** or (G) identifier is listed in the “Brand or Generic” column. The information in the “Coverage rules or limits on use” column lists any special requirements for coverage of your drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 86-116.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Analgesics			
Nonsteroidal Anti-inflammatory Drugs			
Celecoxib (Oral Capsule)	G	3	QL
Diclofenac Potassium (50MG Oral Tablet)	G	3	
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	G	3	
Diclofenac Sodium (1.5% External Solution)	G	4	PA; DL
Diclofenac Sodium (Oral Tablet Delayed Release)	G	3	
Ibu (600MG Oral Tablet, 800MG Oral Tablet)	G	2	
Ibuprofen (100MG/5ML 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)	G	2	
Naproxen (Oral Tablet Immediate Release)	G	2	
Naproxen (375MG Oral Tablet Delayed Release) (Generic EC-Naprosyn)	G	2	
Sulindac (Oral Tablet)	G	3	
Opioid Analgesics, Long-acting			
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	4	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
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	G	4	7D; MME; DL; QL
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	B	4	7D; MME; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Opioid Analgesics, Short-acting			
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	4	7D; MME; DL; QL
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	4	7D; MME; DL; QL
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	G	4	DL; QL
Endocet (Oral Tablet)	G	3	7D; MME; DL; QL
Hydrocodone-Acetaminophen (10-300MG/15ML Oral Solution, 10-325MG/15ML Oral Solution, 7.5-325MG/15ML Oral Solution)	G	4	7D; MME; DL; QL
Hydrocodone-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
Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	G	4	7D; MME; DL; QL
Hydromorphone HCl (Oral Tablet Immediate Release)	G	3	7D; MME; DL; QL
Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution)	G	4	7D; DL
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)	G	3	7D; MME; DL; QL
Morphine Sulfate (10MG/5ML Oral Solution, 20MG/5ML 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	4	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
Tramadol HCl (50MG Oral Tablet Immediate Release)	G	2	7D; MME; DL; QL
Anesthetics			
Local Anesthetics			
Lidocaine (5% External Ointment)	G	4	DL; QL
Lidocaine (5% External Patch)	G	4	PA; DL; QL
Lidocaine HCl (4% External Solution)	G	4	DL
Lidocaine Viscous (2% Mouth/Throat Solution)	G	2	
Lidocaine-Prilocaine (External Cream)	G	3	
Anti-Addiction/Substance Abuse Treatment Agents			
Alcohol Deterrents/Anti-craving			
Acamprosate Calcium (Oral Tablet Delayed Release)	G	4	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
Disulfiram (Oral Tablet)	G	4	DL
Naltrexone HCl (Oral Tablet)	G	3	
Vivitrol (Intramuscular Suspension Reconstituted)	B	5	DL
Opioid Dependence			
Buprenorphine HCl (Tablet Sublingual)	G	2	
Buprenorphine HCl-Naloxone HCl (Sublingual Film)	G	4	DL
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	G	2	
Opioid Reversal Agents			
Kloxxado (Nasal Liquid)	B	3	
Naloxone HCl (0.4MG/ML Injection Solution)	G	2	
Naloxone HCl (Injection Solution Cartridge)	G	2	
Naloxone HCl (Injection Solution Prefilled Syringe)	G	2	
Opvee (Nasal Solution)	B	4	DL
Smoking Cessation Agents			
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	G	2	
Nicotrol NS (Nasal Solution)	B	4	DL
Varenicline Tartrate (Starter) (Oral Tablet Therapy Pack)	G	4	DL
Varenicline Tartrate (Oral Tablet)	G	4	DL
Antibacterials			
Aminoglycosides			
Amikacin Sulfate (500MG/2ML Injection Solution)	G	4	DL
Arikayce (Inhalation Suspension)	B	5	PA; DL
Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	G	4	DL
Gentamicin Sulfate (40MG/ML Injection Solution)	G	4	DL
Humatin (Oral Capsule)	B	5	DL
Neomycin Sulfate (Oral Tablet)	G	3	
Streptomycin Sulfate (Intramuscular Solution Reconstituted)	G	4	DL
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	G	4	DL
Antibacterials, Other			
Aztreonam (Injection Solution Reconstituted)	G	4	DL
Clindamycin HCl (Oral Capsule)	G	2	
Clindamycin Palmitate HCl (Oral Solution Reconstituted)	G	4	DL
Clindamycin Phosphate in D5W (Intravenous Solution)	G	4	DL
Clindamycin Phosphate (Injection Solution)	G	4	DL
Clindamycin Phosphate (Vaginal Cream)	G	4	DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Colistimethate Sodium (CBA) (Injection Solution Reconstituted)	G	4	DL
Daptomycin (500MG Intravenous Solution Reconstituted)	G	4	DL
Fosfomycin Tromethamine (Oral Packet)	G	4	DL
Linezolid (Intravenous Solution)	G	4	DL
Linezolid (Oral Suspension Reconstituted)	G	5	DL; QL
Linezolid (Oral Tablet)	G	4	DL; QL
Methenamine Hippurate (Oral Tablet)	G	4	DL
Metronidazole (0.75% External Cream)	G	4	DL
Metronidazole (0.75% External Gel)	G	4	DL
Metronidazole (500MG/100ML Intravenous Solution)	G	4	DL
Metronidazole (250MG Oral Tablet, 500MG Oral Tablet)	G	2	
Metronidazole (0.75% Vaginal Gel)	G	4	DL
Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin)	G	3	
Nitrofurantoin Monohydrate (Generic Macrobid)	G	3	
Polymyxin B Sulfate (Injection Solution Reconstituted)	G	4	DL
Tigecycline (Intravenous Solution Reconstituted)	G	4	DL
Tinidazole (Oral Tablet)	G	4	DL
Trimethoprim (Oral Tablet)	G	3	
Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)	G	4	DL
Vancomycin HCl (Oral Capsule)	G	4	DL; QL
Xifaxan (200MG Oral Tablet)	B	4	PA; DL
Xifaxan (550MG Oral Tablet)	B	5	PA; DL
Beta-lactam, Cephalosporins			
Cefaclor (Oral Capsule)	G	3	
Cefadroxil (Oral Capsule)	G	3	
Cefadroxil (Oral Suspension Reconstituted)	G	3	
Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	4	DL
Cefdinir (Oral Capsule)	G	3	
Cefdinir (Oral Suspension Reconstituted)	G	3	
Cefepime HCl (Injection Solution Reconstituted)	G	4	DL
Cefepime HCl (2GM Intravenous Solution Reconstituted)	G	4	DL
Cefixime (Oral Capsule)	G	4	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
Cefixime (Oral Suspension Reconstituted)	G	4	DL
Cefotetan Disodium (Injection Solution Reconstituted)	G	4	DL
Cefoxitin Sodium (Intravenous Solution Reconstituted)	G	4	DL
Cefpodoxime Proxetil (Oral Tablet)	G	4	DL
Cefprozil (Oral Tablet)	G	3	
Ceftazidime (Injection Solution Reconstituted)	G	4	DL
Ceftazidime (Intravenous Solution Reconstituted)	G	4	DL
Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	4	DL
Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	G	4	DL
Cefuroxime Axetil (Oral Tablet)	G	4	DL
Cefuroxime Sodium (Injection Solution Reconstituted)	G	4	DL
Cefuroxime Sodium (Intravenous Solution Reconstituted)	G	4	DL
Cephalexin (250MG Oral Capsule, 500MG Oral Capsule)	G	2	
Cephalexin (Oral Suspension Reconstituted)	G	3	
Tazicef (Injection Solution Reconstituted)	G	4	DL
Tazicef (2GM Intravenous Solution Reconstituted, 6GM Intravenous Solution Reconstituted)	G	4	DL
Teflaro (Intravenous Solution Reconstituted)	B	5	DL
Beta-lactam, Penicillins			
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	DL
Amoxicillin-Potassium Clavulanate (200-28.5MG/5ML Oral Suspension Reconstituted, 250-62.5MG/5ML Oral Suspension Reconstituted, 400-57MG/5ML Oral Suspension Reconstituted, 600-42.9MG/5ML Oral Suspension Reconstituted)	G	3	
Amoxicillin-Potassium Clavulanate (250-125MG Oral Tablet Immediate Release, 500-125MG Oral Tablet Immediate Release, 875-125MG Oral Tablet Immediate Release)	G	2	
Ampicillin (Oral Capsule)	G	2	
Ampicillin Sodium (1GM Injection Solution Reconstituted)	G	4	DL
Ampicillin Sodium (10GM Intravenous Solution Reconstituted)	G	4	DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)	G	4	DL
Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted)	G	4	DL
Bicillin C-R 900/300 (Intramuscular Suspension)	B	4	DL
Bicillin C-R (Intramuscular Suspension)	B	4	DL
Bicillin L-A (Intramuscular Suspension Prefilled Syringe)	B	4	DL
Dicloxacillin Sodium (Oral Capsule)	G	3	
Nafcillin Sodium (Injection Solution Reconstituted)	G	4	DL
Nafcillin Sodium (Intravenous Solution Reconstituted)	G	4	DL
Oxacillin Sodium (Injection Solution Reconstituted)	G	4	DL
Oxacillin Sodium (Intravenous Solution Reconstituted)	G	4	DL
Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)	G	4	DL
Penicillin G Sodium (Injection Solution Reconstituted)	G	4	DL
Penicillin V Potassium (Oral Solution Reconstituted)	G	2	
Penicillin V Potassium (Oral Tablet)	G	2	
Piperacillin-Tazobactam (2.25 (2-0.25)GM Intravenous Solution Reconstituted, 3.375 (3-0.375)GM Intravenous Solution Reconstituted, 4.5 (4-0.5)GM Intravenous Solution Reconstituted, 40.5 (36-4.5)GM Intravenous Solution Reconstituted)	G	4	DL
Carbapenems			
Ertapenem Sodium (Injection Solution Reconstituted)	G	4	DL
Imipenem-Cilastatin (Intravenous Solution Reconstituted)	G	4	DL
Meropenem (1GM Intravenous Solution Reconstituted)	G	4	DL
Meropenem (500MG Intravenous Solution Reconstituted)	G	3	
Macrolides			
Azithromycin (Intravenous Solution Reconstituted)	G	4	DL
Azithromycin (Oral Suspension Reconstituted)	G	3	
Azithromycin (Oral Tablet)	G	2	
Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	G	4	DL
Clarithromycin (Oral Suspension Reconstituted)	G	4	DL
Clarithromycin (Oral Tablet Immediate Release)	G	3	
Difcid (Oral Tablet)	B	5	DL
Erythromycin Base (Oral Capsule Delayed Release Particles)	G	4	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
Erythromycin Base (Oral Tablet Immediate Release)	G	4	DL
Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted)	G	4	DL
Erythromycin Ethylsuccinate (Oral Tablet)	G	4	DL
Erythromycin (Oral Tablet Delayed Release)	G	4	DL
Quinolones			
Ciprofloxacin HCl (Oral Tablet Immediate Release)	G	2	
Ciprofloxacin in D5W (200MG/100ML Intravenous Solution)	G	4	DL
Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution)	G	4	DL
Levofloxacin (Oral Solution)	G	4	DL
Levofloxacin (Oral Tablet)	G	3	
Moxifloxacin HCl in NaCl (Intravenous Solution)	G	4	DL
Moxifloxacin HCl (Oral Tablet)	G	3	
Sulfonamides			
Sulfadiazine (Oral Tablet)	G	4	DL
Sulfamethoxazole-Trimethoprim (200-40MG/5ML Oral Suspension)	G	4	DL
Sulfamethoxazole-Trimethoprim (Oral Tablet)	G	2	
Tetracyclines			
Demeclocycline HCl (Oral Tablet)	G	4	DL
Doxy 100 (Intravenous Solution Reconstituted)	G	4	DL
Doxycycline Hyclate (Intravenous Solution Reconstituted)	G	4	DL
Doxycycline Hyclate (Oral Capsule)	G	3	
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	DL
Doxycycline Monohydrate (100MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	G	3	
Minocycline HCl (Oral Capsule)	G	3	
Tetracycline HCl (Oral Capsule)	G	4	DL
Anticonvulsants			
Anticonvulsants, Other			
BRIVIACT (Oral Solution)	B	4	PA; DL; QL
BRIVIACT (Oral Tablet)	B	4	PA; DL; QL
Epidiolex (Oral Solution)	B	5	PA; DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Eprontia (Oral Solution)	B	4	DL
Felbamate (Oral Suspension)	G	4	DL
Felbamate (Oral Tablet)	G	4	DL
Fintepla (Oral Solution)	B	5	PA; DL; QL
Fycompa (Oral Suspension)	B	4	DL; QL
Fycompa (Oral Tablet)	B	4	DL; 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 (100MG/ML Oral Solution)	G	3	
Levetiracetam (1000MG Oral Tablet Immediate Release, 250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	G	3	
Levetiracetam ODT (250MG Oral Tablet Disintegrating Soluble)	B	4	DL; QL
Roweepra (Oral Tablet Immediate Release)	G	3	
Spritam ODT (250MG Oral Tablet Disintegrating Soluble, 500MG Oral Tablet Disintegrating Soluble)	B	4	DL; QL
Subvenite (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet)	G	2	
Topiramate (Oral Capsule Sprinkle Immediate Release)	G	3	
Topiramate (Oral Tablet)	G	2	
Valproic Acid (Oral Capsule)	G	2	
Valproic Acid (250MG/5ML Oral Solution)	G	2	
Calcium Channel Modifying Agents			
Ethosuximide (Oral Capsule)	G	3	
Ethosuximide (Oral Solution)	G	4	DL
Methsuximide (Oral Capsule)	G	4	DL
Gamma-aminobutyric Acid (GABA) Modulating Agents			
Clobazam (2.5MG/ML Oral Suspension)	G	4	PA; DL; QL
Clobazam (Oral Tablet)	G	4	PA; DL; QL
Diacomit (Oral Capsule)	B	5	DL; QL
Diacomit (Oral Packet)	B	5	DL; QL
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	G	4	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
Gabapentin (Oral Capsule)	G	2	
Gabapentin (250MG/5ML Oral Solution)	G	4	DL
Gabapentin (600MG Oral Tablet, 800MG Oral Tablet)	G	2	
Nayzilam (Nasal Solution)	B	4	PA; DL; QL
Phenobarbital (20MG/5ML Oral Elixir)	G	4	DL
Phenobarbital (Oral Tablet)	G	4	DL
Primidone (Oral Tablet)	G	2	
Sympazan (10MG Oral Film, 20MG Oral Film)	B	5	PA; DL; QL
Sympazan (5MG Oral Film)	B	4	PA; DL; QL
Tiagabine HCl (Oral Tablet)	G	4	DL
Valtoco 10MG Dose (Nasal Liquid)	B	4	PA; DL; QL
Valtoco 15MG Dose (Nasal Liquid Therapy Pack)	B	4	PA; DL; QL
Valtoco 20MG Dose (Nasal Liquid Therapy Pack)	B	4	PA; DL; QL
Valtoco 5MG Dose (Nasal Liquid)	B	4	PA; DL; QL
Vigabatrin (Oral Packet)	G	5	PA; DL; QL
Vigabatrin (Oral Tablet)	G	5	PA; DL; QL
Vigafyde (Oral Solution)	B	5	PA; DL
Vigpoder (500MG Oral Packet)	G	5	PA; DL; QL
Ztalmy (Oral Suspension)	B	5	PA; DL
Sodium Channel Agents			
Carbamazepine ER (Oral Capsule Extended Release 12 Hour)	G	4	DL
Carbamazepine ER (Oral Tablet Extended Release 12 Hour)	G	4	DL
Carbamazepine (100MG/5ML Oral Suspension)	G	4	DL
Carbamazepine (200MG Oral Tablet Immediate Release)	G	3	
Carbamazepine (100MG Oral Tablet Chewable, 200MG Oral Tablet Chewable)	G	3	
Dilantin INFATABS (Oral Tablet Chewable)	B	4	DL
Dilantin (Oral Capsule)	B	4	DL
Epitol (Oral Tablet)	G	3	
Eslicarbazepine Acetate (Oral Tablet)	G	4	DL; QL
Lacosamide (10MG/ML Oral Solution)	G	4	DL; QL
Lacosamide (Oral Tablet)	G	4	DL; QL
Oxcarbazepine (Oral Suspension)	G	4	DL
Oxcarbazepine (Oral Tablet Immediate Release)	G	3	
Phenytek (Oral Capsule)	G	3	
Phenytoin (Oral Suspension)	G	3	
Phenytoin (Oral Tablet Chewable)	G	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Phenytoin Sodium Extended (100MG Oral Capsule)	G	3	
Rufinamide (Oral Suspension)	G	4	DL
Rufinamide (Oral Tablet)	G	4	DL
Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xcopri (Oral Tablet)	B	5	PA; DL; QL
Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack)	B	4	PA; DL; QL
Xcopri (14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Zonisade (Oral Suspension)	B	4	ST; DL
Zonisamide (Oral Capsule)	G	3	
Antidementia Agents			
Antidementia Agents, Other			
Memantine HCl-Donepezil HCl (Oral Capsule Extended Release 24 Hour)	G	3	PA; QL
Cholinesterase Inhibitors			
Donepezil HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	2	QL
Donepezil HCl ODT (Oral Tablet Dispersible)	G	3	QL
Rivastigmine Tartrate (Oral Capsule)	G	4	DL; QL
N-methyl-D-aspartate (NMDA) Receptor Antagonist			
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	4	PA; DL; QL
Memantine HCl (2MG/ML Oral Solution)	G	4	PA; DL; QL
Memantine HCl (Oral Tablet)	G	3	PA; QL
Memantine HCl Titration Pak (Oral Tablet)	G	3	PA; QL
Antidepressants			
Antidepressants, Other			
Auvelity (Oral Tablet Extended Release)	B	5	DL
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	G	2	
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	2	
Bupropion HCl (Oral Tablet Immediate Release)	G	2	
Mirtazapine (Oral Tablet)	G	2	
Mirtazapine ODT (Oral Tablet Dispersible)	G	3	
Zurzuva (Oral Capsule)	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
Monoamine Oxidase Inhibitors			
Emsam (Transdermal Patch 24 Hour)	B	5	DL; QL
Marplan (Oral Tablet)	B	4	DL
Phenelzine Sulfate (Oral Tablet)	G	3	
Tranylcypromine Sulfate (Oral Tablet)	G	4	DL
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)			
Citalopram Hydrobromide (10MG/5ML 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 (5MG/5ML Oral Solution)	G	4	DL
Escitalopram Oxalate (Oral Tablet)	G	2	
Fetzima (Oral Capsule Extended Release 24 Hour)	B	4	ST; DL; QL
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	B	4	ST; DL; QL
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	3	
Fluvoxamine Maleate (Oral Tablet)	G	3	
Nefazodone HCl (Oral Tablet)	G	4	DL
Paroxetine HCl (10MG/5ML Oral Suspension)	G	4	DL
Paroxetine HCl (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 40MG Oral Tablet Immediate Release)	G	2	
Raldesy (Oral Solution)	B	5	DL
Sertraline HCl (Oral Concentrate)	G	4	DL
Sertraline HCl (Oral Tablet)	G	1	
Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	G	2	
Trintellix (Oral Tablet)	B	4	DL; QL
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	G	3	
Venlafaxine HCl (Oral Tablet Immediate Release)	G	3	
Vilazodone HCl (Oral Tablet)	G	4	DL; QL
Tricyclics			
Amitriptyline HCl (Oral Tablet)	G	3	
Amoxapine (Oral Tablet)	G	3	
Clomipramine HCl (Oral Capsule)	G	4	DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Desipramine HCl (Oral Tablet)	G	4	DL
Doxepin HCl (Oral Capsule)	G	4	DL
Doxepin HCl (Oral Concentrate)	G	4	DL
Imipramine HCl (Oral Tablet)	G	4	DL
Nortriptyline HCl (Oral Capsule)	G	4	DL
Nortriptyline HCl (Oral Solution)	G	4	DL
Protriptyline HCl (Oral Tablet)	G	4	DL
Trimipramine Maleate (Oral Capsule)	G	4	DL
Antiemetics			
Antiemetics, Other			
Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet)	G	3	
Metoclopramide HCl (5MG/5ML Oral Solution)	G	4	DL
Metoclopramide HCl (Oral Tablet)	G	2	
Perphenazine (Oral Tablet)	G	4	DL
Prochlorperazine Maleate (Oral Tablet)	G	2	
Prochlorperazine (Rectal Suppository)	G	4	DL
Promethazine HCl (Oral Tablet)	G	3	
Scopolamine (Transdermal Patch 72 Hour)	G	4	DL
Emetogenic Therapy Adjuncts			
Aprepitant (Oral Therapy Pack, Oral Capsule)	G	4	PA; DL; QL
Dronabinol (Oral Capsule)	G	4	PA; DL
Granisetron HCl (Oral Tablet)	G	4	B/D,PA; DL; QL
Ondansetron HCl (Oral Solution)	G	4	B/D,PA; DL; QL
Ondansetron HCl (4MG Oral Tablet, 8MG Oral Tablet)	G	2	B/D,PA; QL
Ondansetron ODT (4MG Oral Tablet Dispersible, 8MG Oral Tablet Dispersible)	G	2	B/D,PA; QL
Antifungals			
Antifungals			
Abelcet (Intravenous Suspension)	B	4	B/D,PA; DL
Amphotericin B (Intravenous Solution Reconstituted)	G	4	B/D,PA; DL
Amphotericin B Liposome (Intravenous Suspension Reconstituted)	G	4	B/D,PA; DL
Clotrimazole (Mouth/Throat Troche)	G	2	
Cresemba (Oral Capsule)	B	5	PA; DL
Fluconazole in Sodium Chloride (200-0.9MG/100ML-% Intravenous Solution, 400-0.9MG/200ML-% Intravenous Solution)	G	4	DL
Fluconazole (Oral Suspension Reconstituted)	G	3	
Fluconazole (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
Flucytosine (Oral Capsule)	G	5	PA; DL
Griseofulvin Microsize (Oral Suspension)	G	4	DL
Griseofulvin Microsize (Oral Tablet)	G	4	DL
Griseofulvin Ultramicrosize (125MG Oral Tablet, 250MG Oral Tablet)	G	4	DL
Itraconazole (Oral Capsule)	G	4	PA; DL; QL
Ketoconazole (Oral Tablet)	G	3	
Micafungin Sodium (Intravenous Solution Reconstituted)	G	4	DL
Nystatin (Mouth/Throat Suspension)	G	2	
Nystatin (Oral Tablet)	G	3	
Posaconazole (Oral Tablet Delayed Release)	G	4	PA; DL; QL
Terbinafine HCl (Oral Tablet)	G	3	QL
Terconazole (Vaginal Cream)	G	3	
Terconazole (Vaginal Suppository)	G	4	DL
Voriconazole (Intravenous Solution Reconstituted)	G	4	PA; DL
Voriconazole (Oral Suspension Reconstituted)	G	4	DL; QL
Voriconazole (Oral Tablet)	G	4	DL; QL
Antigout Agents			
Antigout Agents			
Allopurinol (100MG Oral Tablet, 300MG Oral Tablet)	G	2	
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	G	3	QL
Colchicine-Probenecid (Oral Tablet)	G	3	
Febuxostat (Oral Tablet)	G	4	ST; DL
Probenecid (Oral Tablet)	G	3	
Antimigraine Agents			
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists			
Aimovig (Subcutaneous Solution Auto-Injector)	B	3	PA; QL
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	4	PA; DL; QL
Emgality (Subcutaneous Solution Auto-Injector)	B	3	PA; QL
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Nurtec ODT (Oral Tablet Dispersible)	B	4	PA; DL; QL
Ergot Alkaloids			
Dihydroergotamine Mesylate (Nasal Solution)	G	4	DL; QL
Ergotamine-Caffeine (Oral Tablet)	G	3	
Prophylactic			
Timolol Maleate (Oral Tablet)	G	3	
Serotonin (5-HT) Receptor Agonist			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Rizatriptan Benzoate (Oral Tablet)	G	3	QL
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	3	QL
Sumatriptan (Nasal Solution)	G	4	DL; QL
Sumatriptan Succinate (Oral Tablet)	G	2	QL
Sumatriptan Succinate (Subcutaneous Solution Auto-Injector)	G	4	DL; QL
Sumatriptan Succinate (Subcutaneous Solution)	G	4	DL; QL
Antimyasthenic Agents			
Parasympathomimetics			
Pyridostigmine Bromide (60MG Oral Tablet Immediate Release)	G	3	
Antimycobacterials			
Antimycobacterials, Other			
Dapsone (Oral Tablet)	G	3	
Rifabutin (Oral Capsule)	G	4	DL
Antituberculars			
Cycloserine (Oral Capsule)	G	4	DL
Ethambutol HCl (Oral Tablet)	G	3	
Isoniazid (Oral Syrup)	G	4	DL
Isoniazid (Oral Tablet)	G	2	
Priftin (Oral Tablet)	B	4	DL
Pyrazinamide (Oral Tablet)	G	4	DL
Rifampin (Intravenous Solution Reconstituted)	G	4	DL
Rifampin (Oral Capsule)	G	3	
Sirturo (Oral Tablet)	B	5	PA; DL
Antineoplastics			
Alkylating Agents			
Cyclophosphamide (25MG Oral Capsule, 50MG Oral Capsule)	G	3	B/D,PA
Cyclophosphamide (25MG Oral Tablet, 50MG Oral Tablet)	B	3	B/D,PA
Gleostine (100MG Oral Capsule)	B	5	DL
Gleostine (10MG Oral Capsule, 40MG Oral Capsule)	B	4	DL
Leukeran (Oral Tablet)	B	4	DL
Matulane (Oral Capsule)	B	5	DL
Valchlor (External Gel)	B	5	PA; DL; QL
Antiandrogens			
Abiraterone Acetate (Oral Tablet)	G	4	DL; QL
Bicalutamide (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
Erleada (Oral Tablet)	B	5	PA; DL; QL
Eulexin (Oral Capsule)	B	4	DL
Nilutamide (Oral Tablet)	G	5	DL
Nubeqa (Oral Tablet)	B	5	PA; DL; QL
Xtandi (Oral Capsule)	B	5	PA; DL; QL
Xtandi (Oral Tablet)	B	5	PA; DL; QL
Antiangiogenic Agents			
Lenalidomide (Oral Capsule)	G	5	PA; DL; QL
Pomalyst (Oral Capsule)	B	5	PA; DL; QL
Thalomid (100MG Oral Capsule, 50MG Oral Capsule)	B	5	PA; DL; QL
Antiestrogens/Modifiers			
Orserdu (Oral Tablet)	B	5	PA; DL; QL
Soltamox (Oral Solution)	B	4	DL
Tamoxifen Citrate (Oral Tablet)	G	2	
Toremifene Citrate (Oral Tablet)	G	4	DL
Antimetabolites			
Hydroxyurea (Oral Capsule)	G	3	
Mercaptopurine (Oral Suspension)	G	5	PA; DL
Mercaptopurine (Oral Tablet)	G	3	
Onureg (Oral Tablet)	B	5	PA; DL; QL
Tabloid (Oral Tablet)	B	4	PA; DL
Antineoplastics, Other			
Akeega (Oral Tablet)	B	5	PA; DL; QL
Inqovi (Oral Tablet)	B	5	PA; DL; QL
Iwilfin (Oral Tablet)	B	5	PA; DL; QL
Lazcluze (Oral Tablet)	B	5	PA; DL; QL
Lonsurf (Oral Tablet)	B	5	PA; DL; QL
Lysodren (Oral Tablet)	B	5	DL
Ogsiveo (Oral Tablet)	B	5	PA; DL; QL
Orgovyx (Oral Tablet)	B	5	PA; DL; QL
Revuforj (Oral Tablet)	B	5	PA; DL; QL
Vonjo (Oral Capsule)	B	5	PA; DL; QL
Zolinza (Oral Capsule)	B	5	PA; DL
Aromatase Inhibitors, 3rd Generation			
Anastrozole (Oral Tablet)	G	2	
Exemestane (Oral Tablet)	G	4	DL
Letrozole (Oral Tablet)	G	2	
Enzyme Inhibitors			
Avmapki Fakzynja Co-Pack (Oral Therapy Pack)	B	5	PA; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Molecular Target Inhibitors			
Alecensa (Oral Capsule)	B	5	PA; DL; QL
Alunbrig (Oral Tablet)	B	5	PA; DL; QL
Alunbrig (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Augtyro (Oral Capsule)	B	5	PA; DL; QL
Ayvakit (Oral Tablet)	B	5	PA; DL; QL
Balversa (Oral Tablet)	B	5	PA; DL; QL
Bosulif (Oral Capsule)	B	5	PA; DL; QL
Bosulif (Oral Tablet)	B	5	PA; DL; QL
Braftovi (Oral Capsule)	B	5	PA; DL
Brukinsa (Oral Capsule)	B	5	PA; DL; QL
Cabometyx (Oral Tablet)	B	5	PA; DL; QL
Calquence (Oral Tablet)	B	5	PA; DL; QL
Caprelsa (Oral Tablet)	B	5	PA; DL
Cometriq (100MG Daily Dose) (Oral Kit)	B	5	PA; DL; QL
Cometriq (140MG Daily Dose) (Oral Kit)	B	5	PA; DL; QL
Cometriq (60MG Daily Dose) (Oral Kit)	B	5	PA; DL; QL
Copiktra (Oral Capsule)	B	5	PA; DL; QL
Cotellic (Oral Tablet)	B	5	PA; DL; QL
Danziten (Oral Tablet)	B	5	PA; DL; QL
Dasatinib (Oral Tablet)	G	5	PA; DL; QL
Daurismo (Oral Tablet)	B	5	PA; DL; QL
Erivedge (Oral Capsule)	B	5	PA; DL
Erlotinib HCl (Oral Tablet)	G	4	PA; DL; QL
Everolimus (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	5	PA; DL
Everolimus (Oral Tablet Soluble)	G	5	PA; DL
Fotivda (Oral Capsule)	B	5	PA; DL; QL
Fruzaqla (Oral Capsule)	B	5	PA; DL; QL
Gavreto (Oral Capsule)	B	5	PA; DL; QL
Gefitinib (Oral Tablet)	G	5	PA; DL; QL
Gilotrif (Oral Tablet)	B	5	PA; DL
Gomekli (Oral Capsule)	B	5	PA; DL; QL
Gomekli (Oral Tablet Soluble)	B	5	PA; DL; QL
Ibrance (Oral Capsule)	B	5	PA; DL; QL
Ibrance (Oral Tablet)	B	5	PA; DL; QL
Iclusig (Oral Tablet)	B	5	PA; DL; QL
IDHIFA (Oral Tablet)	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
Imatinib Mesylate (Oral Tablet)	G	3	QL
Imbruvica (Oral Capsule)	B	5	PA; DL; QL
Imbruvica (Oral Suspension)	B	5	PA; DL; QL
Imbruvica (Oral Tablet)	B	5	PA; DL; QL
Imkeldi (Oral Solution)	B	5	PA; DL; QL
Inlyta (Oral Tablet)	B	5	PA; DL; QL
Inrebic (Oral Capsule)	B	5	PA; DL; QL
Itovebi (Oral Tablet)	B	5	PA; DL; QL
Jakafi (Oral Tablet)	B	5	PA; DL; QL
Jaypirca (Oral Tablet)	B	5	PA; DL; QL
Kisqali (200MG Dose) (Oral Tablet)	B	5	PA; DL; QL
Kisqali (400MG Dose) (Oral Tablet)	B	5	PA; DL; QL
Kisqali (600MG Dose) (Oral Tablet)	B	5	PA; DL; QL
Kisqali Femara (400MG Dose) (200 & 2.5MG Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Kisqali Femara (600MG Dose) (200 & 2.5MG Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Koselugo (Oral Capsule)	B	5	PA; DL; QL
Krazati (Oral Tablet)	B	5	PA; DL; QL
Lapatinib Ditosylate (Oral Tablet)	G	5	PA; DL
Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lorbrena (Oral Tablet)	B	5	PA; DL; QL
Lumakras (Oral Tablet)	B	5	PA; DL; QL
Lynparza (Oral Tablet)	B	5	PA; DL; QL
Lytgobi (12MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Lytgobi (16MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Lytgobi (20MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Mekinist (Oral Solution Reconstituted)	B	5	PA; DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Mekinist (Oral Tablet)	B	5	PA; DL
Mektovi (Oral Tablet)	B	5	PA; DL
Nerlynx (Oral Tablet)	B	5	PA; DL; QL
Nilotinib HCl (Oral Capsule)	G	5	PA; DL; QL
Ninlaro (Oral Capsule)	B	5	PA; DL; QL
Odomzo (Oral Capsule)	B	5	PA; DL
Ojemda (Oral Suspension Reconstituted)	B	5	PA; DL; QL
Ojemda (Oral Tablet)	B	5	PA; DL; QL
Ojjaara (Oral Tablet)	B	5	PA; DL; QL
Pazopanib HCl (Oral Tablet)	G	5	PA; DL; QL
Pemazyre (Oral Tablet)	B	5	PA; DL; QL
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Qinlock (Oral Tablet)	B	5	PA; DL; QL
Retevmo (Oral Tablet)	B	5	PA; DL; QL
Rezlidhia (Oral Capsule)	B	5	PA; DL; QL
Romvimza (Oral Capsule)	B	5	PA; DL; QL
Rozlytrek (Oral Capsule)	B	5	PA; DL; QL
Rozlytrek (Oral Packet)	B	5	PA; DL; QL
Rubraca (Oral Tablet)	B	5	PA; DL; QL
Rydapt (Oral Capsule)	B	5	PA; DL; QL
Scemblix (Oral Tablet)	B	5	PA; DL; QL
Sorafenib Tosylate (Oral Tablet)	G	5	PA; DL
Stivarga (Oral Tablet)	B	5	PA; DL; QL
Sunitinib Malate (Oral Capsule)	G	5	PA; DL; QL
Tabrecta (Oral Tablet)	B	5	PA; DL; QL
Tafinlar (Oral Capsule)	B	5	PA; DL
Tafinlar (Oral Tablet Soluble)	B	5	PA; DL
Tagrisso (Oral Tablet)	B	5	PA; DL; QL
Talzenna (Oral Capsule)	B	5	PA; DL; QL
Tazverik (Oral Tablet)	B	5	PA; DL; QL
Tepmetko (Oral Tablet)	B	5	PA; DL; QL
Tibsovo (Oral Tablet)	B	5	PA; DL; QL
Torpenz (Oral Tablet)	G	5	PA; DL
Truqap (Oral Tablet)	B	5	PA; DL; QL
Tukysa (Oral Tablet)	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
Turalio (Oral Capsule)	B	5	PA; DL; QL
Vanflyta (Oral Tablet)	B	5	PA; DL; QL
Venclexta (100MG Oral Tablet, 50MG Oral Tablet)	B	5	PA; DL; QL
Venclexta (10MG Oral Tablet)	B	4	PA; DL; QL
Venclexta Starting Pack (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Verzenio (Oral Tablet)	B	5	PA; DL; QL
Vitrakvi (Oral Capsule)	B	5	PA; DL; QL
Vitrakvi (Oral Solution)	B	5	PA; DL; QL
Vizimpro (Oral Tablet)	B	5	PA; DL; QL
Voranigo (Oral Tablet)	B	5	PA; DL; QL
Xalkori (Oral Capsule)	B	5	PA; DL
Xalkori (Oral Capsule Sprinkle)	B	5	PA; DL
Xospata (Oral Tablet)	B	5	PA; DL; QL
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xpovio (40MG Once Weekly) (40MG Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xpovio (40MG Twice Weekly) (40MG Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Zejula (Oral Tablet)	B	5	PA; DL; QL
Zelboraf (Oral Tablet)	B	5	PA; DL
Zydelig (Oral Tablet)	B	5	PA; DL; QL
Zykadia (Oral Tablet)	B	5	PA; DL; QL
Retinoids			
Bexarotene (External Gel)	G	5	PA; DL; QL
Bexarotene (Oral Capsule)	G	5	PA; DL
Panretin (External Gel)	B	5	PA; DL
Tretinoin (Oral Capsule)	G	5	DL
Treatment Adjuncts			
Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet, 5MG Oral Tablet)	G	3	
Leucovorin Calcium (25MG Oral Tablet)	G	4	DL
Mesna (Oral Tablet)	G	4	DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Antiparasitics			
Anthelmintics			
Albendazole (Oral Tablet)	G	4	DL; QL
Ivermectin (3MG Oral Tablet)	G	3	PA
Praziquantel (Oral Tablet)	G	4	DL
Antiprotozoals			
Atovaquone (Oral Suspension)	G	4	DL; QL
Atovaquone-Proguanil HCl (Oral Tablet)	G	4	DL
Chloroquine Phosphate (Oral Tablet)	G	4	DL; QL
Coartem (Oral Tablet)	B	4	DL
Hydroxychloroquine Sulfate (200MG Oral Tablet)	G	3	QL
Impavido (Oral Capsule)	B	5	DL
Mefloquine HCl (Oral Tablet)	G	3	
Nitazoxanide (Oral Tablet)	G	4	DL; QL
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	4	B/D,PA; DL; QL
Pentamidine Isethionate (Injection Solution Reconstituted)	G	4	DL
Primaquine Phosphate (Oral Tablet)	G	4	DL
Pyrimethamine (Oral Tablet)	G	4	DL
Quinine Sulfate (Oral Capsule)	G	4	PA; DL
Antiparkinson Agents			
Anticholinergics			
Benzotropine Mesylate (Oral Tablet)	G	2	
Trihexyphenidyl HCl (Oral Solution)	G	3	
Trihexyphenidyl HCl (Oral Tablet)	G	3	
Antiparkinson Agents, Other			
Amantadine HCl (Oral Capsule)	G	3	
Amantadine HCl (Oral Solution)	G	3	
Carbidopa-Levodopa-Entacapone (Oral Tablet)	G	4	DL
Entacapone (Oral Tablet)	G	4	DL
Dopamine Agonists			
Neupro (Transdermal Patch 24 Hour)	B	4	DL
Pramipexole Dihydrochloride (Oral Tablet Immediate Release)	G	3	
Ropinirole HCl (Oral Tablet Immediate Release)	G	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors			
Carbidopa (Oral Tablet)	G	4	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
Carbidopa-Levodopa ER (Oral Tablet Extended Release)	G	2	
Carbidopa-Levodopa (Oral Tablet Immediate Release)	G	2	
Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	G	4	DL
Inbrija (Inhalation Capsule)	B	5	PA; DL
Monoamine Oxidase B (MAO-B) Inhibitors			
Rasagiline Mesylate (Oral Tablet)	G	4	DL
Selegiline HCl (Oral Capsule)	G	3	
Selegiline HCl (Oral Tablet)	G	3	
Antipsychotics			
1st Generation/Typical			
Chlorpromazine HCl (Oral Concentrate)	G	4	DL
Chlorpromazine HCl (Oral Tablet)	G	4	DL
Fluphenazine Decanoate (Injection Solution)	G	4	DL
Fluphenazine HCl (Injection Solution)	G	4	DL
Fluphenazine HCl (Oral Concentrate)	G	4	DL
Fluphenazine HCl (Oral Elixir)	G	4	DL
Fluphenazine HCl (Oral Tablet)	G	4	DL
Haloperidol Decanoate (Intramuscular Solution)	G	4	DL
Haloperidol Lactate (Injection Solution)	G	4	DL
Haloperidol Lactate (2MG/ML Oral Concentrate)	G	2	
Haloperidol (Oral Tablet)	G	2	
Loxapine Succinate (Oral Capsule)	G	3	
Molindone HCl (Oral Tablet)	G	4	DL
Pimozide (Oral Tablet)	G	4	DL
Thioridazine HCl (Oral Tablet)	G	3	
Thiothixene (Oral Capsule)	G	4	DL
Trifluoperazine HCl (Oral Tablet)	G	3	
2nd Generation/Atypical			
Caplyta (Oral Capsule)	B	4	PA; DL; QL
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	4	ST; DL; QL
Fanapt Titration Pack A (Oral Tablet)	B	4	ST; DL; QL
Invega Hafyera (Intramuscular Suspension Prefilled Syringe)	B	5	DL
Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe)	B	5	DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)	B	4	DL
Invega Trinza (Intramuscular Suspension Prefilled Syringe)	B	5	DL
Nuplazid (Oral Capsule)	B	4	PA; DL; QL
Nuplazid (Oral Tablet)	B	4	PA; DL; QL
Paliperidone ER (Oral Tablet Extended Release 24 Hour)	G	4	DL; QL
Rexulti (Oral Tablet)	B	4	DL; QL
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	B	4	DL; QL
Treatment-Resistant			
Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	3	
Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)	G	4	DL; QL
Versacloz (Oral Suspension)	B	4	DL
Antispasticity Agents			
Antispasticity Agents			
Baclofen (10MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet)	G	3	
Tizanidine HCl (Oral Tablet)	G	2	
Antivirals			
Anti-cytomegalovirus (CMV) Agents			
Livtencity (Oral Tablet)	B	5	PA; DL; QL
Prevymis (Oral Packet)	B	5	PA; DL; QL
Prevymis (Oral Tablet)	B	5	PA; DL; QL
Valganciclovir HCl (Oral Solution Reconstituted)	G	5	DL; QL
Valganciclovir HCl (Oral Tablet)	G	3	QL
Zirgan (Ophthalmic Gel)	B	4	DL
Anti-hepatitis B (HBV) Agents			
Baraclude (Oral Solution)	B	4	DL
Entecavir (Oral Tablet)	G	4	DL
Lamivudine (100MG Oral Tablet)	G	3	
Vemlidy (Oral Tablet)	B	5	DL; QL
Anti-hepatitis C (HCV) Agents			
Mavyret (Oral Packet)	B	5	PA; DL; QL
Mavyret (Oral Tablet)	B	5	PA; DL; QL
Ribavirin (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
Vosevi (Oral Tablet)	B	5	PA; DL; QL
Antiherpetic Agents			
Acyclovir (Oral Capsule)	G	2	
Acyclovir (200MG/5ML Oral Suspension)	G	4	DL
Acyclovir (Oral Tablet)	G	2	
Acyclovir Sodium (Intravenous Solution)	G	4	B/D,PA; DL
Valacyclovir HCl (Oral Tablet)	G	3	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)			
Biktarvy (Oral Tablet)	B	5	DL; QL
Dovato (Oral Tablet)	B	5	DL; QL
Genvoya (Oral Tablet)	B	5	DL; QL
Isentress HD (Oral Tablet)	B	5	DL; QL
Isentress (Oral Packet)	B	4	DL; QL
Isentress (Oral Tablet)	B	5	DL; QL
Isentress (100MG Oral Tablet Chewable)	B	4	DL; QL
Isentress (25MG Oral Tablet Chewable)	B	3	QL
Juluca (Oral Tablet)	B	5	DL; QL
Stribild (Oral Tablet)	B	5	DL; QL
Tivicay (50MG Oral Tablet)	B	5	DL; QL
Tivicay PD (Oral Tablet Soluble)	B	5	DL; QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)			
Complera (Oral Tablet)	B	5	DL; QL
Delstrigo (Oral Tablet)	B	5	DL; QL
Edurant (Oral Tablet)	B	5	DL; QL
Efavirenz (Oral Tablet)	G	4	DL; QL
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)	G	4	DL; QL
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)	G	5	DL; QL
Emtricitabine-Rilpivirine-Tenofovir DF (Oral Tablet)	G	5	DL; QL
Etravirine (Oral Tablet)	G	5	DL; QL
Intelence (25MG Oral Tablet)	B	4	DL; QL
Nevirapine ER (Oral Tablet Extended Release 24 Hour)	G	4	DL; QL
Nevirapine (Oral Suspension)	G	4	DL; QL
Nevirapine (Oral Tablet Immediate Release)	G	3	QL
Pifeltro (Oral Tablet)	B	5	DL; QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)			
Abacavir Sulfate (Oral Solution)	G	4	DL; QL
Abacavir Sulfate (Oral Tablet)	G	4	DL; QL
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	4	DL; QL
Cimduo (Oral Tablet)	B	5	DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Descovy (Oral Tablet)	B	5	DL; QL
Emtricitabine (Oral Capsule)	G	4	DL; QL
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet)	G	4	DL; QL
Emtriva (Oral Solution)	B	4	DL; 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	DL; QL
Odefsey (Oral Tablet)	B	5	DL; QL
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	4	DL; QL
Triumeq (Oral Tablet)	B	5	DL; QL
Triumeq PD (Oral Tablet Soluble)	B	4	DL; QL
Viread (Oral Powder)	B	5	DL; QL
Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	B	5	DL; QL
Zidovudine (Oral Capsule)	G	4	DL; QL
Zidovudine (Oral Syrup)	G	4	DL; QL
Zidovudine (Oral Tablet)	G	3	QL
Anti-HIV Agents, Other			
Maraviroc (Oral Tablet)	G	5	DL; QL
Rukobia (Oral Tablet Extended Release 12 Hour)	B	5	DL; QL
Selzentry (Oral Solution)	B	5	DL; QL
Sunlenca (Oral Tablet)	B	5	DL; QL
Sunlenca (Oral Tablet Therapy Pack)	B	5	DL; QL
Tybost (Oral Tablet)	B	3	QL
Anti-HIV Agents, Protease Inhibitors			
Aptivus (Oral Capsule)	B	5	DL; QL
Atazanavir Sulfate (Oral Capsule)	G	4	DL; QL
Darunavir (600MG Oral Tablet)	G	4	DL; QL
Darunavir (800MG Oral Tablet)	G	5	DL; QL
Evotaz (Oral Tablet)	B	5	DL; QL
Fosamprenavir Calcium (Oral Tablet)	G	5	DL; QL
Kaletra (Oral Solution)	B	4	DL; QL
Lopinavir-Ritonavir (Oral Tablet)	G	4	DL; QL
Norvir (Oral Packet)	B	4	DL; QL
Prezcobix (Oral Tablet)	B	5	DL; QL
Prezista (Oral Suspension)	B	5	DL; QL
Prezista (150MG Oral Tablet)	B	5	DL; QL
Prezista (75MG Oral Tablet)	B	4	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
Reyataz (Oral Packet)	B	4	DL; QL
Ritonavir (Oral Tablet)	G	3	QL
Symtuza (Oral Tablet)	B	5	DL; QL
Viracept (250MG Oral Tablet)	B	4	DL; QL
Viracept (625MG Oral Tablet)	B	5	DL; QL
Anti-influenza Agents			
Oseltamivir Phosphate (Oral Capsule)	G	3	QL
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	3	QL
Xofluza (40MG Dose) (Oral Tablet Therapy Pack)	B	3	QL
Xofluza (80MG Dose) (Oral Tablet Therapy Pack)	B	3	QL
Antiviral, Coronavirus Agents			
Paxlovid (150/100MG) (Oral Tablet Therapy Pack)	B	5	DL; QL
Paxlovid (300/100MG) (Oral Tablet Therapy Pack)	B	5	DL; QL
Paxlovid (300/100MG & 150/100MG) (Oral Tablet Therapy Pack)	B	5	DL; QL
Anxiolytics			
Anxiolytics, Other			
Buspirone HCl (Oral Tablet)	G	2	
Hydroxyzine HCl (Oral Syrup)	G	4	DL
Hydroxyzine HCl (Oral Tablet)	G	4	DL
Hydroxyzine Pamoate (Oral Capsule)	G	4	DL
Benzodiazepines			
Alprazolam (Oral Tablet Immediate Release)	G	2	PA; QL
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet)	G	3	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	DL; QL
Clorazepate Dipotassium (Oral Tablet)	G	4	PA; DL; QL
Diazepam Intensol (Oral Concentrate)	G	4	PA; DL; QL
Diazepam (5MG/5ML Oral Solution)	G	4	PA; DL
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	3	PA; QL
Lorazepam (Oral Tablet)	G	2	QL
Bipolar Agents			
Bipolar Agents, Other			
Abilify Maintena (Intramuscular Prefilled Syringe)	B	5	DL
Abilify Maintena (Intramuscular Suspension Reconstituted ER)	B	5	DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Aripiprazole (Oral Solution)	G	4	DL; QL
Aripiprazole (Oral Tablet)	G	4	DL; QL
Aripiprazole ODT (Oral Tablet Dispersible)	G	4	DL; QL
Aristada Initio (Intramuscular Prefilled Syringe)	B	5	DL
Aristada (Intramuscular Prefilled Syringe)	B	5	DL
Asenapine Maleate (Tablet Sublingual)	G	4	DL; QL
Lurasidone HCl (Oral Tablet)	G	3	QL
Olanzapine (10MG Intramuscular Solution Reconstituted)	G	4	DL
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	3	QL
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	4	DL; QL
Opipza (Oral Film)	B	5	PA; DL; QL
Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)	G	3	QL
Quetiapine Fumarate (Oral Tablet Immediate Release)	G	3	QL
Risperidone Microspheres ER (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER, 37.5MG Intramuscular Suspension Reconstituted ER)	G	4	DL
Risperidone Microspheres ER (50MG Intramuscular Suspension Reconstituted ER)	G	5	DL
Risperidone (Oral Solution)	G	4	DL
Risperidone (Oral Tablet)	G	2	
Risperidone ODT (Oral Tablet Dispersible)	G	4	DL
Secuado (Transdermal Patch 24 Hour)	B	4	ST; DL; QL
Ziprasidone HCl (Oral Capsule)	G	4	DL; QL
Ziprasidone Mesylate (Intramuscular Solution Reconstituted)	G	4	DL
Mood Stabilizers			
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	G	4	DL
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	G	4	DL
Divalproex Sodium (Oral Tablet Delayed Release)	G	2	
Lithium Carbonate ER (Oral Tablet Extended Release)	G	2	
Lithium Carbonate (Oral Capsule)	G	2	
Lithium Carbonate (Oral Tablet Immediate Release)	G	2	
Lithium (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
Blood Glucose Regulators			
Antidiabetic Agents			
Acarbose (Oral Tablet)	G	3	QL
Glimepiride (1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet)	G	1	QL
Glipizide ER (Oral Tablet Extended Release 24 Hour)	G	2	QL
Glipizide (10MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	2	QL
Glipizide-Metformin HCl (Oral Tablet)	G	3	QL
Januvia (Oral Tablet)	B	3	QL
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	1	QL
Metformin HCl (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 850MG Oral Tablet Immediate Release)	G	1	QL
Mounjaro (Subcutaneous Solution Auto-Injector)	B	3	PA; QL
Nateglinide (Oral Tablet)	G	3	QL
Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector)	B	3	PA; QL
Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector)	B	3	PA; QL
Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector)	B	3	PA; QL
Pioglitazone HCl (Oral Tablet)	G	2	QL
Repaglinide (Oral Tablet)	G	4	DL; QL
Rybelsus (Oral Tablet)	B	3	PA; QL
Soliqua (Subcutaneous Solution Pen-Injector)	B	3	QL
Tradjenta (Oral Tablet)	B	3	QL
Trulicity (Subcutaneous Solution Auto-Injector)	B	3	PA; QL
Xigduo XR (Oral Tablet Extended Release 24 Hour)	B	3	QL
Glycemic Agents			
Baqsimi One Pack (Nasal Powder)	B	3	
Diazoxide (Oral Suspension)	G	4	DL
Glucagon (Injection Kit) (Lilly)	G	3	
Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector)	B	3	
Gvoke Kit (Subcutaneous Solution)	B	3	
Gvoke PFS (1MG/0.2ML Subcutaneous Solution Prefilled Syringe)	B	3	
Insulins			
Fiasp FlexTouch (Subcutaneous Solution Pen-Injector)	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Fiasp (Injection Solution)	B	3	
Fiasp PenFill (Subcutaneous Solution Cartridge)	B	3	
Humalog (Injection Solution)	B	3	
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)	B	3	
Humalog KwikPen (Subcutaneous Solution Pen-Injector)	B	3	
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)	B	3	
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)	B	3	
Humalog Mix 75/25 (Subcutaneous Suspension)	B	3	
Humalog (Subcutaneous Solution Cartridge)	B	3	
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)	B	3	
Humulin 70/30 (Subcutaneous Suspension)	B	3	
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)	B	3	
Humulin N (Subcutaneous Suspension)	B	3	
Humulin R (Injection Solution)	B	3	
Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)	B	3	
Lantus SoloStar (Subcutaneous Solution Pen-Injector)	B	3	
Lantus (Subcutaneous Solution)	B	3	
Novolin R FlexPen (Injection Solution Pen-Injector)	B	3	
NovoLog FlexPen (Subcutaneous Solution Pen-Injector)	B	3	
NovoLog (Injection Solution)	B	3	
NovoLog PenFill (Subcutaneous Solution Cartridge)	B	3	
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)	B	3	
Toujeo SoloStar (Subcutaneous Solution Pen-Injector)	B	3	
Blood Products and Modifiers			
Anticoagulants			
Dabigatran Etexilate Mesylate (Oral Capsule)	G	4	DL; QL
Eliquis (Oral Tablet)	B	3	QL
Eliquis Starter Pack (Oral Tablet)	B	3	QL
Enoxaparin Sodium (Injection Solution Prefilled Syringe)	G	4	DL; QL
Fondaparinux Sodium (Subcutaneous Solution)	G	4	DL
Heparin Sodium (Porcine) (Injection Solution)	G	3	B/D,PA

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Jantoven (Oral Tablet)	G	2	
Rivaroxaban (Oral Tablet)	G	3	QL
Warfarin Sodium (Oral Tablet)	G	2	
Xarelto (Oral Suspension Reconstituted)	B	3	QL
Xarelto (Oral Tablet)	B	3	QL
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	3	QL
Blood Products and Modifiers, Other			
Anagrelide HCl (0.5MG Oral Capsule)	G	3	
Anagrelide HCl (1MG Oral Capsule)	G	4	DL
Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution)	B	5	PA; DL
Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution)	B	4	PA; DL
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	5	PA; DL
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	4	PA; DL
Eltrombopag Olamine (Oral Packet)	G	5	PA; DL; QL
Eltrombopag Olamine (Oral Tablet)	G	5	PA; DL; QL
Neulasta (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	B	4	PA; DL
Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution)	B	5	PA; DL
Udenyca (Subcutaneous Solution Auto-Injector)	B	5	PA; DL
Udenyca (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Xolremdi (Oral Capsule)	B	5	PA; DL; QL
Zarxio (Injection Solution Prefilled Syringe)	B	5	DL
Hemostasis Agents			
Tranexamic Acid (Oral Tablet)	G	3	
Platelet Modifying Agents			
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	4	DL; QL
Cablivi (Injection Kit)	B	5	PA; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cilostazol (Oral Tablet)	G	3	
Clopidogrel Bisulfate (75MG Oral Tablet)	G	2	QL
Doptelet (Oral Tablet)	B	5	PA; DL; QL
Ticagrelor (Oral Tablet)	G	4	DL; QL
Cardiovascular Agents			
Alpha-adrenergic Agonists			
Clonidine HCl (Oral Tablet Immediate Release)	G	2	
Clonidine (Transdermal Patch Weekly)	G	4	DL
Droxidopa (Oral Capsule)	G	4	PA; DL; QL
Midodrine HCl (Oral Tablet)	G	4	DL
Alpha-adrenergic Blocking Agents			
Doxazosin Mesylate (Oral Tablet)	G	2	
Prazosin HCl (Oral Capsule)	G	3	
Angiotensin II Receptor Antagonists			
Candesartan Cilexetil (Oral Tablet)	G	4	DL
Irbesartan (Oral Tablet)	G	2	
Losartan Potassium (Oral Tablet)	G	1	
Olmesartan Medoxomil (Oral Tablet)	G	2	QL
Telmisartan (Oral Tablet)	G	3	QL
Valsartan (Oral Tablet)	G	2	QL
Angiotensin-converting Enzyme (ACE) Inhibitors			
Benazepril HCl (Oral Tablet)	G	2	
Enalapril Maleate (Oral Tablet)	G	2	QL
Fosinopril Sodium (Oral Tablet)	G	3	
Lisinopril (Oral Tablet)	G	1	QL
Quinapril HCl (Oral Tablet)	G	3	
Ramipril (Oral Capsule)	G	2	
Antiarrhythmics			
Amiodarone HCl (200MG Oral Tablet)	G	2	
Dofetilide (Oral Capsule)	G	4	DL; QL
Flecainide Acetate (Oral Tablet)	G	2	
Mexiletine HCl (Oral Capsule)	G	4	DL
Propafenone HCl (Oral Tablet)	G	3	
Quinidine Sulfate (Oral Tablet)	G	3	
Sotalol HCl (AF) (Oral Tablet)	G	3	
Sotalol HCl (Oral Tablet)	G	2	
Beta-adrenergic Blocking Agents			

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Atenolol (Oral Tablet)	G	2	
Bisoprolol Fumarate (10MG Oral Tablet, 5MG Oral Tablet)	G	2	
Carvedilol (Oral Tablet)	G	2	
Labetalol HCl (100MG Oral Tablet, 200MG Oral Tablet, 300MG Oral Tablet)	G	3	
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 Tablet)	G	2	
Calcium Channel Blocking Agents, Dihydropyridines			
Amlodipine Besylate (Oral Tablet)	G	1	
Nimodipine (Oral Capsule)	G	4	DL
Calcium Channel Blocking Agents, Nondihydropyridines			
Cartia XT (Oral Capsule Extended Release 24 Hour)	G	3	
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG 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	
Tiadyt ER (Oral Capsule Extended Release 24 Hour)	G	3	
Verapamil HCl ER (Oral Tablet Extended Release)	G	2	
Verapamil HCl (Oral Tablet Immediate Release)	G	2	
Cardiovascular Agents, Other			
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	G	4	DL
Acetazolamide (Oral Tablet)	G	3	
Aliskiren Fumarate (Oral Tablet)	G	4	DL
Amlodipine-Benazepril (Oral Capsule)	G	2	
Atenolol-Chlorthalidone (Oral Tablet)	G	3	
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	3	
Digoxin (Oral Solution)	G	4	DL
Digoxin (125MCG Oral Tablet, 250MCG Oral Tablet)	G	2	
Enalapril-Hydrochlorothiazide (Oral Tablet)	G	3	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Entresto (Oral Capsule Sprinkle)	B	3	QL
Entresto (Oral Tablet)	B	3	QL
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	3	
Ivabradine HCl (Oral Tablet)	G	4	PA; DL; QL
Lisinopril-Hydrochlorothiazide (Oral Tablet)	G	2	QL
Losartan Potassium-HCTZ (Oral Tablet)	G	2	
Metyrosine (Oral Capsule)	G	5	DL
Pentoxifylline ER (Oral Tablet Extended Release)	G	3	
Quinapril-Hydrochlorothiazide (Oral Tablet)	G	3	
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	4	DL; QL
Spirolactone-HCTZ (Oral Tablet)	G	3	
Triamterene-HCTZ (Oral Capsule)	G	2	
Triamterene-HCTZ (Oral Tablet)	G	2	
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	3	QL
Diuretics, Loop			
Bumetanide (Injection Solution)	G	4	DL
Bumetanide (Oral Tablet)	G	3	
Furosemide (Injection Solution)	G	4	DL
Furosemide (Oral Solution)	G	2	
Furosemide (Oral Tablet)	G	1	
Torsemide (Oral Tablet)	G	2	
Diuretics, Potassium-sparing			
Amiloride HCl (Oral Tablet)	G	3	
Triamterene (Oral Capsule)	G	4	DL
Diuretics, Thiazide			
Chlorthalidone (Oral Tablet)	G	2	
Hydrochlorothiazide (Oral Capsule)	G	1	
Hydrochlorothiazide (Oral Tablet)	G	1	
Indapamide (Oral Tablet)	G	2	
Metolazone (Oral Tablet)	G	3	
Dyslipidemics, Fibric Acid Derivatives			
Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet)	G	2	
Gemfibrozil (Oral Tablet)	G	2	
Dyslipidemics, HMG CoA Reductase Inhibitors			
Atorvastatin Calcium (Oral Tablet)	G	1	
Lovastatin (Oral Tablet)	G	3	
Pravastatin Sodium (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
Rosuvastatin Calcium (Oral Tablet)	G	2	QL
Simvastatin (Oral Tablet)	G	2	QL
Dyslipidemics, Other			
Cholestyramine Light (Oral Packet)	G	4	DL
Cholestyramine (Oral Packet)	G	4	DL
Colestipol HCl (Oral Tablet)	G	4	DL
Ezetimibe (Oral Tablet)	G	3	QL
Nexletol (Oral Tablet)	B	3	PA; QL
Nexlizet (Oral Tablet)	B	3	PA; QL
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	G	4	DL; QL
Prevalite (Oral Packet)	G	4	DL
Repatha Pushtrex System (Subcutaneous Solution Cartridge)	B	3	PA; QL
Repatha (Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Repatha SureClick (Subcutaneous Solution Auto-Injector)	B	3	PA; QL
Vascepa (Oral Capsule)	B	3	
Mineralocorticoid Receptor Antagonists			
Eplerenone (Oral Tablet)	G	3	
Kerendia (10MG Oral Tablet, 20MG Oral Tablet)	B	4	PA; DL; QL
Spironolactone (Oral Tablet)	G	2	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)			
Dapagliflozin Propanediol (Oral Tablet)	B	3	QL
Farxiga (Oral Tablet)	B	3	QL
Jardiance (Oral Tablet)	B	3	QL
Vasodilators, Direct-acting Arterial			
Hydralazine HCl (Oral Tablet)	G	2	
Minoxidil (Oral Tablet)	G	3	
Vasodilators, Direct-acting Arterial/Venous			
Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	4	DL
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour)	G	2	
Isosorbide Mononitrate (Oral Tablet Immediate Release)	G	2	
Nitro-Bid (Transdermal Ointment)	B	4	DL
Nitroglycerin (Rectal Ointment)	G	4	DL; QL
Nitroglycerin (Tablet Sublingual)	G	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Nitroglycerin (Transdermal Patch 24 Hour)	G	3	
Verquvo (Oral Tablet)	B	3	PA; QL
Central Nervous System Agents			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	4	DL; QL
Amphetamine-Dextroamphetamine (Oral Tablet)	G	3	QL
Methamphetamine HCl (Oral Tablet)	G	4	PA; DL; QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			
Atomoxetine HCl (Oral Capsule)	G	4	DL; QL
Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)	G	4	PA; DL
Dexmethylphenidate HCl (Oral Tablet)	G	4	DL; QL
Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release)	G	4	DL; QL
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	G	3	QL
Central Nervous System, Other			
Austedo (Oral Tablet Immediate Release)	B	5	PA; DL; QL
Cobenfy (Oral Capsule)	B	5	PA; DL; QL
Cobenfy Starter Pack (Oral Capsule Therapy Pack)	B	5	PA; DL; QL
Nuedexta (Oral Capsule)	B	4	PA; DL; QL
Riluzole (Oral Tablet)	G	4	DL
Skyclarys (Oral Capsule)	B	5	PA; DL; QL
Tetrabenazine (Oral Tablet)	G	4	PA; DL; QL
Veozah (Oral Tablet)	B	4	PA; DL; QL
Fibromyalgia Agents			
Drizalma Sprinkle (Oral Capsule Delayed Release Sprinkle)	B	4	ST; DL; 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	4	DL; QL
Savella (Oral Tablet)	B	3	
Savella Titration Pack (Oral Tablet)	B	3	
Multiple Sclerosis Agents			
Betaseron (Subcutaneous Kit)	B	5	DL; QL
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	3	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Dimethyl Fumarate (Oral Capsule Delayed Release)	G	4	DL; QL
Dimethyl Fumarate Starter Pack (Oral Capsule Delayed Release Therapy Pack)	G	4	DL; QL
Fingolimod HCl (Oral Capsule)	G	4	DL; QL
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	G	4	DL; QL
Glatopa (Subcutaneous Solution Prefilled Syringe)	G	4	DL; QL
Dental and Oral Agents			
Dental and Oral Agents			
Chlorhexidine Gluconate (Mouth Solution)	G	2	
Periogard (Mouth Solution)	G	2	
Pilocarpine HCl (Oral Tablet)	G	4	DL
Triamcinolone Acetonide (Dental Paste)	G	3	
Dermatological Agents			
Acne and Rosacea Agents			
Accutane (10MG Oral Capsule, 20MG Oral Capsule, 40MG Oral Capsule)	G	4	PA; DL
Acitretin (Oral Capsule)	G	4	DL
Adapalene (0.3% External Gel)	G	3	
Amnesteem (Oral Capsule)	G	4	PA; DL
Azelaic Acid (External Gel)	G	4	DL; QL
Benzoyl Peroxide-Erythromycin (External Gel)	G	3	
Claravis (Oral Capsule)	G	4	PA; DL
Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel, 1.2-5% External Gel)	G	4	DL
Isotretinoin (Oral Capsule)	G	4	PA; DL
Tazarotene (0.1% External Cream)	G	4	PA; DL; QL
Tretinoin (External Cream)	G	4	PA; DL
Zenatane (Oral Capsule)	G	4	PA; DL
Dermatitis and Pruritus Agents			
Ala-Cort (External Cream)	G	3	
Alclometasone Dipropionate (External Cream)	G	4	DL
Alclometasone Dipropionate (External Ointment)	G	4	DL
Ammonium Lactate (External Cream)	G	3	
Ammonium Lactate (External Lotion)	G	3	
Betamethasone Dipropionate Aug (External Cream)	G	4	DL
Betamethasone Dipropionate Aug (External Gel)	G	4	DL
Betamethasone Dipropionate Aug (External Lotion)	G	4	DL
Betamethasone Dipropionate Aug (External Ointment)	G	4	DL
Betamethasone Dipropionate (External Cream)	G	4	DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Betamethasone Dipropionate (External Lotion)	G	4	DL
Betamethasone Dipropionate (External Ointment)	G	4	DL
Betamethasone Valerate (External Cream)	G	4	DL
Betamethasone Valerate (External Lotion)	G	4	DL
Betamethasone Valerate (External Ointment)	G	4	DL
Clobetasol Propionate (0.05% External Cream)	G	4	DL
Desonide (External Ointment)	G	4	DL; QL
Desoximetasone (0.25% External Cream)	G	4	DL; QL
Fluocinolone Acetonide (External Cream)	G	4	DL
Fluocinolone Acetonide (External Ointment)	G	4	DL
Fluocinolone Acetonide (External Solution)	G	4	DL
Fluocinonide Emulsified Base (External Cream)	G	4	DL; QL
Fluocinonide (0.05% External Cream)	G	4	DL; QL
Fluocinonide (External Gel)	G	4	DL; QL
Fluocinonide (External Ointment)	G	4	DL; QL
Fluocinonide (External Solution)	G	4	DL; QL
Fluticasone Propionate (External Cream)	G	3	
Fluticasone Propionate (External Ointment)	G	3	
Halobetasol Propionate (External Cream)	G	4	DL
Halobetasol Propionate (External Ointment)	G	4	DL
Hydrocortisone Butyrate (External Ointment)	G	4	DL
Hydrocortisone (1% 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	DL
Hydrocortisone Valerate (External Ointment)	G	4	DL
Mometasone Furoate (External Cream)	G	3	
Mometasone Furoate (External Ointment)	G	3	
Mometasone Furoate (External Solution)	G	3	
Pimecrolimus (External Cream)	G	4	ST; DL; QL
Selenium Sulfide (External Lotion)	G	2	
Tacrolimus (External Ointment)	G	4	ST; DL
Triamcinolone Acetonide (External Cream)	G	2	
Triamcinolone Acetonide (External Lotion)	G	3	
Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment)	G	2	
Triderm (External Cream)	G	2	

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
Dermatological Agents, Other			
Calcipotriene (External Cream)	G	4	DL; QL
Calcipotriene (External Solution)	G	3	
Clotrimazole-Betamethasone (External Cream)	G	3	QL
Fluorouracil (5% External Cream)	G	4	DL; QL
Fluorouracil (External Solution)	G	3	
Imiquimod (5% External Cream)	G	4	DL; QL
Podofilox (External Solution)	G	4	DL
Regranex (External Gel)	B	5	PA; DL
Santyl (External Ointment)	B	4	DL; QL
Silver Sulfadiazine (External Cream)	G	3	
SSD (External Cream)	B	3	
Zoryve (External Cream)	B	4	PA; DL
Zoryve (External Foam)	B	4	PA; DL
Pediculicides/Scabicides			
Malathion (External Lotion)	G	4	DL
Permethrin (External Cream)	G	3	
Topical Anti-infectives			
Ciclopirox (External Gel)	G	3	
Ciclopirox (External Shampoo)	G	3	
Ciclopirox (External Solution)	G	4	DL
Ciclopirox Olamine (External Cream)	G	3	
Ciclopirox Olamine (External Suspension)	G	3	
Clindamycin Phosphate (Once-Daily) (External Gel)	G	3	QL
Clindamycin Phosphate (Twice-Daily) (External Gel)	G	3	QL
Clindamycin Phosphate (External Lotion)	G	4	DL; QL
Clindamycin Phosphate (External Solution)	G	3	QL
Clotrimazole (External Cream)	G	2	
Clotrimazole (External Solution)	G	2	
Erythromycin (External Gel)	G	4	DL
Erythromycin (External Solution)	G	3	
Gentamicin Sulfate (External Cream)	G	4	DL
Gentamicin Sulfate (External Ointment)	G	4	DL
Jublia (External Solution)	B	4	DL
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	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Nystatin (External Ointment)	G	2	
Nystatin (External Powder)	G	2	QL
Nystop (External Powder)	G	2	QL
Electrolytes/Minerals/Metals/Vitamins			
Electrolyte/Mineral Replacement			
Carglumic Acid (Oral Tablet Soluble)	G	5	DL
Dextrose (10% Intravenous Solution, 5% Intravenous Solution)	G	4	DL
Dextrose-Sodium Chloride (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 2.5-0.45% Intravenous Solution, 5-0.2% Intravenous Solution, 5-0.45% Intravenous Solution, 5-0.9% Intravenous Solution)	G	4	DL
Intralipid (Intravenous Emulsion)	B	4	B/D,PA; DL
Isolyte-P in D5W (Intravenous Solution)	B	4	DL
Isolyte-S pH 7.4 (Intravenous Solution)	B	4	DL
KCl in Dextrose-NaCl (Intravenous Solution)	G	4	DL
KCl-Lactated Ringers-D5W (Intravenous Solution)	G	4	DL
Klor-Con 10 (Oral Tablet Extended Release)	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	
Klor-Con (Oral Packet)	G	4	DL
Klor-Con 8 (Oral Tablet Extended Release)	B	2	
L-Glutamine (Oral Packet)	G	5	PA; DL
Magnesium Sulfate (Injection Solution)	G	4	DL
Multiple Electrolytes Type 1 pH 7.4 (Intravenous Solution)	G	4	DL
Nutrilipid (Intravenous Emulsion)	B	4	B/D,PA; DL
Plenamine (Intravenous Solution)	B	4	B/D,PA; DL
Potassium Chloride Microencapsulated ER (Oral Tablet Extended Release)	G	2	
Potassium Chloride ER (Oral Tablet Extended Release)	G	2	
Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)	G	4	DL
Potassium Chloride in NaCl (20-0.9MEQ/L-% Intravenous Solution)	G	4	B/D,PA; 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
Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 2MEQ/ML (30ML) Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution, 40MEQ/100ML Intravenous Solution)	G	4	DL
Potassium Chloride (Oral Packet)	G	4	DL
Potassium Chloride (20MEQ/15ML(10%) Oral Solution, 40MEQ/15ML(20%) Oral Solution)	G	4	DL
Potassium Citrate ER (Oral Tablet Extended Release)	G	4	DL
Potassium Chloride in Dextrose 5% (20MEQ/L Intravenous Solution)	G	4	B/D,PA; DL
Premasol (Intravenous Solution)	B	4	B/D,PA; DL
Prosol (Intravenous Solution)	B	4	B/D,PA; DL
Sodium Chloride (0.45% Intravenous Solution, 0.9% Intravenous Solution, 3% Intravenous Solution, 5% Intravenous Solution)	G	4	DL
Sodium Chloride (Irrigation Solution)	G	3	
Sodium Fluoride (Oral Tablet)	G	2	
TPN Electrolytes (Intravenous Concentrate)	B	4	DL
Travasol (Intravenous Solution)	B	4	B/D,PA; DL
TrophAmine (Intravenous Solution)	B	4	B/D,PA; DL
Electrolyte/Mineral/Metal Modifiers			
Deferasirox (Oral Tablet) (Generic Jadenu)	G	3	PA
Jynarque (Oral Tablet)	B	5	PA; DL; QL
Tolvaptan (Oral Tablet) (Generic Samsca)	G	4	PA; DL; QL
Trientine HCl (Oral Capsule)	G	4	PA; DL; QL
Potassium Binders			
Lokelma (Oral Packet)	B	4	DL; QL
Sodium Polystyrene Sulfonate (Oral Powder)	G	3	
SPS (Sodium Polystyrene Sulfate) (Combination Suspension)	B	4	DL
Vitamins			
Prenatal (27-1MG Oral Tablet)	G	3	
Gastrointestinal Agents			
Anti-Constipation Agents			
Constulose (Oral Solution)	G	3	
Enulose (Oral Solution)	G	3	
Generlac (Oral Solution)	G	3	
Lactulose (10GM/15ML Oral Solution)	G	3	
Linzess (Oral Capsule)	B	3	QL
Lubiprostone (Oral Capsule)	G	3	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Movantik (Oral Tablet)	B	3	QL
Trulance (Oral Tablet)	B	3	QL
Anti-Diarrheal Agents			
Alosetron HCl (Oral Tablet)	G	4	PA; DL
Diphenoxylate-Atropine (Oral Tablet)	G	3	
Loperamide HCl (Oral Capsule)	G	3	
Viberzi (Oral Tablet)	B	5	PA; DL; QL
Xermelo (Oral Tablet)	B	5	PA; DL; QL
Antispasmodics, Gastrointestinal			
Dicyclomine HCl (Oral Capsule)	G	4	DL
Dicyclomine HCl (10MG/5ML Oral Solution)	G	4	DL
Dicyclomine HCl (20MG Oral Tablet)	G	4	DL
Glycopyrrolate (1MG Oral Tablet, 2MG Oral Tablet)	G	3	PA
Gastrointestinal Agents, Other			
Bylway (Pellets) (Oral Capsule Sprinkle)	B	5	PA; DL
Bylway (Oral Capsule)	B	5	PA; DL
Clenpiq (Oral Solution)	B	3	
GaviLyte-C (Oral Solution Reconstituted)	G	2	
GaviLyte-G (Oral Solution Reconstituted)	G	2	
GaviLyte-N with Flavor Pack (Oral Solution Reconstituted)	G	2	
Sodium Sulfate-Potassium Sulfate-Magnesium Sulfate (Oral Solution)	G	3	
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	G	2	
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	G	2	
Ursodiol (300MG Oral Capsule)	G	3	
Ursodiol (Oral Tablet)	G	4	DL
Voquezna Dual Pak (Oral Therapy Pack)	B	4	PA; DL
Voquezna Triple Pak (Oral Therapy Pack)	B	4	PA; DL
Vowst (Oral Capsule)	B	5	PA; DL
Histamine2 (H2) Receptor Antagonists			
Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	G	2	
Nizatidine (Oral Capsule)	G	4	DL
Protectants			
Misoprostol (Oral Tablet)	G	3	
Sucralfate (Oral Tablet)	G	2	
Proton Pump Inhibitors			

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
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
Voquezna (Oral Tablet)	B	4	PA; DL; QL
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment			
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment			
Betaine (Oral Powder)	G	5	DL
Cholbam (Oral Capsule)	B	5	PA; DL
Creon (Oral Capsule Delayed Release Particles)	B	3	
Cromolyn Sodium (Oral Concentrate)	G	4	DL
Cystagon (Oral Capsule)	B	4	DL
Levocarnitine (Oral Solution)	G	3	
Levocarnitine (Oral Tablet)	G	4	DL
Miglustat (Oral Capsule)	G	5	PA; DL
Nitisinone (Oral Capsule)	G	5	DL
Prolastin-C (Intravenous Solution)	B	5	PA; DL
Pyrukynd (Oral Tablet)	B	5	PA; DL; QL
Pyrukynd Taper Pack (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Revcovi (Intramuscular Solution)	B	5	PA; DL
Sapropterin Dihydrochloride (Oral Packet)	G	5	DL
Sapropterin Dihydrochloride (Oral Tablet)	G	5	DL
Sodium Phenylbutyrate (Oral Powder)	G	5	DL
Sodium Phenylbutyrate (Oral Tablet)	G	5	DL
Sucraid (Oral Solution)	B	4	DL
Vyndamax (Oral Capsule)	B	5	PA; DL; QL
Vyndaqel (Oral Capsule)	B	5	PA; DL; QL
Welireg (Oral Tablet)	B	5	PA; DL; QL
Yargesa (Oral Capsule)	G	5	PA; DL
Zenpep (Oral Capsule Delayed Release Particles)	B	3	
Genitourinary Agents			
Antispasmodics, Urinary			
Gemtesa (Oral Tablet)	B	3	
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	G	2	QL
Oxybutynin Chloride (Oral Solution)	G	3	
Oxybutynin Chloride (5MG Oral Tablet Immediate Release)	G	3	
Solifenacin Succinate (Oral Tablet)	G	4	DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Benign Prostatic Hypertrophy Agents			
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	G	2	
Finasteride (5MG Oral Tablet) (Generic Proscar)	G	2	
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	G	3	PA; QL
Tamsulosin HCl (Oral Capsule)	G	2	
Terazosin HCl (Oral Capsule)	G	2	
Genitourinary Agents, Other			
Bethanechol Chloride (Oral Tablet)	G	3	
Penicillamine (Oral Tablet)	G	5	DL
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Dexamethasone (Oral Solution)	G	4	DL
Dexamethasone (Oral Tablet)	G	3	
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	4	DL
Prednisolone Sodium Phosphate (25MG/5ML Oral Solution, 5MG/5ML Oral Solution)	G	4	DL
Prednisone Intensol (Oral Concentrate)	G	4	DL
Prednisone (5MG/5ML Oral Solution)	G	4	DL
Prednisone (Oral Tablet)	G	2	
Prednisone (Oral Tablet Therapy Pack)	G	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
Desmopressin Acetate (Oral Tablet)	G	3	
Desmopressin Acetate Spray (Nasal Solution)	G	4	DL
Genotropin MiniQuick (0.2MG Subcutaneous Prefilled Syringe)	B	4	PA; DL
Genotropin MiniQuick (0.4MG Subcutaneous Prefilled Syringe, 0.6MG Subcutaneous Prefilled Syringe, 0.8MG Subcutaneous Prefilled Syringe, 1.2MG Subcutaneous Prefilled Syringe, 1.4MG Subcutaneous Prefilled Syringe, 1.6MG Subcutaneous Prefilled Syringe, 1.8MG Subcutaneous Prefilled Syringe, 1MG Subcutaneous Prefilled Syringe, 2MG Subcutaneous Prefilled Syringe)	B	5	PA; DL
Genotropin (Subcutaneous Cartridge)	B	5	PA; 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
Increlex (Subcutaneous Solution)	B	5	PA; DL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)			
Androgens			
Danazol (Oral Capsule)	G	4	DL
Testosterone Cypionate (Intramuscular Solution)	G	3	
Testosterone Enanthate (Intramuscular Solution)	G	4	DL
Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 25MG/2.5GM 1% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel, 1.62% Transdermal Gel)	G	4	DL
Estrogens			
Abigale Lo (Oral Tablet)	G	3	
Altavera (Oral Tablet)	G	3	
Alyacen 1/35 (Oral Tablet)	G	3	
Apri (Oral Tablet)	G	3	
Aranelle (Oral Tablet)	G	3	
Ashlyna (Oral Tablet)	G	3	
Aubra EQ (Oral Tablet)	G	3	
Aviane (Oral Tablet)	G	3	
Azurette (Oral Tablet)	G	3	
Balziva (Oral Tablet)	G	3	
Blisovi 24 Fe (Oral Tablet)	G	3	
Blisovi Fe 1.5/30 (Oral Tablet)	G	3	
Briellyn (Oral Tablet)	G	3	
Camrese Lo (Oral Tablet)	G	3	
Climara Pro (Transdermal Patch Weekly)	B	4	DL
Cryselle-28 (Oral Tablet)	G	3	
Cyred EQ (Oral Tablet)	G	3	
Dolishale (Oral Tablet)	G	3	
Drospirenone-Ethinyl Estradiol (Oral Tablet)	G	3	
Duavee (Oral Tablet)	B	4	DL
EluRyng (Vaginal Ring)	G	3	
EnilloRing (Vaginal Ring)	G	3	
Enskyce (Oral Tablet)	G	3	
Estarlyla (Oral Tablet)	G	3	
Estradiol (Oral Tablet)	G	2	
Estradiol (0.75MG/1.25GM(0.06%) Transdermal Gel)	G	4	DL
Estradiol (Transdermal Patch Weekly)	G	4	DL; QL
Estradiol (Vaginal Cream)	G	4	DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Estradiol Valerate (Intramuscular Oil)	G	4	DL
Estradiol-Norethindrone Acetate (Oral Tablet)	G	3	
Estring (Vaginal Ring)	B	4	DL
Etonogestrel-Ethinyl Estradiol (Vaginal Ring)	G	3	
Falmina (Oral Tablet)	G	3	
Feirza 1.5/30 (Oral Tablet)	G	3	
Feirza 1/20 (Oral Tablet)	G	3	
Finzala (Oral Tablet Chewable)	G	3	
Galbriela (Oral Tablet Chewable)	G	3	
Hailey 24 Fe (Oral Tablet)	G	3	
Haloette (Vaginal Ring)	G	3	
Iclevia (Oral Tablet)	G	3	
Introvale (Oral Tablet)	G	3	
Isibloom (Oral Tablet)	G	3	
Jaimiess (Oral Tablet)	G	3	
Jasmiel (Oral Tablet)	G	3	
Juleber (Oral Tablet)	G	3	
Junel 1.5/30 (Oral Tablet)	G	3	
Junel 1/20 (Oral Tablet)	G	3	
Junel Fe 1.5/30 (Oral Tablet)	G	3	
Junel Fe 1/20 (Oral Tablet)	G	3	
Junel Fe 24 (Oral Tablet)	G	3	
Kaitlib Fe (Oral Tablet Chewable)	G	3	
Kariva (Oral Tablet)	G	3	
Kelnor 1/35 (Oral Tablet)	G	3	
Kelnor 1/50 (Oral Tablet)	G	3	
Kurvelo (Oral Tablet)	G	3	
LARIN 1.5/30 (Oral Tablet)	G	3	
LARIN 1/20 (Oral Tablet)	G	3	
LARIN Fe 1.5/30 (Oral Tablet)	G	3	
LARIN Fe 1/20 (Oral Tablet)	G	3	
Lessina (Oral Tablet)	G	3	
Levonest (Oral Tablet)	G	3	
Levonorgestrel-Ethinyl Estradiol 91-Day (0.1-0.02 & 0.01MG Oral Tablet, 0.15-0.03MG Oral Tablet)	G	3	
Levonorgestrel-Ethinyl Estradiol (Oral Tablet)	G	3	
Levonorgestrel-Ethinyl Estradiol Triphasic (Oral Tablet)	G	3	
Levora 0.15/30 (28) (Oral Tablet)	B	3	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
LoJaimiess (Oral Tablet)	G	3	
Loryna (Oral Tablet)	G	3	
Low-Ogestrel (Oral Tablet)	G	3	
Lutera (Oral Tablet)	G	3	
Marlissa (Oral Tablet)	G	3	
Mibelas 24 Fe (Oral Tablet Chewable)	G	3	
Microgestin 1.5/30 (Oral Tablet)	G	3	
Microgestin 1/20 (Oral Tablet)	G	3	
Microgestin Fe 1.5/30 (Oral Tablet)	G	3	
Microgestin Fe 1/20 (Oral Tablet)	G	3	
Mili (Oral Tablet)	G	3	
Mimvey (Oral Tablet)	G	3	
Necon 0.5/35 (28) (Oral Tablet)	G	3	
Nikki (Oral Tablet)	G	3	
Norelgestromin-Ethinyl Estradiol (Transdermal Patch Weekly)	G	3	
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG Oral Tablet Chewable)	G	3	
Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet)	G	3	
Norgestimate-Ethinyl Estradiol (0.25-35MG-MCG Oral Tablet)	G	3	
Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)	G	3	
Nortrel 0.5/35 (28) (Oral Tablet)	G	3	
Nortrel 1/35 (21) (Oral Tablet)	G	3	
Nortrel 1/35 (28) (Oral Tablet)	G	3	
Nortrel 7/7/7 (Oral Tablet)	G	3	
Nylia 1/35 (Oral Tablet)	G	3	
Nylia 7/7/7 (Oral Tablet)	G	3	
Ocella (Oral Tablet)	G	3	
Pimtrea (Oral Tablet)	G	3	
Portia-28 (Oral Tablet)	G	3	
Premarin (Oral Tablet)	B	4	DL; QL
Premarin (Vaginal Cream)	B	3	
Premphase (Oral Tablet)	B	4	DL; QL
Prempro (Oral Tablet)	B	4	DL; QL
Reclipsen (Oral Tablet)	G	3	
Rivelsa (Oral Tablet)	G	3	
Rosyrah (Oral Tablet)	G	3	
Setlakin (Oral Tablet)	G	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Sprintec 28 (Oral Tablet)	G	3	
Sronyx (Oral Tablet)	G	3	
Syeda (Oral Tablet)	G	3	
Tarina 24 Fe (Oral Tablet)	G	3	
Tarina Fe 1/20 EQ (Oral Tablet)	G	3	
Tilia Fe (Oral Tablet)	G	3	
Tri-Estarylla (Oral Tablet)	G	3	
Tri-Legest Fe (Oral Tablet)	G	3	
Tri-Lo-Estarylla (Oral Tablet)	G	3	
Tri-Lo-Sprintec (Oral Tablet)	G	3	
Tri-Mili (Oral Tablet)	G	3	
Tri-Sprintec (Oral Tablet)	G	3	
Tri-VyLibra Lo (Oral Tablet)	G	3	
Tri-VyLibra (Oral Tablet)	G	3	
Turqoz (Oral Tablet)	G	3	
Valtya 1/50 (Oral Tablet)	G	3	
Velivet (Oral Tablet)	G	3	
Vestura (Oral Tablet)	G	3	
Vienva (Oral Tablet)	G	3	
Vyfemla (Oral Tablet)	G	3	
VyLibra (Oral Tablet)	G	3	
Wymzya Fe (Oral Tablet Chewable)	G	3	
Xarah Fe (Oral Tablet)	G	3	
Xelria Fe (Oral Tablet Chewable)	G	3	
Xulane (Transdermal Patch Weekly)	G	3	
Zafemy (Transdermal Patch Weekly)	G	3	
Zovia 1/35 (28) (Oral Tablet)	G	3	
Progestins			
Camila (Oral Tablet)	G	3	
Crinone (8% Vaginal Gel)	B	4	PA; DL
Deblitane (Oral Tablet)	G	3	
Depo-SubQ Provera 104 (Subcutaneous Suspension Prefilled Syringe)	B	3	
Errin (Oral Tablet)	G	3	
Gallifrey (Oral Tablet)	G	3	
Heather (Oral Tablet)	G	3	
Incassia (Oral Tablet)	G	3	
Liletta (52MG) (Intrauterine Device)	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
Lyleq (Oral Tablet)	G	3	
Lyza (Oral Tablet)	G	3	
Medroxyprogesterone Acetate (Intramuscular Suspension)	G	3	
Medroxyprogesterone Acetate (Intramuscular Suspension Prefilled Syringe)	G	3	
Medroxyprogesterone Acetate (Oral Tablet)	G	2	
Megestrol Acetate (40MG/ML Oral Suspension)	G	4	DL
Megestrol Acetate (Oral Tablet)	G	3	
Meleya (Oral Tablet)	G	3	
Nexplanon (Subcutaneous Implant)	B	3	
Nora-BE (Oral Tablet)	G	3	
Norethindrone Acetate (5MG Oral Tablet)	G	3	
Norethindrone (0.35MG Oral Tablet)	G	3	
Sharobel (Oral Tablet)	G	3	
Selective Estrogen Receptor Modifying Agents			
Osphena (Oral Tablet)	B	3	PA; QL
Raloxifene HCl (Oral Tablet)	G	3	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
Levothyroxine Sodium (Oral Tablet)	G	1	
Levoxyl (Oral Tablet)	B	3	
Liothyronine Sodium (Oral Tablet)	G	3	
Synthroid (Oral Tablet)	B	3	
Unithroid (Oral Tablet)	B	3	
Hormonal Agents, Suppressant (Adrenal or Pituitary)			
Hormonal Agents, Suppressant (Adrenal or Pituitary)			
Bromocriptine Mesylate (Oral Capsule)	G	4	DL
Bromocriptine Mesylate (Oral Tablet)	G	4	DL
Cabergoline (Oral Tablet)	G	3	
Eligard (Subcutaneous Kit)	B	4	PA; DL; QL
Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)	B	4	PA; DL; QL
Firmagon (80MG Subcutaneous Solution Reconstituted)	B	4	PA; DL; QL
Leuprolide Acetate (Subcutaneous Injection Kit)	G	4	PA; DL; QL
Lupron Depot (1-Month) (Intramuscular Kit)	B	5	PA; DL; QL
Lupron Depot (3-Month) (Intramuscular Kit)	B	5	PA; DL; QL
Lupron Depot (4-Month) (Intramuscular Kit)	B	5	PA; DL; QL
Lupron Depot (6-Month) (Intramuscular Kit)	B	5	PA; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Lupron Depot-Ped (1-Month) (7.5MG Intramuscular Kit)	B	5	PA; DL; QL
Lupron Depot-Ped (3-Month) (11.25MG Intramuscular Kit)	B	5	PA; DL; QL
Lupron Depot-Ped (6-Month) (Intramuscular Kit)	B	5	PA; DL; QL
Mifepristone (300MG Oral Tablet)	G	5	PA; DL; QL
Octreotide Acetate (Injection Solution)	G	4	PA; DL
Signifor (Subcutaneous Solution)	B	5	PA; DL
Somavert (Subcutaneous Solution Reconstituted)	B	5	PA; DL; QL
Hormonal Agents, Suppressant (Thyroid)			
Antithyroid Agents			
Methimazole (Oral Tablet)	G	2	
Propylthiouracil (Oral Tablet)	G	3	
Immunological Agents			
Angioedema Agents			
Haegarda (Subcutaneous Solution Reconstituted)	B	5	PA; DL
Icatibant Acetate (Subcutaneous Solution Prefilled Syringe)	G	5	PA; DL; QL
Immunoglobulins			
Gamunex-C (1GM/10ML Injection Solution)	B	5	PA; DL
Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)	B	5	PA; DL
Immunological Agents, Other			
Arcalyst (Subcutaneous Solution Reconstituted)	B	5	PA; DL
Benlysta (Subcutaneous Solution Auto-Injector)	B	5	PA; DL
Benlysta (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Cibinqo (Oral Tablet)	B	5	PA; DL; QL
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)	B	5	PA; DL; QL
Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Cosentyx UnoReady (Subcutaneous Solution Auto-Injector)	B	5	PA; DL; QL
Dupixent (Subcutaneous Solution Auto-Injector)	B	5	PA; DL; QL
Dupixent (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Kineret (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Otezla (Oral Tablet)	B	5	PA; DL; QL
Otezla (Oral Tablet Therapy Pack)	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
Skyrizi Pen (Subcutaneous Solution Auto-Injector)	B	5	PA; DL; QL
Skyrizi (Subcutaneous Solution Cartridge)	B	5	PA; DL; QL
Skyrizi (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Stelara (Subcutaneous Solution)	B	5	PA; DL; QL
Stelara (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Steqeyma (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Steqeyma (90MG/ML Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Tremfya Crohns Induction (Subcutaneous Solution Auto-Injector)	B	5	PA; DL
Tremfya Pen (100MG/ML Subcutaneous Solution Auto-Injector)	B	5	PA; DL; QL
Tremfya Pen (200MG/2ML Subcutaneous Solution Auto-Injector)	B	5	PA; DL; QL
Tremfya (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Tyenne (Subcutaneous Solution Auto-Injector)	B	5	PA; DL; QL
Tyenne (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Ustekinumab (Subcutaneous Solution) (Brand Equivalent Stelara)	B	5	PA; DL; QL
Ustekinumab (Subcutaneous Solution Prefilled Syringe) (Brand Equivalent Stelara)	B	5	PA; DL; QL
Xeljanz (Oral Solution)	B	5	PA; DL; QL
Xeljanz (Oral Tablet Immediate Release)	B	5	PA; DL; QL
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	B	5	PA; DL; QL
Xolair (Subcutaneous Solution Auto-Injector)	B	5	PA; DL
Xolair (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Xolair (Subcutaneous Solution Reconstituted)	B	5	PA; DL
Yesintek (Subcutaneous Solution)	B	3	PA; QL
Yesintek (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Yesintek (90MG/ML Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Immunostimulants			
Actimmune (Subcutaneous Solution)	B	5	DL
Besremi (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Pegasys (Subcutaneous Solution)	B	5	PA; DL
Pegasys (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Immunosuppressants			
Adalimumab-aaty (1 Pen) (80MG/0.8ML Subcutaneous Auto-Injector Kit)	B	5	PA; DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Adalimumab-aaty (2 Pen) (Subcutaneous Auto-Injector Kit)	B	5	PA; DL
Adalimumab-aaty (2 Syringe) (Subcutaneous Prefilled Syringe Kit)	B	5	PA; DL
Adalimumab-aaty (Crohn's Disease/Ulcerative Colitis/Hidradenitis Suppurativa Starter) (Subcutaneous Auto-Injector Kit)	B	5	PA; DL
Adalimumab-adbm (2 Pen) (Subcutaneous Auto-Injector Kit) (Boehringer Ingelheim)	B	5	PA; DL; QL
Adalimumab-adbm (2 Syringe) (Subcutaneous Prefilled Syringe Kit) (Boehringer Ingelheim)	B	5	PA; DL; QL
Adalimumab-adbm (Crohn's Disease/Ulcerative Colitis/Hidradenitis Suppurativa Starter) (Subcutaneous Auto-Injector Kit) (Boehringer Ingelheim)	B	5	PA; DL
Adalimumab-adbm (Psoriasis/Uveitis Starter) (Subcutaneous Auto-Injector Kit) (Boehringer Ingelheim)	B	5	PA; DL
Astagraf XL (Oral Capsule Extended Release 24 Hour)	B	4	B/D,PA; DL
Azathioprine (50MG Oral Tablet)	G	3	B/D,PA
Cyclosporine Modified (Oral Capsule)	G	4	B/D,PA; DL
Cyclosporine Modified (Oral Solution)	G	4	B/D,PA; DL
Cyclosporine (Oral Capsule)	G	4	B/D,PA; DL
Enbrel Mini (Subcutaneous Solution Cartridge)	B	5	PA; DL; QL
Enbrel (Subcutaneous Solution)	B	5	PA; DL; QL
Enbrel (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	B	5	PA; DL; QL
Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet)	G	4	B/D,PA; DL
Everolimus (0.75MG Oral Tablet, 1MG Oral Tablet)	G	5	B/D,PA; DL
Gengraf (Oral Capsule)	G	4	B/D,PA; DL
Leflunomide (Oral Tablet)	G	3	
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	G	4	DL
Methotrexate Sodium (50MG/2ML Injection Solution)	G	4	DL
Methotrexate Sodium (Oral Tablet)	G	3	
Mycophenolate Mofetil (Oral Capsule)	G	3	B/D,PA
Mycophenolate Mofetil (Oral Suspension Reconstituted)	G	4	B/D,PA; DL
Mycophenolate Mofetil (Oral Tablet)	G	3	B/D,PA
Mycophenolate Sodium (Oral Tablet Delayed Release)	G	4	B/D,PA; DL
Prograf (Oral Packet)	B	4	B/D,PA; 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
Sirolimus (Oral Solution)	G	4	B/D,PA; DL
Sirolimus (Oral Tablet)	G	4	B/D,PA; DL
Tacrolimus (Oral Capsule)	G	4	B/D,PA; DL
Xatmep (Oral Solution)	B	4	PA; DL
Vaccines			
Abrysvo (Intramuscular Solution Reconstituted)	B	3	PA; QL
ActHIB (Intramuscular Solution Reconstituted)	B	3	QL
Adacel (Intramuscular Suspension)	B	3	QL
Arexvy (Intramuscular Suspension Reconstituted)	B	3	PA; QL
BCG Vaccine (Injection Solution Reconstituted)	B	3	QL
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	3	PA; QL
Boostrix (5-2.5-18.5LF-MCG/0.5 Intramuscular Suspension)	B	3	QL
Boostrix (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Daptacel (Intramuscular Suspension)	B	3	QL
Engerix-B (Injection Suspension)	B	3	B/D,PA; QL
Engerix-B (Injection Suspension Prefilled Syringe)	B	3	B/D,PA; QL
Gardasil 9 (Intramuscular Suspension)	B	3	QL
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Havrix (Intramuscular Suspension)	B	3	QL
Havrix (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Hepilisav-B (Intramuscular Solution Prefilled Syringe)	B	3	B/D,PA; QL
Hiberix (Injection Solution Reconstituted)	B	3	QL
Imovax Rabies (Intramuscular Suspension Reconstituted)	B	3	B/D,PA; QL
Infanrix (Intramuscular Suspension)	B	3	QL
IPOL (Injection)	B	3	QL
Ixchiq (Intramuscular Solution Reconstituted)	B	3	QL
Ixiaro (Intramuscular Suspension)	B	3	QL
Jynneos (Subcutaneous Suspension)	B	3	QL
Kinrix (Intramuscular Suspension Prefilled Syringe)	B	3	QL
MenQuadfi (Intramuscular Solution)	B	3	PA; QL
Menveo (Intramuscular Solution Reconstituted)	B	3	PA; QL
M-M-R II (Injection Solution Reconstituted)	B	3	QL
MResvia (Intramuscular Suspension Prefilled Syringe)	B	3	PA; QL
Pediarix (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Pedvax HIB (Intramuscular Suspension)	B	3	QL
Penbraya (Intramuscular Suspension Reconstituted)	B	3	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Pentacel (Intramuscular Suspension Reconstituted)	B	3	QL
Priorix (Subcutaneous Suspension Reconstituted)	B	3	QL
ProQuad (Subcutaneous Suspension Reconstituted)	B	3	QL
Quadracel (Intramuscular Suspension)	B	3	QL
Quadracel (Intramuscular Suspension Prefilled Syringe)	B	3	QL
RabAvert (Intramuscular Suspension Reconstituted)	B	3	B/D,PA; QL
Recombivax HB (Injection Suspension)	B	3	B/D,PA; QL
Recombivax HB (Injection Suspension Prefilled Syringe)	B	3	B/D,PA; QL
Rotarix (Oral Suspension)	B	3	QL
RotaTeq (Oral Solution)	B	3	QL
Shingrix (Intramuscular Suspension Reconstituted)	B	3	PA; QL
Tenivac (Intramuscular Injectable)	B	3	QL
Ticovac (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Trumenba (Intramuscular Suspension Prefilled Syringe)	B	3	PA; QL
Twinrix (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Typhim VI (Intramuscular Solution)	B	3	QL
Typhim VI (Intramuscular Solution Prefilled Syringe)	B	3	QL
Vaqta (Intramuscular Suspension)	B	3	QL
Varivax (Injection Suspension Reconstituted)	B	3	QL
Vaxchora (Oral Suspension Reconstituted)	B	3	PA; QL
Vimkunya (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Vivotif (Oral Capsule Delayed Release)	B	3	QL
YF-VAX (Subcutaneous Injectable)	B	3	QL
Inflammatory Bowel Disease Agents			
Aminosalicylates			
Balsalazide Disodium (Oral Capsule)	G	4	DL
Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	3	QL
Mesalamine (Rectal Enema)	G	4	DL; QL
Mesalamine (Rectal Suppository)	G	4	DL; QL
Sulfasalazine (Oral Tablet Immediate Release)	G	3	
Sulfasalazine (Oral Tablet Delayed Release)	G	3	
Glucocorticoids			
Budesonide ER (Oral Tablet Extended Release 24 Hour)	G	5	ST; DL
Budesonide (Oral Capsule Delayed Release Particles)	G	4	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
Hydrocortisone (Perianal) (2.5% External Cream)	G	3	
Hydrocortisone (Rectal Enema)	G	3	
Procto-Med HC (External Cream)	G	3	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet)	G	2	QL
Bonsity (Subcutaneous Solution Pen-Injector)	B	5	PA; DL; QL
Calcitonin Salmon (Nasal Solution)	G	3	QL
Calcitriol (Oral Capsule)	G	2	B/D,PA
Calcitriol (Oral Solution)	G	4	B/D,PA; DL
Cinacalcet HCl (Oral Tablet)	G	4	B/D,PA; DL; QL
Ibandronate Sodium (Oral Tablet)	G	3	QL
Jubbonti (Subcutaneous Solution Prefilled Syringe)	B	4	DL; QL
Paricalcitol (Oral Capsule)	G	4	B/D,PA; DL
Royaldee (Oral Capsule Extended Release)	B	5	DL; QL
Teriparatide (Subcutaneous Solution Pen-Injector)	B	5	PA; DL; QL
Wyost (Subcutaneous Solution)	B	5	DL
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
Alcohol Prep Pads	B	3	
Gauze (Non-medicated 2X2 Pad)	B	3	
Insulin Syringes, Needles	B	3	
Rezdiffra (Oral Tablet)	B	5	PA; DL; QL
Ophthalmic Agents			
Ophthalmic Agents, Other			
Atropine Sulfate (1% Ophthalmic Solution)	G	3	
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	G	3	
Cystaran (Ophthalmic Solution)	B	5	DL
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	G	2	
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	G	2	
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	G	2	
Restasis MultiDose (Ophthalmic Emulsion)	B	3	QL
Restasis Single-Use Vials (Ophthalmic Emulsion)	B	3	QL
Sulfacetamide-Prednisolone (Ophthalmic Solution)	G	2	
TobraDex (Ophthalmic Ointment)	B	4	DL
Tobramycin-Dexamethasone (Ophthalmic Suspension)	G	4	DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ophthalmic Anti-allergy Agents			
Azelastine HCl (Ophthalmic Solution)	G	3	
Cromolyn Sodium (Ophthalmic Solution)	G	2	
Ophthalmic Anti-Infectives			
Bacitracin (Ophthalmic Ointment)	G	3	QL
Bacitracin-Polymyxin B (Ophthalmic Ointment)	G	3	
Ciprofloxacin HCl (Ophthalmic Solution)	G	2	
Erythromycin (Ophthalmic Ointment)	G	2	
Gentamicin Sulfate (Ophthalmic Solution)	G	2	
Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox)	G	4	DL
Natacyn (Ophthalmic Suspension)	B	4	DL
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)	G	3	
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	G	3	
Ofloxacin (Ophthalmic Solution)	G	2	
Polymyxin B-Trimethoprim (Ophthalmic Solution)	G	2	
Sulfacetamide Sodium (Ophthalmic Ointment)	G	3	
Sulfacetamide Sodium (Ophthalmic Solution)	G	3	
Tobramycin (Ophthalmic Solution)	G	3	
Trifluridine (Ophthalmic Solution)	G	4	DL
Xdemvy (Ophthalmic Solution)	B	4	DL; QL
Ophthalmic Anti-inflammatories			
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	G	3	
Diclofenac Sodium (Ophthalmic Solution)	G	2	
Fluorometholone (Ophthalmic Suspension)	G	3	
Flurbiprofen Sodium (Ophthalmic Solution)	G	3	
Ketorolac Tromethamine (Ophthalmic Solution)	G	3	
Prednisolone Acetate (Ophthalmic Suspension)	G	3	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	G	3	
Ophthalmic Beta-Adrenergic Blocking Agents			
Betaxolol HCl (Ophthalmic Solution)	G	3	
Betimol (Ophthalmic Solution)	B	4	DL
Carteolol HCl (Ophthalmic Solution)	G	2	
Levobunolol HCl (Ophthalmic Solution)	G	2	
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	G	4	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
Timolol Maleate (Ophthalmic Solution) (Generic Timoptic)	G	2	
Ophthalmic Intraocular Pressure Lowering Agents, Other			
Brimonidine Tartrate (0.2% Ophthalmic Solution)	G	2	
Dorzolamide HCl (Ophthalmic Solution)	G	2	
Methazolamide (Oral Tablet)	G	4	DL
Pilocarpine HCl (Ophthalmic Solution)	G	3	
Simbrinza (Ophthalmic Suspension)	B	3	
Ophthalmic Prostaglandin and Prostamide Analogs			
Latanoprost (Ophthalmic Solution)	G	2	
Vyzulta (Ophthalmic Solution)	B	4	DL
Otic Agents			
Otic Agents			
Acetic Acid (Otic Solution)	G	2	
Flac (0.01% Otic Oil)	G	4	DL
Fluocinolone Acetonide (Otic Oil)	G	4	DL
Hydrocortisone-Acetic Acid (Otic Solution)	G	4	DL
Neomycin-Polymyxin-HC (1% Otic Solution)	G	3	
Neomycin-Polymyxin-HC (Otic Suspension)	G	3	
Ofloxacin (Otic Solution)	G	3	
Respiratory Tract/Pulmonary Agents			
Antihistamines			
Azelastine HCl (0.1% Nasal Solution)	G	3	
Cetirizine HCl (5MG/5ML Oral Solution)	G	3	
Levocetirizine Dihydrochloride (Oral Tablet)	G	3	QL
Anti-inflammatories, Inhaled Corticosteroids			
Budesonide (0.25MG/2ML Inhalation Suspension, 0.5MG/2ML Inhalation Suspension)	G	4	B/D,PA; DL
Fluticasone Propionate HFA (220MCG/ACT Inhalation Aerosol)	B	4	DL; QL
Fluticasone Propionate (Nasal Suspension)	G	2	
Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Antileukotrienes			
Montelukast Sodium (Oral Packet)	G	3	QL
Montelukast Sodium (Oral Tablet)	G	2	QL
Montelukast Sodium (Oral Tablet Chewable)	G	3	QL
Zafirlukast (Oral Tablet)	G	4	DL; QL
Bronchodilators, Anticholinergic			
Atrovent HFA (Inhalation Aerosol Solution)	B	4	DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ipratropium Bromide (Inhalation Solution)	G	2	B/D,PA
Ipratropium Bromide (Nasal Solution)	G	3	
Spiriva HandiHaler (Inhalation Capsule)	B	3	QL
Spiriva Respimat (Inhalation Aerosol Solution)	B	3	QL
Bronchodilators, Sympathomimetic			
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Brand Equivalent Ventolin)	B	2	
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proair), Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil)	G	2	
Albuterol Sulfate (Inhalation Nebulization Solution)	G	3	B/D,PA
Arformoterol Tartrate (Inhalation Nebulization Solution)	G	4	B/D,PA; DL; QL
Epinephrine (Injection Solution Auto-Injector)	G	3	QL
Striverdi Respimat (Inhalation Aerosol Solution)	B	3	QL
Ventolin HFA (Inhalation Aerosol Solution)	B	3	
Cystic Fibrosis Agents			
Cayston (Inhalation Solution Reconstituted)	B	5	PA; DL
Kalydeco (Oral Packet)	B	5	PA; DL; QL
Kalydeco (Oral Tablet)	B	5	PA; DL; QL
Orkambi (Oral Packet)	B	5	PA; DL; QL
Orkambi (Oral Tablet)	B	5	PA; DL; QL
Pulmozyme (Inhalation Solution)	B	5	B/D,PA; DL; QL
Tobi Podhaler (Inhalation Capsule)	B	5	PA; DL; QL
Tobramycin (300MG/5ML Inhalation Nebulization Solution)	G	3	B/D,PA; QL
Trikafta (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Trikafta (Oral Granule Therapy Pack)	B	5	PA; DL; QL
Mast Cell Stabilizers			
Cromolyn Sodium (Inhalation Nebulization Solution)	G	3	B/D,PA
Phosphodiesterase Inhibitors, Airways Disease			
Roflumilast (Oral Tablet)	G	4	PA; DL; QL
Theophylline ER (Oral Tablet Extended Release 12 Hour)	G	3	
Theophylline ER (Oral Tablet Extended Release 24 Hour)	G	3	
Pulmonary Antihypertensives			
Adempas (Oral Tablet)	B	5	PA; DL
Bosentan (Oral Tablet)	G	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
Orenitram Month 1 (Oral Tablet Extended Release Therapy Pack)	B	5	PA; DL; QL
Orenitram Month 2 (Oral Tablet Extended Release Therapy Pack)	B	5	PA; DL; QL
Orenitram Month 3 (Oral Tablet Extended Release Therapy Pack)	B	5	PA; DL; QL
Orenitram (0.125MG Oral Tablet Extended Release)	B	4	PA; DL
Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release)	B	5	PA; DL
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	3	PA; QL
Winrevair (Subcutaneous Kit)	B	5	PA; DL; QL
Pulmonary Fibrosis Agents			
Ofev (Oral Capsule)	B	5	PA; DL; QL
Pirfenidone (Oral Capsule)	G	5	PA; DL; QL
Pirfenidone (267MG Oral Tablet, 801MG Oral Tablet)	G	5	PA; DL; QL
Respiratory Tract Agents, Other			
Acetylcysteine (Inhalation Solution)	G	4	B/D,PA; DL
Airsupra (Inhalation Aerosol)	B	3	QL
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Combivent Respimat (Inhalation Aerosol Solution)	B	3	QL
Dulera (Inhalation Aerosol)	B	4	DL; QL
Fasenra Pen (Subcutaneous Solution Auto-Injector)	B	5	PA; DL
Fasenra (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Fluticasone-Salmeterol (100-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 250-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 500-50MCG/ACT Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	3	QL
Ipratropium-Albuterol (Inhalation Solution)	G	2	B/D,PA
Stiolto Respimat (Inhalation Aerosol Solution)	B	3	QL
Symbicort (Inhalation Aerosol)	B	3	QL
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	3	QL
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Chlorzoxazone (500MG Oral Tablet)	G	4	DL
Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	3	
Sleep Disorder Agents			
Sleep Promoting Agents			
Belsomra (Oral Tablet)	B	3	QL
Tasimelteon (Oral Capsule)	G	5	PA; DL; QL
Temazepam (15MG Oral Capsule, 30MG Oral Capsule)	G	3	QL
Zaleplon (Oral Capsule)	G	4	DL; QL
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	3	QL
Wakefulness Promoting Agents			
Armodafinil (Oral Tablet)	G	4	PA; DL; QL
Lumryz (Oral Packet)	B	5	PA; DL; QL
Lumryz Starter Pack (Oral Therapy Pack)	B	5	PA; DL; QL
Modafinil (Oral Tablet)	G	3	PA; 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, prescriber 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 (B)** drugs are listed in **bold** type (for example, **Humalog**) and generic (G) drugs are listed in plain type (for example, Simvastatin). The **(B)** or **(G)** identifier is listed in the “Brand or Generic” column.

Drug name	Brand or Generic	Quantity limit
Abacavir Sulfate (Oral Solution)	G	Maximum of 32 ml per day
Abacavir Sulfate (Oral Tablet)	G	Maximum of 2 tablets per day
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	Maximum of 1 tablet per day
Abiraterone Acetate (250MG Oral Tablet)	G	Maximum of 4 tablets per day
Abiraterone Acetate (500MG Oral Tablet)	G	Maximum of 2 tablets per day
Abrysvo (Intramuscular Solution Reconstituted)	B	1 vaccination dose (0.5 ml) 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
ActHIB (Intramuscular Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Adacel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Adalimumab-adbm (2 Pen) (Subcutaneous Auto-Injector Kit) (Boehringer Ingelheim)	B	Maximum of 4 pens per 28 days
Adalimumab-adbm (2 Syringe) (10MG/0.2ML Subcutaneous Prefilled Syringe Kit, 20MG/0.4ML Subcutaneous Prefilled Syringe Kit) (Boehringer Ingelheim)	B	Maximum of 2 syringes per 28 days
Adalimumab-adbm (2 Syringe) (40MG/0.4ML Subcutaneous Prefilled Syringe Kit, 40MG/0.8ML Subcutaneous Prefilled Syringe Kit) (Boehringer Ingelheim)	B	Maximum of 4 syringes per 28 days
Aimovig (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1 ml) per 28 days

Drug name	Brand or Generic	Quantity limit
Airsupra (Inhalation Aerosol)	B	Maximum of 3 inhalers (32.1 grams) per 30 days
Akeega (Oral Tablet)	B	Maximum of 2 tablets per day
Albendazole (Oral Tablet)	G	Maximum of 16 tablets per day
Alecensa (Oral Capsule)	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
Alprazolam (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Alprazolam (2MG Oral Tablet Immediate Release)	G	Maximum of 5 tablets per day
Alunbrig (180MG Oral Tablet, 90MG Oral Tablet)	B	Maximum of 1 tablet per day
Alunbrig (30MG Oral Tablet)	B	Maximum of 4 tablets per day
Alunbrig (Oral Tablet Therapy Pack)	B	Maximum of 2 packs (60 tablets) per year
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 2 capsules per day
Amphetamine-Dextroamphetamine (10MG Oral Tablet, 12.5MG Oral Tablet, 15MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Amphetamine-Dextroamphetamine (20MG Oral Tablet)	G	Maximum of 3 tablets per day
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Aprepitant (125MG Oral Capsule)	G	Maximum of 2 capsules per 28 days
Aprepitant (40MG Oral Capsule, 80MG Oral Capsule)	G	Maximum of 4 capsules per 28 days
Aprepitant (80 & 125MG Oral Capsule Therapy Pack)	G	Maximum of 6 capsules (2 packs) per 28 days
Aptivus (Oral Capsule)	B	Maximum of 4 capsules per day
Arexvy (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (0.5 ml) per day
Arformoterol Tartrate (Inhalation Nebulization Solution)	G	Maximum of 2 vials (4 ml) per day
Aripiprazole (1MG/ML Oral Solution)	G	Maximum of 25 ml per day
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
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
Asenapine Maleate (Tablet Sublingual)	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
Atovaquone (Oral Suspension)	G	Maximum of 14 ml per day
Augtyro (160MG Oral Capsule)	B	Maximum of 2 capsules per day
Augtyro (40MG Oral Capsule)	B	Maximum of 8 capsules per day
Austedo (Oral Tablet Immediate Release)	B	Maximum of 4 tablets per day
Avmapki Fakzynja Co-Pack (Oral Therapy Pack)	B	Maximum of 66 capsules per 28 days
Ayvakit (Oral Tablet)	B	Maximum of 1 tablet per day
Azelaic Acid (External Gel)	G	Maximum of 50 grams per 30 days
Bacitracin (Ophthalmic Ointment)	G	Maximum of 2 tubes (7 grams) per 28 days
Balversa (3MG Oral Tablet)	B	Maximum of 3 tablets per day
Balversa (4MG Oral Tablet)	B	Maximum of 2 tablets per day
Balversa (5MG Oral Tablet)	B	Maximum of 1 tablet per day
BCG Vaccine (Injection Solution Reconstituted)	B	1 vaccination dose (1 vial) per day
Belsomra (Oral Tablet)	B	Maximum of 1 tablet per day
Betaseron (Subcutaneous Kit)	B	Maximum of 1 kit (15 vials) per 30 days
Bexarotene (External Gel)	G	Maximum of 60 grams per 30 days
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Biktarvy (Oral Tablet)	B	Maximum of 1 tablet per day
Bonsity (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (2.24 ml) per 28 days
Boostrix (5-2.5-18.5LF-MCG/0.5 Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Boostrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Bosentan (Oral Tablet)	G	Maximum of 2 tablets per day
Bosulif (100MG Oral Capsule)	B	Maximum of 6 capsules per day

Drug name	Brand or Generic	Quantity limit
Bosulif (50MG Oral Capsule)	B	Maximum of 11 capsules per day
Bosulif (100MG Oral Tablet)	B	Maximum of 6 tablets per day
Bosulif (400MG Oral Tablet, 500MG Oral Tablet)	B	Maximum of 1 tablet per day
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
BRIVIACT (10MG/ML Oral Solution)	B	Maximum of 20 ml per day
BRIVIACT (100MG Oral Tablet, 10MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	B	Maximum of 2 tablets per day
Brukisa (Oral Capsule)	B	Maximum of 4 capsules per day
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	G	Maximum of 6 tablets per day
Cablivi (Injection Kit)	B	Maximum of 1 kit per day
Cabometyx (20MG Oral Tablet, 60MG Oral Tablet)	B	Maximum of 1 tablet per day
Cabometyx (40MG Oral Tablet)	B	Maximum of 2 tablets per day
Calcipotriene (External Cream)	G	Maximum of 120 grams per 30 days
Calcitonin Salmon (Nasal Solution)	G	Maximum of 1 bottle (3.7 ml) per 28 days
Calquence (Oral Tablet)	B	Maximum of 2 tablets per day
Caplyta (Oral Capsule)	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
Cibinqo (Oral Tablet)	B	Maximum of 1 tablet per day
Cimduo (Oral Tablet)	B	Maximum of 1 tablet per day
Cinacalcet HCl (30MG Oral Tablet, 60MG Oral Tablet)	G	Maximum of 2 tablets per day
Cinacalcet HCl (90MG Oral Tablet)	G	Maximum of 4 tablets per day
Clindamycin Phosphate (Once-Daily) (External Gel)	G	Maximum of 75 ml per 30 days
Clindamycin Phosphate (Twice-Daily) (External Gel)	G	Maximum of 75 grams per 30 days
Clindamycin Phosphate (External Lotion)	G	Maximum of 60 ml per 30 days
Clindamycin Phosphate (External Solution)	G	Maximum of 60 ml per 30 days
Clobazam (2.5MG/ML Oral Suspension)	G	Maximum of 16 ml per day
Clobazam (10MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 2 tablets per day
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Clonazepam (2MG Oral Tablet)	G	Maximum of 10 tablets per day
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Clonazepam ODT (2MG Oral Tablet Dispersible)	G	Maximum of 10 tablets per day
Clopidogrel Bisulfate (75MG Oral Tablet)	G	Maximum of 1 tablet per day
Clorazepate Dipotassium (15MG Oral Tablet)	G	Maximum of 6 tablets per day

Drug name	Brand or Generic	Quantity limit
Clorazepate Dipotassium (3.75MG Oral Tablet)	G	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5MG Oral Tablet)	G	Maximum of 12 tablets per day
Clotrimazole-Betamethasone (External Cream)	G	Maximum of 90 grams per 30 days
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
Cobenfy (Oral Capsule)	B	Maximum of 2 capsules per day
Cobenfy Starter Pack (Oral Capsule Therapy Pack)	B	Maximum of 2 packs (112 capsules) per year
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	G	Maximum of 4 tablets per day
Combivent Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 20 days
Cometriq (100MG Daily Dose) (Oral Kit)	B	Maximum of 1 carton (56 capsules) per 28 days
Cometriq (140MG Daily Dose) (Oral Kit)	B	Maximum of 1 carton (112 capsules) per 28 days
Cometriq (60MG Daily Dose) (Oral Kit)	B	Maximum of 1 carton (84 capsules) per 28 days
Complera (Oral Tablet)	B	Maximum of 1 tablet per day
Copiktra (Oral Capsule)	B	Maximum of 2 capsules per day
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 10 syringes (10 ml) per 30 days
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)	B	Maximum of 10 pens (10 ml) per 30 days
Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 20 syringes (10 ml) per 30 days
Cosentyx UnoReady (Subcutaneous Solution Auto-Injector)	B	Maximum of 5 pens (10 ml) per 30 days
Cotellic (Oral Tablet)	B	Maximum of 3 tablets per day
Dabigatran Etexilate Mesylate (Oral Capsule)	G	Maximum of 2 capsules per day
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
Danziten (Oral Tablet)	B	Maximum of 4 tablets per day
Dapagliflozin Propanediol (Oral Tablet)	B	Maximum of 1 tablet per day
Daptacel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Darunavir (600MG Oral Tablet)	G	Maximum of 2 tablets per day
Darunavir (800MG Oral Tablet)	G	Maximum of 1 tablet per day
Dasatinib (100MG Oral Tablet, 140MG Oral Tablet, 70MG Oral Tablet)	G	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Dasatinib (20MG Oral Tablet, 50MG Oral Tablet)	G	Maximum of 3 tablets per day
Dasatinib (80MG Oral Tablet)	G	Maximum of 2 tablets per day
Daurismo (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Daurismo (25MG Oral Tablet)	B	Maximum of 2 tablets per day
Delstrigo (Oral Tablet)	B	Maximum of 1 tablet per day
Descovy (Oral Tablet)	B	Maximum of 1 tablet per day
Desonide (External Ointment)	G	Maximum of 120 grams per 30 days
Desoximetasone (0.25% 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
Dexmethylphenidate HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Diacomit (250MG Oral Capsule)	B	Maximum of 12 capsules per day
Diacomit (500MG Oral Capsule)	B	Maximum of 6 capsules per day
Diacomit (250MG Oral Packet)	B	Maximum of 12 packets per day
Diacomit (500MG Oral Packet)	B	Maximum of 6 packets per day
Diazepam Intensol (Oral Concentrate)	G	Maximum of 8 ml per day
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 4 tablets per day
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	G	Maximum of 5 packages per 30 days
Dihydroergotamine Mesylate (Nasal Solution)	G	Maximum of 16 vials (16 ml) per 28 days
Dimethyl Fumarate (120MG Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Dimethyl Fumarate (240MG Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Dimethyl Fumarate Starter Pack (Oral Capsule Delayed Release Therapy Pack)	G	Maximum of 2 packs (120 capsules) per year
Dofetilide (125MCG Oral Capsule)	G	Maximum of 6 capsules per day
Dofetilide (250MCG Oral Capsule, 500MCG Oral Capsule)	G	Maximum of 2 capsules per day
Donepezil HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Donepezil HCl (5MG Oral Tablet)	G	Maximum of 1 tablet per day
Donepezil HCl ODT (10MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Donepezil HCl ODT (5MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day
Doptelet (Oral Tablet)	B	Maximum of 3 tablets per day
Dovato (Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Drizalma Sprinkle (20MG Oral Capsule Delayed Release Sprinkle, 40MG Oral Capsule Delayed Release Sprinkle, 60MG Oral Capsule Delayed Release Sprinkle)	B	Maximum of 2 capsules per day
Drizalma Sprinkle (30MG Oral Capsule Delayed Release Sprinkle)	B	Maximum of 3 capsules per day
Droxidopa (100MG Oral Capsule)	G	Maximum of 3 capsules per day
Droxidopa (200MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 6 capsules per day
Dulera (120 Inhalation Aerosol)	B	Maximum of 1 inhaler (13 grams) per 30 days
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles)	G	Maximum of 4 capsules per day
Duloxetine HCl (30MG Oral Capsule Delayed Release Particles)	G	Maximum of 3 capsules per day
Duloxetine HCl (60MG Oral Capsule Delayed Release Particles)	G	Maximum of 2 capsules per day
Dupixent (200MG/1.14ML Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (4.56 ml) per 28 days
Dupixent (300MG/2ML Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (8 ml) per 28 days
Dupixent (200MG/1.14ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (4.56 ml) per 28 days
Dupixent (300MG/2ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (8 ml) per 28 days
Edurant (Oral Tablet)	B	Maximum of 1 tablet per day
Efavirenz (Oral Tablet)	G	Maximum of 1 tablet per day
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)	G	Maximum of 1 tablet per day
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)	G	Maximum of 1 tablet per day
Eligard (22.5MG Subcutaneous Kit)	B	Maximum of 1 kit per 84 days
Eligard (30MG Subcutaneous Kit)	B	Maximum of 1 kit per 112 days
Eligard (45MG Subcutaneous Kit)	B	Maximum of 1 kit per 168 days
Eligard (7.5MG Subcutaneous Kit)	B	Maximum of 1 kit per 28 days
Eliquis (Oral Tablet)	B	Maximum of 2 tablets per day
Eliquis Starter Pack (Oral Tablet)	B	Maximum of 2 packs (148 tablets) per year
Eltrombopag Olamine (Oral Packet)	G	Maximum of 6 packets per day
Eltrombopag Olamine (12.5MG Oral Tablet, 25MG Oral Tablet)	G	Maximum of 1 tablet per day
Eltrombopag Olamine (50MG Oral Tablet, 75MG Oral Tablet)	G	Maximum of 2 tablets per day
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes or pens (3 ml) per 28 days

Drug name	Brand or Generic	Quantity limit
Emgality (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 syringes or pens (2 ml) per 28 days
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes or pens (2 ml) per 28 days
Emsam (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day
Emtricitabine (Oral Capsule)	G	Maximum of 1 capsule per day
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Emtricitabine-Rilpivirine-Tenofovir DF (Oral Tablet)	G	Maximum of 1 tablet per day
Emtriva (Oral Solution)	B	Maximum of 5 bottles (850 ml) per 30 days
Enalapril Maleate (Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (10-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (5-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Enbrel Mini (Subcutaneous Solution Cartridge)	B	Maximum of 8 cartridges per 28 days
Enbrel (Subcutaneous Solution)	B	Maximum of 8 vials (4 ml) per 28 days
Enbrel (25MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 8 syringes (4 ml) per 28 days
Enbrel (50MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 8 syringes (8 ml) per 28 days
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	B	Maximum of 8 pens per 28 days
Endocet (Oral Tablet)	G	Maximum of 12 tablets per day
Engerix-B (Injection Suspension)	B	1 vaccination dose (1 ml) per day
Engerix-B (10MCG/0.5ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Engerix-B (20MCG/ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day
Enoxaparin Sodium (100MG/ML Injection Solution Prefilled Syringe, 150MG/ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (2 ml) per day
Enoxaparin Sodium (120MG/0.8ML Injection Solution Prefilled Syringe, 80MG/0.8ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (1.6 ml) per day
Enoxaparin Sodium (30MG/0.3ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (0.6 ml) per day
Enoxaparin Sodium (40MG/0.4ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (0.8 ml) per day
Enoxaparin Sodium (60MG/0.6ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (1.2 ml) per day
Entresto (Oral Capsule Sprinkle)	B	Maximum of 8 capsules per day

Drug name	Brand or Generic	Quantity limit
Entresto (Oral Tablet)	B	Maximum of 2 tablets per day
Epinephrine (Injection Solution Auto-Injector)	G	Maximum of 4 pens (2 boxes) per 30 days
Erleada (240MG Oral Tablet)	B	Maximum of 1 tablet per day
Erleada (60MG Oral Tablet)	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
Eslicarbazepine Acetate (200MG Oral Tablet, 400MG Oral Tablet)	G	Maximum of 1 tablet per day
Eslicarbazepine Acetate (600MG Oral Tablet, 800MG Oral Tablet)	G	Maximum of 2 tablets per day
Estradiol (Transdermal Patch Weekly)	G	Maximum of 4 patches per 28 days
Etravirine (Oral Tablet)	G	Maximum of 2 tablets per day
Evotaz (Oral Tablet)	B	Maximum of 1 tablet per day
Ezetimibe (Oral Tablet)	G	Maximum of 1 tablet per day
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	Maximum of 2 tablets per day
Fanapt Titration Pack A (Oral Tablet)	B	Maximum of 2 packs per year
Farxiga (Oral Tablet)	B	Maximum of 1 tablet per day
Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour)	G	Maximum of 15 patches per 30 days
Fetzima (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	B	Maximum of 2 packs (56 capsules) per year
Fingolimod HCl (Oral Capsule)	G	Maximum of 1 capsule per day
Fintepla (Oral Solution)	B	Maximum of 12 ml per day
Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)	B	Maximum of 2 kits (4 vials) per year
Firmagon (80MG Subcutaneous Solution Reconstituted)	B	Maximum of 1 kit per 28 days
Fluocinonide Emulsified Base (External Cream)	G	Maximum of 60 grams per 30 days
Fluocinonide (0.05% External Cream)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Gel)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Ointment)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Solution)	G	Maximum of 60 ml per 30 days
Fluorouracil (5% External Cream)	G	Maximum of 40 grams per 30 days

Drug name	Brand or Generic	Quantity limit
Fluticasone Propionate HFA (220MCG/ACT Inhalation Aerosol)	B	Maximum of 2 inhalers (24 grams) per 30 days
Fluticasone-Salmeterol (100-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 250-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 500-50MCG/ACT Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	Maximum of 1 inhaler (60 blisters) per 30 days
Fosamprenavir Calcium (Oral Tablet)	G	Maximum of 4 tablets per day
Fotivda (Oral Capsule)	B	Maximum of 21 capsules per 28 days
Fruzaqla (1MG Oral Capsule)	B	Maximum of 84 capsules per 28 days
Fruzaqla (5MG Oral Capsule)	B	Maximum of 21 capsules per 28 days
Fycompa (Oral Suspension)	B	Maximum of 24 ml per day
Fycompa (Oral Tablet)	B	Maximum of 1 tablet per day
Gardasil 9 (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Gavreto (Oral Capsule)	B	Maximum of 4 capsules per day
Gefitinib (Oral Tablet)	G	Maximum of 2 tablets per day
Genvoya (Oral Tablet)	B	Maximum of 1 tablet per day
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
Glipizide (10MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Glipizide (5MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-250MG Oral Tablet)	G	Maximum of 8 tablets per day

Drug name	Brand or Generic	Quantity limit
Glipizide-Metformin HCl (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)	G	Maximum of 4 tablets per day
Gomekli (1MG Oral Capsule)	B	Maximum of 126 capsules per 28 days
Gomekli (2MG Oral Capsule)	B	Maximum of 84 capsules per 28 days
Gomekli (Oral Tablet Soluble)	B	Maximum of 168 tablets per 28 days
Granisetron HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Havrix (Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
Havrix (Intramuscular Suspension Prefilled Syringe)	B	Maximum of 2 vaccines per lifetime
Heplisav-B (Intramuscular Solution Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Hiberix (Injection Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Hydrocodone-Acetaminophen (10-300MG/15ML Oral Solution, 10-325MG/15ML Oral Solution, 7.5-325MG/15ML Oral Solution)	G	Maximum of 90 ml per day
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 6 tablets per day
Hydrocodone-Acetaminophen (2.5-325MG Oral Tablet, 5-325MG Oral Tablet)	G	Maximum of 8 tablets per day
Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	G	Maximum of 5 tablets per day
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Hydromorphone HCl (8MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Hydroxychloroquine Sulfate (200MG Oral Tablet)	G	Maximum of 4 tablets per day
Ibandronate Sodium (Oral Tablet)	G	Maximum of 1 tablet per 28 days
Ibrance (Oral Capsule)	B	Maximum of 1 capsule per day
Ibrance (Oral Tablet)	B	Maximum of 1 tablet per day
Icatibant Acetate (Subcutaneous Solution Prefilled Syringe)	G	Maximum of 12 syringes (36 ml) per 30 days
Iclusig (Oral Tablet)	B	Maximum of 1 tablet per day
IDHIFA (Oral Tablet)	B	Maximum of 1 tablet per day
Imatinib Mesylate (Oral Tablet)	G	Maximum of 3 tablets per day
Imbruvica (140MG Oral Capsule)	B	Maximum of 3 capsules per day
Imbruvica (70MG Oral Capsule)	B	Maximum of 1 capsule per day
Imbruvica (Oral Suspension)	B	Maximum of 8 ml per day
Imbruvica (Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Imiquimod (5% External Cream)	G	Maximum of 24 packets per 30 days
Imkeldi (Oral Solution)	B	Maximum of 10 ml per day
Imovax Rabies (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Infanrix (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Inlyta (Oral Tablet)	B	Maximum of 4 tablets per day
Inqovi (Oral Tablet)	B	Maximum of 1 pack (5 tablets) per 28 days
Inrebic (Oral Capsule)	B	Maximum of 4 capsules per day
Intelence (25MG Oral Tablet)	B	Maximum of 4 tablets per day
IPOL (Injection)	B	1 vaccination dose (0.5 ml) per day
Isentress HD (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress (Oral Packet)	B	Maximum of 2 packets per day
Isentress (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress (Oral Tablet Chewable)	B	Maximum of 6 tablets per day
Itovebi (3MG Oral Tablet)	B	Maximum of 2 tablets per day
Itovebi (9MG Oral Tablet)	B	Maximum of 1 tablet per day
Itraconazole (Oral Capsule)	G	Maximum of 4 capsules per day
Ivabradine HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Iwilfin (Oral Tablet)	B	Maximum of 8 tablets per day
Ixchiq (Intramuscular Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Ixiaro (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Jakafi (Oral Tablet)	B	Maximum of 2 tablets per day
Januvia (Oral Tablet)	B	Maximum of 1 tablet per day
Jardiance (Oral Tablet)	B	Maximum of 1 tablet per day
Jaypirca (100MG Oral Tablet)	B	Maximum of 3 tablets per day
Jaypirca (50MG Oral Tablet)	B	Maximum of 1 tablet per day
Jubbonti (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (1 ml) per 180 days
Juluca (Oral Tablet)	B	Maximum of 1 tablet per day
Jynarque (Oral Tablet)	B	Maximum of 4 tablets per day
Jynneos (Subcutaneous Suspension)	B	1 vaccination dose (0.5 ml) per day
Kaletra (Oral Solution)	B	Maximum of 3 bottles (480 ml) per 30 days
Kalydeco (Oral Packet)	B	Maximum of 2 packets per day

Drug name	Brand or Generic	Quantity limit
Kalydeco (Oral Tablet)	B	Maximum of 2 tablets per day
Kerendia (10MG Oral Tablet, 20MG Oral Tablet)	B	Maximum of 1 tablet per day
Ketoconazole (External Cream)	G	Maximum of 90 grams per 30 days
Kinrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Kisqali (200MG Dose) (Oral Tablet)	B	Maximum of 1 tablet per day
Kisqali (400MG Dose) (Oral Tablet)	B	Maximum of 2 tablets per day
Kisqali (600MG Dose) (Oral Tablet)	B	Maximum of 3 tablets per day
Kisqali Femara (400MG Dose) (200 & 2.5MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (70 tablets) per 28 days
Kisqali Femara (600MG Dose) (200 & 2.5MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (91 tablets) per 28 days
Koselugo (10MG Oral Capsule)	B	Maximum of 8 capsules per day
Koselugo (25MG Oral Capsule)	B	Maximum of 4 capsules per day
Krazati (Oral Tablet)	B	Maximum of 6 tablets per day
Lacosamide (10MG/ML Oral Solution)	G	Maximum of 40 ml per day
Lacosamide (Oral Tablet)	G	Maximum of 2 tablets per day
Lamivudine (10MG/ML Oral Solution)	G	Maximum of 32 ml per day
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
Lazcluze (240MG Oral Tablet)	B	Maximum of 1 tablet per day
Lazcluze (80MG Oral Tablet)	B	Maximum of 2 tablets per day
Lenalidomide (Oral Capsule)	G	Maximum of 1 capsule per day
Leuprolide Acetate (Subcutaneous Injection Kit)	G	Maximum of 2 kits per 28 days
Levetiracetam ODT (250MG Oral Tablet Disintegrating Soluble)	B	Maximum of 2 tablets per day
Levocetirizine Dihydrochloride (Oral Tablet)	G	Maximum of 1 tablet 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 Suspension Reconstituted)	G	Maximum of 60 ml per day
Linezolid (Oral Tablet)	G	Maximum of 2 tablets per day
Linzess (Oral Capsule)	B	Maximum of 1 capsule per day
Lisinopril (Oral Tablet)	G	Maximum of 2 tablets per day
Lisinopril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Lisinopril-Hydrochlorothiazide (20-12.5MG Oral Tablet)	G	Maximum of 4 tablets per day
Lisinopril-Hydrochlorothiazide (20-25MG Oral Tablet)	G	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Livtencity (Oral Tablet)	B	Maximum of 12 tablets per day
Lokelma (Oral Packet)	B	Maximum of 3 packets per day
Lonsurf (15-6.14MG Oral Tablet)	B	Maximum of 10 tablets per day
Lonsurf (20-8.19MG Oral Tablet)	B	Maximum of 8 tablets per day
Lopinavir-Ritonavir (100-25MG Oral Tablet)	G	Maximum of 8 tablets per day
Lopinavir-Ritonavir (200-50MG Oral Tablet)	G	Maximum of 4 tablets per day
Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Lorazepam (2MG Oral Tablet)	G	Maximum of 5 tablets per day
Lorbrena (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Lorbrena (25MG Oral Tablet)	B	Maximum of 3 tablets per day
Lubiprostone (Oral Capsule)	G	Maximum of 2 capsules per day
Lumakras (120MG Oral Tablet)	B	Maximum of 8 tablets per day
Lumakras (240MG Oral Tablet)	B	Maximum of 4 tablets per day
Lumakras (320MG Oral Tablet)	B	Maximum of 3 tablets per day
Lumryz (Oral Packet)	B	Maximum of 1 packet per day
Lumryz Starter Pack (Oral Therapy Pack)	B	Maximum of 2 packs (56 tablets) per year
Lupron Depot (1-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 28 days
Lupron Depot (3-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 84 days
Lupron Depot (4-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 112 days
Lupron Depot (6-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 168 days
Lupron Depot-Ped (1-Month) (7.5MG Intramuscular Kit)	B	Maximum of 1 kit per 28 days
Lupron Depot-Ped (3-Month) (11.25MG Intramuscular Kit)	B	Maximum of 1 kit per 84 days
Lupron Depot-Ped (6-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 168 days
Lurasidone HCl (120MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 60MG Oral Tablet)	G	Maximum of 1 tablet per day
Lurasidone HCl (80MG Oral Tablet)	G	Maximum of 2 tablets per day
Lynparza (Oral Tablet)	B	Maximum of 4 tablets per day
Lytgobi (12MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 4 packs (84 tablets) per 28 days
Lytgobi (16MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 4 packs (112 tablets) per 28 days
Lytgobi (20MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 4 packs (140 tablets) per 28 days
Maraviroc (150MG Oral Tablet)	G	Maximum of 2 tablets per day
Maraviroc (300MG Oral Tablet)	G	Maximum of 4 tablets per day
Mavyret (Oral Packet)	B	Maximum of 5 cartons (140 packets) per 28 days
Mavyret (Oral Tablet)	B	Maximum of 3 tablets per day

Drug name	Brand or Generic	Quantity limit
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Memantine HCl (2MG/ML Oral Solution)	G	Maximum of 10 ml per day
Memantine HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Memantine HCl Titration Pak (Oral Tablet)	G	Maximum of 2 packs per year
Memantine HCl (5MG Oral Tablet)	G	Maximum of 3 tablets per day
Memantine HCl-Donepezil HCl (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
MenQuadfi (Intramuscular Solution)	B	1 vaccination dose (0.5 ml) per day
Menveo (Intramuscular Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	Maximum of 4 capsules per day
Mesalamine (Rectal Enema)	G	Maximum of 1 bottle (60 ml) per day
Mesalamine (Rectal Suppository)	G	Maximum of 1 suppository per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 4 tablets per day
Metformin HCl ER (750MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 2 tablets per day
Metformin HCl (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 Oral Tablet)	G	Maximum of 12 tablets per day
Methadone HCl (5MG Oral Tablet)	G	Maximum of 8 tablets per day
Methamphetamine HCl (Oral Tablet)	G	Maximum of 5 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
Mifepristone (300MG Oral Tablet)	G	Maximum of 4 tablets per day
M-M-R II (Injection Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Modafinil (100MG Oral Tablet)	G	Maximum of 1 tablet per day
Modafinil (200MG Oral Tablet)	G	Maximum of 2 tablets per day
Montelukast Sodium (Oral Packet)	G	Maximum of 1 packet per day
Montelukast Sodium (Oral Tablet)	G	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Montelukast Sodium (Oral Tablet Chewable)	G	Maximum of 1 tablet per day
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)	G	Maximum of 10 ml per day
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 3 tablets per day
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 2 tablets per day
Morphine Sulfate ER (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 4 tablets per day
Morphine Sulfate (10MG/5ML Oral Solution)	G	Maximum of 100 ml per day
Morphine Sulfate (20MG/5ML Oral Solution)	G	Maximum of 50 ml per day
Morphine Sulfate (15MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Morphine Sulfate (30MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Mounjaro (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (2 ml) per 28 days
Movantik (Oral Tablet)	B	Maximum of 1 tablet per day
MResvia (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Mupirocin (External Ointment)	G	Maximum of 110 grams per 30 days
Nateglinide (120MG Oral Tablet)	G	Maximum of 3 tablets per day
Nateglinide (60MG Oral Tablet)	G	Maximum of 6 tablets per day
Nayzilam (Nasal Solution)	B	Maximum of 10 blister packs (20 spray devices) per 30 days
Nerlynx (Oral Tablet)	B	Maximum of 6 tablets per day
Nevirapine ER (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
Nexletol (Oral Tablet)	B	Maximum of 1 tablet per day
Nexlizet (Oral Tablet)	B	Maximum of 1 tablet per day
Nilotinib HCl (150MG Oral Capsule)	G	Maximum of 5 capsules per day
Nilotinib HCl (200MG Oral Capsule)	G	Maximum of 4 capsules per day
Nilotinib HCl (50MG Oral Capsule)	G	Maximum of 14 capsules per day
Ninlaro (Oral Capsule)	B	Maximum of 3 capsules per 28 days
Nitazoxanide (Oral Tablet)	G	Maximum of 2 tablets per day
Nitroglycerin (Rectal Ointment)	G	Maximum of 30 grams per 30 days

Drug name	Brand or Generic	Quantity limit
Norvir (Oral Packet)	B	Maximum of 12 packets per day
Nubeqa (Oral Tablet)	B	Maximum of 4 tablets per day
Nuedexta (Oral Capsule)	B	Maximum of 2 capsules per day
Nuplazid (Oral Capsule)	B	Maximum of 1 capsule per day
Nuplazid (Oral Tablet)	B	Maximum of 1 tablet per day
Nurtec ODT (Oral Tablet Dispersible)	B	Maximum of 18 tablets per 30 days
Nyamyc (External Powder)	G	Maximum of 120 grams per 30 days
Nystatin (External Powder)	G	Maximum of 120 grams per 30 days
Nystop (External Powder)	G	Maximum of 120 grams per 30 days
Odefsey (Oral Tablet)	B	Maximum of 1 tablet per day
Ofev (Oral Capsule)	B	Maximum of 2 capsules per day
Ogsiveo (100MG Oral Tablet, 150MG Oral Tablet)	B	Maximum of 2 tablets per day
Ogsiveo (50MG Oral Tablet)	B	Maximum of 6 tablets per day
Ojemda (Oral Suspension Reconstituted)	B	Maximum of 96 ml per 28 days
Ojemda (Oral Tablet)	B	Maximum of 24 tablets per 28 days
Ojjaara (Oral Tablet)	B	Maximum of 1 tablet per day
Olanzapine (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Olanzapine (15MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 1 tablet per day
Olanzapine ODT (10MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Olanzapine ODT (15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day
Olmesartan Medoxomil (20MG Oral Tablet, 40MG Oral Tablet)	G	Maximum of 1 tablet per day
Olmesartan Medoxomil (5MG Oral Tablet)	G	Maximum of 2 tablets per day
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
Ondansetron HCl (Oral Solution)	G	Maximum of 30 ml per day
Ondansetron HCl (4MG Oral Tablet)	G	Maximum of 6 tablets per day
Ondansetron HCl (8MG Oral Tablet)	G	Maximum of 3 tablets per day
Ondansetron ODT (4MG Oral Tablet Dispersible)	G	Maximum of 6 tablets per day
Ondansetron ODT (8MG Oral Tablet Dispersible)	G	Maximum of 3 tablets per day
Onureg (Oral Tablet)	B	Maximum of 14 tablets per 28 days
Opipza (10MG Oral Film, 5MG Oral Film)	B	Maximum of 3 films per day

Drug name	Brand or Generic	Quantity limit
Opipza (2MG Oral Film)	B	Maximum of 1 film per day
Orenitram Month 1 (Oral Tablet Extended Release Therapy Pack)	B	Maximum of 2 packs (336 tablets) per year
Orenitram Month 2 (Oral Tablet Extended Release Therapy Pack)	B	Maximum of 2 packs (672 tablets) per year
Orenitram Month 3 (Oral Tablet Extended Release Therapy Pack)	B	Maximum of 2 packs (504 tablets) per year
Orgovyx (Oral Tablet)	B	Maximum of 30 tablets per 28 days
Orkambi (Oral Packet)	B	Maximum of 56 packets per 28 days
Orkambi (Oral Tablet)	B	Maximum of 4 tablets per day
Orserdu (345MG Oral Tablet)	B	Maximum of 1 tablet per day
Orserdu (86MG Oral Tablet)	B	Maximum of 3 tablets per day
Oseltamivir Phosphate (Oral Capsule)	G	Maximum of 2 capsules per day
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	Maximum of 26 ml per day
Osphena (Oral Tablet)	B	Maximum of 1 tablet per day
Otezla (Oral Tablet)	B	Maximum of 2 tablets per day
Otezla (Oral Tablet Therapy Pack)	B	Maximum of 2 kits per year
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
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (3 ml) per 28 days
Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (3 ml) per 28 days
Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector)	B	Maximum of 1 pen (3 ml) per 28 days

Drug name	Brand or Generic	Quantity limit
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
Paxlovid (150/100MG) (Oral Tablet Therapy Pack)	B	Maximum of 4 tablets per day and 20 tablets per prescription
Paxlovid (300/100MG) (Oral Tablet Therapy Pack)	B	Maximum of 6 tablets per day and 30 tablets per prescription
Paxlovid (300/100MG & 150/100MG) (Oral Tablet Therapy Pack)	B	Maximum of 11 tablets per 5 days and 11 tablets per prescription
Pazopanib HCl (Oral Tablet)	G	Maximum of 4 tablets per day
Pediarix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Pedvax HIB (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Pemazyre (Oral Tablet)	B	Maximum of 14 tablets per 21 days
Penbraya (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Pentacel (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	Maximum of 1 vial (300 mg) per 28 days
Pifeltro (Oral Tablet)	B	Maximum of 1 tablet per day
Pimecrolimus (External Cream)	G	Maximum of 100 grams per 30 days
Pioglitazone HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 tablet per day
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day
Pirfenidone (Oral Capsule)	G	Maximum of 9 capsules per day
Pirfenidone (267MG Oral Tablet)	G	Maximum of 6 tablets per day
Pirfenidone (801MG Oral Tablet)	G	Maximum of 3 tablets per day
Pomalyst (Oral Capsule)	B	Maximum of 1 capsule per day
Posaconazole (Oral Tablet Delayed Release)	G	Maximum of 6 tablets per day

Drug name	Brand or Generic	Quantity limit
Pregabalin (100MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	G	Maximum of 4 capsules per day
Pregabalin (150MG Oral Capsule, 200MG Oral Capsule)	G	Maximum of 3 capsules per day
Pregabalin (225MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 2 capsules per day
Pregabalin (Oral Solution)	G	Maximum of 30 ml per day
Premarin (Oral Tablet)	B	Maximum of 1 tablet per day
Premphase (Oral Tablet)	B	Maximum of 1 tablet per day
Prempro (Oral Tablet)	B	Maximum of 1 tablet per day
Prevymis (Oral Packet)	B	Maximum of 4 packs per day
Prevymis (Oral Tablet)	B	Maximum of 1 tablet per day
Prezcobix (Oral Tablet)	B	Maximum of 1 tablet per day
Prezista (Oral Suspension)	B	Maximum of 2 bottles (400 ml) per 30 days
Prezista (150MG Oral Tablet)	B	Maximum of 6 tablets per day
Prezista (75MG Oral Tablet)	B	Maximum of 10 tablets per day
Priorix (Subcutaneous Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
ProQuad (Subcutaneous Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 2 inhalers per 30 days
Pulmozyme (Inhalation Solution)	B	Maximum of 2 ampules (5 ml) per day
Pyrukynd (20MG Oral Tablet, 5MG Oral Tablet)	B	Maximum of 2 tablets per day
Pyrukynd (50MG Oral Tablet)	B	Maximum of 4 tablets per day
Pyrukynd Taper Pack (5MG Oral Tablet Therapy Pack)	B	Maximum of 14 tablets per 14 days
Pyrukynd Taper Pack (7 x 20MG & 7 x 5MG Oral Tablet Therapy Pack, 7 x 50MG & 7 x 20MG Oral Tablet Therapy Pack)	B	Maximum of 14 tablets per 14 days
Qinlock (Oral Tablet)	B	Maximum of 3 tablets per day
Quadracel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Quadracel (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Quetiapine Fumarate ER (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Quetiapine Fumarate ER (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Quetiapine Fumarate (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	G	Maximum of 3 tablets per day
Quetiapine Fumarate (25MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Quetiapine Fumarate (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
RabAvert (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Raloxifene HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
Rayaldee (Oral Capsule Extended Release)	B	Maximum of 2 capsules per day
Recombivax HB (10MCG/ML Injection Suspension, 40MCG/ML Injection Suspension)	B	1 vaccination dose (1 ml) per day
Recombivax HB (5MCG/0.5ML Injection Suspension)	B	1 vaccination dose (0.5 ml) per day
Recombivax HB (10MCG/ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day
Recombivax HB (5MCG/0.5ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Repaglinide (0.5MG Oral Tablet)	G	Maximum of 32 tablets per day
Repaglinide (1MG Oral Tablet)	G	Maximum of 16 tablets per day
Repaglinide (2MG Oral Tablet)	G	Maximum of 8 tablets per day
Repatha Pushtronex System (Subcutaneous Solution Cartridge)	B	Maximum of 2 cartridges (7 ml) per 28 days
Repatha (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 28 days
Repatha SureClick (Subcutaneous Solution Auto-Injector)	B	Maximum of 3 pens (3 ml) per 28 days
Restasis MultiDose (Ophthalmic Emulsion)	B	Maximum of 1 bottle (5.5 ml) per 25 days
Restasis Single-Use Vials (Ophthalmic Emulsion)	B	Maximum of 2 vials per day
Retevmo (120MG Oral Tablet, 160MG Oral Tablet, 80MG Oral Tablet)	B	Maximum of 2 tablets per day
Retevmo (40MG Oral Tablet)	B	Maximum of 3 tablets per day
Revuforj (110MG Oral Tablet)	B	Maximum of 4 tablets per day
Revuforj (160MG Oral Tablet)	B	Maximum of 2 tablets per day
Revuforj (25MG Oral Tablet)	B	Maximum of 8 tablets per day

Drug name	Brand or Generic	Quantity limit
Rexulti (Oral Tablet)	B	Maximum of 1 tablet per day
Reyataz (Oral Packet)	B	Maximum of 6 packets per day
Rezdiffra (Oral Tablet)	B	Maximum of 1 tablet per day
Rezlidhia (Oral Capsule)	B	Maximum of 2 capsules per day
Ritonavir (Oral Tablet)	G	Maximum of 12 tablets per day
Rivaroxaban (Oral Tablet)	G	Maximum of 12 tablets per day
Rivastigmine Tartrate (Oral Capsule)	G	Maximum of 2 capsules 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
Roflumilast (250MCG Oral Tablet)	G	Maximum of 1 tablet per day
Roflumilast (500MCG Oral Tablet)	G	Maximum of 1 tablet per day
Romvimza (Oral Capsule)	B	Maximum of 8 capsules per 28 days
Rosuvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
Rotarix (Oral Suspension)	B	1 vaccination dose (1.5 ml) per day
RotaTeq (Oral Solution)	B	1 vaccination dose (2 ml) per day
Rozlytrek (100MG Oral Capsule)	B	Maximum of 5 capsules per day
Rozlytrek (200MG Oral Capsule)	B	Maximum of 3 capsules per day
Rozlytrek (Oral Packet)	B	Maximum of 12 packs per day
Rubraca (Oral Tablet)	B	Maximum of 4 tablets per day
Rukobia (Oral Tablet Extended Release 12 Hour)	B	Maximum of 2 tablets per day
Rybelsus (Oral Tablet)	B	Maximum of 1 tablet per day
Rydapt (Oral Capsule)	B	Maximum of 8 capsules per day
Santyl (External Ointment)	B	Maximum of 180 grams per 30 days
Scemblix (100MG Oral Tablet)	B	Maximum of 4 tablets per day
Scemblix (20MG Oral Tablet)	B	Maximum of 2 tablets per day
Scemblix (40MG Oral Tablet)	B	Maximum of 8 tablets per day
Secuado (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day
Selzentry (Oral Solution)	B	Maximum of 8 bottles (1840 ml) per 30 days
Shingrix (Intramuscular Suspension Reconstituted)	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
Skyclarys (Oral Capsule)	B	Maximum of 3 capsules per day

Drug name	Brand or Generic	Quantity limit
Skyrizi Pen (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1 ml) per 28 days
Skyrizi (180MG/1.2ML Subcutaneous Solution Cartridge)	B	Maximum of 1 cartridge (1.2 ml) per 56 days
Skyrizi (360MG/2.4ML Subcutaneous Solution Cartridge)	B	Maximum of 1 cartridge (2.4 ml) per 56 days
Skyrizi (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (1 ml) per 28 days
Solifenacin Succinate (Oral Tablet)	G	Maximum of 1 tablet per day
Soliqua (Subcutaneous Solution Pen-Injector)	B	Maximum of 5 pens (15 ml) per 24 days
Somavert (Subcutaneous Solution Reconstituted)	B	Maximum of 1 vial per day
Spiriva HandiHaler (Inhalation Capsule)	B	Maximum of 1 capsule per day
Spiriva Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 30 days
Spritam ODT (1000MG Oral Tablet Disintegrating Soluble)	B	Maximum of 3 tablets per day
Spritam ODT (250MG Oral Tablet Disintegrating Soluble, 500MG Oral Tablet Disintegrating Soluble)	B	Maximum of 2 tablets per day
Spritam ODT (750MG Oral Tablet Disintegrating Soluble)	B	Maximum of 4 tablets per day
Stelara (Subcutaneous Solution)	B	Maximum of 6 vials (3 ml) per 84 days
Stelara (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 6 syringes (3 ml) per 84 days
Stelara (90MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 84 days
Steqeyma (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 6 syringes (3 ml) per 84 days
Steqeyma (90MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 84 days
Stiolto Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 30 days
Stivarga (Oral Tablet)	B	Maximum of 4 tablets per day
Stribild (Oral Tablet)	B	Maximum of 1 tablet per day
Striverdi Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 30 days
Sumatriptan (Nasal Solution)	G	Maximum of 12 devices per 30 days
Sumatriptan Succinate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Sumatriptan Succinate (Subcutaneous Solution Auto-Injector)	G	Maximum of 12 injections (6 ml) per 30 days

Drug name	Brand or Generic	Quantity limit
Sumatriptan Succinate (Subcutaneous Solution)	G	Maximum of 12 injections (6 ml) per 30 days
Sunitinib Malate (12.5MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule)	G	Maximum of 1 capsule per day
Sunitinib Malate (37.5MG Oral Capsule)	G	Maximum of 2 capsules per day
Sunlenca (Oral Tablet)	B	Maximum of 24 tablets per 168 days
Sunlenca (4 x 300MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs (8 tablets) per year
Sunlenca (5 x 300MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs (10 tablets) per year
Symbicort (120 Inhalation Aerosol)	B	Maximum of 1 inhaler (10.2 grams) per 30 days
Sympazan (Oral Film)	B	Maximum of 2 films per day
Symtuza (Oral Tablet)	B	Maximum of 1 tablet per day
Tabrecta (Oral Tablet)	B	Maximum of 4 tablets per day
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Tagrisso (Oral Tablet)	B	Maximum of 1 tablet per day
Talzenna (0.1MG Oral Capsule, 0.35MG Oral Capsule, 0.5MG Oral Capsule, 0.75MG Oral Capsule, 1MG Oral Capsule)	B	Maximum of 1 capsule per day
Talzenna (0.25MG Oral Capsule)	B	Maximum of 3 capsules per day
Tasimelteon (Oral Capsule)	G	Maximum of 1 capsule per day
Tazarotene (0.1% External Cream)	G	Maximum of 60 grams per 30 days
Tazverik (Oral Tablet)	B	Maximum of 8 tablets per day
Telmisartan (Oral Tablet)	G	Maximum of 1 tablet per day
Temazepam (15MG Oral Capsule, 30MG Oral Capsule)	G	Maximum of 1 capsule per day
Tenivac (Intramuscular Injectable)	B	1 vaccination dose (0.5 ml) per day
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Tepmetko (Oral Tablet)	B	Maximum of 2 tablets per day
Terbinafine HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Teriparatide (Subcutaneous Solution Pen-Injector)	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
Thalomid (100MG Oral Capsule)	B	Maximum of 4 capsules per day
Thalomid (50MG Oral Capsule)	B	Maximum of 3 capsules per day
Tibsovo (Oral Tablet)	B	Maximum of 2 tablets per day
Ticagrelor (Oral Tablet)	G	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Ticovac (1.2MCG/0.25ML Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.25 ml) per day
Ticovac (2.4MCG/0.5ML Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Tivicay (50MG Oral Tablet)	B	Maximum of 2 tablets per day
Tivicay PD (Oral Tablet Soluble)	B	Maximum of 6 tablets per day
Tobi Podhaler (Inhalation Capsule)	B	Maximum of 8 capsules per day
Tobramycin (300MG/5ML Inhalation Nebulization Solution)	G	Maximum of 2 ampules (10 ml) per day
Tolvaptan (Oral Tablet) (Generic Samsca)	G	Maximum of 2 tablets per day
Tradjenta (Oral Tablet)	B	Maximum of 1 tablet per day
Tramadol HCl (50MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Tremfya Pen (100MG/ML Subcutaneous Solution Auto-Injector)	B	Maximum of 2 pens (2 ml) per 56 days
Tremfya Pen (200MG/2ML Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (2 ml) per 28 days
Tremfya (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes (2 ml) per 56 days
Tremfya (200MG/2ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe (2 ml) per 28 days
Trientine HCl (250MG Oral Capsule)	G	Maximum of 8 capsules per day
Trientine HCl (500MG Oral Capsule)	G	Maximum of 4 capsules per day
Trikafta (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (84 tablets) per 28 days
Trikafta (Oral Granule Therapy Pack)	B	Maximum of 1 carton (56 packets) per 28 days
Trintellix (Oral Tablet)	B	Maximum of 1 tablet per day
Triumeq (Oral Tablet)	B	Maximum of 1 tablet per day
Triumeq PD (Oral Tablet Soluble)	B	Maximum of 6 tablets per day
Trulance (Oral Tablet)	B	Maximum of 1 tablet per day
Trulicity (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (2 ml) per 28 days
Trumenba (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Truqap (Oral Tablet)	B	Maximum of 64 tablets per 28 days
Tukysa (150MG Oral Tablet)	B	Maximum of 4 tablets per day
Tukysa (50MG Oral Tablet)	B	Maximum of 12 tablets per day
Turalio (Oral Capsule)	B	Maximum of 4 capsules per day

Drug name	Brand or Generic	Quantity limit
Twinrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day
Tybost (Oral Tablet)	B	Maximum of 1 tablet per day
Tyenne (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (3.6 ml) per 28 days
Tyenne (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (3.6 ml) per 28 days
Typhim VI (Intramuscular Solution)	B	1 vaccination dose (0.5 ml) per day
Typhim VI (Intramuscular Solution Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Ustekinumab (Subcutaneous Solution) (Brand Equivalent Stelara)	B	Maximum of 6 vials (3 ml) per 84 days
Ustekinumab (45MG/0.5ML Subcutaneous Solution Prefilled Syringe) (Brand Equivalent Stelara)	B	Maximum of 6 syringes (3 ml) per 84 days
Ustekinumab (90MG/ML Subcutaneous Solution Prefilled Syringe) (Brand Equivalent Stelara)	B	Maximum of 3 syringes (3 ml) per 84 days
Valacyclovir HCl (1GM Oral Tablet)	G	Maximum of 4 tablets per day
Valacyclovir HCl (500MG Oral Tablet)	G	Maximum of 2 tablets per day
Valchlor (External Gel)	B	Maximum of 60 grams per 30 days
Valganciclovir HCl (Oral Solution Reconstituted)	G	Maximum of 36 ml per day
Valganciclovir HCl (Oral Tablet)	G	Maximum of 4 tablets per day
Valsartan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	G	Maximum of 2 tablets per day
Valsartan (320MG Oral Tablet)	G	Maximum of 1 tablet per day
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Valtoco 10MG Dose (Nasal Liquid)	B	Maximum of 10 blister packs (10 spray devices) per 30 days
Valtoco 15MG Dose (Nasal Liquid Therapy Pack)	B	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 20MG Dose (Nasal Liquid Therapy Pack)	B	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 5MG Dose (Nasal Liquid)	B	Maximum of 10 blister packs (10 spray devices) per 30 days
Vancomycin HCl (125MG Oral Capsule)	G	Maximum of 4 capsules per day
Vancomycin HCl (250MG Oral Capsule)	G	Maximum of 8 capsules per day
Vanflyta (Oral Tablet)	B	Maximum of 2 tablets per day
VAQTA (25UNIT/0.5ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
VAQTA (50UNIT/ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime

Drug name	Brand or Generic	Quantity limit
Varivax (Injection Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Vaxchora (Oral Suspension Reconstituted)	B	1 vaccination dose (100 ml) per day
Vemlidy (Oral Tablet)	B	Maximum of 1 tablet per day
Venclexta (100MG Oral Tablet)	B	Maximum of 6 tablets per day
Venclexta (10MG Oral Tablet)	B	Maximum of 2 tablets per day
Venclexta (50MG Oral Tablet)	B	Maximum of 1 tablet per day
Venclexta Starting Pack (Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Veozah (Oral Tablet)	B	Maximum of 1 tablet per day
Verquvo (Oral Tablet)	B	Maximum of 1 tablet per day
Verzenio (Oral Tablet)	B	Maximum of 2 tablets per day
Viberzi (Oral Tablet)	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
Vigpoder (500MG Oral Packet)	G	Maximum of 6 packets per day
Vilazodone HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Vimkunya (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.8 ml) per day
Viracept (250MG Oral Tablet)	B	Maximum of 10 tablets per day
Viracept (625MG Oral Tablet)	B	Maximum of 4 tablets per day
Viread (Oral Powder)	B	Maximum of 4 bottles (240 grams) per 30 days
Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	B	Maximum of 1 tablet per day
Vitrakvi (100MG Oral Capsule)	B	Maximum of 4 capsules per day
Vitrakvi (25MG Oral Capsule)	B	Maximum of 6 capsules per day
Vitrakvi (Oral Solution)	B	Maximum of 20 ml per day
Vivotif (Oral Capsule Delayed Release)	B	Maximum of 4 capsules per 5 years
Vizimpro (Oral Tablet)	B	Maximum of 1 tablet per day
Vonjo (Oral Capsule)	B	Maximum of 4 capsules per day
Voquezna (10MG Oral Tablet)	B	Maximum of 1 tablet per day
Voquezna (20MG Oral Tablet)	B	Maximum of 2 tablets per day
Voranigo (10MG Oral Tablet)	B	Maximum of 2 tablets per day
Voranigo (40MG Oral Tablet)	B	Maximum of 1 tablet per day
Voriconazole (Oral Suspension Reconstituted)	G	Maximum of 20 ml per day
Voriconazole (200MG Oral Tablet)	G	Maximum of 4 tablets per day
Voriconazole (50MG Oral Tablet)	G	Maximum of 16 tablets per day

Drug name	Brand or Generic	Quantity limit
Vosevi (Oral Tablet)	B	Maximum of 1 tablet per day
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	B	Maximum of 1 capsule per day
Vyndamax (Oral Capsule)	B	Maximum of 1 capsule per day
Vyndaqel (Oral Capsule)	B	Maximum of 4 capsules per day
Welireg (Oral Tablet)	B	Maximum of 3 tablets per day
Winrevair (2 x 45MG Subcutaneous Kit, 2 x 60MG Subcutaneous Kit)	B	Maximum of 1 kit (2 vials) per 21 days
Winrevair (1 x 45MG Subcutaneous Kit, 1 x 60MG Subcutaneous Kit)	B	Maximum of 1 kit (1 vial) per 21 days
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	Maximum of 1 inhaler (60 blisters) per 30 days
Xarelto (Oral Suspension Reconstituted)	B	Maximum of 20 ml per day
Xarelto (10MG Oral Tablet, 20MG Oral Tablet)	B	Maximum of 1 tablet per day
Xarelto (15MG Oral Tablet, 2.5MG Oral Tablet)	B	Maximum of 2 tablets per day
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	B	Maximum of 1 tablet per day
Xcopri (150MG Oral Tablet, 200MG Oral Tablet)	B	Maximum of 2 tablets per day
Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack, 14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Xdemvy (Ophthalmic Solution)	B	Maximum of 1 bottle (10 ml) per 42 days
Xeljanz (Oral Solution)	B	Maximum of 10 ml per day
Xeljanz (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Xermelo (Oral Tablet)	B	Maximum of 3 tablets per day
Xigduo XR (10-1000MG Oral Tablet Extended Release 24 Hour, 10-500MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Xigduo XR (2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Xofluza (40MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per 30 days
Xofluza (80MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 tablet per 30 days

Drug name	Brand or Generic	Quantity limit
Xolremdi (Oral Capsule)	B	Maximum of 4 capsules per day
Xospata (Oral Tablet)	B	Maximum of 3 tablets per day
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days
Xpovio (40MG Once Weekly) (10MG Oral Tablet Therapy Pack)	B	Maximum of 16 tablets per 28 days
Xpovio (40MG Once Weekly) (40MG Oral Tablet Therapy Pack)	B	Maximum of 4 tablets per 28 days
Xpovio (40MG Twice Weekly) (40MG Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 4 tablets per 28 days
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 24 tablets per 28 days
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 32 tablets per 28 days
Xtampza ER (13.5MG Oral Capsule ER 12 Hour Abuse-Deterrent, 18MG Oral Capsule ER 12 Hour Abuse-Deterrent, 9MG Oral Capsule ER 12 Hour Abuse-Deterrent)	B	Maximum of 3 capsules per day
Xtampza ER (27MG Oral Capsule ER 12 Hour Abuse-Deterrent, 36MG Oral Capsule ER 12 Hour Abuse-Deterrent)	B	Maximum of 6 capsules per day
Xtandi (Oral Capsule)	B	Maximum of 4 capsules per day
Xtandi (40MG Oral Tablet)	B	Maximum of 4 tablets per day
Xtandi (80MG Oral Tablet)	B	Maximum of 2 tablets per day
Yesintek (Subcutaneous Solution)	B	Maximum of 6 vials (3 ml) per 84 days
Yesintek (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 6 syringes (3 ml) per 84 days
Yesintek (90MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 84 days
YF-VAX (Subcutaneous Injectable)	B	1 vaccination dose (1 injection) per day
Zafirlukast (Oral Tablet)	G	Maximum of 2 tablets per day
Zaleplon (10MG Oral Capsule)	G	Maximum of 2 capsules per day
Zaleplon (5MG Oral Capsule)	G	Maximum of 1 capsule per day
Zejula (Oral Tablet)	B	Maximum of 1 tablet 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

Drug name	Brand or Generic	Quantity limit
Ziprasidone HCl (Oral Capsule)	G	Maximum of 2 capsules per day
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	Maximum of 1 tablet per day
Zurzuva® (20MG Oral Capsule, 25MG Oral Capsule)	B	Maximum of 28 capsules per 14 days
Zurzuva® (30MG Oral Capsule)	B	Maximum of 14 capsules per 14 days
Zydelig® (Oral Tablet)	B	Maximum of 2 tablets per day
Zykadia® (Oral Tablet)	B	Maximum of 3 tablets per day

Required information

Benefits, Drug List (Formulary), pharmacy network and/or copays/coinsurance may change on January 1 of each year, and from time to time during the plan year. You will receive notice when necessary.

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