

2020 COMPLETE DRUG LIST (FORMULARY)



Prescription drug list information

UnitedHealthcare® Group Medicare Advantage (PPO)
State Employees' Insurance Board

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



Toll-free **1-866-890-0562**, TTY **711**
8 a.m. - 8 p.m. CT, Monday - Friday



www.UHCRetiree.com/SEIB



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What is a drug list?

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

Your plan will generally cover the drugs listed in our drug list as long as:

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

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

Note to members:

This **complete** list of prescription drugs covered by your plan is current as of October 1, 2019.

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

Please review this document to make sure your prescription drugs are covered. In most cases, you must use network pharmacies to have your prescriptions covered by the plan.

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

How do I use the drug list?

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

- 1. By name.** Turn to section “Covered drugs by name (**Drug index**)” on pages 12–38 to see the list of drug names in alphabetical order. Find the name of your drug. The page number where you can find the drug will be next to it.
- 2. By medical condition.** Turn to section “Covered drugs by medical condition” on pages 39–160 to look for drugs based on your medical conditions. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. This is where you will find drugs that treat heart conditions.

What are generic drugs?

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

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

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

Drug payment stage and drug tiers

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

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

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

Drug Tier	Includes
Tier 1: Preferred generic	All covered generic drugs.
Tier 2: Preferred brand	Many common brand name drugs, called preferred brands.
Tier 3: Non-preferred drug	Non-preferred brand name drugs. In addition, Part D eligible compound medications are covered in Tier 3.
Tier 4: Specialty tier	Unique and/or very high-cost brand drugs.

Getting Extra Help

If you qualify for Extra Help paying for your prescription drugs, your copays and coinsurance may be lower. Members who qualify for Extra Help will receive the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (LIS Rider). Please read it to learn about your costs. You can also call Customer Service. Our contact information is on the cover.

Are there any rules or limits on my drug coverage?

Yes, some drugs may have coverage rules or have limits on the amount you can get. If your drug has any coverage rules or limits, there will be a code(s) in the “Coverage Rules or Limits on use” column of the “Covered drugs by medical condition” chart starting on page 39. The codes and what they mean are shown below and on the next page.

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

Coverage Rules and Limits

PA - Prior authorization

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

QL - Quantity limits

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

ST - Step therapy

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

Other Special Coverage Rules

B/D - Medicare Part B or Part D

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

HRM - High-risk medication

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

LA - Limited access

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

MME - Morphine milligram equivalent

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

7D - 7-Day limit

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

DL - Dispensing limit

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

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

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

What if my drug is not on this list?

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

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

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

How can I get an exception?

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

Types of exceptions you can ask for

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

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

Who can ask for an exception?

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

How long does it take to get an exception?

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

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

As a new or continuing member in our plan, we may cover a temporary supply of your drug if it's not on our drug list or if it has rules or limits. For example, you may need a prior authorization from us before you can fill your prescription. During the time when you are getting a temporary supply, you should talk with your doctor to decide if there is a similar drug on the drug list you can take instead. If you and your doctor decide this is the only drug that will work for you, you will need to ask for an exception. 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. (Please note that the long-term care pharmacy may provide the drug in smaller amounts at a time to prevent waste.)

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

Can the drug list change?

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

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

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

If we add new generic drugs

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

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

If we remove a drug from the list

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. If you are taking a drug that is removed because a generic version becomes available, we will tell you. If the Food and Drug Administration (FDA) says a drug you are taking is not effective or is unsafe, we will take it off the drug list right away.

If we change the coverage rules or limits

We’ll tell you if we add prior approval, quantity limits and/or step therapy restrictions on a drug. You can find out if your drug has any rules or limits by looking in the chart on pages 161-199.

We’ll tell you about other changes

If a drug you are taking is removed from the drug list during the plan year, we’ll include an update in your Part D Explanation of Benefits (Part D EOB) statement. We’ll tell you about other changes to our drug list at least 30 days before they go into effect or when you request a refill of the drug. If you find out when requesting a refill, you will receive at least a 30-day supply of the drug so you have time to talk with your doctor. To get updated information about the drugs covered by your plan, please call Customer Service. Our contact information is on the cover.

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 one 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 copayment. A daily cost-sharing rate is the copayment divided by the number of days in a month's supply.

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

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

For more information

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

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

If you have general questions about Medicare prescription drug coverage, visit www.medicare.gov 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..... 85	Actonel..... 147
Abacavir Sulfate-Lamivudine 85	Actoplus Met..... 89
Abacavir-Lamivudine- Zidovudine..... 85	Actos..... 89
Abelcet..... 67	Acular..... 151
Abilify..... 79	Acular LS..... 151
Abilify Maintena..... 79	Acuvail..... 151
Abilify MyCite..... 79	Acyclovir..... 84
Abiraterone Acetate..... 72	Acyclovir Sodium..... 84
Absorica..... 112	Aczone..... 112
Abstral..... 43	Adacel..... 144
Acamprosate Calcium..... 47	Adalat CC..... 100
Acanya..... 112	Adapalene..... 112
Acarbose..... 89	Adapalene-Benzoyl Peroxide 112
Accolate..... 154	Adcirca..... 157
Accupril..... 98	Adderall..... 108
Accuretic..... 102	Adderall XR..... 108
Acebutolol HCl..... 99	Adefovir Dipivoxil..... 83
Acetaminophen-Codeine..... 43	Adempas..... 157
Acetazolamide..... 104	Adlyxin..... 89
Acetazolamide ER..... 104	Adlyxin Starter Pack..... 89
Acetic Acid..... 153	Admelog..... 92
Acetylcysteine..... 158	Admelog SoloStar..... 92
Aciphex..... 123	Advair Diskus..... 158
Acitretin..... 112	Advair HFA..... 158
Actemra..... 144	Adzenys ER..... 108
Actemra ACTPen..... 144	Adzenys XR-ODT..... 108
Acthar..... 127	Afinitor..... 74
ActHIB..... 144	Afinitor Disperz..... 74
Actigall..... 120	Afrezza..... 92
Actimmune..... 144	Aggrenox..... 97
Actiq..... 44	Agrylin..... 95
	Aimovig..... 70
	AirDuo RespiClick 113/14 158
	AirDuo RespiClick 232/14 158
	AirDuo RespiClick 55/14.... 158
	Ajovy..... 70
	Aktipak..... 112
	Ala Scalp..... 127
	Ala-Cort..... 127
	Albendazole..... 76
	Albenza..... 76
	Albuterol Sulfate..... 155
	Albuterol Sulfate ER..... 155
	Albuterol Sulfate HFA..... 155
	Alclometasone Dipropionate 127
	Alcohol Prep Pads..... 148
	Aldactazide..... 102
	Aldactone..... 105
	Aldara..... 112
	Alecensa..... 74
	Alendronate Sodium..... 147
	Alfuzosin HCl ER..... 126
	Alinia..... 76
	Aliskiren Fumarate..... 102
	Allopurinol..... 69
	Almotriptan Malate..... 70
	Alocril..... 150
	Alogliptin Benzoate..... 89
	Alogliptin-Metformin HCl..... 89
	Alogliptin-Pioglitazone..... 89
	Alomide..... 150
	Alora..... 134
	Alosetron HCl..... 121

Alphagan P.....	150	Amlodipine-Benazepril.....	102	Antara.....	105
Alprazolam.....	87	Amlodipine-Olmesartan.....	102	Anusol-HC.....	147
Alprazolam ER.....	87	Amlodipine-Valsartan.....	102	ApexiCon E.....	127
Alprazolam Intensol.....	87	Amlodipine-Valsartan-HCTZ	102	Apidra.....	92
Alprazolam ODT.....	87	Ammonium Lactate.....	112	Apidra SoloStar.....	92
Alrex.....	151	Amnesteem.....	112	Aplenzin.....	63
Altace.....	98	Amoxapine.....	65	Apokyn.....	77
Altavera.....	134	Amoxicillin.....	53	Apraclonidine HCl.....	150
Altoprev.....	106	Amoxicillin-Clarithromycin- Lansoprazole.....	120	Aprepitant.....	66
Altreno.....	112	Amoxicillin-Potassium Clavulanate.....	53	Apri.....	134
Alunbrig.....	74	Amoxicillin-Potassium Clavulanate ER.....	53	Apriso.....	146
Alvesco.....	153	Amphetamine Sulfate.....	108	Aptensio XR.....	108
Alyacen 1/35.....	134	Amphetamine- Dextroamphetamine.....	108	Aptiom.....	61
Alyq.....	157	Amphetamine- Dextroamphetamine ER....	108	Aptivus.....	86
Amantadine HCl.....	77	Amphotericin B.....	67	Aralast NP.....	124
Amaryl.....	89	Ampicillin.....	53	Aranelle.....	134
Ambien.....	160	Ampicillin Sodium.....	53	Aranesp.....	95, 96
AmBisome.....	67	Ampicillin-Sulbactam Sodium	53	Arava.....	144
Ambrisentan.....	157	Ampyra.....	110	Arcalyst.....	144
Amcinonide.....	127	Anadrol-50.....	133	Arcapta Neohaler.....	155
Amerge.....	70	Anafranil.....	65	Aricept.....	62
Amethia.....	134	Anagrelide HCl.....	95	Arikayce.....	48
Amethia Lo.....	134	Anastrozole.....	74	Arimidex.....	74
Amikacin Sulfate.....	47	Ancobon.....	67	Aripiprazole.....	80
Amiloride HCl.....	105	Androderm.....	133	Aripiprazole ODT.....	80
Amiloride-Hydrochlorothiazide	102	AndroGel.....	133	Aristada.....	80
Aminosyn II.....	116	AndroGel Pump.....	133	Aristada Initio.....	80
Aminosyn-PF.....	116	Anoro Ellipta.....	158	Arixtra.....	94
Amiodarone HCl.....	98	Antabuse.....	47	Armodafinil.....	160
Amitiza.....	121			Arnuity Ellipta.....	153
Amitriptyline HCl.....	65			Aromasin.....	74
Amlodipine Besylate.....	100			Arthrotec.....	39
Amlodipine-Atorvastatin.....	102			Asacol HD.....	146

Asmanex.....	153, 154	Avonex Prefilled.....	110	Belbuca.....	41	
Asmanex HFA.....	154	Avycaz.....	51	Belsomra.....	160	
Aspirin-Dipyridamole ER.....	97	Aygestin.....	138	Benazepril HCl.....	98	
Astagraf XL.....	141	Azactam.....	52	Benazepril-Hydrochlorothiazide	102	
Astepro.....	153	Azasan.....	141	Benicar.....	98	
Atacand.....	98	Azasite.....	54	Benicar HCT.....	102	
Atacand HCT.....	102	Azathioprine.....	141	Benlysta.....	144	
Atazanavir Sulfate.....	86	Azelaic Acid.....	112	BenzaClin with Pump.....	112	
Atelvia.....	148	Azelastine HCl.....	150, 153	Benzamycin.....	112	
Atenolol.....	99	Azelex.....	112	Benznidazole.....	76	
Atenolol-Chlorthalidone.....	102	Azilect.....	79	Benzoyl Peroxide-Erythromycin	112	
Ativan.....	87	Azithromycin.....	54	Benzotropine Mesylate.....	77	
Atomoxetine HCl.....	108	Azopt.....	150	Bepreve.....	150	
Atorvastatin Calcium.....	106	Azor.....	102	Berinert.....	140	
Atovaquone.....	76	Aztreonam.....	52	Beser.....	127	
Atovaquone-Proguanil HCl....	76	Azulfidine.....	147	Besivance.....	55	
Atralin.....	112	Azulfidine EN-tabs.....	147	Betamethasone Dipropionate	127	
Atripla.....	85	B			Betamethasone Dipropionate Aug.....	127
Atropine Sulfate.....	149	Bacitracin.....	48	Betamethasone Valerate.....	127	
Atrovent HFA.....	155	Bacitracin-Polymyxin B.....	149	Betapace AF.....	99	
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Auryxia.....	119	Bactrim DS.....	56	Bethkis.....	156	
Austedo.....	109	Bactroban.....	48	Betimol.....	150	
Avalide.....	102	Balsalazide Disodium.....	146	Betoptic-S.....	150	
Avandia.....	89	Balversa.....	74	Bevespi Aerosphere.....	158	
Avapro.....	98	Balziva.....	134	Bevyxxa.....	94	
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BiDil.....	102	Buprenorphine HCl.....	47	Candesartan Cilexetil.....	98	
Biktarvy.....	85	Buprenorphine HCl-Naloxone HCl.....	47	Candesartan Cilexetil-HCTZ	102	
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Bisoprolol-Hydrochlorothiazide	102	Buspironone HCl.....	87	Carac.....	113	
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Blephamide.....	149	Butrans.....	41	Carbaglu.....	116	
Blephamide S.O.P.....	149	Bydureon.....	89	Carbamazepine.....	61	
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Bosulif.....	74	Cabergoline.....	139	Carbidopa-Levodopa ODT.....	78	
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Cefaclor ER.....	51	Chlorpromazine HCl.....	79	Cleocin-T.....	113
Cefadroxil.....	51	Chlorthalidone.....	105	Climara Pro.....	134
Cefazolin Sodium.....	51	Cholbam.....	124	Clindacin-P.....	113
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Thiola EC.....	126	Tofranil.....	65	Trazodone HCl.....	65
Thioridazine HCl.....	79	Tolak.....	115	Trecator.....	72
Thiothixene.....	79	Tolbutamide.....	91	Trelegy Ellipta.....	159
Thyrolar-1.....	139	Tolcapone.....	77	Trelstar Mixject.....	140
Thyrolar-1/2.....	139	Tolmetin Sodium.....	40	Tremfya.....	116
Thyrolar-1/4.....	139	Tolsura.....	69	Tresiba.....	94
Thyrolar-2.....	139	Tolterodine Tartrate.....	126	Tresiba FlexTouch.....	94
Thyrolar-3.....	139	Tolterodine Tartrate ER.....	125	Tretinoin.....	76, 116
Tiagabine HCl.....	59	Topamax.....	60	Tretinoin Microsphere.....	116
Tiazac.....	101	Topamax Sprinkle.....	61	Trexall.....	143
Tibsovo.....	75	Topicort.....	131	Treximet.....	71
Tigan.....	66	Topicort Spray.....	131	Trezix.....	46
Tigecycline.....	50	Topiramate.....	61	Tri-Estarylla.....	137
Tiglutik.....	110	Topiramate ER.....	61	Tri-Legest Fe.....	137
Tikosyn.....	99	Toprol XL.....	100	Tri-Lo-Estarylla.....	137
Timolol Maleate.....	70, 151	Toremifene Citrate.....	73	Tri-Lo-Sprintec.....	137
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Gel Forming.....	151	Toujeo Max SoloStar.....	94	Tri-Previfem.....	137
Timoptic Ocodose.....	151	Toujeo SoloStar.....	94	Tri-Sprintec.....	137
Timoptic-XE.....	151	Toviaz.....	126	Tri-VyLibra.....	137
Tinidazole.....	50	TPN Electrolytes.....	119	Tri-VyLibra Lo.....	137
Tirosint.....	139	Tracleer.....	157	Triamcinolone Acetonide..	112,
Tirosint-SOL.....	139	Tradjenta.....	91	131	
Tivicay.....	85	Tramadol HCl.....	46	Triamterene.....	105
Tizanidine HCl.....	159	Tramadol HCl ER.....	43	Triamterene-HCTZ.....	104
TOBI.....	157	Tramadol-Acetaminophen....	46	Trianex.....	131
TOBI Podhaler.....	157	Trandolapril.....	98	Tribenzor.....	104
TobraDex.....	150	Trandolapril-Verapamil HCl ER		Tricor.....	105
TobraDex ST.....	150	104	Triderm.....	131
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Trientine HCl.....	119	Tymlos.....	148	Vancocin HCl.....	50
Trifluoperazine HCl.....	79	Typhim Vi.....	146	Vancomycin HCl.....	50
Trifluridine.....	84	U		Vandazole.....	50
Triglide.....	105	Uceris.....	147	Vanos.....	131
Trihexyphenidyl HCl.....	77	Udenyca.....	97	VAQTA.....	146
Trileptal.....	62	Uloric.....	69	Varivax.....	146
Trilipix.....	105	Ultracet.....	46	Varizig.....	144
TriLyte.....	122	Ultram.....	46	Varubi.....	66
Trimethobenzamide HCl.....	66	Ultravate.....	131	Vascepa.....	107
Trimethoprim.....	50	Unasyn.....	54	Vaseretic.....	104
Trimipramine Maleate.....	65	Unithroid.....	139	Vasotec.....	98
Trintellix.....	65	Uptravi.....	157	Vecamyl.....	104
Triumeq.....	85	Urecholine.....	126	Vectical.....	116
Trivora.....	137	Urocit-K 10.....	119	Velivet.....	137
Trizivir.....	86	Urocit-K 15.....	119	Velphoro.....	120
Trokendi XR.....	61	Urocit-K 5.....	119	Veltassa.....	119
TrophAmine.....	119	Uroxatral.....	126	Vemlidy.....	83
Trospium Chloride.....	126	Urso 250.....	121	Venclexta.....	75
Trospium Chloride ER.....	126	Urso Forte.....	121	Venclexta Starting Pack.....	75
Trulance.....	121	Ursodiol.....	121	Venlafaxine HCl.....	65
Trulicity.....	91	Utibron Neohaler.....	159	Venlafaxine HCl ER.....	65
Trumenba.....	146	V		Ventavis.....	157
Trusopt.....	151	Vabomere.....	53	Ventolin HFA.....	156
Truvada.....	86	Vagifem.....	137	Verapamil HCl.....	102
Tudorza Pressair.....	155	Valacyclovir HCl.....	84	Verapamil HCl ER.....	101
Turalio.....	75	Valchlor.....	72	Veregen.....	116
Twinrix.....	146	Valcyte.....	83	Verelan.....	102
Twynsta.....	104	Valganciclovir HCl.....	83	Verelan PM.....	102
Tybost.....	85	Valium.....	88	Versacloz.....	83
Tydemy.....	137	Valproic Acid.....	59	Verzenio.....	74
Tygacil.....	50	Valsartan.....	98	Vesicare.....	126
Tykerb.....	75	Valsartan-Hydrochlorothiazide		Vfend.....	69
Tylenol with Codeine #3.....	46	104	Vfend IV.....	69
Tylenol with Codeine #4.....	46	Valtrex.....	84	Viberzi.....	121

Vibramycin.....	58	Vyfemla.....	138	Xofluza.....	87
Vicodin ES.....	46	VyLibra.....	138	Xolair.....	144
Vicodin HP.....	46	Vyndaquel.....	104	Xopenex.....	156
Victoza.....	91	Vytorin.....	107	Xopenex Concentrate.....	156
Videx.....	86	Vyvanse.....	108	Xopenex HFA.....	156
Videx EC.....	86	Vyzulta.....	152	Xospata.....	76
Viekira Pak.....	84	W		Xpovio.....	73
Vienna.....	138	Warfarin Sodium.....	95	Xtampza ER.....	43
Vigabatrin.....	59	Welchol.....	107	Xtandi.....	72
Vigadrone.....	59	Wellbutrin SR.....	63	Xulane.....	138
Vigamox.....	56	Wellbutrin XL.....	63	Xultophy.....	91
Viibryd.....	65	Wixela Inhub.....	159	Xuriden.....	125
Viibryd Starter Pack.....	65	WYMZYA Fe.....	138	Xyosted.....	134
Vimovo.....	40	X		Xyrem.....	160
Vimpat.....	62	Xalatan.....	152	Y	
Viokace.....	125	Xalkori.....	76	Yasmin 28.....	138
Viracept.....	87	Xanax.....	88	YAZ.....	138
Viramune.....	85	Xanax XR.....	88	YF-Vax.....	146
Viramune XR.....	85	Xarelto.....	95	Yonsa.....	72
Viread.....	86	Xarelto Starter Pack.....	95	Yosprala.....	123
Vistaril.....	66	Xatmep.....	143	Yupelri.....	155
Vitrakvi.....	75	Xeljanz.....	143	Yuvaferm.....	138
Vivelle-Dot.....	138	Xeljanz XR.....	143	Z	
Vivitrol.....	47	Xelpros.....	152	Zafirlukast.....	154
Vivlodex.....	40	Xenazine.....	110	Zaleplon.....	160
Vizimpro.....	76	Xepi.....	56	Zanaflex.....	159, 160
Vogelxo.....	133	Xerese.....	84	Zarah.....	138
Vogelxo Pump.....	133	Xermelo.....	121	Zarontin.....	58
Voltaren.....	40	Xgeva.....	148	Zarxio.....	97
Voriconazole.....	69	Xhance.....	154	Zavesca.....	125
Vosevi.....	84	Xifaxan.....	121	Zegerid.....	123
Votrient.....	76	Xigduo XR.....	91	Zejula.....	74
VP-PNV-DHA.....	120	Xiidra.....	150	Zelapar.....	79
Vraylar.....	82	Ximino.....	58	Zelboraf.....	76

Zemaira.....	125	Zithromax.....	55	Zostavax.....	146
Zembrace SymTouch.....	71	Zithromax Tri-Pak.....	55	Zosyn.....	54
Zemplar.....	148	Zithromax Z-Pak.....	55	Zovia 1/35E.....	138
Zenatane.....	116	Zocor.....	106	Zovirax.....	84
Zenpep.....	125	Zofran.....	66	ZTlido.....	46
Zenzedi.....	108	Zohydro ER.....	43	Zubsolv.....	47
Zepatier.....	84	Zolinza.....	74	Zuplenz.....	67
Zerbaxa.....	52	Zolmitriptan.....	71	Zyclara Pump.....	116
Zestoretic.....	104	Zolmitriptan ODT.....	71	Zydelig.....	76
Zestril.....	98	Zolofl.....	65	Zyflo.....	154
Zetia.....	107	Zolpidem Tartrate.....	160	Zykadia.....	76
Zetonna.....	154	Zomacton.....	132	Zylet.....	150
Ziac.....	104	Zomig.....	71	Zyloprim.....	69
Ziagen.....	86	Zomig ZMT.....	71	Zymaxid.....	56
Ziana.....	116	Zonalon.....	116	Zypitamag.....	106
Zidovudine.....	86	Zonegran.....	58	Zyprexa.....	82
Zileuton ER.....	154	Zonisamide.....	59	Zyprexa Relprev.....	82
Zioptan.....	152	Zontivity.....	95	Zyprexa Zydys.....	82
Ziprasidone HCl.....	82	Zorbtive.....	121	Zytiga.....	72
Zipsor.....	40	Zortress.....	143	Zyvox.....	50, 51
Zirgan.....	83	Zorvolex.....	40		

Covered drugs by medical condition

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

The first column lists the drug name, which may include the dosage form and strength. **Brand name** drugs are listed in **bold** type (for example, **Humalog**) and generic drugs are listed in plain type (for example, Simvastatin). The second column lists the drug tier or coverage level. The third column lists any rules or limits for the drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 161-199.

Drug Name	Drug Tier	Coverage Rules or Limits on use
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
Arthrotec (Oral Tablet Delayed Release)	3	
Cambia (Oral Packet)	3	
Celebrex (Oral Capsule)	3	QL
Celecoxib (Oral Capsule)	1	QL
Daypro (Oral Tablet)	3	
Diclofenac Epolamine (Transdermal Patch)	3	PA; QL
Diclofenac Potassium (Oral Tablet)	1	
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	1	
Diclofenac Sodium (Oral Tablet Delayed Release)	1	
Diclofenac Sodium (1% Transdermal Gel)	1	
Diclofenac Sodium (Transdermal Solution)	1	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Diclofenac-Misoprostol (Oral Tablet Delayed Release)	1	
Diflunisal (Oral Tablet)	1	
Duexis (Oral Tablet)	4	ST
Etodolac ER (Oral Tablet Extended Release 24 Hour)	1	
Etodolac (Oral Capsule)	1	
Etodolac (Oral Tablet Immediate Release)	1	
Feldene (Oral Capsule)	3	
Fenoprofen Calcium (400MG Oral Capsule)	1	
Fenoprofen Calcium (Oral Tablet)	1	
Flector (Transdermal Patch)	3	PA; QL
Flurbiprofen (Oral Tablet)	1	
Ibu (600MG Oral Tablet, 800MG Oral Tablet)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ibuprofen (Oral Suspension)	1		Naproxen (Oral Tablet Immediate Release)	1	
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	1		Naproxen Sodium ER (Oral Tablet Extended Release 24 Hour) (Generic Naprelan)	1	
Indocin (Rectal Suppository)	4		Naproxen Sodium (275MG Oral Tablet Immediate Release, 550MG Oral Tablet Immediate Release)	1	
Ketoprofen ER (Oral Capsule Extended Release 24 Hour)	1		Oxaprozin (Oral Tablet)	1	
Ketoprofen (Oral Capsule Immediate Release)	1		Pennsaid (Transdermal Solution)	4	PA
Lodine (Oral Tablet)	4		Piroxicam (Oral Capsule)	1	
Meclofenamate Sodium (Oral Capsule)	1		Qmiiz ODT (Oral Tablet Dispersible)	3	
Mefenamic Acid (Oral Capsule)	1		Sulindac (Oral Tablet)	1	
Meloxicam (Oral Tablet)	1		Tolmetin Sodium (Oral Capsule)	1	
Mobic (Oral Tablet)	3		Tolmetin Sodium (600MG Oral Tablet)	1	
Nabumetone (Oral Tablet)	1		Vimovo (Oral Tablet Delayed Release)	4	ST
Nalfon (Oral Tablet)	3		Vivlodex (Oral Capsule)	4	QL
Naprelan (Oral Tablet Extended Release 24 Hour)	4		Voltaren (Transdermal Gel)	3	PA
Naproxen DR (Oral Tablet Delayed Release) (Generic EC-Naprosyn)	1		Zipsor (Oral Capsule)	4	ST
Naproxen (Oral Suspension)	1		Zorvolex (Oral Capsule)	3	ST
			Opioid Analgesics, Long-acting		

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Belbuca (150MCG Buccal Film, 300MCG Buccal Film, 450MCG Buccal Film, 75MCG Buccal Film)	3	PA; 7D; DL; QL	Duragesic-25 (Transdermal Patch 72 Hour)	3	7D; MME; DL; QL
Belbuca (600MCG Buccal Film, 750MCG Buccal Film, 900MCG Buccal Film)	4	PA; 7D; DL; QL	Duragesic-50 (Transdermal Patch 72 Hour)	4	7D; MME; DL; QL
Buprenorphine (10MCG/HR Transdermal Patch Weekly, 15MCG/HR Transdermal Patch Weekly, 20MCG/HR Transdermal Patch Weekly, 5MCG/HR Transdermal Patch Weekly)	1	7D; DL; QL	Duragesic-75 (Transdermal Patch 72 Hour)	4	7D; MME; DL; QL
Buprenorphine (7.5MCG/HR Transdermal Patch Weekly)	2	7D; DL; QL	Embeda (Oral Capsule Extended Release)	2	7D; MME; DL; QL
Butrans (Transdermal Patch Weekly)	2	7D; DL; QL	Fentanyl (Transdermal Patch 72 Hour)	1	7D; MME; DL; QL
ConZip (Oral Capsule Extended Release 24 Hour)	3	7D; MME; DL; QL	Hydromorphone HCl ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	1	7D; MME; DL; QL
Dolophine (Oral Tablet)	3	7D; MME; DL; QL	Hysingla ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	2	7D; MME; DL; QL
Duragesic-100 (Transdermal Patch 72 Hour)	4	7D; MME; DL; QL			
Duragesic-12 (Transdermal Patch 72 Hour)	3	7D; MME; DL; QL			

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Kadian (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 40MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour)	4	7D; MME; DL; QL	MorphaBond ER (100MG Oral Tablet ER 12 Hour Abuse-Deterrent, 30MG Oral Tablet ER 12 Hour Abuse-Deterrent, 60MG Oral Tablet ER 12 Hour Abuse-Deterrent)	4	7D; MME; DL; QL
Kadian (10MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 30MG Oral Capsule Extended Release 24 Hour)	3	7D; MME; DL; QL	MorphaBond ER (15MG Oral Tablet ER 12 Hour Abuse-Deterrent)	3	7D; MME; DL; QL
Levorphanol Tartrate (Oral Tablet)	1	7D; MME; DL; QL	Morphine Sulfate ER Beads (Oral Capsule Extended Release 24 Hour) (Generic Avinza)	1	7D; MME; DL; QL
Methadone HCl (Oral Solution)	1	7D; MME; DL; QL	Morphine Sulfate ER (Oral Capsule Extended Release 24 Hour) (Generic Kadian)	1	7D; MME; DL; QL
Methadone HCl (Oral Tablet)	1	7D; MME; DL; QL	Morphine Sulfate ER (Oral Tablet Extended Release) (Generic MS Contin)	1	7D; MME; DL; QL
			MS Contin (100MG Oral Tablet Extended Release, 200MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release)	4	7D; MME; DL; QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
MS Contin (15MG Oral Tablet Extended Release)	3	7D; MME; DL; QL	Tramadol HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	3	7D; MME; DL; QL
Nucynta ER (Oral Tablet Extended Release 12 Hour)	2	7D; MME; DL; QL	Tramadol HCl ER (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	1	7D; MME; DL; QL
Oxycodone HCl ER (10MG Oral Tablet ER 12 Hour Abuse-Deterrent, 15MG Oral Tablet ER 12 Hour Abuse-Deterrent, 20MG Oral Tablet ER 12 Hour Abuse-Deterrent, 30MG Oral Tablet ER 12 Hour Abuse-Deterrent, 40MG Oral Tablet ER 12 Hour Abuse-Deterrent)	3	7D; MME; DL; QL	Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	3	ST; 7D; MME; DL; QL
Oxycodone HCl ER (60MG Oral Tablet ER 12 Hour Abuse-Deterrent, 80MG Oral Tablet ER 12 Hour Abuse-Deterrent)	4	7D; MME; DL; QL	Zohydro ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	3	PA; 7D; MME; DL; QL
OxyContin (Oral Tablet ER 12 Hour Abuse-Deterrent)	2	7D; MME; DL; QL	Opioid Analgesics, Short-acting		
Oxymorphone HCl ER (Oral Tablet Extended Release 12 Hour)	1	7D; MME; DL; QL	Abstral (Tablet Sublingual)	4	PA; DL; QL
Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour)	1	7D; MME; DL; QL	Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	1	7D; MME; DL; QL
			Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	1	7D; MME; DL; QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Actiq (Buccal Lozenge On A Handle)	4	PA; DL; QL	Fentanyl Citrate (100MCG Buccal Tablet, 200MCG Buccal Tablet, 400MCG Buccal Tablet, 600MCG Buccal Tablet, 800MCG Buccal Tablet)	4	PA; DL; QL
Butorphanol Tartrate (Nasal Solution)	1	7D; MME; DL; QL	Fentora (Buccal Tablet)	4	PA; DL; QL
Codeine Sulfate (Oral Tablet)	1	7D; MME; DL; QL	Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	1	7D; MME; DL; QL
Dilaudid (Oral Liquid)	3	7D; MME; DL; QL	Hydrocodone-Acetaminophen (10-300MG Oral Tablet, 10-325MG Oral Tablet, 5-300MG Oral Tablet, 5-325MG Oral Tablet, 7.5-300MG Oral Tablet, 7.5-325MG Oral Tablet)	1	7D; MME; DL; QL
Dilaudid (2MG Oral Tablet, 4MG Oral Tablet)	3	7D; MME; DL; QL	Hydrocodone-Ibuprofen (Oral Tablet)	1	7D; MME; DL; QL
Dilaudid (8MG Oral Tablet)	4	7D; MME; DL; QL	Hydromorphone HCl (2MG/ML Injection Solution)	1	DL
Duramorph (Injection Solution)	1	DL	Hydromorphone HCl (1MG/ML Oral Liquid)	1	7D; MME; DL; QL
Dvorah (Oral Tablet)	3	7D; MME; DL; QL			
Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	1	7D; MME; DL; QL			
Fentanyl Citrate (1200MCG Buccal Lozenge On A Handle, 1600MCG Buccal Lozenge On A Handle, 200MCG Buccal Lozenge On A Handle, 400MCG Buccal Lozenge On A Handle, 600MCG Buccal Lozenge On A Handle, 800MCG Buccal Lozenge On A Handle)	1	PA; DL; QL			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release, 8MG Oral Tablet Immediate Release)	1	7D; MME; DL; QL	Nucynta (100MG Oral Tablet Immediate Release)	4	7D; MME; DL; QL
Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution)	1	DL	Nucynta (50MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release)	3	7D; MME; DL; QL
Lazanda (Nasal Solution)	4	PA; DL; QL	Opana (10MG Oral Tablet Immediate Release)	4	7D; MME; DL; QL
Lorcet HD (Oral Tablet)	1	7D; MME; DL; QL	Opana (5MG Oral Tablet Immediate Release)	3	7D; MME; DL; QL
Lorcet (Oral Tablet)	1	7D; MME; DL; QL	Oxycodone HCl (Oral Capsule)	1	7D; MME; DL; QL
Lorcet Plus (Oral Tablet)	1	7D; MME; DL; QL	Oxycodone HCl (100MG/5ML Oral Concentrate)	1	7D; MME; DL; QL
Morphine Sulfate (8MG/ML Intravenous Solution Prefilled Syringe)	1	DL	Oxycodone HCl (Oral Solution)	1	7D; MME; DL; QL
Morphine Sulfate (10MG/ML Injection Solution)	1	DL	Oxycodone HCl (Oral Tablet Immediate Release)	1	7D; MME; DL; QL
Morphine Sulfate (Oral Solution)	1	7D; MME; DL; QL	Oxycodone-Acetaminophen (Oral Tablet)	1	7D; MME; DL; QL
Morphine Sulfate (Oral Tablet Immediate Release)	1	7D; MME; DL; QL	Oxycodone-Aspirin (Oral Tablet)	1	7D; MME; DL; QL
Norco (Oral Tablet)	3	7D; MME; DL; QL	Oxycodone-Ibuprofen (Oral Tablet)	1	7D; MME; DL; QL
			Oxymorphone HCl (Oral Tablet Immediate Release)	1	7D; MME; DL; QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Percocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	4	7D; MME; DL; QL	Ultracet (Oral Tablet)	3	7D; MME; DL; QL
Percocet (2.5-325MG Oral Tablet)	3	7D; MME; DL; QL	Ultram (Oral Tablet)	3	7D; MME; DL; QL
Primlev (Oral Tablet)	4	7D; MME; DL; QL	Vicodin ES (Oral Tablet)	1	7D; MME; DL; QL
Roxicodone (15MG Oral Tablet, 5MG Oral Tablet)	3	7D; MME; DL; QL	Vicodin HP (Oral Tablet)	1	7D; MME; DL; QL
Roxicodone (30MG Oral Tablet)	4	7D; MME; DL; QL	Anesthetics		
Subsys (100MCG Sublingual Liquid, 200MCG Sublingual Liquid, 400MCG Sublingual Liquid, 600MCG Sublingual Liquid, 800MCG Sublingual Liquid)	4	PA; DL; QL	Local Anesthetics		
Tramadol HCl (Oral Tablet Immediate Release)	1	7D; MME; DL; QL	Lidocaine (5% External Ointment)	1	QL
Tramadol-Acetaminophen (Oral Tablet)	1	7D; MME; DL; QL	Lidocaine (5% External Patch)	1	PA; QL
Trezix (Oral Capsule)	1	7D; MME; DL; QL	Lidocaine HCl (4% External Solution)	1	
Tylenol with Codeine #3 (Oral Tablet)	3	7D; MME; DL; QL	Lidocaine HCl (External Gel)	1	
Tylenol with Codeine #4 (Oral Tablet)	3	7D; MME; DL; QL	Lidocaine Viscous (2% Mouth/Throat Solution)	1	
			Lidocaine-Prilocaine (External Cream)	1	
			Lidoderm (External Patch)	4	PA; QL
			Pliaglis (External Cream)	3	
			ZTlido (External Patch)	3	PA; QL
			Anti-Addiction/Substance Abuse Treatment Agents		
			Alcohol Deterrents/Anti-craving		

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Acamprosate Calcium (Oral Tablet Delayed Release)	1		Evzio (Injection Solution Auto-Injector)	4	ST
Antabuse (Oral Tablet)	3		Naloxone HCl (0.4MG/ML Injection Solution)	1	
Disulfiram (Oral Tablet)	1		Naloxone HCl (Injection Solution Cartridge)	1	
Naltrexone HCl (Oral Tablet)	1		Naloxone HCl (Injection Solution Prefilled Syringe)	1	
Vivitrol (Intramuscular Suspension Reconstituted)	4		Narcan (Nasal Liquid)	2	
Opioid Dependence Treatments			Smoking Cessation Agents		
Bunavail (Buccal Film)	3	ST; QL	Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	1	
Buprenorphine HCl (Tablet Sublingual)	1	QL	Chantix Continuing Month Pak (Oral Tablet)	2	
Buprenorphine HCl-Naloxone HCl (Sublingual Film)	1	QL	Chantix (Oral Tablet)	2	
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	1	QL	Chantix Starting Month Pak (Oral Tablet)	2	
Suboxone (Sublingual Film)	3	QL	Nicotrol (Inhalation Inhaler)	3	
Zubsolv (1.4-0.36MG Tablet Sublingual, 11.4-2.9MG Tablet Sublingual, 2.9-0.71MG Tablet Sublingual, 5.7-1.4MG Tablet Sublingual, 8.6-2.1MG Tablet Sublingual)	3	QL	Nicotrol NS (Nasal Solution)	3	
Opioid Reversal Agents			Antibacterials		
			Aminoglycosides		
			Amikacin Sulfate (500MG/2ML Injection Solution)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Arikayce (Inhalation Suspension)	4	
Gentak (Ophthalmic Ointment)	1	
Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	1	
Gentamicin Sulfate (External Cream)	1	
Gentamicin Sulfate (External Ointment)	1	
Gentamicin Sulfate (40MG/ML Injection Solution)	1	
Gentamicin Sulfate (Ophthalmic Solution)	1	
Neomycin Sulfate (Oral Tablet)	1	
Paromomycin Sulfate (Oral Capsule)	1	
Streptomycin Sulfate (Intramuscular Solution Reconstituted)	4	
Tobramycin (Ophthalmic Solution)	1	
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	1	
Tobrex (Ophthalmic Ointment)	3	
Tobrex (Ophthalmic Solution)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Antibacterials, Other		
Bacitracin (Ophthalmic Ointment)	1	
Bactroban (2% External Cream)	3	
Bactroban (2% Nasal Ointment)	3	PA
Cleocin in D5W (300MG/50ML Intravenous Solution, 600MG/50ML Intravenous Solution, 900MG/50ML Intravenous Solution)	3	
Cleocin (150MG Oral Capsule, 75MG Oral Capsule)	3	
Cleocin (300MG Oral Capsule)	4	
Cleocin (Oral Solution Reconstituted)	3	
Cleocin Phosphate (900MG/6ML Injection Solution)	3	
Cleocin (Vaginal Cream)	3	
Cleocin (Vaginal Suppository)	3	
Clindamycin HCl (Oral Capsule)	1	
Clindamycin Palmitate HCl (Oral Solution Reconstituted)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Clindamycin Phosphate in D5W (Intravenous Solution)	1		Furadantin (Oral Suspension)	4	HRM
Clindamycin Phosphate (300MG/2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution)	1		Hiprex (Oral Tablet)	3	
Clindamycin Phosphate (Vaginal Cream)	1		Linezolid (Intravenous Solution)	1	
Clindesse (Vaginal Cream)	3		Linezolid (Oral Suspension Reconstituted)	1	
Colistimethate Sodium (CBA) (Injection Solution Reconstituted)	1		Linezolid (Oral Tablet)	1	
Cubicin (Intravenous Solution Reconstituted)	4		Macrobid (Oral Capsule)	3	HRM
Dalvance (Intravenous Solution Reconstituted)	4	PA	Macrodantin (Oral Capsule)	3	HRM
Daptomycin (350MG Intravenous Solution Reconstituted)	1		Mafenide Acetate (External Packet)	1	
Daptomycin (500MG Intravenous Solution Reconstituted)	1		Methenamine Hippurate (Oral Tablet)	1	
Firvanq (Oral Solution Reconstituted)	3		MetroCream (External Cream)	3	
Flagyl (Oral Capsule)	3		Metrogel (External Gel)	3	
Flagyl (Oral Tablet)	3		MetroGel-Vaginal (Vaginal Gel)	3	
			MetroLotion (External Lotion)	4	
			Metronidazole (External Cream)	1	
			Metronidazole (External Gel)	1	
			Metronidazole (External Lotion)	1	
			Metronidazole in NaCl 0.79% (Intravenous Solution)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Metronidazole (Oral Capsule)	1		Tigecycline (Intravenous Solution Reconstituted)	1	
Metronidazole (Oral Tablet)	1		Tinidazole (Oral Tablet)	1	
Metronidazole (Vaginal Gel)	1		Trimethoprim (Oral Tablet)	1	
Monurol (Oral Packet)	3		Tyagacil (Intravenous Solution Reconstituted)	4	
Mupirocin Calcium (External Cream)	1		Vancocin HCl (Oral Capsule)	4	QL
Mupirocin (External Ointment)	1		Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)	1	
Nitrofurantoin Macrocrystal (Oral Capsule) (Generic Macrobid)	1	HRM	Vancomycin HCl (250MG Intravenous Solution Reconstituted)	1	
Nitrofurantoin Monohydrate (Generic Macrobid)	1	HRM	Vancomycin HCl (Oral Capsule)	1	QL
Nitrofurantoin (Oral Suspension)	1	HRM	Vandazole (Vaginal Gel)	1	
Noritate (External Cream)	4		Zyvox (600MG/300ML Intravenous Solution)	4	
Polymyxin B Sulfate (Injection Solution Reconstituted)	1		Zyvox (Oral Suspension Reconstituted)	4	
Sivextro (Intravenous Solution Reconstituted)	4	PA			
Sivextro (Oral Tablet)	4	PA			
Solosec (Oral Packet)	3				
Sulfamylon (External Cream)	3				
Sulfamylon (External Packet)	4				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Zyvox (Oral Tablet)	4		Cefixime (Oral Capsule)	1	
Beta-lactam, Cephalosporins			Cefixime (Oral Suspension Reconstituted)	1	
Avycaz (Intravenous Solution Reconstituted)	4	PA	Cefotetan Disodium (Injection Solution Reconstituted)	1	
Cefaclor ER (Oral Tablet Extended Release 12 Hour)	1		Cefoxitin Sodium (Injection Solution Reconstituted)	1	
Cefaclor (Oral Capsule)	1		Cefoxitin Sodium (Intravenous Solution Reconstituted)	1	
Cefaclor (Oral Suspension Reconstituted)	1		Cefpodoxime Proxetil (Oral Suspension Reconstituted)	1	
Cefadroxil (Oral Capsule)	1		Cefpodoxime Proxetil (Oral Tablet)	1	
Cefadroxil (Oral Suspension Reconstituted)	1		Cefprozil (Oral Suspension Reconstituted)	1	
Cefadroxil (Oral Tablet)	1		Cefprozil (Oral Tablet)	1	
Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	1		Ceftazidime (Injection Solution Reconstituted)	1	
Cefdinir (Oral Capsule)	1		Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	1	
Cefdinir (Oral Suspension Reconstituted)	1				
Cefepime HCl (Injection Solution Reconstituted)	1				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	1		Suprax (Oral Tablet Chewable)	2	
Cefuroxime Axetil (Oral Tablet)	1		Tazicef (Injection Solution Reconstituted)	1	
Cefuroxime Sodium (Injection Solution Reconstituted)	1		Teflaro (Intravenous Solution Reconstituted)	4	
Cefuroxime Sodium (Intravenous Solution Reconstituted)	1		Zerbaxa (Intravenous Solution Reconstituted)	4	PA
Cephalexin (Oral Capsule)	1		Beta-lactam, Other		
Cephalexin (Oral Suspension Reconstituted)	1		Azactam (Injection Solution Reconstituted)	3	
Cephalexin (Oral Tablet)	1		Aztreonam (1GM Injection Solution Reconstituted)	1	
Maxipime (1GM Injection Solution Reconstituted)	3		Ertapenem Sodium (Injection Solution Reconstituted)	1	
Maxipime (2GM Intravenous Solution Reconstituted)	3		Imipenem-Cilastatin (Intravenous Solution Reconstituted)	1	
Suprax (Oral Capsule)	2		Invanz (Injection Solution Reconstituted)	4	
Suprax (100MG/5ML Oral Suspension Reconstituted, 200MG/5ML Oral Suspension Reconstituted)	3		Meropenem (Intravenous Solution Reconstituted)	1	
Suprax (500MG/5ML Oral Suspension Reconstituted)	3		Merrem (500MG Intravenous Solution Reconstituted)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Primaxin IV (Intravenous Solution Reconstituted)	3		Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted)	1	
Vabomere (Intravenous Solution Reconstituted)	4		Ampicillin Sodium (10GM Intravenous Solution Reconstituted)	1	
Beta-lactam, Penicillins			Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)	1	
Amoxicillin (Oral Capsule)	1		Augmentin (125-31.25MG/5ML Oral Suspension Reconstituted)	4	
Amoxicillin (Oral Suspension Reconstituted)	1		Bactocill in Dextrose (Intravenous Solution)	3	
Amoxicillin (Oral Tablet)	1		Bicillin C-R 900/300 (Intramuscular Suspension)	3	
Amoxicillin (Oral Tablet Chewable)	1		Bicillin C-R (Intramuscular Suspension)	3	
Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour)	1		Bicillin L-A (Intramuscular Suspension)	3	
Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted)	1		Dicloxacillin Sodium (Oral Capsule)	1	
Amoxicillin-Potassium Clavulanate (Oral Tablet Immediate Release)	1		Nafcillin Sodium (1GM Injection Solution Reconstituted, 2GM Injection Solution Reconstituted)	1	
Amoxicillin-Potassium Clavulanate (Oral Tablet Chewable)	1				
Ampicillin (Oral Capsule)	1				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Nafcillin Sodium (10GM Intravenous Solution Reconstituted)	1		Unasyn (15 (10-5)GM Injection Solution Reconstituted, 3 (2-1)GM Injection Solution Reconstituted)	3	
Oxacillin Sodium (Injection Solution Reconstituted)	1		Zosyn (2-0.25GM/50ML Intravenous Solution, 3-0.375GM/50ML Intravenous Solution)	3	
Penicillin G Potassium in Dextrose (40000UNIT/ML Intravenous Solution, 60000UNIT/ML Intravenous Solution)	3		Zosyn (40.5 (36-4.5)GM Intravenous Solution Reconstituted)	3	
Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)	1		Macrolides		
Penicillin G Procaine (Intramuscular Suspension)	1		Azasite (Ophthalmic Solution)	3	
Penicillin G Sodium (Injection Solution Reconstituted)	1		Azithromycin (Intravenous Solution Reconstituted)	1	
Penicillin V Potassium (Oral Solution Reconstituted)	1		Azithromycin (Oral Packet)	1	
Penicillin V Potassium (Oral Tablet)	1		Azithromycin (Oral Suspension Reconstituted)	1	
Piperacillin-Tazobactam (Intravenous Solution Reconstituted)	1		Azithromycin (Oral Tablet)	1	
			Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	1	
			Clarithromycin (Oral Suspension Reconstituted)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Clarithromycin (Oral Tablet Immediate Release)	1		Erythromycin Ethylsuccinate (Oral Tablet)	1	
Dificid (Oral Tablet)	4		Erythromycin (Ophthalmic Ointment)	1	
E.E.S. 400 (Oral Tablet)	3		Zithromax (Intravenous Solution Reconstituted)	3	
E.E.S. Granules (Oral Suspension Reconstituted)	3		Zithromax (Oral Packet)	3	
EryPed 200 (Oral Suspension Reconstituted)	3		Zithromax (Oral Suspension Reconstituted)	3	
EryPed 400 (Oral Suspension Reconstituted)	4		Zithromax (250MG Oral Tablet, 500MG Oral Tablet)	3	
Ery-Tab (Oral Tablet Delayed Release)	3		Zithromax Tri-Pak (Oral Tablet)	3	
Erythrocin Lactobionate (Intravenous Solution Reconstituted)	3		Zithromax Z-Pak (Oral Tablet)	3	
Erythrocin Stearate (Oral Tablet)	3		Quinolones		
Erythromycin Base (Oral Capsule Delayed Release Particles)	1		Baxdela (Intravenous Solution Reconstituted)	4	
Erythromycin Base (Oral Tablet Immediate Release)	1		Baxdela (Oral Tablet)	4	
Erythromycin Base (Oral Tablet Delayed Release)	1		Besivance (Ophthalmic Suspension)	3	
Erythromycin Ethylsuccinate (Oral Suspension Reconstituted)	1		Ciloxan (Ophthalmic Ointment)	3	
			Ciloxan (Ophthalmic Solution)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Cipro (Oral Suspension Reconstituted)	3		Moxifloxacin HCl (Ophthalmic Solution)	1	
Cipro (Oral Tablet)	3		Moxifloxacin HCl (Oral Tablet)	1	
Ciprofloxacin HCl (Ophthalmic Solution)	1		Ocuflox (Ophthalmic Solution)	3	
Ciprofloxacin HCl (Oral Tablet Immediate Release)	1		Ofloxacin (Ophthalmic Solution)	1	
Ciprofloxacin in D5W (200MG/100ML Intravenous Solution)	1		Ofloxacin (Oral Tablet)	1	
Ciprofloxacin (Oral Suspension Reconstituted)	1		Ofloxacin (Otic Solution)	1	
Gatifloxacin (Ophthalmic Solution)	1		Vigamox (Ophthalmic Solution)	3	
Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution)	1		Xepi (External Cream)	3	
Levofloxacin (Intravenous Solution)	1		Zymaxid (Ophthalmic Solution)	3	
Levofloxacin (Ophthalmic Solution)	1		Sulfonamides		
Levofloxacin (Oral Solution)	1		Bactrim DS (Oral Tablet)	3	
Levofloxacin (Oral Tablet)	1		Bactrim (Oral Tablet)	3	
Moxeza (Ophthalmic Solution)	3		Bleph-10 (Ophthalmic Solution)	3	
Moxifloxacin HCl in NaCl (Intravenous Solution)	1		Silvadene (External Cream)	3	
			Silver Sulfadiazine (External Cream)	1	
			SSD (External Cream)	1	
			Sulfacetamide Sodium (Ophthalmic Ointment)	1	
			Sulfacetamide Sodium (Ophthalmic Solution)	1	
			Sulfadiazine (Oral Tablet)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Sulfamethoxazole-Trimethoprim (Oral Suspension)	1		Doxycycline Monohydrate (Oral Capsule)	1	
Sulfamethoxazole-Trimethoprim (Oral Tablet)	1		Doxycycline Monohydrate (Oral Suspension Reconstituted)	1	
Tetracyclines			Doxycycline Monohydrate (Oral Tablet)	1	
Demeclocycline HCl (Oral Tablet)	1		Minocin (50MG Oral Capsule)	3	
Doryx MPC (Oral Tablet Delayed Release)	3		Minocycline HCl ER (Oral Tablet Extended Release 24 Hour)	1	QL
Doryx (200MG Oral Tablet Delayed Release)	4		Minocycline HCl (Oral Capsule)	1	
Doryx (50MG Oral Tablet Delayed Release)	3		Minocycline HCl (Oral Tablet Immediate Release)	1	
Doxy 100 (Intravenous Solution Reconstituted)	1		Mondoxylene NL (Oral Capsule)	1	
Doxycycline Hyclate (Oral Capsule)	1		Morgidox (50MG Oral Capsule)	1	
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release)	1		Nuzyra (Intravenous Solution Reconstituted)	4	PA
Doxycycline Hyclate (Oral Tablet Delayed Release)	1		Nuzyra (Oral Tablet)	4	PA; QL
			Oracea (Oral Capsule Delayed Release)	3	
			Solodyn (Oral Tablet Extended Release 24 Hour)	4	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Soloxide (150MG Oral Tablet Delayed Release)	1		Keppra (250MG Oral Tablet Immediate Release)	3	
TARGADOX (Oral Tablet)	3		Keppra XR (Oral Tablet Extended Release 24 Hour)	4	
Tetracycline HCl (Oral Capsule)	1		Levetiracetam ER (Oral Tablet Extended Release 24 Hour)	1	
Vibramycin (Oral Capsule)	3		Levetiracetam (Oral Solution)	1	
Vibramycin (Oral Suspension Reconstituted)	3		Levetiracetam (Oral Tablet Immediate Release)	1	
Vibramycin (50MG/5ML Oral Syrup)	3		Roweepra (Oral Tablet Immediate Release)	1	
Ximino (Oral Capsule Extended Release 24 Hour)	4	QL	Roweepra XR (Oral Tablet Extended Release 24 Hour)	1	
Anticonvulsants			Spritam (Oral Tablet Disintegrating Soluble)		
Anticonvulsants, Other			Calcium Channel Modifying Agents		
BRIVIACT (Oral Solution)	4	PA; QL	Celontin (Oral Capsule)	3	
BRIVIACT (Oral Tablet)	4	PA; QL	Ethosuximide (Oral Capsule)	1	
Epidiolex (Oral Solution)	4	PA	Ethosuximide (Oral Solution)	1	
Keppra (Oral Solution)	4		Zarontin (Oral Capsule)	3	
Keppra (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	4		Zarontin (Oral Solution)	3	
			Zonegran (Oral Capsule)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Zonisamide (Oral Capsule)	1		Phenobarbital (Oral Tablet)	1	PA; HRM
Gamma-aminobutyric Acid (GABA) Augmenting Agents			Primidone (Oral Tablet)	1	
Clobazam (Oral Suspension)	1	PA; QL	Sabril (Oral Packet)	4	PA; LA; QL
Clobazam (Oral Tablet)	1	PA; QL	Sabril (Oral Tablet)	4	PA; LA; QL
Diastat AcuDial (Rectal Gel)	3		Sympazan (Oral Film)	4	PA; QL
Diastat Pediatric (Rectal Gel)	3		Tiagabine HCl (Oral Tablet)	1	
Gabapentin (Oral Capsule)	1		Valproic Acid (Oral Capsule)	1	
Gabapentin (250MG/5ML Oral Solution)	1		Valproic Acid (Oral Solution)	1	
Gabapentin (Oral Tablet)	1		Vigabatrin (Oral Packet)	1	PA; LA; QL
Gabitril (Oral Tablet)	4		Vigabatrin (Oral Tablet)	1	PA; LA; QL
Mysoline (Oral Tablet)	4		Vigadrone (Oral Packet)	1	PA; LA; QL
Neurontin (100MG Oral Capsule)	3		Glutamate Reducing Agents		
Neurontin (300MG Oral Capsule, 400MG Oral Capsule)	4		Felbamate (Oral Suspension)	1	
Neurontin (Oral Solution)	3		Felbamate (Oral Tablet)	1	
Neurontin (Oral Tablet)	4		Felbatol (Oral Suspension)	4	
Onfi (Oral Suspension)	4	PA; QL	Felbatol (Oral Tablet)	4	
Onfi (Oral Tablet)	4	PA; QL	Fycompa (Oral Suspension)	4	
Phenobarbital (Oral Elixir)	1	PA; HRM	Fycompa (Oral Tablet)	4	
			Lamictal ODT (Oral Tablet Dispersible)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Lamictal (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release)	4		Lamotrigine ER (Oral Tablet Extended Release 24 Hour)	1	
Lamictal (25MG Oral Tablet Chewable)	4		Lamotrigine (Oral Tablet Immediate Release)	1	
Lamictal (5MG Oral Tablet Chewable)	3		Lamotrigine (Oral Tablet Chewable)	1	
Lamictal Starter (35 Tablets Oral Kit, 49 Tablets Oral Kit)	3		Lamotrigine ODT (Oral Tablet Dispersible)	1	
Lamictal Starter (98 Tablets Oral Kit)	4		Lamotrigine Starter Kit-Blue (Oral Kit)	1	
Lamictal XR (Oral Kit)	3		Lamotrigine Starter Kit-Green (Oral Kit)	1	
Lamictal XR (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 250MG Oral Tablet Extended Release 24 Hour, 25MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	4		Lamotrigine Starter Kit-Orange (Oral Kit)	1	
			Qudexy XR (100MG Oral Capsule ER 24 Hour Sprinkle, 25MG Oral Capsule ER 24 Hour Sprinkle, 50MG Oral Capsule ER 24 Hour Sprinkle)	3	PA
			Qudexy XR (150MG Oral Capsule ER 24 Hour Sprinkle, 200MG Oral Capsule ER 24 Hour Sprinkle)	4	PA
			Topamax (100MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet)	4	
			Topamax (25MG Oral Tablet)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Topamax Sprinkle (15MG Oral Capsule Sprinkle)	3		Carbamazepine ER (Oral Tablet Extended Release 12 Hour)	1	
Topamax Sprinkle (25MG Oral Capsule Sprinkle)	4		Carbamazepine (Oral Suspension)	1	
Topiramate ER (Oral Capsule ER 24 Hour Sprinkle)	1	PA	Carbamazepine (Oral Tablet Immediate Release)	1	
Topiramate (Oral Capsule Sprinkle Immediate Release)	1		Carbamazepine (Oral Tablet Chewable)	1	
Topiramate (Oral Tablet)	1		Carbatrol (Oral Capsule Extended Release 12 Hour)	3	
Trokendi XR (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour)	4	PA	Dilantin INFATABS (Oral Tablet Chewable)	2	
Trokendi XR (25MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	3	PA	Dilantin (Oral Capsule)	2	
Sodium Channel Agents			Dilantin (Oral Suspension)	3	
Aptiom (Oral Tablet)	4	QL	Epitol (Oral Tablet)	1	
Banzel (Oral Suspension)	4		Oxcarbazepine (Oral Suspension)	1	
Banzel (Oral Tablet)	4		Oxcarbazepine (Oral Tablet)	1	
Carbamazepine ER (Oral Capsule Extended Release 12 Hour)	1		Oxtellar XR (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	3	PA
			Oxtellar XR (600MG Oral Tablet Extended Release 24 Hour)	4	PA
			Peganone (Oral Tablet)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Phenytek (Oral Capsule)	1		Exelon (Transdermal Patch 24 Hour)	3	QL
Phenytoin (Oral Suspension)	1		Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	1	
Phenytoin (Oral Tablet Chewable)	1		Galantamine Hydrobromide (Oral Solution)	1	
Phenytoin Sodium Extended (Oral Capsule)	1		Galantamine Hydrobromide (Oral Tablet)	1	
Tegretol (Oral Suspension)	3		Razadyne ER (Oral Capsule Extended Release 24 Hour)	3	
Tegretol (Oral Tablet Immediate Release)	3		Razadyne (Oral Tablet)	3	
Tegretol XR (Oral Tablet Extended Release 12 Hour)	3		Rivastigmine Tartrate (Oral Capsule)	1	
Trileptal (Oral Suspension)	4		Rivastigmine (Transdermal Patch 24 Hour)	1	QL
Trileptal (150MG Oral Tablet)	3		N-methyl-D-aspartate (NMDA) Receptor Antagonist		
Trileptal (300MG Oral Tablet, 600MG Oral Tablet)	4		Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	1	PA; QL
Vimpat (Oral Solution)	3	QL	Memantine HCl (2MG/ML Oral Solution)	1	PA; QL
Vimpat (Oral Tablet)	3	QL	Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet)	1	PA; QL
Antidementia Agents					
Cholinesterase Inhibitors					
Aricept (Oral Tablet)	3	QL			
Donepezil HCl (Oral Tablet)	1	QL			
Donepezil HCl ODT (Oral Tablet Dispersible)	1	QL			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Memantine HCl Titration Pak (Oral Tablet)	1	PA	Forfivo XL (Oral Tablet Extended Release 24 Hour)	3	
Namenda (Oral Tablet)	3	PA; QL	Mirtazapine (Oral Tablet)	1	
Namenda Titration Pak (Oral Tablet)	3	PA	Mirtazapine ODT (Oral Tablet Dispersible)	1	
Namenda XR (Oral Capsule Extended Release 24 Hour)	3	PA; QL	Olanzapine-Fluoxetine HCl (Oral Capsule)	1	
Namenda XR Titration Pack (Oral Capsule Extended Release 24 Hour)	3	PA; QL	Remeron (Oral Tablet)	3	
Antidepressants			Remeron SolTab (Oral Tablet Dispersible)	3	
Antidepressants, Other			Symbyax (Oral Capsule)	3	
Aplenzin (Oral Tablet Extended Release 24 Hour)	4		Wellbutrin SR (Oral Tablet Extended Release 12 Hour)	3	
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	1		Wellbutrin XL (Oral Tablet Extended Release 24 Hour)	4	
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	1		Monoamine Oxidase Inhibitors		
Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour)	3		Emsam (Transdermal Patch 24 Hour)	4	
Bupropion HCl (Oral Tablet Immediate Release)	1		Marplan (Oral Tablet)	3	
			Nardil (Oral Tablet)	3	
			Parnate (Oral Tablet)	4	
			Phenelzine Sulfate (Oral Tablet)	1	
			Tranylcypromine Sulfate (Oral Tablet)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)			Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)		
Celexa (Oral Tablet)	3		Fluoxetine HCl (Oral Capsule Delayed Release)	1	
Citalopram Hydrobromide (Oral Solution)	1		Fluoxetine HCl (20MG/5ML Oral Solution)	1	
Citalopram Hydrobromide (Oral Tablet)	1		Fluoxetine HCl (Oral Tablet)	1	
Desvenlafaxine ER (Oral Tablet Extended Release 24 Hour) (Brand Equivalent Khedezla)	3		Fluvoxamine Maleate ER (Oral Capsule Extended Release 24 Hour)	1	
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	1		Fluvoxamine Maleate (Oral Tablet)	1	
Effexor XR (Oral Capsule Extended Release 24 Hour)	3		Khedezla (Oral Tablet Extended Release 24 Hour)	3	
Escitalopram Oxalate (Oral Solution)	1		Lexapro (Oral Tablet)	3	
Escitalopram Oxalate (Oral Tablet)	1		Maprotiline HCl (Oral Tablet)	1	
Fetzima (Oral Capsule Extended Release 24 Hour)	3	ST	Nefazodone HCl (Oral Tablet)	1	
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	3	ST	Paroxetine HCl (Oral Tablet Immediate Release)	1	PA; HRM
			Paxil (Oral Suspension)	3	PA; HRM
			Paxil (Oral Tablet Immediate Release)	3	PA; HRM

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Pristiq (Oral Tablet Extended Release 24 Hour)	3	
Prozac (10MG Oral Capsule)	3	
Prozac (20MG Oral Capsule, 40MG Oral Capsule)	4	
Sarafem (Oral Tablet)	3	
Sertraline HCl (Oral Concentrate)	1	
Sertraline HCl (Oral Tablet)	1	
Trazodone HCl (Oral Tablet)	1	
Trintellix (Oral Tablet)	3	
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	1	
Venlafaxine HCl ER (Oral Tablet Extended Release 24 Hour)	1	
Venlafaxine HCl (Oral Tablet Immediate Release)	1	
Viibryd (Oral Tablet)	3	
Viibryd Starter Pack (Oral Kit)	3	
Zoloft (Oral Tablet)	3	
Tricyclics		
Amitriptyline HCl (Oral Tablet)	1	HRM
Amoxapine (Oral Tablet)	1	PA; HRM

Drug Name	Drug Tier	Coverage Rules or Limits on use
Anafranil (Oral Capsule)	4	PA; HRM
Clomipramine HCl (Oral Capsule)	1	PA; HRM
Desipramine HCl (Oral Tablet)	1	PA; HRM
Doxepin HCl (Oral Capsule)	1	PA; HRM
Doxepin HCl (Oral Concentrate)	1	PA; HRM
Imipramine HCl (Oral Tablet)	1	PA; HRM
Imipramine Pamoate (Oral Capsule)	1	PA; HRM
Norpramin (Oral Tablet)	3	PA; HRM
Nortriptyline HCl (Oral Capsule)	1	PA; HRM
Nortriptyline HCl (Oral Solution)	1	PA; HRM
Pamelor (Oral Capsule)	4	PA; HRM
Protriptyline HCl (Oral Tablet)	1	PA; HRM
Surmontil (100MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule)	3	PA; HRM
Tofranil (Oral Tablet)	4	PA; HRM
Trimipramine Maleate (Oral Capsule)	1	PA; HRM
Antiemetics		
Antiemetics, Other		

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Compro (Rectal Suppository)	1	
Hydroxyzine Pamoate (Oral Capsule)	1	PA; HRM
Meclizine HCl (12.5MG Oral Tablet)	1	HRM
Metoclopramide HCl (5MG/5ML Oral Solution)	1	
Metoclopramide HCl (Oral Tablet)	1	
Metoclopramide HCl ODT (Oral Tablet Dispersible)	1	
Perphenazine (Oral Tablet)	1	
Prochlorperazine Maleate (Oral Tablet)	1	
Prochlorperazine (Rectal Suppository)	1	
Reglan (Oral Tablet)	3	
Scopolamine (Transdermal Patch 72 Hour)	1	PA; HRM
Tigan (Oral Capsule)	3	B/D, PA
Transderm-Scop (1.5MG) (Transdermal Patch 72 Hour)	3	PA; HRM
Trimethobenzamide HCl (Oral Capsule)	1	B/D, PA
Vistaril (Oral Capsule)	3	PA; HRM
Emetogenic Therapy Adjuncts		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Aprepitant (Oral Therapy Pack, Oral Capsule)	1	PA
Cesamet (1MG Oral Capsule)	4	PA
Dronabinol (Oral Capsule)	1	PA
Emend (Oral Capsule)	3	PA
Emend (Oral Suspension Reconstituted)	3	PA
Emend Tri-Pack (Oral Capsule)	4	PA
Granisetron HCl (Oral Tablet)	1	B/D, PA
Marinol (10MG Oral Capsule, 5MG Oral Capsule)	4	PA
Marinol (2.5MG Oral Capsule)	3	PA
Ondansetron HCl (Oral Solution)	1	B/D, PA
Ondansetron HCl (Oral Tablet)	1	B/D, PA
Ondansetron ODT (Oral Tablet Dispersible)	1	B/D, PA
Sancuso (Transdermal Patch)	4	
Syndros (Oral Solution)	4	PA
Varubi (Oral Tablet)	3	B/D, PA
Zofran (8MG Oral Tablet)	4	B/D, PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Zuplenz (Oral Film)	4	B/D, PA
Antifungals		
Antifungals		
Abelcet (Intravenous Suspension)	3	B/D, PA
AmBisome (Intravenous Suspension Reconstituted)	4	B/D, PA
Amphotericin B (Intravenous Solution Reconstituted)	1	B/D, PA
Ancobon (Oral Capsule)	4	
AVC Vaginal (Vaginal Cream)	3	
Candidas (Intravenous Solution Reconstituted)	4	
Caspofungin Acetate (Intravenous Solution Reconstituted)	1	
Ciclopirox (External Gel)	1	
Ciclopirox (External Shampoo)	1	
Ciclopirox (External Solution)	1	
Ciclopirox Olamine (External Cream)	1	
Ciclopirox Olamine (External Suspension)	1	
Clotrimazole (External Cream)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Clotrimazole (External Solution)	1	
Clotrimazole (Mouth/Throat Lozenge)	1	
Cresemba (Oral Capsule)	4	PA
Diflucan (Oral Suspension Reconstituted)	3	
Diflucan (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	3	
Diflucan (200MG Oral Tablet)	4	
Econazole Nitrate (External Cream)	1	QL
Eraxis (100MG Intravenous Solution Reconstituted)	4	
Eraxis (50MG Intravenous Solution Reconstituted)	3	
Ertaczo (External Cream)	4	
Exelderm (External Cream)	3	
Exelderm (External Solution)	3	
Extina (External Foam)	4	QL
Fluconazole in Sodium Chloride (Intravenous Solution)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Fluconazole (Oral Suspension Reconstituted)	1		Loprox (External Shampoo)	4	
Fluconazole (Oral Tablet)	1		Luliconazole (External Cream)	3	QL
Flucytosine (Oral Capsule)	1		Luzu (External Cream)	3	QL
Griseofulvin Microsize (Oral Suspension)	1		Mentax (External Cream)	3	
Griseofulvin Microsize (Oral Tablet)	1		Miconazole 3 (Vaginal Suppository)	1	
Griseofulvin Ultramicrosize (Oral Tablet)	1		Mycamine (Intravenous Solution Reconstituted)	4	
Gynazole-1 (Vaginal Cream)	3		Naftifine HCl (External Cream)	1	
Itraconazole (Oral Capsule)	1	PA	Naftin (External Cream)	3	
Itraconazole (Oral Solution)	1	PA	Naftin (External Gel)	3	
Jublia (External Solution)	3		Natacyn (Ophthalmic Suspension)	3	
Kerydin (External Solution)	4	ST	Nizoral (External Shampoo)	3	
Ketoconazole (External Cream)	1	QL	Noxafil (Oral Suspension)	4	QL
Ketoconazole (External Foam)	1	QL	Noxafil (Oral Tablet Delayed Release)	4	PA; QL
Ketoconazole (External Shampoo)	1		Nyamyc (External Powder)	1	
Ketoconazole (Oral Tablet)	1		Nystatin (External Cream)	1	
Loprox (External Cream)	3		Nystatin (External Ointment)	1	
			Nystatin (External Powder)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Nystatin (Mouth/Throat Suspension)	1	
Nystatin (Oral Tablet)	1	
Nystatin-Triamcinolone (External Cream)	1	
Nystatin-Triamcinolone (External Ointment)	1	
Nystop (External Powder)	1	
Oravig (Buccal Tablet)	4	
Oxiconazole Nitrate (External Cream)	1	QL
Oxistat (External Cream)	4	QL
Oxistat (External Lotion)	4	QL
Sporanox (Oral Capsule)	4	PA
Sporanox (Oral Solution)	4	PA
Terbinafine HCl (Oral Tablet)	1	
Terconazole (Vaginal Cream)	1	
Terconazole (Vaginal Suppository)	1	
Tolsura (Oral Capsule)	4	PA
Vfend IV (Intravenous Solution Reconstituted)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Vfend (Oral Suspension Reconstituted)	4	
Vfend (Oral Tablet)	4	
Voriconazole (Intravenous Solution Reconstituted)	1	
Voriconazole (Oral Suspension Reconstituted)	1	
Voriconazole (Oral Tablet)	1	
Antigout Agents		
Antigout Agents		
Allopurinol (Oral Tablet)	1	
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	2	QL
Colchicine (0.6MG Oral Tablet) (Brand Equivalent Colcrys)	2	QL
Colcrys (Oral Tablet)	3	PA; QL
Febuxostat (Oral Tablet)	1	ST
Mitigare (Oral Capsule)	3	QL
Probenecid (Oral Tablet)	1	
Probenecid-Colchicine (Oral Tablet)	1	
Uloric (Oral Tablet)	3	ST
Zyloprim (Oral Tablet)	3	
Antimigraine Agents		

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Ergot Alkaloids		
Cafergot (Oral Tablet)	3	
Dihydroergotamine Mesylate (Nasal Solution)	1	
Ergotamine-Caffeine (Oral Tablet)	1	
Migergot (Rectal Suppository)	4	
Migranal (Nasal Solution)	4	
Prophylactic		
Aimovig (Subcutaneous Solution Auto-Injector)	3	PA; QL
Ajovy (Subcutaneous Solution Prefilled Syringe)	3	PA; QL
Emgality (300 MG Dose) (Subcutaneous Solution Prefilled Syringe)	3	PA; QL
Emgality (Subcutaneous Solution Auto-Injector)	3	PA; QL
Emgality (Subcutaneous Solution Prefilled Syringe)	3	PA; QL
Timolol Maleate (Oral Tablet)	1	
Serotonin (5-HT) 1b/1d Receptor Agonists		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Almotriptan Malate (Oral Tablet)	1	QL
Amerge (Oral Tablet)	3	QL
Eletriptan Hydrobromide (Oral Tablet)	1	QL
Frova (Oral Tablet)	4	QL
Frovatriptan Succinate (Oral Tablet)	1	QL
Imitrex (Nasal Solution)	3	QL
Imitrex (Oral Tablet)	3	QL
Imitrex STATdose Refill (6MG/0.5ML Subcutaneous Solution Cartridge)	4	QL
Imitrex STATdose System (4MG/0.5ML Subcutaneous Solution Auto-Injector)	4	QL
Imitrex (Subcutaneous Solution)	4	QL
Maxalt (Oral Tablet)	3	QL
Maxalt-MLT (Oral Tablet Dispersible)	3	QL
Naratriptan HCl (Oral Tablet)	1	QL
Onzetra Xsail (Nasal Exhaler Powder)	4	QL
Relpax (Oral Tablet)	3	QL
Rizatriptan Benzoate (Oral Tablet)	1	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	1	QL	Zembrace SymTouch (Subcutaneous Solution Auto-Injector)	4	QL
Sumatriptan (Nasal Solution)	1	QL	Zolmitriptan (Oral Tablet)	1	QL
Sumatriptan Succinate (Oral Tablet)	1	QL	Zolmitriptan ODT (Oral Tablet Dispersible)	1	QL
Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)	1	QL	Zomig (Nasal Solution)	3	QL
Sumatriptan Succinate (Subcutaneous Solution)	1	QL	Zomig (Oral Tablet)	4	QL
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector)	1	QL	Zomig ZMT (Oral Tablet Dispersible)	4	QL
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex STATdose)	1	QL	Antimyasthenic Agents		
Sumatriptan Succinate (Subcutaneous Solution Prefilled Syringe)	1	QL	Parasympathomimetics		
Sumatriptan-Naproxen Sodium (Oral Tablet)	1	QL	Guanidine HCl (Oral Tablet)	2	
Treximet (Oral Tablet)	4	QL	Mestinon (Oral Syrup)	4	
			Mestinon (Oral Tablet Immediate Release)	4	
			Mestinon (Oral Tablet Extended Release)	4	
			Pyridostigmine Bromide ER (Oral Tablet Extended Release)	1	
			Pyridostigmine Bromide (Oral Solution)	1	
			Pyridostigmine Bromide (Oral Tablet Immediate Release)	1	
			Antimycobacterials		
			Antimycobacterials, Other		

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Dapsone (Oral Tablet)	1	
Mycobutin (Oral Capsule)	4	
Rifabutin (Oral Capsule)	1	
Antituberculars		
Ethambutol HCl (Oral Tablet)	1	
Isoniazid (Oral Syrup)	1	
Isoniazid (Oral Tablet)	1	
Myambutol (400MG Oral Tablet)	3	
Paser (Oral Packet)	3	
Priftin (Oral Tablet)	3	
Pyrazinamide (Oral Tablet)	1	
Rifadin (150MG Oral Capsule)	3	
Rifamate (Oral Capsule)	3	
Rifampin (Intravenous Solution Reconstituted)	1	
Rifampin (Oral Capsule)	1	
Rifater (Oral Tablet)	4	
Sirturo (Oral Tablet)	4	PA; LA
Trecator (Oral Tablet)	3	
Antineoplastics		
Alkylating Agents		
Cyclophosphamide (Oral Capsule)	1	B/D, PA
Gleostine (100MG Oral Capsule)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Gleostine (10MG Oral Capsule)	2	
Gleostine (40MG Oral Capsule)	3	
Leukeran (Oral Tablet)	4	
Matulane (Oral Capsule)	4	LA
Valchlor (External Gel)	4	PA; LA
Antiandrogens		
Abiraterone Acetate (Oral Tablet)	1	PA
Bicalutamide (Oral Tablet)	1	
Casodex (Oral Tablet)	4	
Erleada (Oral Tablet)	4	PA; QL
Flutamide (Oral Capsule)	1	
Nilandron (Oral Tablet)	4	
Nilutamide (Oral Tablet)	1	
Nubeqa (Oral Tablet)	4	PA; QL
Xtandi (Oral Capsule)	4	PA; LA
Yonsa (Oral Tablet)	4	PA
Zytiga (Oral Tablet)	4	PA
Antiangiogenic Agents		
Pomalyst (Oral Capsule)	4	PA
Revlimid (Oral Capsule)	4	PA; LA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Thalomid (Oral Capsule)	4	PA; QL	Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	4	PA; QL
Antiestrogens/Modifiers			Antineoplastics, Other		
Emcyt (Oral Capsule)	4		Copiktra (Oral Capsule)	4	PA; QL
Fareston (Oral Tablet)	4		Inrebic (Oral Capsule)	4	PA; QL
Soltamox (Oral Solution)	4		Kisqali (200MG Dose) (Oral Tablet)	4	PA
Tamoxifen Citrate (Oral Tablet)	1		Kisqali (400MG Dose) (Oral Tablet)	4	PA
Toremifene Citrate (Oral Tablet)	1		Kisqali (600MG Dose) (Oral Tablet)	4	PA
Antimetabolites			Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)	4	PA
Droxia (Oral Capsule)	3		Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)	4	PA
Hydrea (Oral Capsule)	3		Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)	4	PA
Hydroxyurea (Oral Capsule)	1		Leucovorin Calcium (Oral Tablet)	1	
Mercaptopurine (Oral Tablet)	1		Lonsurf (Oral Tablet)	4	PA; LA
Purixan (Oral Suspension)	4	PA	Lorbrena (Oral Tablet)	4	PA; QL
Tabloid (Oral Tablet)	3	PA	Ninlaro (Oral Capsule)	4	PA; QL
Antineoplastics			Piqray (200 MG Daily Dose) (Oral Tablet Therapy Pack)	4	PA; QL
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	4	PA; QL			
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	4	PA; QL			
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	4	PA; QL			

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Piqray (250 MG Daily Dose) (Oral Tablet Therapy Pack)	4	PA; QL	Alecensa (Oral Capsule)	4	PA; LA
Piqray (300 MG Daily Dose) (Oral Tablet Therapy Pack)	4	PA; QL	Alunbrig (Oral Tablet)	4	PA; LA; QL
Synribo (Subcutaneous Solution Reconstituted)	4	PA	Alunbrig (Oral Tablet Therapy Pack)	4	PA; LA; QL
Verzenio (Oral Tablet)	4	PA; LA	Bosulif (Oral Tablet)	4	PA
Zolinza (Oral Capsule)	4	PA	Braftovi (Oral Capsule)	4	PA
Aromatase Inhibitors, 3rd Generation			Cabometyx (Oral Tablet)	4	PA; LA; QL
Anastrozole (Oral Tablet)	1		Calquence (Oral Capsule)	4	PA; QL
Arimidex (Oral Tablet)	4		Caprelsa (Oral Tablet)	4	PA; LA
Aromasin (Oral Tablet)	4		Cometriq (100MG Daily Dose) (Oral Kit)	4	PA; LA
Exemestane (Oral Tablet)	1		Cometriq (140MG Daily Dose) (Oral Kit)	4	PA; LA
Femara (Oral Tablet)	4		Cometriq (60MG Daily Dose) (Oral Kit)	4	PA; LA
Letrozole (Oral Tablet)	1		Cotellic (Oral Tablet)	4	PA; LA
Enzyme Inhibitors			Daurismo (Oral Tablet)	4	PA; LA; QL
Balversa (Oral Tablet)	4	PA; QL	Erivedge (Oral Capsule)	4	PA; LA; QL
Rubraca (Oral Tablet)	4	PA; LA	Erlotinib HCl (Oral Tablet)	1	PA; QL
Talzenna (Oral Capsule)	4	PA; LA; QL	Farydak (Oral Capsule)	4	PA
Zejula (Oral Capsule)	4	PA; LA; QL	Gilotrif (Oral Tablet)	4	PA; LA
Molecular Target Inhibitors			Gleevec (Oral Tablet)	4	PA; QL
Afinitor Disperz (Oral Tablet Soluble)	4	PA	Ibrance (Oral Capsule)	4	PA; LA
Afinitor (Oral Tablet)	4	PA	Iclusig (Oral Tablet)	4	PA; LA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
IDHIFA (Oral Tablet)	4	PA; LA	Lynparza (Oral Tablet)	4	PA; LA
Imatinib Mesylate (Oral Tablet)	1	PA; QL	Mekinist (Oral Tablet)	4	PA; LA
Imbruvica (Oral Capsule)	4	PA; LA; QL	Mektovi (Oral Tablet)	4	PA
Imbruvica (Oral Tablet)	4	PA; QL	Nerlynx (Oral Tablet)	4	PA; LA; QL
Inlyta (Oral Tablet)	4	PA; LA; QL	Nexavar (Oral Tablet)	4	PA; LA
Iressa (Oral Tablet)	4	PA; LA; QL	Odomzo (Oral Capsule)	4	PA; LA; QL
Jakafi (Oral Tablet)	4	PA; LA; QL	Rydapt (Oral Capsule)	4	PA; QL
Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA	Sprycel (Oral Tablet)	4	PA
Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA	Stivarga (Oral Tablet)	4	PA; LA; QL
Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA	Sutent (Oral Capsule)	4	PA
Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA	Tafinlar (Oral Capsule)	4	PA; LA
Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA	Tagrisso (Oral Tablet)	4	PA; LA
Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA	Tarceva (Oral Tablet)	4	PA; LA; QL
Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA	Tasigna (Oral Capsule)	4	PA
Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA	Tibsovo (Oral Tablet)	4	PA; QL
			Turalio (Oral Capsule)	4	PA; LA; QL
			Tykerb (Oral Tablet)	4	PA; LA
			Venclexta (100MG Oral Tablet, 50MG Oral Tablet)	4	PA; LA
			Venclexta (10MG Oral Tablet)	2	PA; LA
			Venclexta Starting Pack (Oral Tablet Therapy Pack)	4	PA; LA
			Vitrakvi (Oral Capsule)	4	PA; LA; QL
			Vitrakvi (Oral Solution)	4	PA; LA; QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Vizimpro (Oral Tablet)	4	PA; LA
Votrient (Oral Tablet)	4	PA; LA; QL
Xalkori (Oral Capsule)	4	PA; LA
Xospata (Oral Tablet)	4	PA; QL
Zelboraf (Oral Tablet)	4	PA; LA; QL
Zydelig (Oral Tablet)	4	PA; LA
Zykadia (Oral Capsule)	4	PA
Zykadia (Oral Tablet)	4	PA
Retinoids		
Bexarotene (Oral Capsule)	1	PA
Panretin (External Gel)	4	
Targretin (External Gel)	4	PA
Targretin (Oral Capsule)	4	PA
Tretinoin (Oral Capsule)	1	
Treatment Adjuncts		
Mesnex (Oral Tablet)	4	
Antiparasitics		
Anthelmintics		
Albendazole (Oral Tablet)	1	QL
Albenza (Oral Tablet)	4	QL
Biltricide (Oral Tablet)	3	
Emverm (Oral Tablet Chewable)	4	
Ivermectin (Oral Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Praziquantel (Oral Tablet)	1	
Sklice (External Lotion)	3	
Stromectol (Oral Tablet)	3	
Antiprotozoals		
Alinia (Oral Suspension Reconstituted)	4	
Alinia (Oral Tablet)	4	
Atovaquone (Oral Suspension)	1	
Atovaquone-Proguanil HCl (Oral Tablet)	1	
Benznidazole (Oral Tablet)	3	
Chloroquine Phosphate (Oral Tablet)	1	
Coartem (Oral Tablet)	3	
DARAPRIM (Oral Tablet)	4	
Hydroxychloroquine Sulfate (Oral Tablet)	1	
Krintafel (Oral Tablet)	3	
Malarone (Oral Tablet)	3	
Mefloquine HCl (Oral Tablet)	1	
Mepron (Oral Suspension)	4	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Nebupent (Inhalation Solution Reconstituted)	3	B/D, PA; QL
PENTAM 300 (Injection Solution Reconstituted)	3	
Plaquenil (Oral Tablet)	3	
Primaquine Phosphate (Oral Tablet)	1	
Qualaquin (Oral Capsule)	3	PA
Quinine Sulfate (Oral Capsule)	1	PA
Pediculicides/Scabicides		
Elimite (External Cream)	3	
Eurax (External Cream)	3	
Eurax (External Lotion)	3	
Lindane (External Shampoo)	1	
Malathion (External Lotion)	1	
Natroba (External Suspension)	3	
Ovide (External Lotion)	3	
Permethrin (External Cream)	1	
Antiparkinson Agents		
Anticholinergics		
Benzotropine Mesylate (Oral Tablet)	1	PA; HRM

Drug Name	Drug Tier	Coverage Rules or Limits on use
Trihexyphenidyl HCl (Oral Elixir)	1	PA; HRM
Trihexyphenidyl HCl (Oral Tablet)	1	PA; HRM
Antiparkinson Agents, Other		
Amantadine HCl (Oral Capsule)	1	
Amantadine HCl (Oral Syrup)	1	
Amantadine HCl (Oral Tablet)	1	
Comtan (Oral Tablet)	4	
Entacapone (Oral Tablet)	1	
Gocovri (Oral Capsule Extended Release 24 Hour)	4	PA
Osmolex ER (Oral Tablet Extended Release 24 Hour)	3	PA
Tasmart (Oral Tablet)	4	QL
Tolcapone (Oral Tablet)	1	QL
Dopamine Agonists		
Apokyn (Subcutaneous Solution Cartridge)	4	PA; LA; QL
Bromocriptine Mesylate (Oral Capsule)	1	
Bromocriptine Mesylate (Oral Tablet)	1	
Inbrija (Inhalation Capsule)	4	PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Mirapex ER (Oral Tablet Extended Release 24 Hour)	3		Ropinirole HCl (Oral Tablet Immediate Release)	1	
Mirapex (Oral Tablet Immediate Release)	3		Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
Neupro (Transdermal Patch 24 Hour)	3		Carbidopa (Oral Tablet)	1	
Parlodel (Oral Capsule)	3		Carbidopa-Levodopa ER (Oral Tablet Extended Release)	1	
Parlodel (Oral Tablet)	3		Carbidopa-Levodopa (Oral Tablet Immediate Release)	1	
Pramipexole Dihydrochloride ER (Oral Tablet Extended Release 24 Hour)	1		Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	1	
Pramipexole Dihydrochloride (Oral Tablet Immediate Release)	1		Carbidopa-Levodopa-Entacapone (Oral Tablet)	1	
Requip XL (12MG Oral Tablet Extended Release 24 Hour, 8MG Oral Tablet Extended Release 24 Hour)	4		Duopa (Enteral Suspension)	4	PA
Requip XL (4MG Oral Tablet Extended Release 24 Hour, 6MG Oral Tablet Extended Release 24 Hour)	3		Lodosyn (Oral Tablet)	4	
Ropinirole HCl ER (Oral Tablet Extended Release 24 Hour)	1		Rytary (Oral Capsule Extended Release)	3	
			Sinemet CR (Oral Tablet Extended Release)	3	
			Sinemet (Oral Tablet Immediate Release)	3	
			Stalevo 100 (Oral Tablet)	4	
			Stalevo 125 (Oral Tablet)	4	
			Stalevo 150 (Oral Tablet)	4	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Stalevo 200 (Oral Tablet)	4		Haldol (Injection Solution)	3	
Stalevo 50 (Oral Tablet)	4		Haloperidol Decanoate (Intramuscular Solution)	1	
Stalevo 75 (Oral Tablet)	4		Haloperidol Lactate (Injection Solution)	1	
Monoamine Oxidase B (MAO-B) Inhibitors			Haloperidol Lactate (Oral Concentrate)	1	
Azilect (Oral Tablet)	3		Haloperidol (Oral Tablet)	1	
Rasagiline Mesylate (Oral Tablet)	1		Loxapine Succinate (Oral Capsule)	1	
Selegiline HCl (Oral Capsule)	1		Molindone HCl (Oral Tablet)	1	
Selegiline HCl (Oral Tablet)	1		Pimozide (Oral Tablet)	1	
Zelapar (Oral Tablet Dispersible)	4		Thioridazine HCl (Oral Tablet)	1	
Antipsychotics			Thiothixene (Oral Capsule)	1	
1st Generation/Typical			Trifluoperazine HCl (Oral Tablet)	1	
Chlorpromazine HCl (Oral Tablet)	1		2nd Generation/Atypical		
Fluphenazine Decanoate (Injection Solution)	1		Abilify Maintena (Intramuscular Prefilled Syringe)	4	
Fluphenazine HCl (Injection Solution)	1		Abilify Maintena (Intramuscular Suspension Reconstituted ER)	4	
Fluphenazine HCl (Oral Concentrate)	1		Abilify MyCite (Oral Tablet)	4	ST; QL
Fluphenazine HCl (Oral Elixir)	1		Abilify (Oral Tablet)	4	QL
Fluphenazine HCl (Oral Tablet)	1				
Haldol Decanoate (Intramuscular Solution)	3				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Aripiprazole (Oral Solution)	1	QL	Invega (3MG Oral Tablet Extended Release 24 Hour, 6MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	4	PA; QL
Aripiprazole (Oral Tablet)	1	QL			
Aripiprazole ODT (Oral Tablet Dispersible)	1	QL			
Aristada Initio (Intramuscular Prefilled Syringe)	4		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)	4	
Aristada (Intramuscular Prefilled Syringe)	4				
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	4	ST; QL	Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)	3	
Fanapt (1MG Oral Tablet, 2MG Oral Tablet)	3	ST; QL			
Fanapt Titration Pack (Oral Tablet)	3	ST			
Geodon (Intramuscular Solution Reconstituted)	3		Invega Trinza (Intramuscular Suspension Prefilled Syringe)	4	
Geodon (Oral Capsule)	4	QL	Latuda (Oral Tablet)	4	QL
			Nuplazid (Oral Capsule)	4	PA; QL
			Nuplazid (Oral Tablet)	4	PA; QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Olanzapine (10MG Intramuscular Solution Reconstituted)	1		Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted)	3	
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	1	QL	Risperdal Consta (25MG Intramuscular Suspension Reconstituted, 37.5MG Intramuscular Suspension Reconstituted, 50MG Intramuscular Suspension Reconstituted)	4	
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	1	QL	Risperdal (1MG/ML Oral Solution)	4	
Paliperidone ER (Oral Tablet Extended Release 24 Hour)	1	QL	Risperdal (0.5MG Oral Tablet)	3	
Perseris (Subcutaneous Prefilled Syringe)	4		Risperdal (1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet)	4	
Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)	1	QL	Risperidone (Oral Solution)	1	
Quetiapine Fumarate (Oral Tablet Immediate Release)	1	QL	Risperidone (Oral Tablet)	1	
Rexulti (Oral Tablet)	4	QL	Risperidone ODT (Oral Tablet Dispersible)	1	
			Saphris (Tablet Sublingual)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Seroquel (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	3	QL	Ziprasidone HCl (Oral Capsule)	1	QL
Seroquel (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	4	QL	Zyprexa (10MG Intramuscular Solution Reconstituted)	3	
Seroquel XR (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	3	QL	Zyprexa (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	3	QL
Seroquel XR (400MG Oral Tablet Extended Release 24 Hour)	4	QL	Zyprexa (15MG Oral Tablet, 20MG Oral Tablet)	4	QL
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	4	ST; QL	Zyprexa Relprevv (210MG Intramuscular Suspension Reconstituted)	3	
Vraylar (Oral Capsule Therapy Pack)	3	ST	Zyprexa Zydis (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible)	4	QL
			Zyprexa Zydis (5MG Oral Tablet Dispersible)	3	QL
			Treatment-Resistant		
			Clozapine (Oral Tablet)	1	
			Clozapine ODT (Oral Tablet Dispersible)	1	
			Clozaril (100MG Oral Tablet)	4	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Clozaril (25MG Oral Tablet)	3		Baraclude (Oral Tablet)	4	
FazaClo (100MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible)	4		Entecavir (Oral Tablet)	1	
FazaClo (12.5MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)	3		Epivir HBV (Oral Solution)	3	
Versacloz (Oral Suspension)	4		Epivir HBV (Oral Tablet)	3	
Antivirals			Hepsera (Oral Tablet)	4	
Anti-cytomegalovirus (CMV) Agents			Lamivudine (100MG Oral Tablet)	1	
Prevymis (Oral Tablet)	4	PA; QL	Vemlidy (Oral Tablet)	4	QL
Valcyte (Oral Solution Reconstituted)	4	QL	Anti-hepatitis C (HCV) Agents, Other		
Valcyte (Oral Tablet)	4	QL	Intron A (Injection Solution)	4	PA; LA
Valganciclovir HCl (Oral Solution Reconstituted)	1	QL	Intron A (Injection Solution Reconstituted)	4	PA; LA
Valganciclovir HCl (Oral Tablet)	1	QL	Pegasys ProClick (Subcutaneous Solution)	4	PA
Zirgan (Ophthalmic Gel)	3		Pegasys (Subcutaneous Solution)	4	PA
Anti-hepatitis B (HBV) Agents			Rebetol (40MG/ML Oral Solution)	3	
Adefovir Dipivoxil (Oral Tablet)	1		Ribasphere (Oral Capsule)	1	
Baraclude (Oral Solution)	3		Ribasphere (600MG Oral Tablet)	1	
			Ribasphere RibaPak (600MG Oral Tablet)	1	
			Ribasphere RibaPak (400 & 600MG Oral Tablet Therapy Pack)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Ribavirin (Oral Capsule)	1	
Ribavirin (Oral Tablet)	1	
Sylatron (Subcutaneous Kit)	4	PA
Anti-hepatitis C (HCV) Direct Acting Agents		
Epclusa (Oral Tablet)	4	PA; QL
Harvoni (Oral Tablet)	4	PA; QL
Ledipasvir-Sofosbuvir (Oral Tablet)	4	PA; QL
Mavyret (Oral Tablet)	4	PA; QL
Sofosbuvir-Velpatasvir (Oral Tablet)	4	PA; QL
Sovaldi (Oral Tablet)	4	PA; QL
Viekira Pak (Oral Tablet Therapy Pack)	4	PA; QL
Vosevi (Oral Tablet)	4	PA; QL
Zepatier (Oral Tablet)	4	PA; QL
Antitherpetic Agents		
Acyclovir (External Cream)	1	
Acyclovir (External Ointment)	1	
Acyclovir (Oral Capsule)	1	
Acyclovir (Oral Suspension)	1	
Acyclovir (Oral Tablet)	1	
Acyclovir Sodium (Intravenous Solution)	1	B/D, PA
Denavir (External Cream)	4	
Famciclovir (Oral Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Trifluridine (Ophthalmic Solution)	1	
Valacyclovir HCl (Oral Tablet)	1	QL
Valtrex (1GM Oral Tablet)	4	QL
Valtrex (500MG Oral Tablet)	3	QL
Xerese (External Cream)	4	PA
Zovirax (External Cream)	4	
Zovirax (External Ointment)	4	
Zovirax (Oral Capsule)	3	
Zovirax (Oral Suspension)	3	
Zovirax (800MG Oral Tablet)	3	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
Dovato (Oral Tablet)	4	QL
Genvoya (Oral Tablet)	4	QL
Isentress HD (Oral Tablet)	4	QL
Isentress (Oral Packet)	3	QL
Isentress (Oral Tablet)	4	QL
Isentress (100MG Oral Tablet Chewable)	4	QL
Isentress (25MG Oral Tablet Chewable)	2	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Stribild (Oral Tablet)	4	QL
Tivicay (10MG Oral Tablet)	3	QL
Tivicay (25MG Oral Tablet, 50MG Oral Tablet)	4	QL
Triumeq (Oral Tablet)	4	QL
Tybost (Oral Tablet)	3	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
Atripla (Oral Tablet)	4	QL
Complera (Oral Tablet)	4	QL
Delstrigo (Oral Tablet)	4	QL
Edurant (Oral Tablet)	4	QL
Efavirenz (Oral Capsule)	1	QL
Efavirenz (Oral Tablet)	1	QL
Intelence (100MG Oral Tablet, 200MG Oral Tablet)	4	QL
Intelence (25MG Oral Tablet)	3	QL
Juluca (Oral Tablet)	4	QL
Nevirapine ER (Oral Tablet Extended Release 24 Hour)	1	QL
Nevirapine (Oral Suspension)	1	QL
Nevirapine (Oral Tablet Immediate Release)	1	QL
Odefsey (Oral Tablet)	4	QL
Pifeltro (Oral Tablet)	4	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Rescriptor (Oral Tablet)	3	QL
Sustiva (Oral Capsule)	3	QL
Sustiva (Oral Tablet)	4	QL
Symfi Lo (Oral Tablet)	4	QL
Symfi (Oral Tablet)	4	QL
Viramune (Oral Suspension)	4	QL
Viramune (Oral Tablet Immediate Release)	4	QL
Viramune XR (Oral Tablet Extended Release 24 Hour)	4	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
Abacavir Sulfate (Oral Solution)	1	QL
Abacavir Sulfate (Oral Tablet)	1	QL
Abacavir Sulfate-Lamivudine (Oral Tablet)	1	QL
Abacavir-Lamivudine-Zidovudine (Oral Tablet)	1	QL
Biktarvy (Oral Tablet)	4	QL
Cimduo (Oral Tablet)	4	QL
Combivir (Oral Tablet)	4	QL
Descovy (Oral Tablet)	4	QL
Didanosine (Oral Capsule Delayed Release)	1	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Emtriva (Oral Capsule)	3	QL
Emtriva (Oral Solution)	3	QL
Epivir (Oral Solution)	3	QL
Epivir (Oral Tablet)	3	QL
Epzicom (Oral Tablet)	4	QL
Lamivudine (10MG/ML Oral Solution)	1	QL
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet)	1	QL
Lamivudine-Zidovudine (Oral Tablet)	1	QL
Retrovir (Oral Capsule)	3	QL
Retrovir (Oral Syrup)	3	QL
Stavudine (Oral Capsule)	1	QL
Tenofovir Disoproxil Fumarate (Oral Tablet)	1	QL
Trizivir (Oral Tablet)	4	QL
Truvada (Oral Tablet)	4	QL
Videx EC (Oral Capsule Delayed Release)	3	QL
Videx (Oral Solution Reconstituted)	3	QL
Viread (Oral Powder)	4	QL
Viread (Oral Tablet)	4	QL
Ziagen (Oral Solution)	3	QL
Ziagen (Oral Tablet)	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Zidovudine (Oral Capsule)	1	QL
Zidovudine (Oral Syrup)	1	QL
Zidovudine (Oral Tablet)	1	QL
Anti-HIV Agents, Other		
Fuzeon (Subcutaneous Solution Reconstituted)	4	QL
Selzentry (Oral Solution)	4	QL
Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet)	4	QL
Selzentry (25MG Oral Tablet)	2	QL
Anti-HIV Agents, Protease Inhibitors		
Aptivus (Oral Capsule)	4	QL
Aptivus (Oral Solution)	4	QL
Atazanavir Sulfate (Oral Capsule)	1	QL
Crixivan (Oral Capsule)	2	QL
Evotaz (Oral Tablet)	4	QL
Fosamprenavir Calcium (Oral Tablet)	1	QL
Invirase (Oral Tablet)	4	QL
Kaletra (Oral Solution)	3	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Kaletra (100-25MG Oral Tablet)	3	QL	Oseltamivir Phosphate (Oral Suspension Reconstituted)	1	
Kaletra (200-50MG Oral Tablet)	4	QL	Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	2	
Lexiva (Oral Suspension)	3	QL	Rimantadine HCl (Oral Tablet)	1	
Lexiva (Oral Tablet)	4	QL	Tamiflu (Oral Capsule)	3	
Lopinavir-Ritonavir (Oral Solution)	1	QL	Tamiflu (Oral Suspension Reconstituted)	3	
Norvir (Oral Packet)	3	QL	Xofluza (Oral Tablet Therapy Pack)	2	QL
Norvir (Oral Solution)	3	QL	Anxiolytics		
Norvir (Oral Tablet)	3	QL	Anxiolytics, Other		
Prezcobix (Oral Tablet)	4	QL	Bupirone HCl (Oral Tablet)	1	
Prezista (Oral Suspension)	4	QL	Hydroxyzine HCl (Oral Syrup)	1	PA; HRM
Prezista (150MG Oral Tablet, 75MG Oral Tablet)	3	QL	Benzodiazepines		
Prezista (600MG Oral Tablet, 800MG Oral Tablet)	4	QL	Alprazolam ER (Oral Tablet Extended Release 24 Hour)	1	PA; QL
Reyataz (Oral Capsule)	4	QL	Alprazolam Intensol (Oral Concentrate)	1	QL
Reyataz (Oral Packet)	4	QL	Alprazolam (Oral Tablet Immediate Release)	1	QL
Ritonavir (Oral Tablet)	1	QL	Alprazolam ODT (Oral Tablet Dispersible)	1	QL
Symtuza (Oral Tablet)	4	QL	Ativan (Oral Tablet)	4	QL
Viracept (Oral Tablet)	4	QL			
Anti-influenza Agents					
Flumadine (Oral Tablet)	3				
Oseltamivir Phosphate (Oral Capsule)	1				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Chlordiazepoxide HCl (Oral Capsule)	1		Xanax (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	3	QL
Clonazepam (Oral Tablet)	1	QL	Xanax (2MG Oral Tablet Immediate Release)	4	QL
Clonazepam ODT (Oral Tablet Dispersible)	1	QL	Xanax XR (Oral Tablet Extended Release 24 Hour)	3	PA; QL
Clorazepate Dipotassium (Oral Tablet)	1	QL	Bipolar Agents		
Diazepam Intensol (5MG/ML Oral Concentrate)	1	QL	Mood Stabilizers		
Diazepam (5MG/5ML Oral Solution)	1		Depakote ER (Oral Tablet Extended Release 24 Hour)	3	
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	1	QL	Depakote (Oral Tablet Delayed Release)	3	
Klonopin (Oral Tablet)	3	QL	Depakote Sprinkles (Oral Capsule Delayed Release Sprinkle)	3	
Lorazepam (2MG/ML Oral Concentrate)	1	QL	Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	1	
Lorazepam (Oral Tablet)	1	QL	Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	1	
Oxazepam (Oral Capsule)	1		Divalproex Sodium (Oral Tablet Delayed Release)	1	
Tranxene-T (Oral Tablet)	3	QL			
Valium (Oral Tablet)	3	QL			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Equetro (Oral Capsule Extended Release 12 Hour)	3	
Lithium Carbonate ER (Oral Tablet Extended Release)	1	
Lithium Carbonate (Oral Capsule)	1	
Lithium Carbonate (Oral Tablet Immediate Release)	1	
Lithium (Oral Solution)	1	
Lithobid (Oral Tablet Extended Release)	4	
Blood Glucose Regulators		
Antidiabetic Agents		
Acarbose (Oral Tablet)	1	
Actoplus Met (Oral Tablet Immediate Release)	3	QL
Actos (Oral Tablet)	3	QL
Adlyxin Starter Pack (Subcutaneous Pen-Injector Kit)	3	ST; QL
Adlyxin (Subcutaneous Solution Pen-Injector)	3	ST; QL
Alogliptin Benzoate (Oral Tablet)	3	ST; QL
Alogliptin-Metformin HCl (Oral Tablet)	3	ST; QL
Alogliptin-Pioglitazone (Oral Tablet)	3	ST; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Amaryl (Oral Tablet)	3	QL
Avandia (Oral Tablet)	3	PA; QL
Bydureon BCise (Subcutaneous Auto-Injector)	3	QL
Bydureon (Subcutaneous Pen-Injector)	3	QL
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	3	ST; QL
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	3	ST; QL
Cycloset (Oral Tablet)	3	PA
Duetact (Oral Tablet)	3	QL
Farxiga (Oral Tablet)	3	ST; QL
Fortamet (Oral Tablet Extended Release 24 Hour)	4	PA; QL
Glimepiride (Oral Tablet)	1	QL
Glipizide ER (Oral Tablet Extended Release 24 Hour)	1	QL
Glipizide (Oral Tablet Immediate Release)	1	QL
Glipizide-Metformin HCl (Oral Tablet)	1	QL
Glucophage (Oral Tablet Immediate Release)	3	QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Glucophage XR (Oral Tablet Extended Release 24 Hour)	3	QL	Jentadueto XR (Oral Tablet Extended Release 24 Hour)	2	QL
Glucotrol (Oral Tablet Immediate Release)	3	QL	Kazano (Oral Tablet)	3	ST; QL
Glucotrol XL (Oral Tablet Extended Release 24 Hour)	3	QL	Kombiglyze XR (Oral Tablet Extended Release 24 Hour)	3	QL
Glumetza (Oral Tablet Extended Release 24 Hour)	4	PA; QL	Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour, 500MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	1	PA; QL
Glyset (Oral Tablet)	3		Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour, 500MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	1	PA; QL
Glyxambi (Oral Tablet)	2	QL	Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	1	QL
Invokamet (Oral Tablet Immediate Release)	2	QL	Metformin HCl (Oral Tablet Immediate Release)	1	QL
Invokamet XR (Oral Tablet Extended Release 24 Hour)	2	QL	Miglitol (Oral Tablet)	1	
Invokana (Oral Tablet)	2	QL	Nateglinide (Oral Tablet)	1	QL
Janumet (Oral Tablet Immediate Release)	2	QL	Nesina (Oral Tablet)	3	ST; QL
Janumet XR (Oral Tablet Extended Release 24 Hour)	2	QL	Onglyza (Oral Tablet)	3	QL
Januvia (Oral Tablet)	2	QL	Oseni (Oral Tablet)	3	ST; QL
Jardiance (Oral Tablet)	2	QL			
Jentadueto (Oral Tablet Immediate Release)	2	QL			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ozempic (0.25 or 0.5 MG/DOSE) (Subcutaneous Solution Pen-Injector)	2	QL	Steglatro (Oral Tablet)	3	ST; QL
Ozempic (1 MG/DOSE) (Subcutaneous Solution Pen-Injector)	2	QL	Steglujan (Oral Tablet)	3	ST; QL
Pioglitazone HCl (Oral Tablet)	1	QL	SymlinPen 120 (Subcutaneous Solution Pen-Injector)	4	PA
Pioglitazone HCl-Glimepiride (Oral Tablet)	1	QL	SymlinPen 60 (Subcutaneous Solution Pen-Injector)	4	PA
Pioglitazone HCl-Metformin HCl (Oral Tablet)	1	QL	Synjardy (Oral Tablet Immediate Release)	2	QL
Prandin (1MG Oral Tablet)	3	QL	Synjardy XR (Oral Tablet Extended Release 24 Hour)	2	QL
Prandin (2MG Oral Tablet)	4	QL	Tolbutamide (Oral Tablet)	1	QL
Precose (Oral Tablet)	3		Tradjenta (Oral Tablet)	2	QL
Qtern (Oral Tablet)	3	ST; QL	Trulicity (Subcutaneous Solution Pen-Injector)	2	QL
Repaglinide (Oral Tablet)	1	QL	Victoza (Subcutaneous Solution Pen-Injector)	2	QL
Repaglinide-Metformin HCl (Oral Tablet)	1	QL	Xigduo XR (Oral Tablet Extended Release 24 Hour)	3	ST; QL
Riomet (Oral Solution)	3	QL	Xultophy (Subcutaneous Solution Pen-Injector)	3	ST; QL
Segluromet (Oral Tablet)	3	ST; QL	Glycemic Agents		
Soliqua (Subcutaneous Solution Pen-Injector)	2	QL			
Starlix (Oral Tablet)	3	QL			

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
GlucaGen HypoKit (Injection Solution Reconstituted)	3		Fiasp FlexTouch (Subcutaneous Solution Pen-Injector)	3	PA
Glucagon Emergency (Injection Kit)	2		Fiasp (Subcutaneous Solution)	3	PA
Proglycem (Oral Suspension)	4		Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)	2	
Insulins			Humalog KwikPen (Subcutaneous Solution Pen-Injector)	2	
Admelog SoloStar (Subcutaneous Solution Pen-Injector)	3	PA	Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)	2	
Admelog (Subcutaneous Solution)	3	PA	Humalog Mix 50/50 (Subcutaneous Suspension)	2	
Afrezza (12UNIT Inhalation Powder, 4 & 8 & 12UNIT Inhalation Powder, 4 & 8UNIT Inhalation Powder, 8 & 12UNIT Inhalation Powder)	4	PA	Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)	2	
Afrezza (4UNIT Inhalation Powder, 8UNIT Inhalation Powder)	3	PA	Humalog Mix 75/25 (Subcutaneous Suspension)	2	
Apidra (Injection Solution)	3	PA	Humalog (Subcutaneous Solution)	2	
Apidra SoloStar (Subcutaneous Solution Pen-Injector)	3	PA	Humalog (Subcutaneous Solution Cartridge)	2	
Basaglar KwikPen (Subcutaneous Solution Pen-Injector)	3	ST			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)	2		Lantus (Subcutaneous Solution)	2	
Humulin 70/30 (Subcutaneous Suspension)	2		Levemir FlexTouch (Subcutaneous Solution Pen-Injector)	2	
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)	2		Levemir (Subcutaneous Solution)	2	
Humulin N (Subcutaneous Suspension)	2		Novolin 70/30 (Subcutaneous Suspension)	3	PA
Humulin R (Injection Solution)	2		Novolin N (Subcutaneous Suspension)	3	PA
Humulin R U-500 (Concentrated) (Subcutaneous Solution)	2		Novolin R (Injection Solution)	3	PA
Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)	2		NovoLog FlexPen (Subcutaneous Solution Pen-Injector)	3	PA
Insulin Lispro (Subcutaneous Solution)	2		NovoLog Mix 70/30 FlexPen (Subcutaneous Suspension Pen-Injector)	3	PA
Insulin Lispro (Subcutaneous Solution Pen-Injector)	2		NovoLog Mix 70/30 (Subcutaneous Suspension)	3	PA
Lantus SoloStar (Subcutaneous Solution Pen-Injector)	2		NovoLog PenFill (Subcutaneous Solution Cartridge)	3	PA
			NovoLog (Subcutaneous Solution)	3	PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)	2		Fragmin (10000UNIT/ML Subcutaneous Solution, 12500UNIT/0.5ML Subcutaneous Solution, 15000UNIT/0.6ML Subcutaneous Solution, 18000UNIT/0.72ML Subcutaneous Solution, 5000UNIT/0.2ML Subcutaneous Solution, 7500UNIT/0.3ML Subcutaneous Solution, 95000UNIT/3.8ML Subcutaneous Solution)	4	
Toujeo SoloStar (Subcutaneous Solution Pen-Injector)	2				
Tresiba FlexTouch (Subcutaneous Solution Pen-Injector)	2				
Tresiba (Subcutaneous Solution)	2				
Blood Products/Modifiers/Volume Expanders			Fragmin (2500UNIT/0.2ML Subcutaneous Solution)	3	
Anticoagulants					
Arixtra (Subcutaneous Solution)	4		Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution)	1	
Bevyxxa (Oral Capsule)	3	QL	Heparin Sodium (1000UNIT/ML Injection Solution)	1	B/D, PA
Coumadin (Oral Tablet)	2		Jantoven (Oral Tablet)	1	
Eliquis (Oral Tablet)	2	QL			
Eliquis Starter Pack (Oral Tablet)	2	QL			
Enoxaparin Sodium (Subcutaneous Solution)	1	QL			
Fondaparinux Sodium (Subcutaneous Solution)	1				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Lovenox (100MG/ML Subcutaneous Solution, 120MG/0.8ML Subcutaneous Solution, 60MG/0.6ML Subcutaneous Solution, 80MG/0.8ML Subcutaneous Solution)	4	QL	Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 300MCG/ML Injection Solution, 60MCG/ML Injection Solution)	4	PA
Lovenox (150MG/ML Subcutaneous Solution, 30MG/0.3ML Subcutaneous Solution, 40MG/0.4ML Subcutaneous Solution)	3	QL	Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution)	3	PA
Pradaxa (Oral Capsule)	3	ST; QL	Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe)	4	PA
Savaysa (Oral Tablet)	3	ST; QL			
Warfarin Sodium (Oral Tablet)	1				
Xarelto (Oral Tablet)	2	QL			
Xarelto Starter Pack (Oral Tablet Therapy Pack)	2	QL			
Zontivity (Oral Tablet)	3	PA			
Blood Formation Modifiers					
Agrylin (Oral Capsule)	3				
Anagrelide HCl (Oral Capsule)	1				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe)	3	PA	Mulpleta (Oral Tablet)	4	PA
Doptelet (Oral Tablet)	4	PA	Neulasta (Subcutaneous Solution Prefilled Syringe)	4	PA
Epogen (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	3	PA	Neupogen (Injection Solution)	4	ST
Epogen (20000UNIT/ML Injection Solution)	4	PA	Neupogen (Injection Solution Prefilled Syringe)	4	ST
Fulphila (Subcutaneous Solution Prefilled Syringe)	4	PA	Nivestym (Injection Solution)	4	ST
Granix (Subcutaneous Solution)	4	ST	Nivestym (Injection Solution Prefilled Syringe)	4	ST
Granix (Subcutaneous Solution Prefilled Syringe)	4	ST	Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	3	PA
Leukine (Injection Solution Reconstituted)	4	PA	Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution)	4	PA
			Promacta (Oral Packet)	4	PA; LA; QL
			Promacta (Oral Tablet)	4	PA; LA; QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Retacrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	3	PA
Retacrit (40000UNIT/ML Injection Solution)	4	PA
Udenyca (Subcutaneous Solution Prefilled Syringe)	4	PA
Zarxio (Injection Solution Prefilled Syringe)	4	
Hemostasis Agents		
Lysteda (Oral Tablet)	3	
Tavalisse (Oral Tablet)	4	PA; QL
Tranexamic Acid (Oral Tablet)	1	
Platelet Modifying Agents		
Aggrenox (Oral Capsule Extended Release 12 Hour)	3	QL
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	1	QL
Brilinta (Oral Tablet)	2	QL
Cablivi (Injection Kit)	4	PA; QL
Cilostazol (Oral Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Clopidogrel Bisulfate (75MG Oral Tablet)	1	QL
Effient (Oral Tablet)	3	
Plavix (Oral Tablet)	3	QL
Prasugrel HCl (Oral Tablet)	1	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
Catapres (Oral Tablet)	3	
Catapres-TTS-1 (Transdermal Patch Weekly)	3	
Catapres-TTS-2 (Transdermal Patch Weekly)	3	
Catapres-TTS-3 (Transdermal Patch Weekly)	3	
Clonidine HCl (Oral Tablet Immediate Release)	1	
Clonidine (Transdermal Patch Weekly)	1	
Methyldopa (Oral Tablet)	1	PA; HRM
Midodrine HCl (Oral Tablet)	1	
Northera (Oral Capsule)	4	PA; LA; QL
Alpha-adrenergic Blocking Agents		
Cardura (Oral Tablet Immediate Release)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Dibenzyliline (Oral Capsule)	4	
Doxazosin Mesylate (Oral Tablet)	1	
Minipress (Oral Capsule)	3	
Phenoxybenzamine HCl (Oral Capsule)	1	
Prazosin HCl (Oral Capsule)	1	
Angiotensin II Receptor Antagonists		
Atacand (Oral Tablet)	3	QL
Avapro (Oral Tablet)	3	QL
Benicar (Oral Tablet)	3	QL
Candesartan Cilexetil (Oral Tablet)	1	QL
Cozaar (Oral Tablet)	3	QL
Diovan (Oral Tablet)	3	QL
Edarbi (Oral Tablet)	3	QL
Eprosartan Mesylate (Oral Tablet)	1	QL
Irbesartan (Oral Tablet)	1	QL
Losartan Potassium (Oral Tablet)	1	QL
Micardis (Oral Tablet)	3	QL
Olmesartan Medoxomil (Oral Tablet)	1	QL
Telmisartan (Oral Tablet)	1	QL
Valsartan (Oral Tablet)	1	QL
Angiotensin-converting Enzyme (ACE) Inhibitors		
Accupril (Oral Tablet)	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Altace (Oral Capsule)	3	QL
Benazepril HCl (Oral Tablet)	1	QL
Captopril (Oral Tablet)	1	QL
Enalapril Maleate (Oral Tablet)	1	QL
Fosinopril Sodium (Oral Tablet)	1	QL
Lisinopril (Oral Tablet)	1	QL
Lotensin (Oral Tablet)	3	QL
Moexipril HCl (Oral Tablet)	1	QL
Perindopril Erbumine (Oral Tablet)	1	QL
Prinivil (Oral Tablet)	3	QL
Qbrelis (Oral Solution)	4	QL
Quinapril HCl (Oral Tablet)	1	QL
Ramipril (Oral Capsule)	1	QL
Trandolapril (Oral Tablet)	1	QL
Vasotec (10MG Oral Tablet, 20MG Oral Tablet)	4	QL
Vasotec (2.5MG Oral Tablet, 5MG Oral Tablet)	3	QL
Zestril (Oral Tablet)	3	QL
Antiarrhythmics		
Amiodarone HCl (Oral Tablet)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Betapace AF (120MG Oral Tablet, 160MG Oral Tablet)	4	
Betapace AF (80MG Oral Tablet)	3	
Dofetilide (Oral Capsule)	1	
Flecainide Acetate (Oral Tablet)	1	
Mexiletine HCl (Oral Capsule)	1	
Multaq (Oral Tablet)	2	
Pacerone (100MG Oral Tablet, 400MG Oral Tablet)	3	
Pacerone (200MG Oral Tablet)	1	
Propafenone HCl ER (Oral Capsule Extended Release 12 Hour)	1	
Propafenone HCl (Oral Tablet)	1	
Quinidine Gluconate ER (Oral Tablet Extended Release)	1	
Quinidine Sulfate (Oral Tablet)	1	
Rythmol SR (Oral Capsule Extended Release 12 Hour)	4	
Sorine (Oral Tablet)	1	
Sotalol HCl (AF) (120MG Oral Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Sotalol HCl (Oral Tablet)	1	
Sotylize (Oral Solution)	3	PA
Tikosyn (Oral Capsule)	3	
Beta-adrenergic Blocking Agents		
Acebutolol HCl (Oral Capsule)	1	
Atenolol (Oral Tablet)	1	
Betaxolol HCl (Oral Tablet)	1	
Bisoprolol Fumarate (Oral Tablet)	1	
Bystolic (Oral Tablet)	2	QL
Carvedilol (Oral Tablet)	1	
Carvedilol Phosphate ER (Oral Capsule Extended Release 24 Hour)	1	
Coreg CR (Oral Capsule Extended Release 24 Hour)	3	
Coreg (Oral Tablet)	3	
Corgard (Oral Tablet)	3	
Inderal LA (Oral Capsule Extended Release 24 Hour)	4	
InnoPran XL (Oral Capsule Extended Release 24 Hour)	4	
Labetalol HCl (Oral Tablet)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Lopressor (100MG Oral Tablet)	3		Calan SR (120MG Oral Tablet Extended Release, 240MG Oral Tablet Extended Release)	3	
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	1		Cardizem CD (Oral Capsule Extended Release 24 Hour)	4	
Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	1		Cardizem LA (Oral Tablet Extended Release 24 Hour)	3	
Nadolol (Oral Tablet)	1		Cardizem (Oral Tablet Immediate Release)	4	
Pindolol (Oral Tablet)	1		Cartia XT (Oral Capsule Extended Release 24 Hour)	1	
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour)	1		Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour)	1	
Propranolol HCl (Oral Solution)	1		Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	1	
Propranolol HCl (Oral Tablet)	1				
Tenormin (Oral Tablet)	3				
Toprol XL (Oral Tablet Extended Release 24 Hour)	3				
Calcium Channel Blocking Agents					
Adalat CC (Oral Tablet Extended Release 24 Hour)	3				
Amlodipine Besylate (Oral Tablet)	1				
Calan (Oral Tablet Immediate Release)	3				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour)	1		Procardia XL (Oral Tablet Extended Release 24 Hour)	3	
Diltiazem HCl (Oral Tablet Immediate Release)	1		Sular (Oral Tablet Extended Release 24 Hour)	3	
Dilt-XR (Oral Capsule Extended Release 24 Hour)	1		Taztia XT (Oral Capsule Extended Release 24 Hour)	1	
Felodipine ER (Oral Tablet Extended Release 24 Hour)	1		Tiazac (Oral Capsule Extended Release 24 Hour)	3	
Isradipine (Oral Capsule)	1		Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	1	
Matzim LA (Oral Tablet Extended Release 24 Hour)	1		Verapamil HCl ER (360MG Oral Capsule Extended Release 24 Hour)	1	
Nicardipine HCl (Oral Capsule)	1		Verapamil HCl ER (Oral Tablet Extended Release)	1	
Nifedipine ER (Oral Tablet Extended Release 24 Hour)	1				
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	1				
Nimodipine (Oral Capsule)	1				
Nisoldipine ER (Oral Tablet Extended Release 24 Hour)	1				
Norvasc (Oral Tablet)	3				
Nymalize (60MG/20ML Oral Solution)	4				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Verapamil HCl (Oral Tablet Immediate Release)	1		Atenolol-Chlorthalidone (Oral Tablet)	1	
Verelan (Oral Capsule Extended Release 24 Hour)	3		Avalide (Oral Tablet)	3	QL
Verelan PM (Oral Capsule Extended Release 24 Hour)	3		Azor (Oral Tablet)	3	QL
Cardiovascular Agents, Other			Benazepril-Hydrochlorothiazide (Oral Tablet)	1	QL
Accuretic (Oral Tablet)	3	QL	Benicar HCT (Oral Tablet)	3	QL
Aldactazide (Oral Tablet)	3		BiDil (Oral Tablet)	2	
Aliskiren Fumarate (Oral Tablet)	1	QL	Bisoprolol-Hydrochlorothiazide (Oral Tablet)	1	QL
Amiloride-Hydrochlorothiazide (Oral Tablet)	1		Caduet (Oral Tablet)	3	QL
Amlodipine-Atorvastatin (Oral Tablet)	1	QL	Candesartan Cilexetil-HCTZ (Oral Tablet)	1	QL
Amlodipine-Benazepril (Oral Capsule)	1	QL	Captopril-Hydrochlorothiazide (Oral Tablet)	1	QL
Amlodipine-Olmesartan (Oral Tablet)	1	QL	Corlanor (Oral Solution)	3	PA; QL
Amlodipine-Valsartan (Oral Tablet)	1	QL	Corlanor (Oral Tablet)	3	PA; QL
Amlodipine-Valsartan-HCTZ (Oral Tablet)	1		Demser (Oral Capsule)	4	
Atacand HCT (Oral Tablet)	3	QL	Digitek (125MCG Oral Tablet)	1	HRM; QL
			Digitek (250MCG Oral Tablet)	1	PA; HRM
			Digox (125MCG Oral Tablet)	1	HRM; QL
			Digox (250MCG Oral Tablet)	1	PA; HRM
			Digoxin (Oral Solution)	1	PA; HRM; QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Digoxin (125MCG Oral Tablet)	1	HRM; QL	Lopressor HCT (Oral Tablet)	3	
Digoxin (250MCG Oral Tablet)	1	PA; HRM	Losartan Potassium-HCTZ (Oral Tablet)	1	QL
Diovan HCT (Oral Tablet)	3	QL	Lotrel (Oral Capsule)	3	QL
DUTOPROL (Oral Tablet Extended Release 24 Hour)	3		Maxzide (Oral Tablet)	3	
Dyazide (Oral Capsule)	3		Maxzide-25 (Oral Tablet)	3	
Edarbyclor (Oral Tablet)	3	QL	Metoprolol-Hydrochlorothiazide (Oral Tablet)	1	
Enalapril-Hydrochlorothiazide (Oral Tablet)	1	QL	Micardis HCT (Oral Tablet)	3	QL
Entresto (Oral Tablet)	2	QL	Nadolol-Bendroflumethiazide (40-5MG Oral Tablet)	1	
Exforge HCT (Oral Tablet)	3		Olmesartan Medoxomil-HCTZ (Oral Tablet)	1	QL
Exforge (Oral Tablet)	3	QL	Olmesartan-Amlodipine-HCTZ (Oral Tablet)	1	QL
Fosinopril Sodium-HCTZ (Oral Tablet)	1	QL	Pentoxifylline ER (Oral Tablet Extended Release)	1	
Hyzaar (Oral Tablet)	3	QL	Propranolol-HCTZ (Oral Tablet)	1	
Irbesartan-Hydrochlorothiazide (Oral Tablet)	1	QL	Quinapril-Hydrochlorothiazide (Oral Tablet)	1	QL
Lanoxin (125MCG Oral Tablet, 62.5MCG Oral Tablet)	3	HRM; QL	Ranexa (Oral Tablet Extended Release 12 Hour)	3	
Lanoxin (250MCG Oral Tablet)	3	PA; HRM			
Lisinopril-Hydrochlorothiazide (Oral Tablet)	1	QL			

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	1		Vaseretic (Oral Tablet)	3	QL
Spirolactone-HCTZ (Oral Tablet)	1		Vecamyl (Oral Tablet)	4	PA
Tarka (Oral Tablet Extended Release)	3	QL	Vyndaqel (Oral Capsule)	4	PA; QL
Tekturna HCT (Oral Tablet)	3	QL	Zestoretic (Oral Tablet)	3	QL
Tekturna (Oral Tablet)	3	QL	Ziac (2.5-6.25MG Oral Tablet)	3	QL
Telmisartan-Amlodipine (Oral Tablet)	1	QL	Diuretics, Carbonic Anhydrase Inhibitors		
Telmisartan-HCTZ (Oral Tablet)	1	QL	Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	1	
Tenoretic 100 (Oral Tablet)	3		Acetazolamide (Oral Tablet)	1	
Tenoretic 50 (Oral Tablet)	3		Keveyis (Oral Tablet)	4	PA; QL
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	1	QL	Methazolamide (Oral Tablet)	1	
Triamterene-HCTZ (Oral Capsule)	1		Diuretics, Loop		
Triamterene-HCTZ (Oral Tablet)	1		Bumetanide (Injection Solution)	1	
Tribenzor (Oral Tablet)	3	QL	Bumetanide (Oral Tablet)	1	
Twynsta (40-10MG Oral Tablet, 40-5MG Oral Tablet, 80-5MG Oral Tablet)	3	QL	Edecrin (Oral Tablet)	4	
Valsartan-Hydrochlorothiazide (Oral Tablet)	1	QL	Ethacrynic Acid (Oral Tablet)	1	
			Furosemide (Injection Solution)	1	B/D, PA
			Furosemide (Oral Solution)	1	
			Furosemide (Oral Tablet)	1	
			Lasix (Oral Tablet)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Torsemide (Oral Tablet)	1	
Diuretics, Potassium-sparing		
Aldactone (Oral Tablet)	3	
Amiloride HCl (Oral Tablet)	1	
CaroSpir (Oral Suspension)	3	
Dyrenium (Oral Capsule)	3	
Eplerenone (Oral Tablet)	1	
Inspra (Oral Tablet)	3	
Spironolactone (Oral Tablet)	1	
Triamterene (Oral Capsule)	1	
Diuretics, Thiazide		
Chlorothiazide (Oral Tablet)	1	
Chlorthalidone (Oral Tablet)	1	
Diuril (Oral Suspension)	3	
Hydrochlorothiazide (Oral Capsule)	1	
Hydrochlorothiazide (Oral Tablet)	1	
Indapamide (Oral Tablet)	1	
Methyclothiazide (5MG Oral Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Metolazone (Oral Tablet)	1	
Dyslipidemics, Fibric Acid Derivatives		
Antara (Oral Capsule)	2	
Fenofibrate Micronized (Oral Capsule)	1	
Fenofibrate (150MG Oral Capsule, 50MG Oral Capsule)	1	
Fenofibrate (Oral Tablet)	1	
Fenofibric Acid (Oral Capsule Delayed Release)	1	
Fenofibric Acid (105MG Oral Tablet)	1	
Fenofibric Acid (35MG Oral Tablet)	1	
Fenoglide (120MG Oral Tablet)	4	
Fenoglide (40MG Oral Tablet)	3	
Fibricor (Oral Tablet)	3	
Gemfibrozil (Oral Tablet)	1	
Lipofen (Oral Capsule)	3	
Lopid (Oral Tablet)	3	
Tricor (Oral Tablet)	3	
Triglide (Oral Tablet)	3	
Trilipix (Oral Capsule Delayed Release)	3	
Dyslipidemics, HMG CoA Reductase Inhibitors		

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Altoprev (Oral Tablet Extended Release 24 Hour)	4	QL	Zocor (10MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	3	QL
Atorvastatin Calcium (Oral Tablet)	1	QL	Zypitamag (Oral Tablet)	3	ST; QL
Crestor (Oral Tablet)	3	QL	Dyslipidemics, Other		
Ezallor Sprinkle (Oral Capsule Sprinkle)	3	QL	Cholestyramine Light (Oral Powder)	1	
FloLipid (Oral Suspension)	3	QL	Cholestyramine (Oral Packet)	1	
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	1	QL	Colesevelam HCl (Oral Packet)	1	
Fluvastatin Sodium (Oral Capsule)	1	QL	Colesevelam HCl (Oral Tablet)	1	
Lescol XL (Oral Tablet Extended Release 24 Hour)	3	QL	Colestid (Oral Packet)	3	
Lipitor (Oral Tablet)	3	QL	Colestid (Oral Tablet)	3	
Livalo (Oral Tablet)	2	QL	Colestipol HCl (Oral Packet)	1	
Lovastatin (Oral Tablet)	1	QL	Colestipol HCl (Oral Tablet)	1	
Pravachol (Oral Tablet)	3	QL	Ezetimibe (Oral Tablet)	1	
Pravastatin Sodium (Oral Tablet)	1	QL	Ezetimibe-Simvastatin (Oral Tablet)	1	QL
Rosuvastatin Calcium (Oral Tablet)	1	QL	Juxtapid (Oral Capsule)	4	PA; LA
Simvastatin (Oral Tablet)	1	QL	Lovaza (Oral Capsule)	3	
			Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release)	1	
			Niacor (Oral Tablet)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Niaspan (Oral Tablet Extended Release)	3	
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	1	
Praluent (Subcutaneous Solution Pen-Injector)	3	PA; LA; QL
Prevalite (Oral Packet)	1	
Questran Light (Oral Powder)	3	
Questran (Oral Packet)	3	
Repatha Pushttronex System (Subcutaneous Solution Cartridge)	3	PA; QL
Repatha (Subcutaneous Solution Prefilled Syringe)	3	PA; QL
Repatha SureClick (Subcutaneous Solution Auto-Injector)	3	PA; QL
Vascepa (Oral Capsule)	3	
Vytorin (Oral Tablet)	3	QL
Welchol (Oral Packet)	3	
Welchol (Oral Tablet)	3	
Zetia (Oral Tablet)	3	
Vasodilators, Direct-acting Arterial		
Hydralazine HCl (Oral Tablet)	1	
Minoxidil (Oral Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Vasodilators, Direct-acting Arterial/Venous		
GoNitro (Sublingual Packet)	3	
Isordil Titradoso (Oral Tablet)	4	
Isosorbide Dinitrate ER (Oral Tablet Extended Release)	1	
Isosorbide Dinitrate (Oral Tablet Immediate Release)	1	
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour)	1	
Isosorbide Mononitrate (Oral Tablet Immediate Release)	1	
Minitran (Transdermal Patch 24 Hour)	1	
Nitro-Bid (Transdermal Ointment)	3	
Nitro-Dur (Transdermal Patch 24 Hour)	3	
Nitroglycerin (Tablet Sublingual)	1	
Nitroglycerin (Transdermal Patch 24 Hour)	1	
Nitroglycerin (Translingual Solution)	1	
Nitrostat (Tablet Sublingual)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Rectiv (Rectal Ointment)	3	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
Adderall (20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	3	QL
Adderall XR (Oral Capsule Extended Release 24 Hour)	3	QL
Adzenys ER (Oral Suspension Extended Release)	3	QL
Adzenys XR-ODT (Oral Tablet Extended Release Dispersible)	3	QL
Amphetamine Sulfate (Oral Tablet)	1	
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	1	QL
Amphetamine-Dextroamphetamine (Oral Tablet)	1	QL
Desoxyn (Oral Tablet)	4	PA
Dexedrine (Oral Capsule Extended Release 24 Hour)	4	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)	1	QL
Dextroamphetamine Sulfate (Oral Tablet)	1	QL
Dyanavel XR (Oral Suspension Extended Release)	3	QL
Evekeo ODT (Oral Tablet Dispersible)	3	
Evekeo (Oral Tablet)	3	
Methamphetamine HCl (Oral Tablet)	1	PA
Mydayis (Oral Capsule Extended Release 24 Hour)	3	QL
ProCentra (Oral Solution)	3	
Vyvanse (Oral Capsule)	3	
Vyvanse (Oral Tablet Chewable)	3	
Zenzedi (Oral Tablet)	3	QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
Aptensio XR (Oral Capsule Extended Release 24 Hour)	3	QL
Atomoxetine HCl (Oral Capsule)	1	
Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)	1	PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Concerta (Oral Tablet Extended Release)	3	QL	Methylphenidate HCl ER (Oral Tablet Extended Release 24 Hour)	1	QL
Cotempla XR-ODT (Oral Tablet Extended Release Dispersible)	3	QL	Methylphenidate HCl (Oral Solution)	1	QL
Daytrana (Transdermal Patch)	3	QL	Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	1	QL
Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour)	1		Methylphenidate HCl (Oral Tablet Chewable)	1	QL
Dexmethylphenidate HCl (Oral Tablet)	1	QL	QuilliChew ER (Oral Tablet Chewable Extended Release)	3	QL
Focalin (Oral Tablet)	3	QL	Quillivant XR (Oral Suspension Reconstituted)	3	
Focalin XR (Oral Capsule Extended Release 24 Hour)	3		Relexxii (Oral Tablet Extended Release)	1	QL
Kapvay (Oral Tablet Extended Release 12 Hour)	3	PA	Ritalin LA (Oral Capsule Extended Release 24 Hour)	3	
Metadate ER (Oral Tablet Extended Release)	1	QL	Ritalin (Oral Tablet)	3	QL
Methylin (Oral Solution)	3	QL	Strattera (Oral Capsule)	3	
Methylphenidate HCl CD (Oral Capsule Extended Release)	1		Central Nervous System, Other		
Methylphenidate HCl LA (Oral Capsule Extended Release 24 Hour)	1		Austedo (Oral Tablet)	4	PA; LA; QL
Methylphenidate HCl ER (Oral Tablet Extended Release)	1	QL	Gralise (Oral Tablet)	3	PA
			Gralise Starter (Oral)	3	PA
			Horizant (Oral Tablet Extended Release)	3	PA
			Ingrezza (Oral Capsule)	4	PA; QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ingrezza (Oral Capsule Therapy Pack)	4	PA; QL	Pregabalin (Oral Solution)	1	QL
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	2	PA; QL	Savella (Oral Tablet)	2	
Namzaric (Oral Capsule Extended Release 24 Hour)	2	PA; QL	Savella Titration Pack (Oral Tablet)	2	
Nuedexta (Oral Capsule)	3	PA	Multiple Sclerosis Agents		
Rilutek (Oral Tablet)	4		Ampyra (Oral Tablet Extended Release 12 Hour)	4	QL
Riluzole (Oral Tablet)	1		Aubagio (Oral Tablet)	4	LA; QL
Tetrabenazine (Oral Tablet)	1	PA; LA	Avonex Pen (Intramuscular Auto-Injector Kit)	4	
Tiglutik (Oral Suspension)	4	PA	Avonex Prefilled (Intramuscular Prefilled Syringe Kit)	4	
Xenazine (Oral Tablet)	4	PA; LA	Betaseron (Subcutaneous Kit)	4	
Fibromyalgia Agents			Copaxone (Subcutaneous Solution Prefilled Syringe)	4	
Cymbalta (Oral Capsule Delayed Release Particles)	3	QL	Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	1	QL
Duloxetine HCl (Oral Capsule Delayed Release Particles)	1	QL	Extavia (Subcutaneous Kit)	4	
Lyrica CR (Oral Tablet Extended Release 24 Hour)	3	PA; QL	Gilenya (0.5MG Oral Capsule)	4	QL
Lyrica (Oral Capsule)	2	QL	Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	1	
Lyrica (Oral Solution)	2	QL			
Pregabalin (Oral Capsule)	1	QL			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Glatopa (Subcutaneous Solution Prefilled Syringe)	1	
Mavenclad (10 Tabs) (Oral Tablet Therapy Pack)	4	PA
Mavenclad (4 Tabs) (Oral Tablet Therapy Pack)	4	PA
Mavenclad (5 Tabs) (Oral Tablet Therapy Pack)	4	PA
Mavenclad (6 Tabs) (Oral Tablet Therapy Pack)	4	PA
Mavenclad (7 Tabs) (Oral Tablet Therapy Pack)	4	PA
Mavenclad (8 Tabs) (Oral Tablet Therapy Pack)	4	PA
Mavenclad (9 Tabs) (Oral Tablet Therapy Pack)	4	PA
Mayzent (Oral Tablet)	4	QL
Plegridy Starter Pack (Subcutaneous Solution Pen-Injector)	4	
Plegridy Starter Pack (Subcutaneous Solution Prefilled Syringe)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Plegridy (Subcutaneous Solution Pen-Injector)	4	
Plegridy (Subcutaneous Solution Prefilled Syringe)	4	
Rebif Rebidose (Subcutaneous Solution Auto-Injector)	4	
Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)	4	
Rebif (Subcutaneous Solution Prefilled Syringe)	4	
Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)	4	
Tecfidera Starter Pack (Oral)	4	LA
Tecfidera (Oral Capsule Delayed Release)	4	LA; QL
Dental and Oral Agents		
Dental and Oral Agents		
Cevimeline HCl (Oral Capsule)	1	ST

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Chlorhexidine Gluconate (Mouth Solution)	1		Altreno (External Lotion)	3	PA
Evoxac (Oral Capsule)	3	ST	Ammonium Lactate (External Cream)	1	
Pilocarpine HCl (Oral Tablet)	1		Ammonium Lactate (External Lotion)	1	
Salagen (Oral Tablet)	3		Amnesteem (Oral Capsule)	1	PA
Triamcinolone Acetonide (Dental Paste)	1		Atralin (External Gel)	3	PA
Dermatological Agents			Avita (External Cream)	1	PA
Dermatological Agents			Avita (External Gel)	1	PA
Absorica (Oral Capsule)	4	PA	Azelaic Acid (External Gel)	1	
Acanya (External Gel)	3		Azelex (External Cream)	3	
Acitretin (Oral Capsule)	1		BenzaClin with Pump (External Gel)	3	
Aczone (5% External Gel)	3		Benzamycin (External Gel)	3	
Adapalene (External Cream)	1		Benzoyl Peroxide-Erythromycin (External Gel)	1	
Adapalene (External Gel)	1		Calcipotriene (External Cream)	1	
Adapalene (External Pad)	3		Calcipotriene (External Ointment)	1	
Adapalene (External Solution)	4		Calcipotriene (External Solution)	1	
Adapalene-Benzoyl Peroxide (External Gel)	1		Calcipotriene-Betamethasone (External Ointment)	1	
Aktipak (External Packet)	3	ST	Calcitriol (External Ointment)	1	
Aldara (External Cream)	3				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Carac (External Cream)	4		Clindamycin-Tretinoin (External Gel)	1	PA
Claravis (10MG Oral Capsule, 20MG Oral Capsule, 40MG Oral Capsule)	1	PA	Clotrimazole-Betamethasone (External Cream)	1	
Cleocin-T (External Gel)	3		Clotrimazole-Betamethasone (External Lotion)	1	
Cleocin-T (External Lotion)	3		Condylox (External Gel)	3	
Cleocin-T (1% External Swab)	3		Cortisporin (External Cream)	3	
Clindacin-P (External Swab)	1		Cortisporin (External Ointment)	3	
Clindagel (External Gel)	4		Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe)	4	PA; LA
Clindamycin Phosphate (External Foam)	1		Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector)	4	PA; LA
Clindamycin Phosphate (External Gel)	1		Dapsone (External Gel)	1	
Clindamycin Phosphate (External Lotion)	1		Diclofenac Sodium (3% Transdermal Gel)	1	PA
Clindamycin Phosphate (External Solution)	1		Differin (External Cream)	3	
Clindamycin Phosphate (External Swab)	1		Differin (External Gel)	3	
Clindamycin Phosphate-Benzoyl Peroxide (External Gel)	1		Differin (External Lotion)	3	
			Dovonex (External Cream)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Doxepin HCl (External Cream)	1	PA; QL	Fluorouracil (0.5% External Cream)	4	
Duac (External Gel)	3		Fluorouracil (5% External Cream)	1	
Duobrii (External Lotion)	4	PA	Fluorouracil (External Solution)	1	
Dupixent (300MG/2ML Subcutaneous Solution Prefilled Syringe)	4	PA	Ilumya (Subcutaneous Solution Prefilled Syringe)	4	PA
Efudex (External Cream)	3		Imiquimod (5% External Cream)	1	
Elidel (External Cream)	3		Imiquimod Pump (3.75% External Cream)	4	PA
Enstilar (External Foam)	4	PA	Isotretinoin (Oral Capsule)	1	PA
Epiduo (External Gel)	3		Klaron (External Lotion)	3	PA
Epiduo Forte (External Gel)	3	ST	Lotrisone (External Cream)	3	
Ery (External Pad)	1		Methoxsalen Rapid (Oral Capsule)	1	
Erygel (External Gel)	3		Mirvaso (External Gel)	3	
Erythromycin (External Gel)	1		Myorisan (Oral Capsule)	1	PA
Erythromycin (External Solution)	1		Neo-Synalar (External Cream)	4	
Eucrisa (External Ointment)	3	PA; QL	Neuac (External Gel)	1	
Evoclin (External Foam)	4		Onexton (External Gel)	3	
Fabior (External Foam)	3	PA	Oxsoralen Ultra (Oral Capsule)	4	
Finacea (External Foam)	3		Picato (External Gel)	2	
Finacea (External Gel)	3				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Pimecrolimus (External Cream)	1	
Podofilox (External Solution)	1	
Protopic (External Ointment)	3	
PRUDOXIN (External Cream)	3	PA; QL
Regranex (External Gel)	4	PA
Retin-A (External Cream)	3	PA
Retin-A (External Gel)	3	PA
Retin-A Micro (External Gel)	4	PA
Retin-A Micro Pump (0.06% External Gel, 0.08% External Gel)	4	PA
Rhofade (External Cream)	3	PA
Santyl (External Ointment)	3	
Selenium Sulfide (External Lotion)	1	
Siliq (Subcutaneous Solution Prefilled Syringe)	4	PA
Soolantra (External Cream)	3	
Soriatane (Oral Capsule)	4	
Sorilux (External Foam)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Stelara (Subcutaneous Solution)	4	PA
Stelara (Subcutaneous Solution Prefilled Syringe)	4	PA
Sulfacetamide Sodium (Acne) (External Lotion)	1	PA
Taclonex (External Ointment)	4	
Taclonex (External Suspension)	4	
Tacrolimus (External Ointment)	1	
Taltz (Subcutaneous Solution Auto-Injector)	4	PA; LA
Taltz (Subcutaneous Solution Prefilled Syringe)	4	PA; LA
Tazarotene (External Cream)	1	PA
Tazorac (External Cream)	3	PA
Tazorac (0.05% External Gel)	4	PA
Tazorac (0.1% External Gel)	3	PA
Tolak (External Cream)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Tremfya (Subcutaneous Solution Pen-Injector)	4	PA	Clinimix E/Dextrose (2.75/5) (Intravenous Solution)	3	B/D, PA
Tremfya (Subcutaneous Solution Prefilled Syringe)	4	PA	Clinimix E/Dextrose (4.25/10) (Intravenous Solution)	3	B/D, PA
Tretinoin (External Cream)	1	PA	Clinimix E/Dextrose (4.25/5) (Intravenous Solution)	3	B/D, PA
Tretinoin (External Gel)	1	PA	Clinimix E/Dextrose (5/15) (Intravenous Solution)	3	B/D, PA
Tretinoin Microsphere (External Gel)	1	PA	Clinimix E/Dextrose (5/20) (Intravenous Solution)	3	B/D, PA
Vectical (External Ointment)	4		Clinimix/Dextrose (4.25/10) (Intravenous Solution)	3	B/D, PA
Veregen (External Ointment)	4		Clinimix/Dextrose (4.25/5) (Intravenous Solution)	3	B/D, PA
Zenatane (Oral Capsule)	1	PA	Clinimix/Dextrose (5/15) (Intravenous Solution)	3	B/D, PA
Ziana (External Gel)	4	PA	Clinimix/Dextrose (5/20) (Intravenous Solution)	3	B/D, PA
Zonalon (External Cream)	3	PA; QL	Clinisol SF (Intravenous Solution)	3	B/D, PA
Zyclara Pump (External Cream)	4	PA	Dextrose (10% Intravenous Solution)	1	
Electrolytes/Minerals/Metals/Vitamins			Dextrose (5% Intravenous Solution)	1	B/D, PA
Electrolyte/Mineral Replacement					
Aminosyn II (Intravenous Solution)	3	B/D, PA			
Aminosyn-PF (Intravenous Solution)	3	B/D, PA			
Carbaglu (Oral Tablet)	4	LA			
Carnitor (Oral Solution)	3				
Carnitor (Oral Tablet)	3				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Dextrose-NaCl (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 2.5-0.45% Intravenous Solution, 5-0.2% Intravenous Solution, 5-0.225% Intravenous Solution, 5-0.33% Intravenous Solution, 5-0.45% Intravenous Solution)	1		KCl-Lactated Ringers-D5W (Intravenous Solution)	1	
Dextrose-NaCl (5-0.9% Intravenous Solution)	1	B/D, PA	Klor-Con 10 (Oral Tablet Extended Release)	1	
Endari (Oral Packet)	4	PA	Klor-Con M10 (Oral Tablet Extended Release)	1	
FreAmine HBC (Intravenous Solution)	3	B/D, PA	Klor-Con M15 (Oral Tablet Extended Release)	1	
HepatAmine (Intravenous Solution)	1	B/D, PA	Klor-Con M20 (Oral Tablet Extended Release)	1	
Intralipid (20% Intravenous Emulsion)	1	B/D, PA	Klor-Con (Oral Packet)	1	
Intralipid (30% Intravenous Emulsion)	3	B/D, PA	Klor-Con 8 (Oral Tablet Extended Release)	1	
Ionosol-MB in D5W (Intravenous Solution)	3		Klor-Con Sprinkle (8MEQ Oral Capsule Extended Release)	1	
Isolyte-P in D5W (Intravenous Solution)	3		K-Tab (Oral Tablet Extended Release)	3	
Isolyte-S (Intravenous Solution)	3		Levocarnitine (1GM/10ML Oral Solution)	1	
KCl in Dextrose-NaCl (Injection)	1		Levocarnitine (330MG Oral Tablet)	1	
			Magnesium Sulfate (50% Injection Solution)	1	
			Magnesium Sulfate (50% (10ML Syringe) Injection Solution)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
NephrAmine (Intravenous Solution)	3	B/D, PA	Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 40MEQ/100ML Intravenous Solution)	1	B/D, PA
Normosol-M in D5W (Intravenous Solution)	1		Potassium Chloride (2MEQ/ML Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution)	1	B/D, PA
Normosol-R in D5W (Intravenous Solution)	1		Potassium Chloride (Oral Packet)	1	
Normosol-R pH 7.4 (Intravenous Solution)	1		Potassium Chloride (Oral Solution)	1	
Nutrilipid (Intravenous Emulsion)	1	B/D, PA	Potassium Citrate ER (Oral Tablet Extended Release)	1	
Plasma-Lyte 148 (Intravenous Solution)	3		Premasol (10% Intravenous Solution)	3	B/D, PA
Plasma-Lyte A (Intravenous Solution)	3		Premasol (6% Intravenous Solution)	1	B/D, PA
Plenamaine (Intravenous Solution)	1	B/D, PA	Procalamine (Intravenous Solution)	3	B/D, PA
Potassium Chloride CR (Oral Tablet Extended Release)	1		Prosol (Intravenous Solution)	3	B/D, PA
Potassium Chloride ER (Oral Capsule Extended Release)	1		Sodium Chloride (0.45% Intravenous Solution)	1	
Potassium Chloride in Dextrose (Intravenous Solution)	1	B/D, PA	Sodium Chloride (0.9% Intravenous Solution)	1	B/D, PA
Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution)	1	B/D, PA			
Potassium Chloride in NaCl (20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)	1	B/D, PA			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Sodium Chloride (3% Intravenous Solution, 5% Intravenous Solution)	1	B/D, PA	Ferriprox (500MG Oral Tablet)	4	PA
Sodium Chloride (Irrigation Solution)	1		Jadenu (Oral Tablet)	4	PA
Sodium Fluoride (Oral Tablet)	1		Jadenu Sprinkle (Oral Packet)	4	PA
Sodium Lactate (Intravenous Solution)	1		Jynarque (Oral Tablet)	4	PA
TPN Electrolytes (Intravenous Solution)	1		Jynarque (Oral Tablet Therapy Pack)	4	PA; QL
Travasol (Intravenous Solution)	3	B/D, PA	Kionex (Oral Suspension)	1	
TrophAmine (Intravenous Solution)	3	B/D, PA	Lokelma (Oral Packet)	3	QL
Urocit-K 10 (Oral Tablet Extended Release)	3		Samsca (Oral Tablet)	4	PA
Urocit-K 15 (Oral Tablet Extended Release)	3		Sodium Polystyrene Sulfonate (Oral Powder)	1	
Urocit-K 5 (Oral Tablet Extended Release)	3		Sodium Polystyrene Sulfonate (Oral Suspension)	1	
Electrolyte/Mineral/Metal Modifiers			SPS (Oral Suspension)	1	
Chemet (Oral Capsule)	4		Syprine (Oral Capsule)	4	PA; QL
Deferasirox (Oral Tablet Soluble)	1	PA	Trientine HCl (Oral Capsule)	1	PA; QL
Exjade (Oral Tablet Soluble)	4	PA	Veltassa (Oral Packet)	4	QL
Ferriprox (Oral Solution)	4	PA	Phosphate Binders		
			Auryxia (Oral Tablet)	4	PA
			Calcium Acetate (Phosphate Binder) (Oral Capsule)	1	
			Calcium Acetate (Phosphate Binder) (Oral Tablet)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Fosrenol (Oral Packet)	4		Glycopyrrolate (1MG Oral Tablet, 2MG Oral Tablet)	1	PA
Fosrenol (Oral Tablet Chewable)	4		Methscopolamine Bromide (Oral Tablet)	1	
Lanthanum Carbonate (Oral Tablet Chewable)	1		Propantheline Bromide (Oral Tablet)	1	PA; HRM
Phoslyra (Oral Solution)	2		Gastrointestinal Agents, Other		
Renagel (Oral Tablet)	4		Actigall (Oral Capsule)	4	
Renvela (Oral Packet)	4		Amoxicillin-Clarithromycin-Lansoprazole (Oral)	1	
Renvela (Oral Tablet)	4		Chenodal (Oral Tablet)	4	
Sevelamer Carbonate (Oral Packet)	1		Cromolyn Sodium (Oral Concentrate)	1	
Sevelamer Carbonate (Oral Tablet) (Generic Renvela)	1		Diphenoxylate-Atropine (Oral Liquid)	1	PA; HRM
Sevelamer HCl (Oral Tablet)	1		Diphenoxylate-Atropine (Oral Tablet)	1	PA; HRM
Velphoro (Oral Tablet Chewable)	4		Gastrocrom (Oral Concentrate)	4	
Vitamins			Gattex (Subcutaneous Kit)	4	PA; LA
VP-PNV-DHA (Oral Capsule)	1		Lomotil (Oral Tablet)	3	PA; HRM
Gastrointestinal Agents			Loperamide HCl (Oral Capsule)	1	
Antispasmodics, Gastrointestinal			Motegrity (Oral Tablet)	3	ST; QL
Cuvposa (Oral Solution)	3	PA	Movantik (Oral Tablet)	3	PA; QL
Dicyclomine HCl (Oral Capsule)	1	HRM			
Dicyclomine HCl (Oral Solution)	1	HRM			
Dicyclomine HCl (Oral Tablet)	1	HRM			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Myalept (Subcutaneous Solution Reconstituted)	4	PA; LA	Cimetidine HCl (Oral Solution)	1	
Mytesi (Oral Tablet Delayed Release)	4	PA	Cimetidine (Oral Tablet)	1	
Omeclamox-Pak (Oral)	4		Famotidine (Oral Suspension Reconstituted)	1	
Pylera (Oral Capsule)	4		Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	1	
Relistor (Oral Tablet)	4	PA	Nizatidine (Oral Capsule)	1	
Relistor (Subcutaneous Solution)	4	PA	Nizatidine (Oral Solution)	1	
Serostim (Subcutaneous Solution Reconstituted)	4	PA; LA	Pepcid (20MG Oral Tablet)	3	
Symproic (Oral Tablet)	3	PA; QL	Pepcid (40MG Oral Tablet)	4	
Trulance (Oral Tablet)	3	ST	Ranitidine HCl (Oral Capsule)	1	
Urso 250 (Oral Tablet)	3		Ranitidine HCl (75MG/5ML Oral Syrup)	1	
Urso Forte (Oral Tablet)	3		Ranitidine HCl (150MG Oral Tablet, 300MG Oral Tablet)	1	
Ursodiol (Oral Capsule)	1		Irritable Bowel Syndrome Agents		
Ursodiol (Oral Tablet)	1		Alosetron HCl (Oral Tablet)	1	PA
Xermelo (Oral Tablet)	4	PA; LA; QL	Amitiza (Oral Capsule)	2	QL
Zorbtive (Subcutaneous Solution Reconstituted)	4	PA; LA	Linzess (Oral Capsule)	2	QL
Histamine2 (H2) Receptor Antagonists			Lotronex (Oral Tablet)	4	PA
			Viberzi (Oral Tablet)	4	PA; QL
			Xifaxan (Oral Tablet)	4	PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Laxatives			NuLYTELY with Flavor Packs (Oral Solution Reconstituted)		
Clenpiq (Oral Solution)	2		OsmoPrep (Oral Tablet)	3	
Colyte with Flavor Packs (Oral Solution Reconstituted)	3		PEG-3350-Electrolytes (Oral Solution Reconstituted) (Generic Colyte)	3	
Constulose (Oral Solution)	1		PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	1	
Enulose (Oral Solution)	1		PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	1	
GaviLyte-C (Oral Solution Reconstituted)	1		Plenvu (Oral Solution Reconstituted)	3	
GaviLyte-G (Oral Solution Reconstituted)	1		Prepopik (Oral Packet)	3	
GaviLyte-N with Flavor Pack (Oral Solution Reconstituted)	1		Suprep Bowel Prep Kit (Oral Solution)	2	
Generlac (Oral Solution)	1		TriLyte (Oral Solution Reconstituted)	1	
GoLYTELY (Oral Solution Reconstituted)	3		Protectants		
Kristalose (Oral Packet)	3		Carafate (Oral Suspension)	3	
Lactulose (Oral Packet)	1		Carafate (Oral Tablet)	3	
Lactulose (10GM/15ML Oral Solution)	1		Cytotec (Oral Tablet)	3	
MoviPrep (Oral Solution Reconstituted)	3		Misoprostol (Oral Tablet)	1	
			Sucralfate (Oral Tablet)	1	
			Proton Pump Inhibitors		

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Aciphex (Oral Tablet Delayed Release)	3		Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	1	
Dexilant (Oral Capsule Delayed Release)	3	QL	Omeprazole-Sodium Bicarbonate (Oral Capsule)	1	PA
Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)	1	QL	Omeprazole-Sodium Bicarbonate (Oral Packet)	1	PA
Esomeprazole Strontium (Oral Capsule Delayed Release)	3	QL	Pantoprazole Sodium (Oral Tablet Delayed Release)	1	QL
Lansoprazole (Oral Capsule Delayed Release)	1	QL	Prevacid (Oral Capsule Delayed Release)	3	QL
Lansoprazole ODT (Oral Tablet Dispersible)	1		Prevacid SoluTab (Oral Tablet Dispersible)	3	
Nexium (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	2	QL	Prilosec (Oral Packet)	3	PA
Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet)	2		Protonix (Oral Packet)	3	ST
Omeprazole (10MG Oral Capsule Delayed Release)	1	QL	Protonix (Oral Tablet Delayed Release)	3	QL
			Rabeprazole Sodium (Oral Tablet Delayed Release)	1	
			Yosprala (Oral Tablet Delayed Release)	3	
			Zegerid (Oral Capsule)	4	PA
			Zegerid (Oral Packet)	4	PA
			Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Aralast NP (1000MG Intravenous Solution Reconstituted)	4	PA; LA
Buphenyl (Oral Powder)	4	
Buphenyl (Oral Tablet)	4	
Cerdelga (Oral Capsule)	4	PA
Cholbam (Oral Capsule)	4	PA
Creon (Oral Capsule Delayed Release Particles)	2	
Cystadane (Oral Powder)	4	
Cystagon (Oral Capsule)	3	LA
Galafold (Oral Capsule)	4	LA
Glassia (Intravenous Solution)	4	PA; LA
Kuvan (Oral Packet)	4	LA
Kuvan (Oral Tablet Soluble)	4	LA
Miglustat (Oral Capsule)	1	PA; LA
Nityr (Oral Tablet)	4	LA
Ocaliva (Oral Tablet)	4	PA; QL
Orfadin (Oral Capsule)	4	LA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Orfadin (Oral Suspension)	4	LA
Palynziq (Subcutaneous Solution Prefilled Syringe)	4	PA; QL
Pancreaze (10500UNIT Oral Capsule Delayed Release Particles, 16800UNIT Oral Capsule Delayed Release Particles, 2600UNIT Oral Capsule Delayed Release Particles, 4200UNIT Oral Capsule Delayed Release Particles)	3	ST
Pancreaze (21000UNIT Oral Capsule Delayed Release Particles)	4	ST
Pertzye (16000UNIT Oral Capsule Delayed Release Particles)	4	ST
Pertzye (4000UNIT Oral Capsule Delayed Release Particles, 8000UNIT Oral Capsule Delayed Release Particles)	3	ST
Prolastin-C (Intravenous Solution Reconstituted)	4	PA; LA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
RAVICTI (Oral Liquid)	4	LA
Sodium Phenylbutyrate (Oral Powder)	1	
Sodium Phenylbutyrate (Oral Tablet)	1	
Sucraid (Oral Solution)	4	LA
Tegsedi (Subcutaneous Solution Prefilled Syringe)	4	PA; LA
Viokace (10440UNIT Oral Tablet)	3	ST
Viokace (20880UNIT Oral Tablet)	4	ST
Xuriden (Oral Packet)	4	PA; LA
Zavesca (Oral Capsule)	4	PA; LA
Zemaira (Intravenous Solution Reconstituted)	4	PA; LA
Zenpep (Oral Capsule Delayed Release Particles)	2	
Genitourinary Agents		
Antispasmodics, Urinary		
Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Detrol LA (Oral Capsule Extended Release 24 Hour)	3	
Detrol (Oral Tablet)	3	
Ditropan XL (Oral Tablet Extended Release 24 Hour)	3	
Enablex (Oral Tablet Extended Release 24 Hour)	3	QL
Flavoxate HCl (Oral Tablet)	1	
Gelnique Pump (Transdermal Gel)	3	
Myrbetriq (Oral Tablet Extended Release 24 Hour)	2	
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	1	
Oxybutynin Chloride (Oral Syrup)	1	
Oxybutynin Chloride (Oral Tablet Immediate Release)	1	
Oxytrol (Transdermal Patch Twice Weekly)	4	
Solifenacin Succinate (Oral Tablet)	1	QL
Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Tolterodine Tartrate (Oral Tablet)	1		Proscar (Oral Tablet)	3	
Toviaz (Oral Tablet Extended Release 24 Hour)	3	ST; QL	Rapaflo (Oral Capsule)	3	QL
Trospium Chloride ER (Oral Capsule Extended Release 24 Hour)	1		Silodosin (Oral Capsule)	1	QL
Trospium Chloride (Oral Tablet)	1		Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	1	PA; QL
Vesicare (Oral Tablet)	3	ST; QL	Tamsulosin HCl (Oral Capsule)	1	
Benign Prostatic Hypertrophy Agents			Terazosin HCl (Oral Capsule)	1	
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	1		Uroxatral (Oral Tablet Extended Release 24 Hour)	3	
Avodart (Oral Capsule)	3		Genitourinary Agents, Other		
Cardura XL (Oral Tablet Extended Release 24 Hour)	3	QL	Bethanechol Chloride (Oral Tablet)	1	
Cialis (2.5MG Oral Tablet, 5MG Oral Tablet)	3	PA; QL	Cuprimine (Oral Capsule)	4	PA
Dutasteride (Oral Capsule)	1		Depen Titratabs (Oral Tablet)	4	
Dutasteride-Tamsulosin HCl (Oral Capsule)	1		Elmiron (Oral Capsule)	4	
Finasteride (5MG Oral Tablet) (Generic Proscar)	1		Lithostat (Oral Tablet)	4	
Flomax (Oral Capsule)	3		Penicillamine (Oral Capsule)	1	PA
Jalyn (Oral Capsule)	3		Thiola EC (Oral Tablet Delayed Release)	4	LA
			Thiola (Oral Tablet Immediate Release)	4	LA
			Urecholine (Oral Tablet)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Acthar (Injection Gel)	4	PA; LA
Ala Scalp (External Lotion)	3	
Ala-Cort (External Cream)	1	
Alclometasone Dipropionate (External Cream)	1	
Alclometasone Dipropionate (External Ointment)	1	
Amcinonide (External Cream)	1	
Amcinonide (External Lotion)	1	
Amcinonide (External Ointment)	1	
ApexiCon E (External Cream)	4	
Beser (External Lotion)	1	
Betamethasone Dipropionate Aug (External Cream)	1	
Betamethasone Dipropionate Aug (External Gel)	1	
Betamethasone Dipropionate Aug (External Lotion)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Betamethasone Dipropionate Aug (External Ointment)	1	
Betamethasone Dipropionate (External Cream)	1	
Betamethasone Dipropionate (External Lotion)	1	
Betamethasone Dipropionate (External Ointment)	1	
Betamethasone Valerate (External Cream)	1	
Betamethasone Valerate (External Foam)	1	
Betamethasone Valerate (External Lotion)	1	
Betamethasone Valerate (External Ointment)	1	
Bryhali (External Lotion)	3	
Capex (External Shampoo)	3	
Clobetasol Propionate Emollient Base (External Cream)	1	
Clobetasol Propionate Emulsion (External Foam)	1	
Clobetasol Propionate (External Cream)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Clobetasol Propionate (External Foam)	1		Desonide (External Lotion)	1	
Clobetasol Propionate (External Gel)	1		Desonide (External Ointment)	1	
Clobetasol Propionate (External Liquid)	1		DesOwen (External Cream)	3	
Clobetasol Propionate (External Lotion)	1		DesOwen (0.05% External Lotion)	3	
Clobetasol Propionate (External Ointment)	1		Desoximetasone (External Cream)	1	
Clobetasol Propionate (External Shampoo)	1		Desoximetasone (External Gel)	1	
Clobetasol Propionate (External Solution)	1		Desoximetasone (External Liquid)	1	
Clobex (External Lotion)	3		Desoximetasone (External Ointment)	1	
Clobex (External Shampoo)	4		Dexamethasone Intensol (Oral Concentrate)	1	
Clobex Spray (External Liquid)	4		Dexamethasone (Oral Elixir)	1	
Clodan (External Shampoo)	1		Dexamethasone (Oral Tablet)	1	
Cordran (External Tape)	4		Dexamethasone (Oral Tablet Therapy Pack)	1	
Cortef (Oral Tablet)	3		DexPak 13 Day (Oral Tablet Therapy Pack)	3	
Cortisone Acetate (Oral Tablet)	1		Diflorasone Diacetate (External Cream)	1	
Cutivate (External Lotion)	4		Diflorasone Diacetate (External Ointment)	1	
Desonate (External Gel)	3		Diprolene (External Ointment)	3	
Desonide (External Cream)	1		Elocon (External Cream)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Elocon (0.1% External Ointment)	3		Flurandrenolide (External Ointment)	1	
Emflaza (Oral Suspension)	4	PA; LA	Fluticasone Propionate (External Cream)	1	
Emflaza (Oral Tablet)	4	PA; LA	Fluticasone Propionate (External Lotion)	1	
Fludrocortisone Acetate (Oral Tablet)	1		Fluticasone Propionate (External Ointment)	1	
Fluocinolone Acetonide (External Cream)	1		Halcinonide (External Cream)	1	
Fluocinolone Acetonide (External Ointment)	1		Halobetasol Propionate (External Cream)	1	
Fluocinolone Acetonide (External Solution)	1		Halobetasol Propionate (External Foam)	4	
Fluocinolone Acetonide Scalp (External Oil)	1		Halobetasol Propionate (External Ointment)	1	
Fluocinonide Emulsified Base (External Cream)	1		Halog (External Cream)	4	
Fluocinonide (0.1% External Cream)	1		Halog (External Ointment)	4	
Fluocinonide (External Gel)	1		Hydrocortisone Butyrate (External Cream)	1	
Fluocinonide (External Ointment)	1		Hydrocortisone Butyrate (External Lotion)	1	
Fluocinonide (External Solution)	1		Hydrocortisone Butyrate (External Ointment)	1	
Flurandrenolide (External Cream)	1		Hydrocortisone Butyrate (External Solution)	1	
Flurandrenolide (External Lotion)	1				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Hydrocortisone (1% External Cream, 2.5% External Cream)	1		Methylprednisolone (Oral Tablet Therapy Pack)	1	
Hydrocortisone (2.5% External Lotion)	1		MiCort-HC (External Cream)	3	
Hydrocortisone (1% External Ointment, 2.5% External Ointment)	1		Millipred (Oral Tablet)	3	
Hydrocortisone (Oral Tablet)	1		Mometasone Furoate (External Cream)	1	
Hydrocortisone Valerate (External Cream)	1		Mometasone Furoate (External Ointment)	1	
Hydrocortisone Valerate (External Ointment)	1		Mometasone Furoate (External Solution)	1	
Impoyz (External Cream)	3		Nolix (External Cream)	1	
Kenalog (External Aerosol Solution)	4		Nolix (External Lotion)	1	
Lexette (External Foam)	4		Olux (External Foam)	4	
Locoid (External Lotion)	4		Olux-E (External Foam)	4	
Locoid (External Solution)	3		Orapred ODT (Oral Tablet Dispersible)	3	
Locoid Lipocream (External Cream)	3		Pandel (External Cream)	4	
Luxiq (External Foam)	3		Prednicarbate (External Cream)	1	
Medrol (Oral Tablet)	3		Prednicarbate (External Ointment)	1	
Medrol (Oral Tablet Therapy Pack)	3		Prednisolone (Oral Solution)	1	
Methylprednisolone (Oral Tablet)	1		Prednisolone Sodium Phosphate (10MG/5ML Oral Solution, 20MG/5ML Oral Solution, 25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Prednisolone Sodium Phosphate ODT (Oral Tablet Dispersible)	1	
Prednisone Intensol (Oral Concentrate)	1	
Prednisone (5MG/5ML Oral Solution)	1	
Prednisone (Oral Tablet)	1	
Prednisone (Oral Tablet Therapy Pack)	1	
Psorcon (External Cream)	3	
Rayos (Oral Tablet Delayed Release)	4	PA
Synalar (External Cream)	3	
TaperDex 12-Day (Oral Tablet Therapy Pack)	3	
TaperDex 6-Day (Oral Tablet Therapy Pack)	3	
TaperDex 7-Day (Oral Tablet Therapy Pack)	3	
Texacort (External Solution)	3	
Topicort (External Cream)	3	
Topicort (External Gel)	3	
Topicort (0.05% External Ointment)	3	
Topicort (0.25% External Ointment)	3	
Topicort Spray (External Liquid)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Triamcinolone Acetonide (External Aerosol Solution) (Generic Kenalog)	1	
Triamcinolone Acetonide (External Cream)	1	
Triamcinolone Acetonide (External Lotion)	1	
Triamcinolone Acetonide (External Ointment)	1	
Trianex (External Ointment)	4	
Triderm (0.1% External Cream)	1	
Tridesilon (External Cream)	1	
Ultravate (External Lotion)	4	
Ultravate (0.05% External Ointment)	3	
Vanos (External Cream)	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
DDAVP (Nasal Solution)	4	
DDAVP (0.1MG Oral Tablet)	3	
DDAVP (0.2MG Oral Tablet)	4	

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
DDAVP Rhinal Tube (Nasal Solution)	3		Nutropin AQ NuSpin 20 (Subcutaneous Solution)	4	PA
Desmopressin Acetate (Oral Tablet)	1		Nutropin AQ NuSpin 5 (Subcutaneous Solution)	4	PA
Desmopressin Acetate Spray (Nasal Solution)	1		Omnitrope (Subcutaneous Solution)	4	PA
Genotropin MiniQuick (Subcutaneous Solution Reconstituted)	4	PA	Omnitrope (Subcutaneous Solution Reconstituted)	4	PA
Genotropin (12MG Subcutaneous Solution Reconstituted)	4	PA	Saizen (Injection Solution Reconstituted)	4	PA; LA
Genotropin (5MG Subcutaneous Solution Reconstituted)	3	PA	Saizenprep (Injection Solution Reconstituted)	4	PA; LA
Humatrope (Injection Solution Renconstituted), Humatrope Combo Pack (Injection)	4	PA	Stimate (Nasal Solution)	4	
Increlex (Subcutaneous Solution)	4	PA; LA	Zomacton (10MG Subcutaneous Solution Reconstituted)	4	PA
Nocdurna (Tablet Sublingual)	3	PA	Zomacton (5MG Subcutaneous Solution Reconstituted)	3	PA
Norditropin FlexPro (Subcutaneous Solution)	4	PA	Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Nutropin AQ NuSpin 10 (Subcutaneous Solution)	4	PA	Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
			Korlym (Oral Tablet)	4	PA; LA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
Anadrol-50 (Oral Tablet)	4	PA
Androderm (Transdermal Patch 24 Hour)	2	
AndroGel Pump (Transdermal Gel)	3	
AndroGel (20.25 MG/1.25GM 1.62% Transdermal Gel, 40.5 MG/2.5GM 1.62% Transdermal Gel, 50 MG/5GM 1% Transdermal Gel)	3	
AndroGel (25 MG/2.5GM 1% Transdermal Gel)	4	
Aveed (Intramuscular Solution)	3	PA
Danazol (Oral Capsule)	1	
Depo-Testosterone (Intramuscular Solution)	3	
Fortesta (Transdermal Gel)	3	
Intrarosa (Vaginal Insert)	3	PA; QL
Methitest (Oral Tablet)	4	PA
Methyltestosterone (Oral Capsule)	1	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Oxandrolone (Oral Tablet)	1	PA
Striant (Buccal)	4	PA
Testim (Transdermal Gel)	3	
Testosterone Cypionate (Intramuscular Solution)	1	
Testosterone Enanthate (Intramuscular Solution)	1	
Testosterone (20.25 MG/1.25GM 1.62% Transdermal Gel, 25 MG/2.5GM 1% Transdermal Gel, 40.5 MG/2.5GM 1.62% Transdermal Gel, 50 MG/5GM 1% Transdermal Gel), Testosterone Pump (2% Transdermal Gel, 1% Transdermal Gel, 1.62% Transdermal Gel)	1	
Testosterone Pump (Transdermal Solution)	1	
Vogelxo Pump (Transdermal Gel)	3	
Vogelxo (Transdermal Gel)	3	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Xyosted (Subcutaneous Solution Auto-Injector)	3	PA	Cyclafem 1/35 (Oral Tablet)	1	
Estrogens			Cyclafem 7/7/7 (Oral Tablet)	1	
Alora (Transdermal Patch Twice Weekly)	3	PA; HRM; QL	Cyred (Oral Tablet)	1	
Altavera (Oral Tablet)	1		Delestrogen (Intramuscular Oil)	3	
Alyacen 1/35 (Oral Tablet)	1		Delyla (Oral Tablet)	1	
Amethia Lo (Oral Tablet)	1		Depo-Estradiol (Intramuscular Oil)	3	
Amethia (Oral Tablet)	1		Desogestrel-Ethinyl Estradiol (Oral Tablet)	1	
Apri (Oral Tablet)	1		Dotti (Transdermal Patch Twice Weekly)	1	PA; HRM; QL
Aranelle (Oral Tablet)	1		Drospirenone-Ethinyl Estradiol (Oral Tablet)	1	
Ashlyna (Oral Tablet)	1		Drospirenone-Ethinyl Estradiol-Levomefolate (3-0.02-0.451MG Oral Tablet)	1	
Aubra (Oral Tablet)	1		Elestrin (Transdermal Gel)	3	PA; HRM
Aviane (Oral Tablet)	1		Emoquette (Oral Tablet)	1	
Balziva (Oral Tablet)	1		Enpresse-28 (Oral Tablet)	1	
Beyaz (Oral Tablet)	3		Enskyce (Oral Tablet)	1	
Blisovi 24 Fe (Oral Tablet)	1		Estarilla (Oral Tablet)	1	
Blisovi Fe 1.5/30 (Oral Tablet)	1		Estrace (Oral Tablet)	3	PA; HRM
Briellyn (Oral Tablet)	1		Estrace (Vaginal Cream)	3	
Camrese Lo (Oral Tablet)	1		Estradiol (Oral Tablet)	1	PA; HRM
Caziant (Oral Tablet)	1		Estradiol (Transdermal Patch Twice Weekly)	1	PA; HRM; QL
Climara Pro (Transdermal Patch Weekly)	3	PA; HRM			
Cryselle-28 (Oral Tablet)	1				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Estradiol (Vaginal Cream)	1		Junel Fe 1.5/30 (Oral Tablet)	1	
Estradiol (Vaginal Tablet)	1		Junel Fe 1/20 (Oral Tablet)	1	
Estradiol Valerate (Intramuscular Oil)	1		Junel Fe 24 (Oral Tablet)	1	
Estring (Vaginal Ring)	3		Kaitlib Fe (Oral Tablet Chewable)	1	
Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet)	1		Kariva (Oral Tablet)	1	
Falmina (Oral Tablet)	1		Kelnor 1/35 (Oral Tablet)	1	
Fayosim (Oral Tablet)	1		Kelnor 1/50 (Oral Tablet)	1	
Femring (Vaginal Ring)	3		Kurvelo (Oral Tablet)	1	
Femynor (Oral Tablet)	1		LARIN 1.5/30 (Oral Tablet)	1	
Fyavolv (Oral Tablet)	1	PA; HRM	LARIN 1/20 (Oral Tablet)	1	
Generess Fe (Oral Tablet Chewable)	3		LARIN Fe 1.5/30 (Oral Tablet)	1	
Gianvi (Oral Tablet)	1		LARIN Fe 1/20 (Oral Tablet)	1	
Hailey 24 Fe (Oral Tablet)	1		Larissia (Oral Tablet)	1	
Imvexxy Maintenance Pack (Vaginal Insert)	2	PA; QL	Layolis Fe (Oral Tablet Chewable)	1	
Imvexxy Starter Pack (Vaginal Insert)	2	PA; QL	Leena (Oral Tablet)	1	
Introvale (Oral Tablet)	1		Lessina (Oral Tablet)	1	
Isibloom (Oral Tablet)	1		Levonest (Oral Tablet)	1	
Jasmiel (Oral Tablet)	1		Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet)	1	
Jinteli (Oral Tablet)	1	PA; HRM	Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet)	1	
Juleber (Oral Tablet)	1				
Junel 1.5/30 (Oral Tablet)	1				
Junel 1/20 (Oral Tablet)	1				

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Levonorgestrel-Ethinyl Estradiol (Oral Tablet)	1		Mili (Oral Tablet)	1	
Levora 0.15/30 (28) (Oral Tablet)	1		Minastrin 24 Fe (Oral Tablet Chewable)	3	
Lo Loestrin Fe (Oral Tablet)	3		Minivelle (Transdermal Patch Twice Weekly)	3	PA; HRM; QL
Loestrin 1.5/30 (21) (Oral Tablet)	3		Natazia (Oral Tablet)	3	
Loestrin 1/20 (21) (Oral Tablet)	3		Necon 0.5/35 (28) (Oral Tablet)	1	
Loestrin Fe 1.5/30 (Oral Tablet)	3		Nikki (Oral Tablet)	1	
Loestrin Fe 1/20 (Oral Tablet)	3		Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)	1	PA; HRM
Loryna (Oral Tablet)	1		Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet)	1	
LoSeasonique (Oral Tablet)	3		Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG(24) Oral Tablet)	1	
Low-Ogestrel (Oral Tablet)	1		Norethindrone Acetate-Ethinyl Estradiol-Fe (0.4-35MG-MCG Oral Tablet Chewable, 0.8-25MG-MCG Oral Tablet Chewable, 1-20MG-MCG(24) Oral Tablet Chewable)	1	
Lutera (Oral Tablet)	1		Norgestimate-Ethinyl Estradiol (Oral Tablet)	1	
Marlissa (Oral Tablet)	1				
Melodetta 24 Fe (Oral Tablet Chewable)	1				
Menest (Oral Tablet)	3	PA; HRM			
Mibelas 24 Fe (Oral Tablet Chewable)	1				
Microgestin 1.5/30 (Oral Tablet)	1				
Microgestin 1/20 (Oral Tablet)	1				
Microgestin Fe 1.5/30 (Oral Tablet)	1				
Microgestin Fe 1/20 (Oral Tablet)	1				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)	1		Seasonique (Oral Tablet)	3	
Nortrel 0.5/35 (28) (Oral Tablet)	1		Setlakin (Oral Tablet)	1	
Nortrel 1/35 (21) (Oral Tablet)	1		Sprintec 28 (Oral Tablet)	1	
Nortrel 1/35 (28) (Oral Tablet)	1		Sronyx (Oral Tablet)	1	
Nortrel 7/7/7 (Oral Tablet)	1		Syeda (Oral Tablet)	1	
NuvaRing (Vaginal Ring)	3		Tarina 24 Fe (Oral Tablet)	1	
Ocella (Oral Tablet)	1		Tarina Fe 1/20 (Oral Tablet)	1	
Ogestrel (Oral Tablet)	1		Tri-Estarylla (Oral Tablet)	1	
Orsythia (Oral Tablet)	1		Tri-Legest Fe (Oral Tablet)	1	
Ortho Tri-Cyclen Lo (Oral Tablet)	3		Tri-Lo-Estarylla (Oral Tablet)	1	
Ortho-Novum 1/35 (28) (Oral Tablet)	3		Tri-Lo-Sprintec (Oral Tablet)	1	
Ortho-Novum 7/7/7 (28) (Oral Tablet)	3		Tri-Mili (Oral Tablet)	1	
Pimtreea (Oral Tablet)	1		Tri-Previfem (Oral Tablet)	1	
Pirmella 1/35 (Oral Tablet)	1		Tri-Sprintec (Oral Tablet)	1	
Portia-28 (Oral Tablet)	1		Trivora (28) (Oral Tablet)	1	
Premarin (Vaginal Cream)	2		Tri-VyLibra Lo (Oral Tablet)	1	
Previfem (Oral Tablet)	1		Tri-VyLibra (Oral Tablet)	1	
Quartette (Oral Tablet)	3		Tydemy (Oral Tablet)	1	
Reclipsen (Oral Tablet)	1		Vagifem (Vaginal Tablet)	3	
Rivelsa (Oral Tablet)	1		Velivet (Oral Tablet)	1	
Safyral (Oral Tablet)	3				

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Vienna (Oral Tablet)	1		Medroxyprogesterone Acetate (Intramuscular Suspension)	1	
Vivelle-Dot (Transdermal Patch Twice Weekly)	3	PA; HRM; QL	Medroxyprogesterone Acetate (Intramuscular Suspension Prefilled Syringe)	1	
Vyfemla (Oral Tablet)	1		Medroxyprogesterone Acetate (Oral Tablet)	1	
VyLibra (Oral Tablet)	1		Megestrol Acetate (40MG/ML Oral Suspension, 625MG/5ML Oral Suspension)	1	PA; HRM
WYMZYA Fe (Oral Tablet Chewable)	1		Megestrol Acetate (Oral Tablet)	1	PA; HRM
Xulane (Transdermal Patch Weekly)	1		Nora-BE (Oral Tablet)	1	
Yasmin 28 (Oral Tablet)	3		Norethindrone Acetate (5MG Oral Tablet)	1	
YAZ (Oral Tablet)	3		Norethindrone (0.35MG Oral Tablet)	1	
Yuvafem (Vaginal Tablet)	1		Norlyroc (Oral Tablet)	1	
Zarah (Oral Tablet)	1		Ortho Micronor (Oral Tablet)	3	
Zovia 1/35E (28) (Oral Tablet)	1		Progesterone Micronized (Oral Capsule)	1	
Progestins			Prometrium (Oral Capsule)	3	
Aygestin (Oral Tablet)	3		Provera (Oral Tablet)	3	
Camila (Oral Tablet)	1		Sharobel (Oral Tablet)	1	
Crinone (Vaginal Gel)	3	PA	Selective Estrogen Receptor Modifying Agents		
Deblitane (Oral Tablet)	1		Evista (Oral Tablet)	3	
Depo-Provera (Intramuscular Suspension)	3		Osphena (Oral Tablet)	2	PA; QL
Depo-SubQ Provera 104 (Subcutaneous Suspension Prefilled Syringe)	3				
Errin (Oral Tablet)	1				
Incassia (Oral Tablet)	1				
Lyza (Oral Tablet)	1				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Raloxifene HCl (Oral Tablet)	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Cytomel (Oral Tablet)	3	
Levo-T (Oral Tablet)	1	
Levothyroxine Sodium (Oral Tablet)	1	
Levoxyl (Oral Tablet)	1	
Liothyronine Sodium (Oral Tablet)	1	
Synthroid (Oral Tablet)	2	
Thyrolar-1 (Oral Tablet)	2	
Thyrolar-1/2 (Oral Tablet)	2	
Thyrolar-1/4 (Oral Tablet)	2	
Thyrolar-2 (Oral Tablet)	2	
Thyrolar-3 (Oral Tablet)	2	
Tirosint (Oral Capsule)	3	
Tirosint-SOL (Oral Solution)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Unithroid (100MCG Oral Tablet, 112MCG Oral Tablet, 125MCG Oral Tablet, 150MCG Oral Tablet, 175MCG Oral Tablet, 200MCG Oral Tablet, 25MCG Oral Tablet, 300MCG Oral Tablet, 50MCG Oral Tablet, 75MCG Oral Tablet, 88MCG Oral Tablet)	1	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
Lysodren (Oral Tablet)	4	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
Cabergoline (Oral Tablet)	1	
Egrifta (1MG Subcutaneous Solution Reconstituted)	4	PA; LA
Eligard (Subcutaneous Kit)	3	PA
Firmagon (120MG Subcutaneous Solution Reconstituted)	4	PA
Firmagon (80MG Subcutaneous Solution Reconstituted)	3	PA

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Leuprolide Acetate (Injection Kit)	1	PA
Lupaneta Pack (Combination Kit)	4	PA
Lupron Depot (1-Month) (Intramuscular Kit)	4	PA
Lupron Depot (3-Month) (Intramuscular Kit)	4	PA
Lupron Depot (4-Month) (Intramuscular Kit)	4	PA
Lupron Depot (6-Month) (Intramuscular Kit)	4	PA
Octreotide Acetate (Injection Solution)	1	PA
Orilissa (Oral Tablet)	4	PA; QL
Sandostatin (Injection Solution)	4	PA
Signifor (Subcutaneous Solution)	4	PA; LA
Somatuline Depot (Subcutaneous Solution)	4	
Somavert (Subcutaneous Solution Reconstituted)	4	PA; LA; QL
Synarel (Nasal Solution)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Trelstar Mixject (Intramuscular Suspension Reconstituted)	4	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
Methimazole (Oral Tablet)	1	
Propylthiouracil (Oral Tablet)	1	
Tapazole (Oral Tablet)	3	
Immunological Agents		
Angioedema Agents		
Beriner (Intravenous Kit)	4	PA; LA
Cinryze (Intravenous Solution Reconstituted)	4	PA; LA
Firazy (Subcutaneous Solution)	4	PA; QL
Haegarda (Subcutaneous Solution Reconstituted)	4	PA; LA
Icatibant Acetate (Subcutaneous Solution)	1	PA; QL
Ruconest (Intravenous Solution Reconstituted)	4	PA; LA
Takhzyro (Subcutaneous Solution)	4	PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Immune Suppressants		
Astagraf XL (0.5MG Oral Capsule Extended Release 24 Hour, 1MG Oral Capsule Extended Release 24 Hour)	3	B/D, PA
Astagraf XL (5MG Oral Capsule Extended Release 24 Hour)	4	B/D, PA
Azasan (100MG Oral Tablet)	3	B/D, PA
Azasan (75MG Oral Tablet)	4	B/D, PA
Azathioprine (Oral Tablet)	1	B/D, PA
Cellcept (Oral Capsule)	4	B/D, PA
Cellcept (Oral Suspension Reconstituted)	4	B/D, PA
Cellcept (Oral Tablet)	4	B/D, PA
Cimzia Prefilled (Subcutaneous Kit)	4	PA
Cimzia (Subcutaneous Kit)	4	PA
Cyclosporine Modified (Oral Capsule)	1	B/D, PA
Cyclosporine Modified (Oral Solution)	1	B/D, PA
Cyclosporine (Oral Capsule)	1	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Dupixent (200MG/1.14ML Subcutaneous Solution Prefilled Syringe)	4	PA
Enbrel Mini (Subcutaneous Solution Cartridge)	4	PA
Enbrel (Subcutaneous Solution Prefilled Syringe)	4	PA
Enbrel (Subcutaneous Solution Reconstituted)	4	PA
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	4	PA
Envarsus XR (Oral Tablet Extended Release 24 Hour)	3	B/D, PA
Gengraf (Oral Capsule)	1	B/D, PA
Gengraf (Oral Solution)	1	B/D, PA
Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit)	4	PA
Humira Pen (Subcutaneous Pen-Injector Kit)	4	PA

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit)	4	PA	Myfortic (180MG Oral Tablet Delayed Release)	3	B/D, PA
Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit)	4	PA	Myfortic (360MG Oral Tablet Delayed Release)	4	B/D, PA
Humira (Subcutaneous Prefilled Syringe Kit)	4	PA	Neoral (Oral Capsule)	3	B/D, PA
Imuran (Oral Tablet)	3	B/D, PA	Neoral (Oral Solution)	3	B/D, PA
Kineret (Subcutaneous Solution Prefilled Syringe)	4	PA	Olumiant (Oral Tablet)	4	PA; QL
Methotrexate (Oral Tablet)	1		Orencia ClickJect (Subcutaneous Solution Auto-Injector)	4	PA
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	1		Orencia (Subcutaneous Solution Prefilled Syringe)	4	PA
Methotrexate Sodium (50MG/2ML Injection Solution)	1		Otrexup (Subcutaneous Solution Auto-Injector)	3	PA
Mycophenolate Mofetil (Oral Capsule)	1	B/D, PA	Prograf (0.5MG Oral Capsule)	3	B/D, PA
Mycophenolate Mofetil (Oral Suspension Reconstituted)	1	B/D, PA	Prograf (1MG Oral Capsule, 5MG Oral Capsule)	4	B/D, PA
Mycophenolate Mofetil (Oral Tablet)	1	B/D, PA	Prograf (Oral Packet)	4	B/D, PA
Mycophenolate Sodium (Oral Tablet Delayed Release)	1	B/D, PA	Rapamune (Oral Solution)	4	B/D, PA
			Rapamune (0.5MG Oral Tablet)	3	B/D, PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Rapamune (1MG Oral Tablet, 2MG Oral Tablet)	4	B/D, PA	Xeljanz (Oral Tablet Immediate Release)	4	PA; QL
Rasuvo (Subcutaneous Solution Auto-Injector)	3	PA	Xeljanz XR (Oral Tablet Extended Release 24 Hour)	4	PA; QL
Sandimmune (100MG Oral Capsule)	4	B/D, PA	Zortress (Oral Tablet)	4	B/D, PA
Sandimmune (25MG Oral Capsule)	3	B/D, PA	Immunizing Agents, Passive		
Sandimmune (100MG/ML Oral Solution)	4	B/D, PA	Flebogamma DIF (5GM/50ML Intravenous Solution)	4	PA
Simponi (Subcutaneous Solution Auto-Injector)	4	PA	Gammagard (2.5GM/25ML Injection Solution)	4	PA
Simponi (Subcutaneous Solution Prefilled Syringe)	4	PA	Gammagard S/D Less IgA (Intravenous Solution Reconstituted)	4	PA
Sirolimus (Oral Solution)	1	B/D, PA	Gammaked (1GM/10ML Injection Solution)	4	PA
Sirolimus (Oral Tablet)	1	B/D, PA	Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)	4	PA
Skyrizi (150 MG Dose) (Subcutaneous Prefilled Syringe Kit)	4	PA	Gamunex-C (1GM/10ML Injection Solution)	4	PA
Tacrolimus (Oral Capsule)	1	B/D, PA			
Trexall (Oral Tablet)	3				
Xatmep (Oral Solution)	3	PA			

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)	4	PA	Benlysta (Subcutaneous Solution Prefilled Syringe)	4	PA
Panzyga (Intravenous Solution)	4	PA	Kevzara (Subcutaneous Solution Prefilled Syringe)	4	PA
Privigen (20GM/200ML Intravenous Solution)	4	PA	Leflunomide (Oral Tablet)	1	
Varizig (Intramuscular Solution)	4		Otezla (Oral Tablet)	4	PA; LA
Immunomodulators			Otezla (Oral Tablet Therapy Pack)	4	PA; LA
Actemra ACTPen (Subcutaneous Solution Auto-Injector)	4	PA	Ridaura (Oral Capsule)	4	
Actemra (Subcutaneous Solution Prefilled Syringe)	4	PA	Xolair (Subcutaneous Solution Prefilled Syringe)	4	PA; LA
Actimmune (Subcutaneous Solution)	4	LA	Xolair (Subcutaneous Solution Reconstituted)	4	PA; LA
Arava (Oral Tablet)	4		Vaccines		
Arcalyst (Subcutaneous Solution Reconstituted)	4	PA; LA	ActHIB (Intramuscular Solution Reconstituted)	2	
Benlysta (Subcutaneous Solution Auto-Injector)	4	PA	Adacel (Intramuscular Suspension)	2	
			BCG Vaccine (Injection)	2	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Bexsero (Intramuscular Suspension Prefilled Syringe)	2		Imovax Rabies (Intramuscular Injectable)	2	B/D, PA
Boostrix (5-2.5-18.5 Intramuscular Suspension, 5-2.5-18.5 (0.5ML Syringe) Intramuscular Suspension)	2		Infanrix (Intramuscular Suspension)	2	
Daptacel (Intramuscular Suspension)	2		IPOL (Injection)	2	
Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension)	2		Ixiaro (Intramuscular Suspension)	2	
Engerix-B (Injection Suspension)	2	B/D, PA	Kinrix (Intramuscular Suspension)	2	
Gardasil 9 (Intramuscular Suspension)	2		Menactra (Intramuscular Injectable)	2	
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	2		Menveo (Intramuscular Solution Reconstituted)	2	
Havrix (Intramuscular Suspension)	2	PA	M-M-R II (Subcutaneous Injectable)	2	
Hiberix (Injection Solution Reconstituted)	2		Pediarix (Intramuscular Suspension)	2	
			Pedvax HIB (Intramuscular Suspension)	2	
			ProQuad (Subcutaneous Suspension Reconstituted)	2	
			Quadracel (Intramuscular Suspension)	2	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
RabAvert (Intramuscular Suspension Reconstituted)	2	B/D, PA	VAQTA (Intramuscular Suspension)	2	PA
Recombivax HB (Injection Suspension)	2	B/D, PA	Varivax (Subcutaneous Injectable)	2	
Rotarix (Oral Suspension Reconstituted)	2		YF-Vax (Subcutaneous Injectable)	2	
RotaTeq (Oral Solution)	2		Zostavax (Subcutaneous Suspension Reconstituted)	3	PA
Shingrix (Intramuscular Suspension Reconstituted)	2	PA	Inflammatory Bowel Disease Agents		
TDVAX (Intramuscular Suspension)	2		Aminosalicylates		
Tenivac (Intramuscular Injectable)	2		Apriso (Oral Capsule Extended Release 24 Hour)	2	QL
Trumenba (Intramuscular Suspension Prefilled Syringe)	2		Asacol HD (Oral Tablet Delayed Release)	4	QL
Twinrix (Intramuscular Suspension Prefilled Syringe)	2		Balsalazide Disodium (Oral Capsule)	1	
Typhim Vi (Intramuscular Solution)	2		Canasa (Rectal Suppository)	4	
			Colazal (Oral Capsule)	4	
			Delzicol (Oral Capsule Delayed Release)	3	
			Dipentum (Oral Capsule)	4	
			Lialda (Oral Tablet Delayed Release)	3	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Mesalamine (Oral Capsule Delayed Release)	1		Procto-Pak (Rectal Cream)	1	
Mesalamine (Oral Tablet Delayed Release)	1	QL	Proctosol HC (Rectal Cream)	1	
Mesalamine (Rectal Enema)	1		Proctozone-HC (Rectal Cream)	1	
Mesalamine (Rectal Suppository)	1		Uceris (Oral Tablet Extended Release 24 Hour)	4	
Pentasa (Oral Capsule Extended Release)	3	QL	Uceris (Rectal Foam)	3	
Rowasa (Rectal Kit)	4		Sulfonamides		
Glucocorticoids			Azulfidine EN-tabs (Oral Tablet Delayed Release)	3	
Anusol-HC (Rectal Cream)	3		Azulfidine (Oral Tablet Immediate Release)	3	
Budesonide ER (Oral Tablet Extended Release 24 Hour)	1		Sulfasalazine (Oral Tablet Immediate Release)	1	
Budesonide (Oral Capsule Delayed Release Particles)	1		Sulfasalazine (Oral Tablet Delayed Release)	1	
Colocort (Rectal Enema)	1		Metabolic Bone Disease Agents		
Entocort EC (Oral Capsule Delayed Release Particles)	4		Metabolic Bone Disease Agents		
Hydrocortisone Acetate-Pramoxine (1-1% Rectal Cream)	1		Actonel (150MG Oral Tablet, 35MG Oral Tablet, 5MG Oral Tablet)	3	
Hydrocortisone (Rectal Enema)	1		Alendronate Sodium (Oral Solution)	1	
Procto-Med HC (Rectal Cream)	1		Alendronate Sodium (Oral Tablet)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Atelvia (Oral Tablet Delayed Release)	3		Prolia (Subcutaneous Solution Prefilled Syringe)	3	QL
Binosto (Oral Tablet Effervescent)	3		Rayaldee (Oral Capsule Extended Release)	4	QL
Boniva (Oral Tablet)	3		Risedronate Sodium (Oral Tablet Immediate Release)	1	
Calcitonin Salmon (Nasal Solution)	1		Risedronate Sodium (Oral Tablet Delayed Release)	1	
Calcitriol (Oral Capsule)	1	B/D, PA	Rocaltrol (Oral Capsule)	3	B/D, PA
Calcitriol (Oral Solution)	1	B/D, PA	Rocaltrol (Oral Solution)	3	B/D, PA
Cinacalcet HCl (Oral Tablet)	1	B/D, PA; QL	Sensipar (Oral Tablet)	4	B/D, PA; QL
Doxercalciferol (Oral Capsule)	1	B/D, PA	Tymlos (Subcutaneous Solution Pen-Injector)	4	PA; QL
Evenity (Subcutaneous Solution Prefilled Syringe)	4	PA; QL	Xgeva (Subcutaneous Solution)	4	PA
Forteo (Subcutaneous Solution)	4	PA	Zemplar (1MCG Oral Capsule)	3	B/D, PA
Fosamax (Oral Tablet)	3		Zemplar (2MCG Oral Capsule)	4	B/D, PA
Fosamax Plus D (Oral Tablet)	3		Miscellaneous Therapeutic Agents		
Ibandronate Sodium (Oral Tablet)	1		Miscellaneous Therapeutic Agents		
Natpara (Subcutaneous Cartridge)	4	PA; LA	Alcohol Prep Pads	2	
Paricalcitol (Oral Capsule)	1	B/D, PA	Firdapse (Oral Tablet)	4	PA; LA; QL
			Gauze (Non-medicated 2X2 Pad)	2	
			Insulin Syringes, Needles	2	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Lucemyra (Oral Tablet)	4	QL
Ruzurgi (Oral Tablet)	4	PA; QL
Siklos (Oral Tablet)	4	PA
Ophthalmic Agents		
Ophthalmic Agents, Other		
Atropine Sulfate (Ophthalmic Solution)	1	
Bacitracin-Polymyxin B (Ophthalmic Ointment)	1	
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	1	
Blephamide (Ophthalmic Suspension)	3	
Blephamide S.O.P. (Ophthalmic Ointment)	3	
Cystaran (Ophthalmic Solution)	4	LA
Lacrisert (Ophthalmic Insert)	3	
Lastacaft (Ophthalmic Solution)	2	
Maxitrol (Ophthalmic Ointment)	3	
Maxitrol (Ophthalmic Suspension)	3	
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	1	
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	1	
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	1	
Neomycin-Polymyxin-HC (Ophthalmic Suspension)	1	
Oxervate (Ophthalmic Solution)	4	PA; LA; QL
Polymyxin B-Trimethoprim (Ophthalmic Solution)	1	
Polytrim (Ophthalmic Solution)	3	
Pred-G (Ophthalmic Suspension)	3	
Pred-G S.O.P. (Ophthalmic Ointment)	3	
Proparacaine HCl (Ophthalmic Solution)	1	
Restasis (Ophthalmic Emulsion)	2	QL
Rhopressa (Ophthalmic Solution)	2	ST
Sulfacetamide-Prednisolone (Ophthalmic Solution)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
TobraDex (Ophthalmic Ointment)	2	
TobraDex (Ophthalmic Suspension)	3	
TobraDex ST (Ophthalmic Suspension)	3	
Tobramycin-Dexamethasone (Ophthalmic Suspension)	1	
Xiidra (Ophthalmic Solution)	3	QL
Zylet (Ophthalmic Suspension)	3	
Ophthalmic Anti-allergy Agents		
Alocril (Ophthalmic Solution)	3	
Alomide (Ophthalmic Solution)	3	
Azelastine HCl (Ophthalmic Solution)	1	
Bepreve (Ophthalmic Solution)	3	
Cromolyn Sodium (Ophthalmic Solution)	1	
Epinastine HCl (Ophthalmic Solution)	1	
Olopatadine HCl (Ophthalmic Solution)	1	
Pataday (Ophthalmic Solution)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Patanol (Ophthalmic Solution)	3	
Pazeo (Ophthalmic Solution)	2	
Ophthalmic Antiglaucoma Agents		
Alphagan P (0.1% Ophthalmic Solution)	2	
Alphagan P (0.15% Ophthalmic Solution)	3	
Apraclonidine HCl (Ophthalmic Solution)	1	
Azopt (Ophthalmic Suspension)	2	
Betaxolol HCl (Ophthalmic Solution)	1	
Betimol (Ophthalmic Solution)	3	
Betoptic-S (Ophthalmic Suspension)	3	
Brimonidine Tartrate (0.15% Ophthalmic Solution)	1	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	1	
Carteolol HCl (Ophthalmic Solution)	1	
Combigan (Ophthalmic Solution)	2	
Cosopt (Ophthalmic Solution)	3	
Cosopt PF (Ophthalmic Solution)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Dorzolamide HCl (Ophthalmic Solution)	1		Timoptic Ocudose (Ophthalmic Solution)	3	
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	1		Timoptic-XE (Ophthalmic Gel Forming Solution)	3	
Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution)	1		Trusopt (Ophthalmic Solution)	3	
Iopidine (1% Ophthalmic Solution)	4		Ophthalmic Anti-inflammatories		
Isopto Carpine (Ophthalmic Solution)	3		Acular LS (Ophthalmic Solution)	3	
Istalol (Ophthalmic Solution)	3		Acular (Ophthalmic Solution)	3	
Levobunolol HCl (Ophthalmic Solution)	1		Acuvail (Ophthalmic Solution)	3	ST
Phospholine Iodide (Ophthalmic Solution Reconstituted)	3		Alrex (Ophthalmic Suspension)	3	
Pilocarpine HCl (Ophthalmic Solution)	1		Bromfenac Sodium (Once-Daily) (Ophthalmic Solution)	1	
Rocklatan (Ophthalmic Solution)	2	ST	BromSite (Ophthalmic Solution)	3	ST
Simbrinza (Ophthalmic Suspension)	2		Dexamethasone Sodium Phosphate (Ophthalmic Solution)	1	
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	1		Diclofenac Sodium (Ophthalmic Solution)	1	
Timolol Maleate (Ophthalmic Solution) (Generic Timoptic)	1		Durezol (Ophthalmic Emulsion)	2	
			Flarex (Ophthalmic Suspension)	3	
			Fluorometholone (Ophthalmic Suspension)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Flurbiprofen Sodium (Ophthalmic Solution)	1	
FML Forte (Ophthalmic Suspension)	3	
FML Liquifilm (Ophthalmic Suspension)	3	
FML (Ophthalmic Ointment)	3	
Ilevro (Ophthalmic Suspension)	2	
Inveltys (Ophthalmic Suspension)	3	ST
Ketorolac Tromethamine (Ophthalmic Solution)	1	
Lotemax (Ophthalmic Gel)	3	
Lotemax (Ophthalmic Ointment)	3	
Lotemax (Ophthalmic Suspension)	3	
Lotemax SM (Ophthalmic Gel)	3	
Loteprednol Etabonate (Ophthalmic Suspension)	1	
Maxidex (Ophthalmic Suspension)	3	
Nevanac (Ophthalmic Suspension)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Pred Forte (Ophthalmic Suspension)	3	
Pred Mild (Ophthalmic Suspension)	3	
Prednisolone Acetate (Ophthalmic Suspension)	1	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	1	
Prolensa (Ophthalmic Solution)	3	
Ophthalmic Prostaglandin and Prostaglandin Analogs		
Bimatoprost (Ophthalmic Solution)	1	
Latanoprost (Ophthalmic Solution)	1	
Lumigan (Ophthalmic Solution)	2	
Travatan Z (Ophthalmic Solution)	3	
Vyzulta (Ophthalmic Solution)	3	
Xalatan (Ophthalmic Solution)	3	
Xelpros (Ophthalmic Emulsion)	3	ST
Zioptan (Ophthalmic Solution)	3	
Otic Agents		
Otic Agents		

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Acetic Acid (Otic Solution)	1	
Cetralax (Otic Solution)	3	
Cipro HC (Otic Suspension)	3	
Ciprodex (Otic Suspension)	2	
Ciprofloxacin HCl (Otic Solution)	1	
Flac (Otic Oil)	1	
Fluocinolone Acetonide (Otic Oil)	1	
Hydrocortisone-Acetic Acid (Otic Solution)	1	
Neomycin-Polymyxin-HC (1% Otic Solution)	1	
Neomycin-Polymyxin-HC (Otic Suspension)	1	
Otovel (Otic Solution)	3	ST
Respiratory Tract/Pulmonary Agents		
Antihistamines		
Astepro (Nasal Solution)	3	
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution)	1	
Cetirizine HCl (1MG/ML Oral Solution)	1	
Clarinet (0.5MG/ML Oral Syrup)	3	
Clarinet (Oral Tablet)	3	
Cyproheptadine HCl (Oral Tablet)	1	PA; HRM

Drug Name	Drug Tier	Coverage Rules or Limits on use
Desloratadine (Oral Tablet)	1	
Desloratadine ODT (Oral Tablet Dispersible)	1	
Levocetirizine Dihydrochloride (Oral Solution)	1	
Levocetirizine Dihydrochloride (Oral Tablet)	1	
Olopatadine HCl (Nasal Solution)	1	
Patanase (Nasal Solution)	3	
Phenadoz (12.5MG Rectal Suppository)	1	PA; HRM
Promethazine HCl (Oral Tablet)	1	PA; HRM
Promethazine HCl (12.5MG Rectal Suppository)	1	PA; HRM
Anti-inflammatories, Inhaled Corticosteroids		
Alvesco (Inhalation Aerosol Solution)	3	ST; QL
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	2	QL
Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	3	ST; QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Asmanex (30 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	3	ST; QL	Pulmicort (Inhalation Suspension)	3	B/D, PA
Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	3	ST; QL	Qnasl Childrens (Nasal Aerosol Solution)	3	ST
Asmanex HFA (Inhalation Aerosol)	3	ST; QL	Qnasl (Nasal Aerosol Solution)	3	ST
Beconase AQ (Nasal Suspension)	3	ST	QVAR RediHaler (Inhalation Aerosol Breath Activated)	3	ST; QL
Budesonide (Inhalation Suspension)	1	B/D, PA	Xhance (Nasal Exhaler Suspension)	3	
Flovent Diskus (Inhalation Aerosol Powder Breath Activated)	2		Zetonna (Nasal Aerosol Solution)	3	ST
Flovent HFA (Inhalation Aerosol)	2	QL	Antileukotrienes		
Flunisolide (Nasal Solution)	1		Accolate (Oral Tablet)	3	
Fluticasone Propionate (Nasal Suspension)	1		Montelukast Sodium (Oral Packet)	1	QL
Mometasone Furoate (Nasal Suspension)	1		Montelukast Sodium (Oral Tablet)	1	QL
Nasonex (Nasal Suspension)	3		Montelukast Sodium (Oral Tablet Chewable)	1	QL
Omnamis (Nasal Suspension)	3	ST	Singular (Oral Packet)	3	QL
Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated)	3	ST	Singular (Oral Tablet)	3	QL
			Singular (Oral Tablet Chewable)	3	QL
			Zafirlukast (Oral Tablet)	1	
			Zileuton ER (Oral Tablet Extended Release 12 Hour)	1	ST
			Zyflo (Oral Tablet Immediate Release)	4	ST

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Bronchodilators, Anticholinergic		
Atrovent HFA (Inhalation Aerosol Solution)	3	
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	2	QL
Ipratropium Bromide (Inhalation Solution)	1	B/D, PA
Ipratropium Bromide (Nasal Solution)	1	
Lonhala Magnair Refill Kit (Inhalation Solution)	4	QL
Seebri Neohaler (Inhalation Capsule)	3	ST
Spiriva HandiHaler (Inhalation Capsule)	2	QL
Spiriva Respimat (Inhalation Aerosol Solution)	2	QL
Tudorza Pressair (Inhalation Aerosol Powder Breath Activated)	3	ST
Yupelri (Inhalation Solution)	4	B/D, PA; QL
Bronchodilators, Sympathomimetic		
Albuterol Sulfate ER (Oral Tablet Extended Release 12 Hour)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Brand Equivalent Proair)	3	ST
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Brand Equivalent Proventil), Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Brand Equivalent Ventolin)	3	ST
Albuterol Sulfate (Inhalation Nebulization Solution)	1	B/D, PA
Albuterol Sulfate (Oral Syrup)	1	
Albuterol Sulfate (Oral Tablet Immediate Release)	1	
Arcapta Neohaler (Inhalation Capsule)	3	ST
Brovana (Inhalation Nebulization Solution)	4	PA; QL
Epinephrine (Injection Solution Auto-Injector)	1	QL
EpiPen 2-Pak (Injection Solution Auto-Injector)	3	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
EpiPen Jr 2-Pak (Injection Solution Auto-Injector)	3	QL	Terbutaline Sulfate (Oral Tablet)	1	
Levalbuterol HCl (Inhalation Nebulization Solution)	1	B/D, PA	Ventolin HFA (Inhalation Aerosol Solution)	3	ST
Levalbuterol Tartrate (Inhalation Aerosol)	3	ST	Xopenex Concentrate (Inhalation Nebulization Solution)	3	B/D, PA
Metaproterenol Sulfate (Oral Syrup)	1		Xopenex HFA (Inhalation Aerosol)	3	ST
Perforomist (Inhalation Nebulization Solution)	3	B/D, PA; QL	Xopenex (0.31MG/3ML Inhalation Nebulization Solution, 0.63MG/3ML Inhalation Nebulization Solution)	3	B/D, PA
ProAir HFA (Inhalation Aerosol Solution)	2		Xopenex (1.25MG/3ML Inhalation Nebulization Solution)	4	B/D, PA
ProAir RespiClick (Inhalation Aerosol Powder Breath Activated)	2		Cystic Fibrosis Agents		
Proventil HFA (Inhalation Aerosol Solution)	3	ST	Bethkis (Inhalation Nebulization Solution)	4	B/D, PA; QL
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	2	QL	Cayston (Inhalation Solution Reconstituted)	4	PA; LA
Striverdi Respimat (Inhalation Aerosol Solution)	3	ST	Orkambi (Oral Packet)	4	PA; LA; QL
Symjepi (Injection Solution Prefilled Syringe)	3	QL	Orkambi (Oral Tablet)	4	PA; LA; QL
			Symdeko (Oral Tablet Therapy Pack)	4	PA; QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
TOBI (Inhalation Nebulization Solution)	4	B/D, PA; QL
TOBI Podhaler (Inhalation Capsule)	4	PA; QL
Tobramycin (Inhalation Nebulization Solution)	1	B/D, PA; QL
Mast Cell Stabilizers		
Cromolyn Sodium (Inhalation Nebulization Solution)	1	B/D, PA
Phosphodiesterase Inhibitors, Airways Disease		
Daliresp (Oral Tablet)	3	PA
Theo-24 (Oral Capsule Extended Release 24 Hour)	3	
Theophylline ER (300MG Oral Tablet Extended Release 12 Hour)	1	
Theophylline ER (Oral Tablet Extended Release 24 Hour)	1	
Theophylline (Oral Solution)	1	
Pulmonary Antihypertensives		
Adcirca (Oral Tablet)	4	PA
Adempas (Oral Tablet)	4	PA; LA
Alyq (Oral Tablet)	1	PA
Ambrisentan (Oral Tablet)	1	PA; LA; QL
Bosentan (Oral Tablet)	1	PA; LA; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Letairis (Oral Tablet)	4	PA; LA; QL
Opsumit (Oral Tablet)	4	PA; LA
Orenitram (0.125MG Oral Tablet Extended Release)	3	PA; LA
Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release)	4	PA; LA
Revatio (Oral Suspension Reconstituted)	4	PA
Revatio (Oral Tablet)	4	PA
Sildenafil Citrate (Oral Suspension Reconstituted)	1	PA
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	1	PA
Tadalafil (PAH) (20MG Oral Tablet)	1	PA
Tracleer (Oral Tablet)	4	PA; LA; QL
Tracleer (Oral Tablet Soluble)	4	PA; LA; QL
Uptravi (Oral Tablet)	4	PA; LA; QL
Uptravi (Oral Tablet Therapy Pack)	4	PA; LA
Ventavis (Inhalation Solution)	4	PA; LA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Pulmonary Fibrosis Agents		
Esbriet (Oral Capsule)	4	PA; LA; QL
Esbriet (Oral Tablet)	4	PA; LA; QL
Ofev (Oral Capsule)	4	PA; LA; QL
Respiratory Tract Agents, Other		
Acetylcysteine (Inhalation Solution)	1	B/D, PA
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	1	QL
Advair HFA (Inhalation Aerosol)	2	QL
AirDuo RespiClick 113/14 (Inhalation Aerosol Powder Breath Activated)	3	ST; QL
AirDuo RespiClick 232/14 (Inhalation Aerosol Powder Breath Activated)	3	ST; QL
AirDuo RespiClick 55/14 (Inhalation Aerosol Powder Breath Activated)	3	ST; QL
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	2	QL
Bevespi Aerosphere (Inhalation Aerosol)	3	ST

Drug Name	Drug Tier	Coverage Rules or Limits on use
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	2	QL
Clarinet-D 12 Hour (Oral Tablet Extended Release 12 Hour)	3	
Combivent Respimat (Inhalation Aerosol Solution)	2	QL
Dulera (Inhalation Aerosol)	3	QL
Dymista (Nasal Suspension)	3	
Fasenra (Subcutaneous Solution Prefilled Syringe)	4	PA; LA
Fluticasone-Salmeterol (100-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 250-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 500-50MCG/DOSE Inhalation Aerosol Powder Breath Activated) (Generic Advair)	1	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Fluticasone-Salmeterol (113-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 232-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 55-14MCG/ACT Inhalation Aerosol Powder Breath Activated) (Brand Equivalent AirDuo)	2	QL
Ipratropium-Albuterol (Inhalation Solution)	1	B/D, PA
Kalydeco (Oral Packet)	4	PA; LA
Kalydeco (Oral Tablet)	4	PA; LA
Nucala (Subcutaneous Solution Auto-Injector)	4	PA; LA; QL
Nucala (Subcutaneous Solution Prefilled Syringe)	4	PA; LA; QL
Nucala (Subcutaneous Solution Reconstituted)	4	PA; LA; QL
Oralair 300IR (Tablet Sublingual)	3	PA
Pulmozyme (Inhalation Solution)	4	B/D, PA; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Semprex-D (Oral Capsule)	3	
Stiolto Respimat (Inhalation Aerosol Solution)	2	
Symbicort (Inhalation Aerosol)	2	QL
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	2	QL
Utibron Neohaler (Inhalation Capsule)	3	ST
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	1	QL
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
Baclofen (Oral Tablet)	1	
Cyclobenzaprine HCl (7.5MG Oral Tablet)	1	PA; HRM
Dantrium (Oral Capsule)	3	
Dantrolene Sodium (Oral Capsule)	1	
Fexmid (Oral Tablet)	3	PA; HRM
Tizanidine HCl (Oral Capsule)	1	
Tizanidine HCl (Oral Tablet)	1	
Zanaflex (Oral Capsule)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Zanaflex (Oral Tablet)	3	
Sleep Disorder Agents		
GABA Receptor Modulators		
Ambien (Oral Tablet Immediate Release)	3	PA; HRM; QL
Restoril (22.5MG Oral Capsule)	4	HRM; QL
Temazepam (Oral Capsule)	1	HRM; QL
Zaleplon (Oral Capsule)	1	HRM; QL
Zolpidem Tartrate (Oral Tablet Immediate Release)	1	PA; HRM; QL
Sleep Disorders, Other		
Armodafinil (Oral Tablet)	1	PA; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Belsomra (Oral Tablet)	2	QL
Hetlioz (Oral Capsule)	4	PA; LA; QL
Modafinil (Oral Tablet)	1	PA; QL
Nuvigil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	4	PA; QL
Nuvigil (50MG Oral Tablet)	3	PA; QL
Provigil (Oral Tablet)	4	PA; QL
Ramelteon (Oral Tablet)	1	
Rozerem (Oral Tablet)	3	
Silenor (Oral Tablet)	3	
Sunosi (Oral Tablet)	3	PA; QL
Xyrem (Oral Solution)	4	PA; LA; QL

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

Covered drugs with a quantity limit (QL)

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

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

Drugs are listed in alphabetical order in the chart below.

Drug Name	Quantity Limit
Abacavir Sulfate (Oral Solution)	Maximum of 32 ml per day
Abacavir Sulfate (Oral Tablet)	Maximum of 2 tablets per day
Abacavir Sulfate-Lamivudine (Oral Tablet)	Maximum of 1 tablet per day
Abacavir-Lamivudine-Zidovudine (Oral Tablet)	Maximum of 2 tablets per day
Abilify MyCite (Oral Tablet)	Maximum of 1 tablet per day
Abilify (Oral Tablet)	Maximum of 1 tablet per day
Abstral (Tablet Sublingual)	Maximum of 4 tablets per day
Accupril (Oral Tablet)	Maximum of 2 tablets per day
Accuretic (10-12.5MG Oral Tablet)	Maximum of 1 tablet per day
Accuretic (20-12.5MG Oral Tablet, 20-25MG Oral Tablet)	Maximum of 2 tablets per day
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	Maximum of 150 ml per day
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	Maximum of 13 tablets per day
Actiq (Buccal Lozenge On A Handle)	Maximum of 4 lozenges per day
Actoplus Met (Oral Tablet Immediate Release)	Maximum of 3 tablets per day
Actos (15MG Oral Tablet)	Maximum of 3 tablets per day
Actos (30MG Oral Tablet, 45MG Oral Tablet)	Maximum of 1 tablet per day
Adderall (20MG Oral Tablet)	Maximum of 3 tablets per day
Adderall (5MG Oral Tablet, 7.5MG Oral Tablet)	Maximum of 2 tablets per day
Adderall XR (Oral Capsule Extended Release 24 Hour)	Maximum of 2 capsules per day
Adlyxin Starter Pack (Subcutaneous Pen-Injector Kit)	Maximum of 6 ml (1 kit) per 28 days
Adlyxin (Subcutaneous Solution Pen-Injector)	Maximum of 6 ml (2 pens) per 28 days

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (60 blisters) per 30 days
Advair HFA (Inhalation Aerosol)	Maximum of 1 inhaler (12 grams) per 30 days
Adzenys ER (Oral Suspension Extended Release)	Maximum of 15 ml per day
Adzenys XR-ODT (Oral Tablet Extended Release Dispersible)	Maximum of 1 tablet per day
Aggrenox (Oral Capsule Extended Release 12 Hour)	Maximum of 2 capsules per day
Aimovig (140MG/ML Subcutaneous Solution Auto-Injector)	Maximum of 1 ml (1 pen) per 30 days
Aimovig (70MG/ML Subcutaneous Solution Auto-Injector)	Maximum of 2 ml per 30 days
AirDuo RespiClick 113/14 (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler per 30 days
AirDuo RespiClick 232/14 (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler per 30 days
AirDuo RespiClick 55/14 (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler per 30 days
Ajovy (Subcutaneous Solution Prefilled Syringe)	Maximum of 1.5 ml (1 syringe) per 30 days
Albendazole (Oral Tablet)	Maximum of 16 tablets per day
Albenza (Oral Tablet)	Maximum of 16 tablets per day
Aliskiren Fumarate (Oral Tablet)	Maximum of 1 tablet per day
Almotriptan Malate (Oral Tablet)	Maximum of 12 tablets per 30 days
Alogliptin Benzoate (Oral Tablet)	Maximum of 1 tablet per day
Alogliptin-Metformin HCl (Oral Tablet)	Maximum of 2 tablets per day
Alogliptin-Pioglitazone (Oral Tablet)	Maximum of 1 tablet per day
Alora (Transdermal Patch Twice Weekly)	Maximum of 8 patches per 28 days
Alprazolam ER (0.5MG Oral Tablet Extended Release 24 Hour, 1MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Alprazolam ER (2MG Oral Tablet Extended Release 24 Hour)	Maximum of 5 tablets per day
Alprazolam ER (3MG Oral Tablet Extended Release 24 Hour)	Maximum of 3 tablets per day
Alprazolam Intensol (Oral Concentrate)	Maximum of 10 ml per day
Alprazolam (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day

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Drug Name	Quantity Limit
Alprazolam (2MG Oral Tablet Immediate Release)	Maximum of 5 tablets per day
Alprazolam ODT (0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	Maximum of 4 tablets per day
Alprazolam ODT (2MG Oral Tablet Dispersible)	Maximum of 5 tablets per day
Altace (Oral Capsule)	Maximum of 2 capsules per day
Altoprev (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Alunbrig (180MG Oral Tablet, 90MG Oral Tablet)	Maximum of 1 tablet per day
Alunbrig (30MG Oral Tablet)	Maximum of 4 tablets per day
Alunbrig (Oral Tablet Therapy Pack)	Maximum of 1 pack (30 tablets) per 30 days
Alvesco (160MCG/ACT Inhalation Aerosol Solution)	Maximum of 2 inhalers (12.2 grams) per 30 days
Alvesco (80MCG/ACT Inhalation Aerosol Solution)	Maximum of 1 inhaler (6.1 grams) per 30 days
Amaryl (1MG Oral Tablet)	Maximum of 8 tablets per day
Amaryl (2MG Oral Tablet)	Maximum of 4 tablets per day
Amaryl (4MG Oral Tablet)	Maximum of 2 tablets per day
Ambien (Oral Tablet Immediate Release)	Maximum of 90 tablets per year
Ambrisentan (Oral Tablet)	Maximum of 1 tablet per day
Amerge (Oral Tablet)	Maximum of 12 tablets per 30 days
Amitiza (Oral Capsule)	Maximum of 2 capsules per day
Amlodipine-Atorvastatin (Oral Tablet)	Maximum of 1 tablet per day
Amlodipine-Benazepril (Oral Capsule)	Maximum of 1 capsule per day
Amlodipine-Olmesartan (Oral Tablet)	Maximum of 1 tablet per day
Amlodipine-Valsartan (Oral Tablet)	Maximum of 1 tablet per day
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	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)	Maximum of 2 tablets per day
Amphetamine-Dextroamphetamine (20MG Oral Tablet)	Maximum of 3 tablets per day
Ampyra (Oral Tablet Extended Release 12 Hour)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (60 blisters) per 30 days
Apokyn (Subcutaneous Solution Cartridge)	Maximum of 3 ml per day
Apriso (Oral Capsule Extended Release 24 Hour)	Maximum of 4 capsules per day
Aptensio XR (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Aptiom (200MG Oral Tablet, 400MG Oral Tablet)	Maximum of 1 tablet per day
Aptiom (600MG Oral Tablet, 800MG Oral Tablet)	Maximum of 2 tablets per day
Aptivus (Oral Capsule)	Maximum of 4 capsules per day
Aptivus (Oral Solution)	Maximum of 4 bottles (380 ml) per 30 days
Aricept (10MG Oral Tablet)	Maximum of 2 tablets per day
Aricept (23MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet per day
Aripiprazole (1MG/ML Oral Solution)	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)	Maximum of 1 tablet per day
Aripiprazole ODT (10MG Oral Tablet Dispersible)	Maximum of 3 tablets per day
Aripiprazole ODT (15MG Oral Tablet Dispersible)	Maximum of 2 tablets per day
Armodafinil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	Maximum of 1 tablet per day
Armodafinil (50MG Oral Tablet)	Maximum of 2 tablets per day
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (30 blisters) per 30 days
Asacol HD (Oral Tablet Delayed Release)	Maximum of 6 tablets per day
Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler per 30 days
Asmanex (30 Metered Doses) (110MCG/INH Inhalation Aerosol Powder Breath Activated)	Maximum of 2 inhalers per 30 days
Asmanex (30 Metered Doses) (220MCG/INH Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler per 30 days
Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler per 30 days
Asmanex HFA (Inhalation Aerosol)	Maximum of 1 inhaler (13 grams) per 30 days
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	Maximum of 2 capsules per day

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Drug Name	Quantity Limit
Atacand HCT (Oral Tablet)	Maximum of 1 tablet per day
Atacand (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet)	Maximum of 1 tablet per day
Atacand (8MG Oral Tablet)	Maximum of 3 tablets per day
Atazanavir Sulfate (150MG Oral Capsule, 300MG Oral Capsule)	Maximum of 1 capsule per day
Atazanavir Sulfate (200MG Oral Capsule)	Maximum of 2 capsules per day
Ativan (0.5MG Oral Tablet, 1MG Oral Tablet)	Maximum of 4 tablets per day
Ativan (2MG Oral Tablet)	Maximum of 5 tablets per day
Atorvastatin Calcium (Oral Tablet)	Maximum of 1 tablet per day
Atripla (Oral Tablet)	Maximum of 1 tablet per day
Aubagio (Oral Tablet)	Maximum of 1 tablet per day
Austedo (Oral Tablet)	Maximum of 4 tablets per day
Avalide (Oral Tablet)	Maximum of 1 tablet per day
Avandia (2MG Oral Tablet)	Maximum of 4 tablets per day
Avandia (4MG Oral Tablet)	Maximum of 2 tablets per day
Avapro (150MG Oral Tablet, 300MG Oral Tablet)	Maximum of 1 tablet per day
Avapro (75MG Oral Tablet)	Maximum of 3 tablets per day
Azor (Oral Tablet)	Maximum of 1 tablet per day
Balversa (3MG Oral Tablet)	Maximum of 3 tablets per day
Balversa (4MG Oral Tablet)	Maximum of 2 tablets per day
Balversa (5MG Oral Tablet)	Maximum of 1 tablet per day
Belbuca (Buccal Film)	Maximum of 2 films per day
Belsomra (Oral Tablet)	Maximum of 1 tablet per day
Benazepril HCl (Oral Tablet)	Maximum of 2 tablets per day
Benazepril-Hydrochlorothiazide (Oral Tablet)	Maximum of 1 tablet per day
Benicar HCT (Oral Tablet)	Maximum of 1 tablet per day
Benicar (20MG Oral Tablet, 40MG Oral Tablet)	Maximum of 1 tablet per day
Benicar (5MG Oral Tablet)	Maximum of 2 tablets per day
Bethkis (Inhalation Nebulization Solution)	Maximum of 8 ml (2 ampules) per day
Bevyxxa (Oral Capsule)	Maximum of 31 capsules per 30 days
Biktarvy (Oral Tablet)	Maximum of 1 tablet per day
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	Maximum of 2 tablets per day
Bosentan (Oral Tablet)	Maximum of 2 tablets per day
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (60 blisters) per 30 days

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Drug Name	Quantity Limit
Brilinta (Oral Tablet)	Maximum of 2 tablets per day
BRIVIACT (10MG/ML Oral Solution)	Maximum of 20 ml per day
BRIVIACT (100MG Oral Tablet, 10MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	Maximum of 2 tablets per day
Brovana (Inhalation Nebulization Solution)	Maximum of 2 vials (4 ml) per day
Bunavail (Buccal Film)	Maximum of 2 films per day
Buprenorphine HCl (Tablet Sublingual)	Maximum of 3 tablets per day
Buprenorphine HCl-Naloxone HCl (12-3MG Sublingual Film, 4-1MG Sublingual Film)	Maximum of 2 films per day
Buprenorphine HCl-Naloxone HCl (2-0.5MG Sublingual Film, 8-2MG Sublingual Film)	Maximum of 3 films per day
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	Maximum of 3 tablets per day
Buprenorphine (Transdermal Patch Weekly)	Maximum of 4 patches per 28 days
Butorphanol Tartrate (Nasal Solution)	Maximum of 2 bottles (5 ml) per 30 days
Butrans (Transdermal Patch Weekly)	Maximum of 4 patches per 28 days
Bydureon BCise (Subcutaneous Auto-Injector)	Maximum of 4 pens (3.4 ml) per 28 days
Bydureon (Subcutaneous Pen-Injector)	Maximum of 4 pens per 28 days
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	Maximum of 1 pen (2.4 ml) per 30 days
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	Maximum of 1 pen (1.2 ml) per 30 days
Bystolic (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet per day
Bystolic (20MG Oral Tablet)	Maximum of 2 tablets per day
Cablivi (Injection Kit)	Maximum of 1 kit per day
Cabometyx (20MG Oral Tablet, 60MG Oral Tablet)	Maximum of 1 tablet per day
Cabometyx (40MG Oral Tablet)	Maximum of 2 tablets per day
Caduet (Oral Tablet)	Maximum of 1 tablet per day
Calquence (Oral Capsule)	Maximum of 2 capsules per day
Candesartan Cilexetil (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet)	Maximum of 1 tablet per day
Candesartan Cilexetil (8MG Oral Tablet)	Maximum of 3 tablets per day
Candesartan Cilexetil-HCTZ (Oral Tablet)	Maximum of 1 tablet per day
Captopril (100MG Oral Tablet)	Maximum of 4 tablets per day

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Drug Name	Quantity Limit
Captopril (12.5MG Oral Tablet, 25MG Oral Tablet)	Maximum of 3 tablets per day
Captopril (50MG Oral Tablet)	Maximum of 9 tablets per day
Captopril-Hydrochlorothiazide (25-15MG Oral Tablet, 50-15MG Oral Tablet)	Maximum of 3 tablets per day
Captopril-Hydrochlorothiazide (25-25MG Oral Tablet, 50-25MG Oral Tablet)	Maximum of 2 tablets per day
Cardura XL (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Celebrex (Oral Capsule)	Maximum of 2 capsules per day
Celecoxib (Oral Capsule)	Maximum of 2 capsules per day
Cialis (2.5MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet per day
Cimduo (Oral Tablet)	Maximum of 1 tablet per day
Cinacalcet HCl (30MG Oral Tablet, 60MG Oral Tablet)	Maximum of 2 tablets per day
Cinacalcet HCl (90MG Oral Tablet)	Maximum of 4 tablets per day
Clobazam (2.5MG/ML Oral Suspension)	Maximum of 16 ml per day
Clobazam (10MG Oral Tablet, 20MG Oral Tablet)	Maximum of 2 tablets per day
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	Maximum of 4 tablets per day
Clonazepam (2MG Oral Tablet)	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)	Maximum of 4 tablets per day
Clonazepam ODT (2MG Oral Tablet Dispersible)	Maximum of 10 tablets per day
Clopidogrel Bisulfate (75MG Oral Tablet)	Maximum of 4 tablets per day
Clorazepate Dipotassium (15MG Oral Tablet)	Maximum of 6 tablets per day
Clorazepate Dipotassium (3.75MG Oral Tablet)	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5MG Oral Tablet)	Maximum of 12 tablets per day
Codeine Sulfate (Oral Tablet)	Maximum of 6 tablets per day
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	Maximum of 4 capsules per day
Colchicine (0.6MG Oral Tablet) (Brand Equivalent Colcrys)	Maximum of 4 tablets per day
Colcrys (Oral Tablet)	Maximum of 4 tablets per day
Combivent Respimat (Inhalation Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 20 days

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Drug Name	Quantity Limit
Combivir (Oral Tablet)	Maximum of 2 tablets per day
Complera (Oral Tablet)	Maximum of 1 tablet per day
Concerta (18MG Oral Tablet Extended Release)	Maximum of 3 tablets per day
Concerta (27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release)	Maximum of 2 tablets per day
Concerta (54MG Oral Tablet Extended Release)	Maximum of 1 tablet per day
ConZip (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Copiktra (Oral Capsule)	Maximum of 2 capsules per day
Corlanor (Oral Solution)	Maximum of 15 ml per day
Corlanor (Oral Tablet)	Maximum of 2 tablets per day
Cotempla XR-ODT (Oral Tablet Extended Release Dispersible)	Maximum of 2 tablets per day
Cozaar (100MG Oral Tablet)	Maximum of 1 tablet per day
Cozaar (25MG Oral Tablet, 50MG Oral Tablet)	Maximum of 2 tablets per day
Crestor (Oral Tablet)	Maximum of 1 tablet per day
Crixivan (200MG Oral Capsule)	Maximum of 9 capsules per day
Crixivan (400MG Oral Capsule)	Maximum of 6 capsules per day
Cymbalta (Oral Capsule Delayed Release Particles)	Maximum of 2 capsules per day
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	Maximum of 2 tablets per day
Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Daurismo (100MG Oral Tablet)	Maximum of 1 tablet per day
Daurismo (25MG Oral Tablet)	Maximum of 2 tablets per day
Daytrana (Transdermal Patch)	Maximum of 1 patch per day
Delstrigo (Oral Tablet)	Maximum of 1 tablet per day
Descovy (Oral Tablet)	Maximum of 1 tablet per day
Dexedrine (10MG Oral Capsule Extended Release 24 Hour)	Maximum of 6 capsules per day
Dexedrine (15MG Oral Capsule Extended Release 24 Hour)	Maximum of 4 capsules per day
Dexedrine (5MG Oral Capsule Extended Release 24 Hour)	Maximum of 3 capsules per day
Dexilant (Oral Capsule Delayed Release)	Maximum of 1 capsule per day

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Drug Name	Quantity Limit
Dexmethylphenidate HCl (Oral Tablet)	Maximum of 2 tablets per day
Dextroamphetamine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour)	Maximum of 6 capsules per day
Dextroamphetamine Sulfate ER (15MG Oral Capsule Extended Release 24 Hour)	Maximum of 4 capsules per day
Dextroamphetamine Sulfate ER (5MG Oral Capsule Extended Release 24 Hour)	Maximum of 3 capsules per day
Dextroamphetamine Sulfate (Oral Tablet)	Maximum of 6 tablets per day
Diazepam Intensol (5MG/ML Oral Concentrate)	Maximum of 8 ml per day
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	Maximum of 4 tablets per day
Diclofenac Epolamine (Transdermal Patch)	Maximum of 2 patches per day
Didanosine (200MG Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Didanosine (250MG Oral Capsule Delayed Release, 400MG Oral Capsule Delayed Release)	Maximum of 1 capsule per day
Digitek (125MCG Oral Tablet)	Maximum of 1 tablet per day
Digox (125MCG Oral Tablet)	Maximum of 1 tablet per day
Digoxin (Oral Solution)	Maximum of 5 ml per day
Digoxin (125MCG Oral Tablet)	Maximum of 1 tablet per day
Dilaudid (Oral Liquid)	Maximum of 50 ml per day
Dilaudid (2MG Oral Tablet, 4MG Oral Tablet)	Maximum of 8 tablets per day
Dilaudid (8MG Oral Tablet)	Maximum of 6 tablets per day
Diovan HCT (Oral Tablet)	Maximum of 1 tablet per day
Diovan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	Maximum of 2 tablets per day
Diovan (320MG Oral Tablet)	Maximum of 1 tablet per day
Dolophine (10MG Oral Tablet)	Maximum of 12 tablets per day
Dolophine (5MG Oral Tablet)	Maximum of 8 tablets per day
Donepezil HCl (10MG Oral Tablet)	Maximum of 2 tablets per day
Donepezil HCl (23MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet per day
Donepezil HCl ODT (10MG Oral Tablet Dispersible)	Maximum of 2 tablets per day
Donepezil HCl ODT (5MG Oral Tablet Dispersible)	Maximum of 1 tablet per day
Dotti (Transdermal Patch Twice Weekly)	Maximum of 8 patches per 28 days
Dovato (Oral Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Doxepin HCl (External Cream)	Maximum of 90 grams per 30 days
Duetact (Oral Tablet)	Maximum of 1 tablet per day
Dulera (Inhalation Aerosol)	Maximum of 1 inhaler (13 grams) per 30 days
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	Maximum of 2 capsules per day
Duloxetine HCl (40MG Oral Capsule Delayed Release Particles)	Maximum of 3 capsules per day
Duragesic-100 (Transdermal Patch 72 Hour)	Maximum of 15 patches per 30 days
Duragesic-12 (Transdermal Patch 72 Hour)	Maximum of 15 patches per 30 days
Duragesic-25 (Transdermal Patch 72 Hour)	Maximum of 15 patches per 30 days
Duragesic-50 (Transdermal Patch 72 Hour)	Maximum of 15 patches per 30 days
Duragesic-75 (Transdermal Patch 72 Hour)	Maximum of 15 patches per 30 days
Dvorah (Oral Tablet)	Maximum of 10 tablets per day
Dyanavel XR (Oral Suspension Extended Release)	Maximum of 8 ml per day
Econazole Nitrate (External Cream)	Maximum of 90 grams per 30 days
Edarbi (Oral Tablet)	Maximum of 1 tablet per day
Edarbyclor (Oral Tablet)	Maximum of 1 tablet per day
Edurant (Oral Tablet)	Maximum of 1 tablet per day
Efavirenz (Oral Capsule)	Maximum of 3 capsules per day
Efavirenz (Oral Tablet)	Maximum of 1 tablet per day
Eletriptan Hydrobromide (Oral Tablet)	Maximum of 12 tablets per 30 days
Eliquis (Oral Tablet)	Maximum of 2 tablets per day
Eliquis Starter Pack (Oral Tablet)	Maximum of 1 pack (74 tablets) per 30 days
Embeda (100-4MG Oral Capsule Extended Release)	Maximum of 3 capsules per day
Embeda (20-0.8MG Oral Capsule Extended Release, 80-3.2MG Oral Capsule Extended Release)	Maximum of 4 capsules per day
Embeda (30-1.2MG Oral Capsule Extended Release, 50-2MG Oral Capsule Extended Release)	Maximum of 2 capsules per day
Embeda (60-2.4MG Oral Capsule Extended Release)	Maximum of 6 capsules per day
Emgality (300 MG Dose) (Subcutaneous Solution Prefilled Syringe)	Maximum of 3 ml (3 syringes or pens) per 30 days

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Drug Name	Quantity Limit
Emgality (Subcutaneous Solution Auto-Injector)	Maximum of 2 ml (2 syringes or pens) per 30 days
Emgality (120 MG Dose) (Subcutaneous Solution Prefilled Syringe)	Maximum of 2 ml (2 syringes or pens) per 30 days
Emtriva (Oral Capsule)	Maximum of 1 capsule per day
Emtriva (Oral Solution)	Maximum of 5 bottles (850 ml) per 30 days
Enablex (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Enalapril Maleate (Oral Tablet)	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (10-25MG Oral Tablet)	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (5-12.5MG Oral Tablet)	Maximum of 1 tablet per day
Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	Maximum of 12 tablets per day
Enoxaparin Sodium (100MG/ML Subcutaneous Solution, 150MG/ML Subcutaneous Solution)	Maximum of 2 syringes (2 ml) per day
Enoxaparin Sodium (120MG/0.8ML Subcutaneous Solution, 80MG/0.8ML Subcutaneous Solution)	Maximum of 2 syringes (1.6 ml) per day
Enoxaparin Sodium (30MG/0.3ML Subcutaneous Solution)	Maximum of 2 syringes (0.6 ml) per day
Enoxaparin Sodium (40MG/0.4ML Subcutaneous Solution)	Maximum of 2 syringes (0.8 ml) per day
Enoxaparin Sodium (60MG/0.6ML Subcutaneous Solution)	Maximum of 2 syringes (1.2 ml) per day
Entresto (Oral Tablet)	Maximum of 2 tablets per day
Epclusa (Oral Tablet)	Maximum of 1 tablet per day
Epinephrine (Injection Solution Auto-Injector)	Maximum of 4 pens (2 boxes) per 30 days
EpiPen 2-Pak (Injection Solution Auto-Injector)	Maximum of 4 pens (2 boxes) per 30 days
EpiPen Jr 2-Pak (Injection Solution Auto-Injector)	Maximum of 4 pens (2 boxes) per 30 days
Epivir (Oral Solution)	Maximum of 32 ml per day
Epivir (150MG Oral Tablet)	Maximum of 2 tablets per day
Epivir (300MG Oral Tablet)	Maximum of 1 tablet per day
Eprosartan Mesylate (Oral Tablet)	Maximum of 1 tablet per day
Epzicom (Oral Tablet)	Maximum of 1 tablet per day
Erivedge (Oral Capsule)	Maximum of 1 capsule per day

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Drug Name	Quantity Limit
Erleada (Oral Tablet)	Maximum of 4 tablets per day
Erlotinib HCl (100MG Oral Tablet, 150MG Oral Tablet)	Maximum of 1 tablet per day
Erlotinib HCl (25MG Oral Tablet)	Maximum of 3 tablets per day
Esbriet (Oral Capsule)	Maximum of 9 capsules per day
Esbriet (267MG Oral Tablet)	Maximum of 9 tablets per day
Esbriet (801MG Oral Tablet)	Maximum of 3 tablets per day
Esomeprazole Magnesium (20MG Oral Capsule Delayed Release) (Generic Nexium)	Maximum of 3 capsules per day
Esomeprazole Magnesium (40MG Oral Capsule Delayed Release) (Generic Nexium)	Maximum of 2 capsules per day
Esomeprazole Strontium (Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Estradiol (Transdermal Patch Twice Weekly)	Maximum of 8 patches per 28 days
Eucrisa (External Ointment)	Maximum of 60 grams per 30 days
Eventy (Subcutaneous Solution Prefilled Syringe)	Maximum of 2.34 ml (2 syringes) per 28 days
Evotaz (Oral Tablet)	Maximum of 1 tablet per day
Exelon (Transdermal Patch 24 Hour)	Maximum of 1 patch per day
Exforge (Oral Tablet)	Maximum of 1 tablet per day
Extina (External Foam)	Maximum of 100 grams per 28 days
Ezallor Sprinkle (Oral Capsule Sprinkle)	Maximum of 1 capsule per day
Ezetimibe-Simvastatin (Oral Tablet)	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)	Maximum of 2 tablets per day
Farxiga (Oral Tablet)	Maximum of 1 tablet per day
Fentanyl Citrate (1200MCG Buccal Lozenge On A Handle, 1600MCG Buccal Lozenge On A Handle, 200MCG Buccal Lozenge On A Handle, 400MCG Buccal Lozenge On A Handle, 600MCG Buccal Lozenge On A Handle, 800MCG Buccal Lozenge On A Handle)	Maximum of 4 lozenges per day
Fentanyl Citrate (100MCG Buccal Tablet, 200MCG Buccal Tablet, 400MCG Buccal Tablet, 600MCG Buccal Tablet, 800MCG Buccal Tablet)	Maximum of 4 tablets per day
Fentanyl (Transdermal Patch 72 Hour)	Maximum of 15 patches per 30 days
Fentora (Buccal Tablet)	Maximum of 4 tablets per day

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Drug Name	Quantity Limit
Firazyr (Subcutaneous Solution)	Maximum of 9 ml per day
Firdapse (Oral Tablet)	Maximum of 8 tablets per day
Flector (Transdermal Patch)	Maximum of 2 patches per day
FloLipid (20MG/5ML Oral Suspension)	Maximum of 5 ml per day
FloLipid (40MG/5ML Oral Suspension)	Maximum of 10 ml per day
Flovent HFA (110MCG/ACT Inhalation Aerosol)	Maximum of 1 inhaler (12 grams) per 30 days
Flovent HFA (220MCG/ACT Inhalation Aerosol)	Maximum of 2 inhalers (24 grams) per 30 days
Flovent HFA (44MCG/ACT Inhalation Aerosol)	Maximum of 1 inhaler (10.6 grams) per 30 days
Fluticasone-Salmeterol (100-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 250-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 500-50MCG/DOSE Inhalation Aerosol Powder Breath Activated) (Generic Advair)	Maximum of 1 inhaler (60 blisters) per 30 days
Fluticasone-Salmeterol (113-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 232-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 55-14MCG/ACT Inhalation Aerosol Powder Breath Activated) (Brand Equivalent AirDuo)	Maximum of 1 inhaler per 30 days
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Fluvastatin Sodium (20MG Oral Capsule)	Maximum of 1 capsule per day
Fluvastatin Sodium (40MG Oral Capsule)	Maximum of 2 capsules per day
Focalin (Oral Tablet)	Maximum of 2 tablets per day
Fortamet (1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Fortamet (500MG Oral Tablet Extended Release 24 Hour)	Maximum of 5 tablets per day
Fosamprenavir Calcium (Oral Tablet)	Maximum of 4 tablets per day
Fosinopril Sodium (Oral Tablet)	Maximum of 2 tablets per day
Fosinopril Sodium-HCTZ (Oral Tablet)	Maximum of 4 tablets per day
Frova (Oral Tablet)	Maximum of 12 tablets per 30 days
Frovatriptan Succinate (Oral Tablet)	Maximum of 12 tablets per 30 days
Fuzeon (Subcutaneous Solution Reconstituted)	Maximum of 2 vials per day
Genvoya (Oral Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Geodon (Oral Capsule)	Maximum of 2 capsules per day
Gilenya (0.5MG Oral Capsule)	Maximum of 1 pack (30 capsules) per 30 days
Gleevec (Oral Tablet)	Maximum of 3 tablets per day
Glimepiride (1MG Oral Tablet)	Maximum of 8 tablets per day
Glimepiride (2MG Oral Tablet)	Maximum of 4 tablets per day
Glimepiride (4MG Oral Tablet)	Maximum of 2 tablets per day
Glipizide ER (10MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Glipizide ER (2.5MG Oral Tablet Extended Release 24 Hour)	Maximum of 8 tablets per day
Glipizide ER (5MG Oral Tablet Extended Release 24 Hour)	Maximum of 4 tablets per day
Glipizide (10MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day
Glipizide (5MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-250MG Oral Tablet)	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)	Maximum of 4 tablets per day
Glucophage (1000MG Oral Tablet Immediate Release)	Maximum of 2.5 tablets per day
Glucophage (500MG Oral Tablet Immediate Release)	Maximum of 5 tablets per day
Glucophage (850MG Oral Tablet Immediate Release)	Maximum of 3 tablets per day
Glucophage XR (500MG Oral Tablet Extended Release 24 Hour)	Maximum of 4 tablets per day
Glucophage XR (750MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Glucotrol (10MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day
Glucotrol (5MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Glucotrol XL (10MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Glucotrol XL (2.5MG Oral Tablet Extended Release 24 Hour)	Maximum of 8 tablets per day
Glucotrol XL (5MG Oral Tablet Extended Release 24 Hour)	Maximum of 4 tablets per day

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Drug Name	Quantity Limit
Glumetza (1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Glumetza (500MG Oral Tablet Extended Release 24 Hour)	Maximum of 4 tablets per day
Glyxambi (Oral Tablet)	Maximum of 1 tablet per day
Harvoni (Oral Tablet)	Maximum of 1 tablet per day
Hetlioz (Oral Capsule)	Maximum of 1 capsule per day
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	Maximum of 180 ml per day
Hydrocodone-Acetaminophen (10-300MG Oral Tablet, 5-300MG Oral Tablet, 7.5-300MG Oral Tablet)	Maximum of 13 tablets per day
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	Maximum of 12 tablets per day
Hydrocodone-Ibuprofen (Oral Tablet)	Maximum of 5 tablets per day
Hydromorphone HCl ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
Hydromorphone HCl (1MG/ML Oral Liquid)	Maximum of 50 ml per day
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Hydromorphone HCl (8MG Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Hysingla ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	Maximum of 1 tablet per day
Hyzaar (100-12.5MG Oral Tablet, 100-25MG Oral Tablet)	Maximum of 1 tablet per day
Hyzaar (50-12.5MG Oral Tablet)	Maximum of 2 tablets per day
Icatibant Acetate (Subcutaneous Solution)	Maximum of 9 ml per day
Imatinib Mesylate (Oral Tablet)	Maximum of 3 tablets per day
Imbruvica (140MG Oral Capsule)	Maximum of 4 capsules per day
Imbruvica (70MG Oral Capsule)	Maximum of 1 capsule per day
Imbruvica (Oral Tablet)	Maximum of 1 tablet per day
Imitrex (Nasal Solution)	Maximum of 12 devices per 30 days
Imitrex (Oral Tablet)	Maximum of 12 tablets per 30 days
Imitrex STATdose Refill (6MG/0.5ML Subcutaneous Solution Cartridge)	Maximum of 12 injections (6 ml) per 30 days

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Drug Name	Quantity Limit
Imitrex STATdose System (4MG/0.5ML Subcutaneous Solution Auto-Injector)	Maximum of 12 injections (6 ml) per 30 days
Imitrex (Subcutaneous Solution)	Maximum of 12 injections (6 ml) per 30 days
Imvexxy Maintenance Pack (Vaginal Insert)	Maximum of 1 vaginal insert per day
Imvexxy Starter Pack (Vaginal Insert)	Maximum of 1 vaginal insert per day
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (30 blisters) per 30 days
Ingrezza (Oral Capsule)	Maximum of 1 capsule per day
Ingrezza (Oral Capsule Therapy Pack)	Maximum of 28 capsules (1 pack) per 28 days
Inlyta (Oral Tablet)	Maximum of 4 tablets per day
Inrebic (Oral Capsule)	Maximum of 4 capsules per day
Intence (100MG Oral Tablet, 200MG Oral Tablet)	Maximum of 2 tablets per day
Intence (25MG Oral Tablet)	Maximum of 4 tablets per day
Intrarosa (Vaginal Insert)	Maximum of 1 vaginal insert per day
Invega (3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Invega (6MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Invirase (Oral Tablet)	Maximum of 4 tablets per day
Invokamet (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Invokamet XR (Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Invokana (Oral Tablet)	Maximum of 1 tablet per day
Irbesartan (150MG Oral Tablet, 300MG Oral Tablet)	Maximum of 1 tablet per day
Irbesartan (75MG Oral Tablet)	Maximum of 3 tablets per day
Irbesartan-Hydrochlorothiazide (Oral Tablet)	Maximum of 1 tablet per day
Iressa (Oral Tablet)	Maximum of 2 tablets per day
Isentress HD (Oral Tablet)	Maximum of 2 tablets per day
Isentress (Oral Packet)	Maximum of 2 packets per day
Isentress (Oral Tablet)	Maximum of 2 tablets per day
Isentress (Oral Tablet Chewable)	Maximum of 6 tablets per day
Jakafi (Oral Tablet)	Maximum of 2 tablets per day
Janumet (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Janumet XR (100-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Janumet XR (50-1000MG Oral Tablet Extended Release 24 Hour, 50-500MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Januvia (Oral Tablet)	Maximum of 1 tablet per day
Jardiance (Oral Tablet)	Maximum of 1 tablet per day
Jentadueto (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Jentadueto XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Jentadueto XR (5-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Juluca (Oral Tablet)	Maximum of 1 tablet per day
Jynarque (Oral Tablet Therapy Pack)	Maximum of 2 tablets per day
Kadian (100MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour)	Maximum of 3 capsules per day
Kadian (10MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 30MG Oral Capsule Extended Release 24 Hour, 40MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	Maximum of 2 capsules per day
Kadian (200MG Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Kaletra (Oral Solution)	Maximum of 2 bottles (320 ml) per 30 days
Kaletra (100-25MG Oral Tablet)	Maximum of 2 tablets per day
Kaletra (200-50MG Oral Tablet)	Maximum of 4 tablets per day
Kazano (Oral Tablet)	Maximum of 2 tablets per day
Ketoconazole (External Cream)	Maximum of 90 grams per 30 days
Ketoconazole (External Foam)	Maximum of 100 grams per 28 days
Keveyis (Oral Tablet)	Maximum of 4 tablets per day
Klonopin (0.5MG Oral Tablet, 1MG Oral Tablet)	Maximum of 4 tablets per day
Klonopin (2MG Oral Tablet)	Maximum of 10 tablets per day
Kombiglyze XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Kombiglyze XR (5-1000MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Lamivudine (10MG/ML Oral Solution)	Maximum of 32 ml per day
Lamivudine (150MG Oral Tablet)	Maximum of 2 tablets per day
Lamivudine (300MG Oral Tablet)	Maximum of 1 tablet per day
Lamivudine-Zidovudine (Oral Tablet)	Maximum of 2 tablets per day
Lanoxin (125MCG Oral Tablet)	Maximum of 1 tablet per day
Lanoxin (62.5MCG Oral Tablet)	Maximum of 2 tablets per day
Lansoprazole (Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Latuda (120MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 60MG Oral Tablet)	Maximum of 1 tablet per day
Latuda (80MG Oral Tablet)	Maximum of 2 tablets per day
Lazanda (Nasal Solution)	Maximum of 15 bottles (79.5 ml) per 30 days
Ledipasvir-Sofosbuvir (Oral Tablet)	Maximum of 1 tablet per day
Lescol XL (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Letairis (Oral Tablet)	Maximum of 1 tablet per day
Levorphanol Tartrate (Oral Tablet)	Maximum of 6 tablets per day
Lexiva (Oral Suspension)	Maximum of 60 ml per day
Lexiva (Oral Tablet)	Maximum of 4 tablets per day
Lialda (Oral Tablet Delayed Release)	Maximum of 4 tablets per day
Lidocaine (5% External Ointment)	Maximum of 152 grams per 30 days
Lidocaine (5% External Patch)	Maximum of 3 patches per day
Lidoderm (External Patch)	Maximum of 3 patches per day
Linzess (Oral Capsule)	Maximum of 1 capsule per day
Lipitor (Oral Tablet)	Maximum of 1 tablet per day
Lisinopril (Oral Tablet)	Maximum of 2 tablets per day
Lisinopril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	Maximum of 1 tablet per day
Lisinopril-Hydrochlorothiazide (20-12.5MG Oral Tablet)	Maximum of 4 tablets per day
Lisinopril-Hydrochlorothiazide (20-25MG Oral Tablet)	Maximum of 2 tablets per day
Livalo (Oral Tablet)	Maximum of 1 tablet per day
Lokelma (Oral Packet)	Maximum of 90 packets per 30 days
Lonhala Magnair Refill Kit (Inhalation Solution)	Maximum of 2 vials (2 ml) per day
Lopinavir-Ritonavir (Oral Solution)	Maximum of 2 bottles (320 ml) per 30 days
Lorazepam (2MG/ML Oral Concentrate)	Maximum of 5 ml per day

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Drug Name	Quantity Limit
Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	Maximum of 4 tablets per day
Lorazepam (2MG Oral Tablet)	Maximum of 5 tablets per day
Lorbrena (100MG Oral Tablet)	Maximum of 1 tablet per day
Lorbrena (25MG Oral Tablet)	Maximum of 3 tablets per day
Lorcet HD (Oral Tablet)	Maximum of 12 tablets per day
Lorcet (Oral Tablet)	Maximum of 12 tablets per day
Lorcet Plus (Oral Tablet)	Maximum of 12 tablets per day
Losartan Potassium (100MG Oral Tablet)	Maximum of 1 tablet per day
Losartan Potassium (25MG Oral Tablet, 50MG Oral Tablet)	Maximum of 2 tablets per day
Losartan Potassium-HCTZ (100-12.5MG Oral Tablet, 100-25MG Oral Tablet)	Maximum of 1 tablet per day
Losartan Potassium-HCTZ (50-12.5MG Oral Tablet)	Maximum of 2 tablets per day
Lotensin (Oral Tablet)	Maximum of 2 tablets per day
Lotrel (Oral Capsule)	Maximum of 1 capsule per day
Lovastatin (10MG Oral Tablet, 20MG Oral Tablet)	Maximum of 1 tablet per day
Lovastatin (40MG Oral Tablet)	Maximum of 2 tablets per day
Lovenox (100MG/ML Subcutaneous Solution, 150MG/ML Subcutaneous Solution)	Maximum of 2 syringes (2 ml) per day
Lovenox (120MG/0.8ML Subcutaneous Solution, 80MG/0.8ML Subcutaneous Solution)	Maximum of 2 syringes (1.6 ml) per day
Lovenox (30MG/0.3ML Subcutaneous Solution)	Maximum of 2 syringes (0.6 ml) per day
Lovenox (40MG/0.4ML Subcutaneous Solution)	Maximum of 2 syringes (0.8 ml) per day
Lovenox (60MG/0.6ML Subcutaneous Solution)	Maximum of 2 syringes (1.2 ml) per day
Lucemyra (Oral Tablet)	Maximum of 16 tablets per day
Luliconazole (External Cream)	Maximum of 60 grams per 28 days
Luzu (External Cream)	Maximum of 60 grams per 28 days
Lyrica CR (165MG Oral Tablet Extended Release 24 Hour, 82.5MG Oral Tablet Extended Release 24 Hour)	Maximum of 3 tablets per day
Lyrica CR (330MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Lyrica (100MG Oral Capsule, 150MG Oral Capsule, 200MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	Maximum of 3 capsules per day
Lyrica (225MG Oral Capsule, 300MG Oral Capsule)	Maximum of 2 capsules per day
Lyrica (Oral Solution)	Maximum of 30 ml per day
Mavyret (Oral Tablet)	Maximum of 3 tablets per day
Maxalt (Oral Tablet)	Maximum of 12 tablets per 30 days
Maxalt-MLT (Oral Tablet Dispersible)	Maximum of 12 tablets per 30 days
Mayzent (0.25MG Oral Tablet)	Maximum of 8 tablets per day
Mayzent (2MG Oral Tablet)	Maximum of 1 tablet per day
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Memantine HCl (2MG/ML Oral Solution)	Maximum of 10 ml per day
Memantine HCl (10MG Oral Tablet)	Maximum of 2 tablets per day
Memantine HCl (5MG Oral Tablet)	Maximum of 3 tablets per day
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	Maximum of 4 tablets per day
Mesalamine (800MG Oral Tablet Delayed Release)	Maximum of 6 tablets per day
Metadate ER (Oral Tablet Extended Release)	Maximum of 3 tablets per day
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	Maximum of 2 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	Maximum of 4 tablets per day
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	Maximum of 2 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	Maximum of 5 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	Maximum of 4 tablets per day
Metformin HCl ER (750MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	Maximum of 2 tablets per day
Metformin HCl (1000MG Oral Tablet Immediate Release)	Maximum of 2.5 tablets per day
Metformin HCl (500MG Oral Tablet Immediate Release)	Maximum of 5 tablets per day

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Drug Name	Quantity Limit
Metformin HCl (850MG Oral Tablet Immediate Release)	Maximum of 3 tablets per day
Methadone HCl (10MG/5ML Oral Solution)	Maximum of 60 ml per day
Methadone HCl (5MG/5ML Oral Solution)	Maximum of 120 ml per day
Methadone HCl (10MG Oral Tablet)	Maximum of 12 tablets per day
Methadone HCl (5MG Oral Tablet)	Maximum of 8 tablets per day
Methylin (10MG/5ML Oral Solution)	Maximum of 30 ml per day
Methylin (5MG/5ML Oral Solution)	Maximum of 60 ml per day
Methylphenidate HCl ER (10MG Oral Tablet Extended Release)	Maximum of 4 tablets per day
Methylphenidate HCl ER (18MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release)	Maximum of 3 tablets per day
Methylphenidate HCl ER (18MG Oral Tablet Extended Release 24 Hour)	Maximum of 3 tablets per day
Methylphenidate HCl ER (27MG Oral Tablet Extended Release 24 Hour, 36MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Methylphenidate HCl ER (54MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Methylphenidate HCl ER (27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release)	Maximum of 2 tablets per day
Methylphenidate HCl ER (54MG Oral Tablet Extended Release, 72MG Oral Tablet Extended Release)	Maximum of 1 tablet per day
Methylphenidate HCl (10MG/5ML Oral Solution)	Maximum of 30 ml per day
Methylphenidate HCl (5MG/5ML Oral Solution)	Maximum of 60 ml per day
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	Maximum of 3 tablets per day
Methylphenidate HCl (10MG Oral Tablet Chewable)	Maximum of 6 tablets per day
Methylphenidate HCl (2.5MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	Maximum of 3 tablets per day
Micardis HCT (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)	Maximum of 1 tablet per day
Micardis HCT (80-12.5MG Oral Tablet)	Maximum of 2 tablets per day
Micardis (Oral Tablet)	Maximum of 1 tablet per day
Minivelle (Transdermal Patch Twice Weekly)	Maximum of 8 patches per 28 days

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Drug Name	Quantity Limit
Minocycline HCl ER (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Mitigare (Oral Capsule)	Maximum of 4 capsules per day
Modafinil (100MG Oral Tablet)	Maximum of 1 tablet per day
Modafinil (200MG Oral Tablet)	Maximum of 2 tablets per day
Moexipril HCl (Oral Tablet)	Maximum of 2 tablets per day
Montelukast Sodium (Oral Packet)	Maximum of 1 packet per day
Montelukast Sodium (Oral Tablet)	Maximum of 1 tablet per day
Montelukast Sodium (Oral Tablet Chewable)	Maximum of 1 tablet per day
MorphaBond ER (100MG Oral Tablet ER 12 Hour Abuse-Deterrent, 60MG Oral Tablet ER 12 Hour Abuse-Deterrent)	Maximum of 3 tablets per day
MorphaBond ER (15MG Oral Tablet ER 12 Hour Abuse-Deterrent, 30MG Oral Tablet ER 12 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
Morphine Sulfate (100MG/5ML Oral Solution)	Maximum of 10 ml per day
Morphine Sulfate ER Beads (120MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	Maximum of 3 capsules per day
Morphine Sulfate ER Beads (30MG Oral Capsule Extended Release 24 Hour, 45MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	Maximum of 2 capsules per day
Morphine Sulfate ER Beads (75MG Oral Capsule Extended Release 24 Hour, 90MG Oral Capsule Extended Release 24 Hour) (Generic Avinza)	Maximum of 4 capsules per day
Morphine Sulfate ER (100MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour) (Generic Kadian)	Maximum of 3 capsules per day
Morphine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 30MG Oral Capsule Extended Release 24 Hour, 40MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour) (Generic Kadian)	Maximum of 2 capsules per day

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Drug Name	Quantity Limit
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release) (Generic MS Contin)	Maximum of 3 tablets per day
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	Maximum of 2 tablets per day
Morphine Sulfate ER (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	Maximum of 4 tablets per day
Morphine Sulfate (10MG/5ML Oral Solution)	Maximum of 100 ml per day
Morphine Sulfate (20MG/5ML Oral Solution)	Maximum of 50 ml per day
Morphine Sulfate (15MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Morphine Sulfate (30MG Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Motegrity (Oral Tablet)	Maximum of 1 tablet per day
Movantik (Oral Tablet)	Maximum of 1 tablet per day
MS Contin (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release)	Maximum of 3 tablets per day
MS Contin (200MG Oral Tablet Extended Release)	Maximum of 2 tablets per day
MS Contin (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release)	Maximum of 4 tablets per day
Mydayis (12.5MG Oral Capsule Extended Release 24 Hour, 25MG Oral Capsule Extended Release 24 Hour)	Maximum of 2 capsules per day
Mydayis (37.5MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Namenda (10MG Oral Tablet)	Maximum of 2 tablets per day
Namenda (5MG Oral Tablet)	Maximum of 3 tablets per day
Namenda XR (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Namenda XR Titration Pack (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	Maximum of 1 capsule per day
Namzaric (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day

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Drug Name	Quantity Limit
Naratriptan HCl (Oral Tablet)	Maximum of 12 tablets per 30 days
Nateglinide (120MG Oral Tablet)	Maximum of 3 tablets per day
Nateglinide (60MG Oral Tablet)	Maximum of 6 tablets per day
Nebupent (Inhalation Solution Reconstituted)	Maximum of 300 mg (1 vial) per 28 days
Nerlynx (Oral Tablet)	Maximum of 6 tablets per day
Nesina (Oral Tablet)	Maximum of 1 tablet per day
Nevirapine ER (100MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Nevirapine (Oral Suspension)	Maximum of 40 ml per day
Nevirapine (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Nexium (20MG Oral Capsule Delayed Release)	Maximum of 3 capsules per day
Nexium (40MG Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Ninlaro (Oral Capsule)	Maximum of 3 capsules per 28 days
Norco (Oral Tablet)	Maximum of 12 tablets per day
Northera (100MG Oral Capsule)	Maximum of 3 capsules per day
Northera (200MG Oral Capsule, 300MG Oral Capsule)	Maximum of 6 capsules per day
Norvir (Oral Packet)	Maximum of 12 packets per day
Norvir (Oral Solution)	Maximum of 16 ml per day
Norvir (Oral Tablet)	Maximum of 12 tablets per day
Noxafil (Oral Suspension)	Maximum of 20 ml per day
Noxafil (Oral Tablet Delayed Release)	Maximum of 6 tablets per day
Nubeqa (Oral Tablet)	Maximum of 4 tablets per day
Nucala (Subcutaneous Solution Auto-Injector)	Maximum of 3 ml per 28 days
Nucala (Subcutaneous Solution Prefilled Syringe)	Maximum of 3 ml per 28 days
Nucala (Subcutaneous Solution Reconstituted)	Maximum of 3 vials per 28 days
Nucynta ER (Oral Tablet Extended Release 12 Hour)	Maximum of 2 tablets per day
Nucynta (Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Nuplazid (Oral Capsule)	Maximum of 1 capsule per day
Nuplazid (10MG Oral Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Nuvigil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	Maximum of 1 tablet per day
Nuvigil (50MG Oral Tablet)	Maximum of 2 tablets per day
Nuzyra (Oral Tablet)	Maximum of 2 tablets per day
Ocaliva (Oral Tablet)	Maximum of 1 tablet per day
Odefsey (Oral Tablet)	Maximum of 1 tablet per day
Odomzo (Oral Capsule)	Maximum of 1 capsule per day
Ofev (Oral Capsule)	Maximum of 2 capsules per day
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	Maximum of 1 tablet per day
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	Maximum of 1 tablet per day
Olmesartan Medoxomil (20MG Oral Tablet, 40MG Oral Tablet)	Maximum of 1 tablet per day
Olmesartan Medoxomil (5MG Oral Tablet)	Maximum of 2 tablets per day
Olmesartan Medoxomil-HCTZ (Oral Tablet)	Maximum of 1 tablet per day
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	Maximum of 1 tablet per day
Olumiant (Oral Tablet)	Maximum of 1 tablet per day
Omeprazole (10MG Oral Capsule Delayed Release)	Maximum of 3 capsules per day
Onfi (Oral Suspension)	Maximum of 16 ml per day
Onfi (Oral Tablet)	Maximum of 2 tablets per day
Onglyza (Oral Tablet)	Maximum of 1 tablet per day
Onzetra Xsail (Nasal Exhaler Powder)	Maximum of 1 kit (16 exhalers) per 30 days
Opana (Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Orilissa (150MG Oral Tablet)	Maximum of 1 tablet per day
Orilissa (200MG Oral Tablet)	Maximum of 2 tablets per day
Orkambi (Oral Packet)	Maximum of 56 packets per 28 days
Orkambi (Oral Tablet)	Maximum of 112 tablets per 28 days
Oseni (Oral Tablet)	Maximum of 1 tablet per day
Osphena (Oral Tablet)	Maximum of 1 tablet per day
Oxervate (Ophthalmic Solution)	Maximum of 2 ml (2 vials) per day
Oxiconazole Nitrate (External Cream)	Maximum of 90 grams per 30 days
Oxistat (External Cream)	Maximum of 90 grams per 30 days
Oxistat (External Lotion)	Maximum of 60 ml per 30 days

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Drug Name	Quantity Limit
Oxycodone HCl ER (Oral Tablet ER 12 Hour Abuse-Deterrent)	Maximum of 3 tablets per day
Oxycodone HCl (5MG Oral Capsule)	Maximum of 12 capsules per day
Oxycodone HCl (100MG/5ML Oral Concentrate)	Maximum of 6 ml per day
Oxycodone HCl (5MG/5ML Oral Solution)	Maximum of 130 ml per day
Oxycodone HCl (10MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	Maximum of 12 tablets per day
Oxycodone HCl (15MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Oxycodone HCl (20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Oxycodone-Acetaminophen (Oral Tablet)	Maximum of 12 tablets per day
Oxycodone-Aspirin (Oral Tablet)	Maximum of 12 tablets per day
Oxycodone-Ibuprofen (Oral Tablet)	Maximum of 4 tablets per day
OxyContin (Oral Tablet ER 12 Hour Abuse-Deterrent)	Maximum of 3 tablets per day
Oxymorphone HCl ER (10MG Oral Tablet Extended Release 12 Hour, 15MG Oral Tablet Extended Release 12 Hour, 20MG Oral Tablet Extended Release 12 Hour, 5MG Oral Tablet Extended Release 12 Hour, 7.5MG Oral Tablet Extended Release 12 Hour)	Maximum of 2 tablets per day
Oxymorphone HCl ER (30MG Oral Tablet Extended Release 12 Hour)	Maximum of 4 tablets per day
Oxymorphone HCl ER (40MG Oral Tablet Extended Release 12 Hour)	Maximum of 3 tablets per day
Oxymorphone HCl (Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Ozempic (0.25 or 0.5 MG/DOSE) (Subcutaneous Solution Pen-Injector)	Maximum of 1 pen (1.5 ml) per 28 days
Ozempic (1 MG/DOSE) (Subcutaneous Solution Pen-Injector)	Maximum of 2 pens (3 ml) per 28 days
Paliperidone ER (1.5MG Oral Tablet Extended Release 24 Hour, 3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Paliperidone ER (6MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Palynziq (10MG/0.5ML Subcutaneous Solution Prefilled Syringe)	Maximum of 28 syringes per 28 days
Palynziq (2.5MG/0.5ML Subcutaneous Solution Prefilled Syringe)	Maximum of 8 syringes per 28 days
Palynziq (20MG/ML Subcutaneous Solution Prefilled Syringe)	Maximum of 56 syringes per 28 days
Pantoprazole Sodium (20MG Oral Tablet Delayed Release)	Maximum of 3 tablets per day
Pantoprazole Sodium (40MG Oral Tablet Delayed Release)	Maximum of 2 tablets per day
Pentasa (250MG Oral Capsule Extended Release)	Maximum of 12 capsules per day
Pentasa (500MG Oral Capsule Extended Release)	Maximum of 8 capsules per day
Percocet (Oral Tablet)	Maximum of 12 tablets per day
Perforomist (Inhalation Nebulization Solution)	Maximum of 2 vials (4 ml) per day
Perindopril Erbumine (Oral Tablet)	Maximum of 2 tablets per day
Pifeltro (Oral Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl (15MG Oral Tablet)	Maximum of 3 tablets per day
Pioglitazone HCl (30MG Oral Tablet, 45MG Oral Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl-Glimepiride (Oral Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl-Metformin HCl (Oral Tablet)	Maximum of 3 tablets per day
Piqray (200 MG Daily Dose) (Oral Tablet Therapy Pack)	Maximum of 1 tablet per day
Piqray (250 MG Daily Dose) (Oral Tablet Therapy Pack)	Maximum of 2 tablets per day
Piqray (300 MG Daily Dose) (Oral Tablet Therapy Pack)	Maximum of 2 tablets per day
Plavix (Oral Tablet)	Maximum of 4 tablets per day
Pradaxa (Oral Capsule)	Maximum of 2 capsules per day
Praluent (Subcutaneous Solution Pen-Injector)	Maximum of 2 pens (2 ml) per 28 days
Prandin (1MG Oral Tablet)	Maximum of 16 tablets per day
Prandin (2MG Oral Tablet)	Maximum of 8 tablets per day
Pravachol (Oral Tablet)	Maximum of 1 tablet per day
Pravastatin Sodium (Oral Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Pregabalin (100MG Oral Capsule, 150MG Oral Capsule, 200MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	Maximum of 3 capsules per day
Pregabalin (225MG Oral Capsule, 300MG Oral Capsule)	Maximum of 2 capsules per day
Pregabalin (Oral Solution)	Maximum of 30 ml per day
Prevacid (Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Prevymis (Oral Tablet)	Maximum of 1 tablet per day
Prezcobix (Oral Tablet)	Maximum of 1 tablet per day
Prezista (Oral Suspension)	Maximum of 2 bottles (400 ml) per 30 days
Prezista (150MG Oral Tablet)	Maximum of 6 tablets per day
Prezista (600MG Oral Tablet, 75MG Oral Tablet)	Maximum of 2 tablets per day
Prezista (800MG Oral Tablet)	Maximum of 1 tablet per day
Primlev (Oral Tablet)	Maximum of 13 tablets per day
Prinivil (Oral Tablet)	Maximum of 2 tablets per day
Prolia (Subcutaneous Solution Prefilled Syringe)	Maximum of 1 syringe per 180 days
Promacta (Oral Packet)	Maximum of 6 packets per day
Promacta (12.5MG Oral Tablet, 25MG Oral Tablet)	Maximum of 1 tablet per day
Promacta (50MG Oral Tablet, 75MG Oral Tablet)	Maximum of 2 tablets per day
Protonix (20MG Oral Tablet Delayed Release)	Maximum of 3 tablets per day
Protonix (40MG Oral Tablet Delayed Release)	Maximum of 2 tablets per day
Provigil (100MG Oral Tablet)	Maximum of 1 tablet per day
Provigil (200MG Oral Tablet)	Maximum of 2 tablets per day
PRUDOXIN (External Cream)	Maximum of 90 grams per 30 days
Pulmozyme (Inhalation Solution)	Maximum of 5 ml (2 ampules) per day
Qbrelis (Oral Solution)	Maximum of 80 ml per day
Qtern (Oral Tablet)	Maximum of 1 tablet per day
Quetiapine Fumarate ER (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Quetiapine Fumarate ER (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Quetiapine Fumarate (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	Maximum of 3 tablets per day
Quetiapine Fumarate (25MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day
Quetiapine Fumarate (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	Maximum of 2 tablets per day
QuilliChew ER (20MG Oral Tablet Chewable Extended Release, 40MG Oral Tablet Chewable Extended Release)	Maximum of 1 tablet per day
QuilliChew ER (30MG Oral Tablet Chewable Extended Release)	Maximum of 2 tablets per day
Quinapril HCl (Oral Tablet)	Maximum of 2 tablets per day
Quinapril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	Maximum of 1 tablet per day
Quinapril-Hydrochlorothiazide (20-12.5MG Oral Tablet, 20-25MG Oral Tablet)	Maximum of 2 tablets per day
QVAR RediHaler (Inhalation Aerosol Breath Activated)	Maximum of 2 inhalers (21.2 grams) per 30 days
Ramipril (Oral Capsule)	Maximum of 2 capsules per day
Rapaflo (Oral Capsule)	Maximum of 1 capsule per day
Rayaldee (Oral Capsule Extended Release)	Maximum of 2 capsules per day
Relexxii (Oral Tablet Extended Release)	Maximum of 1 tablet per day
Relpax (Oral Tablet)	Maximum of 12 tablets per 30 days
Repaglinide (0.5MG Oral Tablet)	Maximum of 32 tablets per day
Repaglinide (1MG Oral Tablet)	Maximum of 16 tablets per day
Repaglinide (2MG Oral Tablet)	Maximum of 8 tablets per day
Repaglinide-Metformin HCl (Oral Tablet)	Maximum of 5 tablets per day
Repatha PushtroNex System (Subcutaneous Solution Cartridge)	Maximum of 1 cartridge (3.5 ml) per 28 days
Repatha (Subcutaneous Solution Prefilled Syringe)	Maximum of 3 syringes (3 ml) per 28 days
Repatha SureClick (Subcutaneous Solution Auto-Injector)	Maximum of 3 pens (3 ml) per 28 days
Rescriptor (Oral Tablet)	Maximum of 6 tablets per day
Restasis (Ophthalmic Emulsion)	Maximum of 2 vials per day
Restoril (22.5MG Oral Capsule)	Maximum of 1 capsule per day

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Drug Name	Quantity Limit
Retrovir (Oral Capsule)	Maximum of 6 capsules per day
Retrovir (Oral Syrup)	Maximum of 64 ml per day
Rexulti (Oral Tablet)	Maximum of 1 tablet per day
Reyataz (150MG Oral Capsule, 300MG Oral Capsule)	Maximum of 1 capsule per day
Reyataz (200MG Oral Capsule)	Maximum of 2 capsules per day
Reyataz (Oral Packet)	Maximum of 6 packets per day
Riomet (Oral Solution)	Maximum of 25.5 ml per day
Ritalin (Oral Tablet)	Maximum of 3 tablets per day
Ritonavir (Oral Tablet)	Maximum of 12 tablets per day
Rivastigmine (Transdermal Patch 24 Hour)	Maximum of 1 patch per day
Rizatriptan Benzoate (Oral Tablet)	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	Maximum of 12 tablets per 30 days
Rosuvastatin Calcium (Oral Tablet)	Maximum of 1 tablet per day
Roxicodone (15MG Oral Tablet)	Maximum of 8 tablets per day
Roxicodone (30MG Oral Tablet)	Maximum of 6 tablets per day
Roxicodone (5MG Oral Tablet)	Maximum of 12 tablets per day
Ruzurgi (Oral Tablet)	Maximum of 10 tablets per day
Rydapt (Oral Capsule)	Maximum of 8 capsules per day
Sabril (Oral Packet)	Maximum of 6 packets per day
Sabril (Oral Tablet)	Maximum of 6 tablets per day
Savaysa (Oral Tablet)	Maximum of 1 tablet per day
Segluromet (2.5-1000MG Oral Tablet, 7.5-1000MG Oral Tablet, 7.5-500MG Oral Tablet)	Maximum of 2 tablets per day
Segluromet (2.5-500MG Oral Tablet)	Maximum of 4 tablets per day
Selzentry (Oral Solution)	Maximum of 8 bottles (1840 ml) per 30 days
Selzentry (150MG Oral Tablet, 75MG Oral Tablet)	Maximum of 2 tablets per day
Selzentry (25MG Oral Tablet, 300MG Oral Tablet)	Maximum of 4 tablets per day
Sensipar (30MG Oral Tablet, 60MG Oral Tablet)	Maximum of 2 tablets per day
Sensipar (90MG Oral Tablet)	Maximum of 4 tablets per day
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (60 inhalations) per 30 days

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Drug Name	Quantity Limit
Seroquel (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	Maximum of 3 tablets per day
Seroquel (25MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day
Seroquel (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Seroquel XR (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Seroquel XR (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Silodosin (Oral Capsule)	Maximum of 1 capsule per day
Simvastatin (Oral Tablet)	Maximum of 1 tablet per day
Singulair (Oral Packet)	Maximum of 1 packet per day
Singulair (Oral Tablet)	Maximum of 1 tablet per day
Singulair (Oral Tablet Chewable)	Maximum of 1 tablet per day
Sofosbuvir-Velpatasvir (Oral Tablet)	Maximum of 1 tablet per day
Solifenacin Succinate (Oral Tablet)	Maximum of 1 tablet per day
Soliqua (Subcutaneous Solution Pen-Injector)	Maximum of 18 ml (6 pens) per 30 days
Solodyn (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Somavert (Subcutaneous Solution Reconstituted)	Maximum of 1 vial per day
Sovaldi (Oral Tablet)	Maximum of 1 tablet per day
Spiriva HandiHaler (Inhalation Capsule)	Maximum of 1 capsule per day
Spiriva Respimat (Inhalation Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
Starlix (120MG Oral Tablet)	Maximum of 3 tablets per day
Starlix (60MG Oral Tablet)	Maximum of 6 tablets per day
Stavudine (Oral Capsule)	Maximum of 2 capsules per day
Steglatro (15MG Oral Tablet)	Maximum of 1 tablet per day
Steglatro (5MG Oral Tablet)	Maximum of 2 tablets per day
Steglujan (Oral Tablet)	Maximum of 1 tablet per day
Stivarga (Oral Tablet)	Maximum of 4 tablets per day

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

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Drug Name	Quantity Limit
Synjardy XR (10-1000MG Oral Tablet Extended Release 24 Hour, 25-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Synjardy XR (12.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Syprine (Oral Capsule)	Maximum of 8 capsules per day
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet per day
Talzenna (0.25MG Oral Capsule)	Maximum of 3 capsules per day
Talzenna (1MG Oral Capsule)	Maximum of 1 capsule per day
Tarceva (100MG Oral Tablet, 150MG Oral Tablet)	Maximum of 1 tablet per day
Tarceva (25MG Oral Tablet)	Maximum of 3 tablets per day
Tarka (Oral Tablet Extended Release)	Maximum of 1 tablet per day
Tasmar (Oral Tablet)	Maximum of 6 tablets per day
Tavalisse (Oral Tablet)	Maximum of 2 tablets per day
Tecfidera (Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Tekturna HCT (Oral Tablet)	Maximum of 1 tablet per day
Tekturna (Oral Tablet)	Maximum of 1 tablet per day
Telmisartan (Oral Tablet)	Maximum of 1 tablet per day
Telmisartan-Amlodipine (Oral Tablet)	Maximum of 1 tablet per day
Telmisartan-HCTZ (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)	Maximum of 1 tablet per day
Telmisartan-HCTZ (80-12.5MG Oral Tablet)	Maximum of 2 tablets per day
Temazepam (Oral Capsule)	Maximum of 1 capsule per day
Tenofovir Disoproxil Fumarate (Oral Tablet)	Maximum of 1 tablet per day
Thalomid (100MG Oral Capsule, 50MG Oral Capsule)	Maximum of 1 capsule per day
Thalomid (150MG Oral Capsule, 200MG Oral Capsule)	Maximum of 2 capsules per day
Tibsovo (Oral Tablet)	Maximum of 2 tablets per day
Tivicay (10MG Oral Tablet, 25MG Oral Tablet)	Maximum of 1 tablet per day
Tivicay (50MG Oral Tablet)	Maximum of 2 tablets per day
TOBI (Inhalation Nebulization Solution)	Maximum of 10 ml (2 ampules) per day
TOBI Podhaler (Inhalation Capsule)	Maximum of 8 capsules per day
Tobramycin (Inhalation Nebulization Solution)	Maximum of 10 ml (2 ampules) per day
Tolbutamide (Oral Tablet)	Maximum of 6 tablets per day
Tolcapone (Oral Tablet)	Maximum of 6 tablets per day

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Drug Name	Quantity Limit
Toviaz (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Tracleer (Oral Tablet)	Maximum of 2 tablets per day
Tracleer (Oral Tablet Soluble)	Maximum of 8 tablets per day
Tradjenta (Oral Tablet)	Maximum of 1 tablet per day
Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Tramadol HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Tramadol HCl ER (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Tramadol HCl (Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Tramadol-Acetaminophen (Oral Tablet)	Maximum of 8 tablets per day
Trandolapril (1MG Oral Tablet, 2MG Oral Tablet)	Maximum of 1 tablet per day
Trandolapril (4MG Oral Tablet)	Maximum of 2 tablets per day
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	Maximum of 1 tablet per day
Tranxene-T (Oral Tablet)	Maximum of 12 tablets per day
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (60 blisters) per 30 days
Treximet (Oral Tablet)	Maximum of 9 tablets per 30 days
Trezix (Oral Capsule)	Maximum of 10 capsules per day
Tribenzor (Oral Tablet)	Maximum of 1 tablet per day
Trientine HCl (Oral Capsule)	Maximum of 8 capsules per day
Triumeq (Oral Tablet)	Maximum of 1 tablet per day
Trizivir (Oral Tablet)	Maximum of 2 tablets per day
Trulicity (Subcutaneous Solution Pen-Injector)	Maximum of 4 pens (2 ml) per 28 days
Truvada (Oral Tablet)	Maximum of 1 tablet per day
Turalio (Oral Capsule)	Maximum of 4 capsules per day
Twynsta (40-10MG Oral Tablet, 40-5MG Oral Tablet, 80-5MG Oral Tablet)	Maximum of 1 tablet per day
Tybost (Oral Tablet)	Maximum of 1 tablet per day
Tylenol with Codeine #3 (Oral Tablet)	Maximum of 13 tablets per day

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Drug Name	Quantity Limit
Tylenol with Codeine #4 (Oral Tablet)	Maximum of 13 tablets per day
Tymlos (Subcutaneous Solution Pen-Injector)	Maximum of 1.56 ml per 30 days
Ultracet (Oral Tablet)	Maximum of 8 tablets per day
Ultram (Oral Tablet)	Maximum of 8 tablets per day
Uptravi (1000MCG Oral Tablet, 1200MCG Oral Tablet, 1400MCG Oral Tablet, 1600MCG Oral Tablet, 400MCG Oral Tablet, 600MCG Oral Tablet, 800MCG Oral Tablet)	Maximum of 2 tablets per day
Uptravi (200MCG Oral Tablet)	Maximum of 5 tablets per day
Valacyclovir HCl (1GM Oral Tablet)	Maximum of 4 tablets per day
Valacyclovir HCl (500MG Oral Tablet)	Maximum of 2 tablets per day
Valcyte (Oral Solution Reconstituted)	Maximum of 36 ml per day
Valcyte (Oral Tablet)	Maximum of 4 tablets per day
Valganciclovir HCl (50MG/ML Oral Solution Reconstituted)	Maximum of 36 ml per day
Valganciclovir HCl (450MG Oral Tablet)	Maximum of 4 tablets per day
Valium (Oral Tablet)	Maximum of 4 tablets per day
Valsartan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	Maximum of 2 tablets per day
Valsartan (320MG Oral Tablet)	Maximum of 1 tablet per day
Valsartan-Hydrochlorothiazide (Oral Tablet)	Maximum of 1 tablet per day
Valtrex (1GM Oral Tablet)	Maximum of 4 tablets per day
Valtrex (500MG Oral Tablet)	Maximum of 2 tablets per day
Vancocin HCl (125MG Oral Capsule)	Maximum of 4 capsules per day
Vancocin HCl (250MG Oral Capsule)	Maximum of 8 capsules per day
Vancomycin HCl (125MG Oral Capsule)	Maximum of 4 capsules per day
Vancomycin HCl (250MG Oral Capsule)	Maximum of 8 capsules per day
Vaseretic (Oral Tablet)	Maximum of 2 tablets per day
Vasotec (Oral Tablet)	Maximum of 2 tablets per day
Veltassa (Oral Packet)	Maximum of 1 packet per day
Vemlidy (Oral Tablet)	Maximum of 1 tablet per day
Vesicare (Oral Tablet)	Maximum of 1 tablet per day
Viberzi (Oral Tablet)	Maximum of 2 tablets per day
Vicodin ES (Oral Tablet)	Maximum of 13 tablets per day
Vicodin HP (Oral Tablet)	Maximum of 13 tablets per day
Victoza (Subcutaneous Solution Pen-Injector)	Maximum of 3 pens (9 ml) per 30 days
Videx EC (125MG Oral Capsule Delayed Release)	Maximum of 4 capsules per day

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Drug Name	Quantity Limit
Videx EC (200MG Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Videx EC (250MG Oral Capsule Delayed Release, 400MG Oral Capsule Delayed Release)	Maximum of 1 capsule per day
Videx (Oral Solution Reconstituted)	Maximum of 40 ml per day
Viekira Pak (Oral Tablet Therapy Pack)	Maximum of 1 pack (112 tablets) per 28 days
Vigabatrin (Oral Packet)	Maximum of 6 packets per day
Vigabatrin (Oral Tablet)	Maximum of 6 tablets per day
Vigadrone (Oral Packet)	Maximum of 6 packets per day
Vimpat (Oral Solution)	Maximum of 40 ml per day
Vimpat (Oral Tablet)	Maximum of 2 tablets per day
Viracept (250MG Oral Tablet)	Maximum of 10 tablets per day
Viracept (625MG Oral Tablet)	Maximum of 4 tablets per day
Viramune (Oral Suspension)	Maximum of 40 ml per day
Viramune (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Viramune XR (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Viread (Oral Powder)	Maximum of 4 bottles (240 grams) per 30 days
Viread (Oral Tablet)	Maximum of 1 tablet per day
Vitrakvi (100MG Oral Capsule)	Maximum of 4 capsules per day
Vitrakvi (25MG Oral Capsule)	Maximum of 6 capsules per day
Vitrakvi (Oral Solution)	Maximum of 20 ml per day
Vivelle-Dot (Transdermal Patch Twice Weekly)	Maximum of 8 patches per 28 days
Vivlodex (Oral Capsule)	Maximum of 1 capsule per day
Vosevi (Oral Tablet)	Maximum of 1 tablet per day
Votrient (Oral Tablet)	Maximum of 4 tablets per day
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	Maximum of 1 capsule per day
Vyndaqel (Oral Capsule)	Maximum of 4 capsules per day
Vytorin (Oral Tablet)	Maximum of 1 tablet per day
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	Maximum of 1 inhaler (60 blisters) per 30 days
Xanax (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day

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Drug Name	Quantity Limit
Xanax (2MG Oral Tablet Immediate Release)	Maximum of 5 tablets per day
Xanax XR (0.5MG Oral Tablet Extended Release 24 Hour, 1MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Xanax XR (2MG Oral Tablet Extended Release 24 Hour)	Maximum of 5 tablets per day
Xanax XR (3MG Oral Tablet Extended Release 24 Hour)	Maximum of 3 tablets per day
Xarelto (10MG Oral Tablet, 20MG Oral Tablet)	Maximum of 1 tablet per day
Xarelto (15MG Oral Tablet, 2.5MG Oral Tablet)	Maximum of 2 tablets per day
Xarelto Starter Pack (Oral Tablet Therapy Pack)	Maximum of 1 pack (51 tablets) per 30 days
Xeljanz (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Xermelo (Oral Tablet)	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)	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)	Maximum of 2 tablets per day
Xiidra (Ophthalmic Solution)	Maximum of 2 vials per day
Ximino (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Xofluza (Oral Tablet Therapy Pack)	Maximum of 2 tablets per 30 days
Xospata (Oral Tablet)	Maximum of 3 tablets per day
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	Maximum of 20 tablets per 28 days
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	Maximum of 12 tablets per 28 days
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	Maximum of 16 tablets per 28 days
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	Maximum of 32 tablets per 28 days

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
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)	Maximum of 3 capsules per day
Xtampza ER (27MG Oral Capsule ER 12 Hour Abuse-Deterrent, 36MG Oral Capsule ER 12 Hour Abuse-Deterrent)	Maximum of 6 capsules per day
Xultophy (Subcutaneous Solution Pen-Injector)	Maximum of 5 pens (15 ml) per 30 days
Xyrem (Oral Solution)	Maximum of 18 ml per day
Yupelri (Inhalation Solution)	Maximum of 1 vial (3 ml) per day
Zaleplon (Oral Capsule)	Maximum of 180 capsules per year
Zejula (Oral Capsule)	Maximum of 3 capsules per day
Zelboraf (Oral Tablet)	Maximum of 8 tablets per day
Zembrace SymTouch (Subcutaneous Solution Auto-Injector)	Maximum of 8 ml (16 syringes) per 30 days
Zenzedi (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	Maximum of 6 tablets per day
Zenzedi (15MG Oral Tablet, 20MG Oral Tablet)	Maximum of 3 tablets per day
Zenzedi (30MG Oral Tablet)	Maximum of 2 tablets per day
Zepatier (Oral Tablet)	Maximum of 1 tablet per day
Zestoretic (10-12.5MG Oral Tablet)	Maximum of 1 tablet per day
Zestoretic (20-12.5MG Oral Tablet)	Maximum of 4 tablets per day
Zestoretic (20-25MG Oral Tablet)	Maximum of 2 tablets per day
Zestril (Oral Tablet)	Maximum of 2 tablets per day
Ziac (2.5-6.25MG Oral Tablet)	Maximum of 2 tablets per day
Ziagen (Oral Solution)	Maximum of 32 ml per day
Ziagen (Oral Tablet)	Maximum of 2 tablets per day
Zidovudine (Oral Capsule)	Maximum of 6 capsules per day
Zidovudine (Oral Syrup)	Maximum of 64 ml per day
Zidovudine (Oral Tablet)	Maximum of 2 tablets per day
Ziprasidone HCl (Oral Capsule)	Maximum of 2 capsules per day
Zocor (10MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	Maximum of 1 tablet per day
Zohydro ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	Maximum of 2 capsules per day
Zolmitriptan (Oral Tablet)	Maximum of 12 tablets per 30 days
Zolmitriptan ODT (Oral Tablet Dispersible)	Maximum of 12 tablets per 30 days

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Zolpidem Tartrate (Oral Tablet Immediate Release)	Maximum of 90 tablets per year
Zomig (2.5MG Nasal Solution)	Maximum of 18 devices per 30 days
Zomig (5MG Nasal Solution)	Maximum of 12 devices per 30 days
Zomig (Oral Tablet)	Maximum of 12 tablets per 30 days
Zomig ZMT (Oral Tablet Dispersible)	Maximum of 12 tablets per 30 days
Zonalon (External Cream)	Maximum of 90 grams per 30 days
ZTlido (External Patch)	Maximum of 3 patches per day
Zubsolv (1.4-0.36MG Tablet Sublingual, 5.7-1.4MG Tablet Sublingual)	Maximum of 3 tablets per day
Zubsolv (11.4-2.9MG Tablet Sublingual)	Maximum of 1 tablet per day
Zubsolv (2.9-0.71MG Tablet Sublingual)	Maximum of 5 tablets per day
Zubsolv (8.6-2.1MG Tablet Sublingual)	Maximum of 2 tablets per day
Zypitamag (Oral Tablet)	Maximum of 1 tablet per day
Zyprexa (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	Maximum of 1 tablet per day
Zyprexa Zydys (Oral Tablet Dispersible)	Maximum of 1 tablet per day

Required information

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

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Please call Customer Service. Our contact information is on the cover.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.



For more up-to-date information or if you have other questions,
please call Customer Service at:

Toll-free **1-866-890-0562**, TTY **711**
8 a.m. - 8 p.m. CT, Monday - Friday

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