

2020 COMPLETE DRUG LIST (FORMULARY)



Prescription drug list information

Plan Name (Plan_Type)
Group Name (Plan Sponsor)

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



Toll-free **1-XXX-XXX-XXXX**, TTY **711**
Hours of Operation



www.PlanURL.com



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What is a drug list?

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

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

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

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

Note to existing members:

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

This drug list has changed since last year. Please review this document to make sure your prescription drugs are still covered. In most cases, you must use network pharmacies to have your prescriptions covered by the plan.

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

How do I use the drug list?

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

- 1. By name.** Turn to section “Covered drugs by name (**Drug index**)” on pages 12–38 to see the list of drug names in alphabetical order. Find the name of your drug. The page number where you can find the drug will be next to it.
- 2. By medical condition.** Turn to section “Covered drugs by medical condition” on pages 39–160 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 1 copay/coinsurance or over a certain number of days. These limits may be in place to ensure safe and effective use of the drug. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

ST - Step therapy

There may be effective, lower-cost drugs that treat the same medical condition as this drug. You may be required to try 1 or more of these other drugs before the plan will cover your drug. If you have already tried other drugs or your doctor thinks they are not right for you, you or your doctor can ask the plan to cover this drug.

Other Special Coverage Rules

B/D - Medicare Part B or Part D

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

HRM - High-risk medication

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

LA - Limited access

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

MME - Morphine milligram equivalent

Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME), and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

7D - 7-Day limit

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

DL - Dispensing limit

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

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

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

What if my drug is not on this list?

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

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

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

How can I get an exception?

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

Types of exceptions you can ask for

- 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 161-198.

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 1 copay/coinsurance for a single prescription. For more information, please call Customer Service. Our contact information is on the cover.

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

A daily cost-sharing rate may apply when your doctor prescribes less than a full month's supply of certain drugs for you and you are required to pay a 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, 86	Actoplus Met..... 89	AirDuo RespiClick 232/14 158
Abacavir Sulfate-Lamivudine 86	Actos..... 89	AirDuo RespiClick 55/14.... 158
Abacavir-Lamivudine- Zidovudine..... 86	Acular..... 151	Ajovy..... 70
Abelcet..... 67	Acular LS..... 151	Aktipak..... 112
Abilify..... 80	Acuvail..... 151	Ala Scalp..... 126
Abilify Maintena..... 80	Acyclovir..... 84	Ala-Cort..... 126
Abiraterone Acetate..... 73	Acyclovir Sodium..... 84	Albendazole..... 76
Absorica..... 111	Aczone..... 111	Albenza..... 76
Abstral..... 43	Adacel..... 144	Albuterol Sulfate..... 155
Acamprosate Calcium..... 47	Adalat CC..... 100	Albuterol Sulfate ER..... 155
Acanya..... 111	Adapalene..... 111, 112	Albuterol Sulfate HFA..... 155
Acarbose..... 89	Adapalene-Benzoyl Peroxide 112	Alclometasone Dipropionate 126
Accolate..... 154	Adcirca..... 157	Alcohol Prep Pads..... 148
Accupril..... 98	Adderall..... 107	Aldactazide..... 102
Accuretic..... 102	Adderall XR..... 108	Aldactone..... 104
Acebutolol HCl..... 99	Adefovir Dipivoxil..... 83	Aldara..... 112
Acetaminophen-Codeine..... 43	Adempas..... 157	Alecensa..... 74
Acetazolamide..... 104	Adlyxin..... 89	Alendronate Sodium..... 147
Acetazolamide ER..... 104	Adlyxin Starter Pack..... 89	Alfuzosin HCl ER..... 125
Acetic Acid..... 152	Admelog..... 92	Alinia..... 76
Acetylcysteine..... 158	Admelog SoloStar..... 92	Aliskiren Fumarate..... 102
Aciphex..... 122	Advair Diskus..... 158	Allopurinol..... 70
Acitretin..... 111	Advair HFA..... 158	Almotriptan Malate..... 70
Actemra..... 143	Adzenys ER..... 108	Alocril..... 149
Actemra ACTPen..... 143	Adzenys XR-ODT..... 108	Alogliptin Benzoate..... 89
Acthar..... 126	Afinitor..... 74	Alogliptin-Metformin HCl..... 89
ActHIB..... 144	Afinitor Disperz..... 74	Alogliptin-Pioglitazone..... 89
Actigall..... 120	Afrezza..... 92	Alomide..... 149
Actimmune..... 144	Aggrenox..... 97	Alora..... 133
Actiq..... 44	Agrylin..... 95	Alosetron HCl..... 121
Actonel..... 147	Aimovig..... 70	Alphagan P..... 150
	AirDuo RespiClick 113/14 158	Alprazolam..... 88

Alprazolam ER.....	88	Amlodipine-Valsartan.....	102	ApexiCon E.....	126
Alprazolam Intensol.....	88	Amlodipine-Valsartan-HCTZ	102	Apidra.....	92
Alprazolam ODT.....	88	Ammonium Lactate.....	112	Apidra SoloStar.....	92
Alrex.....	151	Amnesteem.....	112	Aplenzin.....	63
Altace.....	98	Amoxapine.....	65	Apokyn.....	77
Altavera.....	133	Amoxicillin.....	53	Apraclonidine HCl.....	150
Altoprev.....	105	Amoxicillin-Clarithromycin- Lansoprazole.....	120	Aprepitant.....	66
Altreno.....	112	Amoxicillin-Potassium Clavulanate.....	53	Apri.....	133
Alunbrig.....	74	Amoxicillin-Potassium Clavulanate ER.....	53	Apriso.....	146
Alvesco.....	153	Amphetamine Sulfate.....	108	Aptensio XR.....	108
Alyacen 1/35.....	133	Amphetamine- Dextroamphetamine.....	108	Aptiom.....	61
Alyq.....	157	Amphetamine- Dextroamphetamine ER....	108	Aptivus.....	87
Amantadine HCl.....	77	Amphotericin B.....	67	Aralast NP.....	123
Amaryl.....	89	Ampicillin.....	53	Aranelle.....	133
Ambien.....	160	Ampicillin Sodium.....	53	Aranesp.....	95, 96
AmBisome.....	67	Ampicillin-Sulbactam Sodium	53	Arava.....	144
Ambrisentan.....	157	Ampyra.....	110	Arcalyst.....	144
Amcinonide.....	126	Anadrol-50.....	132	Arcapta Neohaler.....	155
Amerge.....	70	Anafranil.....	65	Aricept.....	62
Amethia.....	133	Anagrelide HCl.....	95	Arikayce.....	48
Amethia Lo.....	133	Anastrozole.....	74	Arimidex.....	74
Amikacin Sulfate.....	48	Ancobon.....	67	Aripiprazole.....	80
Amiloride HCl.....	105	Androderm.....	132	Aripiprazole ODT.....	80
Amiloride-Hydrochlorothiazide	102	AndroGel.....	132	Aristada.....	80
Aminosyn II.....	116	AndroGel Pump.....	132	Aristada Initio.....	80
Aminosyn-PF.....	116	Anoro Ellipta.....	158	Arixtra.....	94
Amiodarone HCl.....	98	Antabuse.....	47	Armodafinil.....	160
Amitiza.....	121	Antara.....	105	Arnuity Ellipta.....	153
Amitriptyline HCl.....	65	Anusol-HC.....	146	Aromasin.....	74
Amlodipine Besylate.....	100			Arthrotec.....	39
Amlodipine-Atorvastatin.....	102			Asacol HD.....	146
Amlodipine-Benazepril.....	102			Ashlyna.....	134
Amlodipine-Olmesartan.....	102			Asmanex.....	153
				Asmanex HFA.....	153

Aspirin-Dipyridamole ER.....	97	Avonex Prefilled.....	110	Belbuca.....	41
Astagraf XL.....	140	Avycaz.....	51	Belsomra.....	160
Astepro.....	152	Aygestin.....	138	Benazepril HCl.....	98
Atacand.....	98	Azactam.....	52	Benazepril-Hydrochlorothiazide	102
Atacand HCT.....	102	Azasan.....	140, 141	Benicar.....	98
Atazanavir Sulfate.....	87	Azasite.....	54	Benicar HCT.....	102
Atelvia.....	147	Azathioprine.....	141	Benlysta.....	144
Atenolol.....	99	Azelaic Acid.....	112	BenzaClin with Pump.....	112
Atenolol-Chlorthalidone.....	102	Azelastine HCl.....	149, 152	Benzamycin.....	112
Ativan.....	88	Azelex.....	112	Benznidazole.....	76
Atomoxetine HCl.....	108	Azilect.....	79	Benzoyl Peroxide-Erythromycin	112
Atorvastatin Calcium.....	105	Azithromycin.....	54, 55	Benzotropine Mesylate.....	77
Atovaquone.....	76	Azopt.....	150	Bepreve.....	149
Atovaquone-Proguanil HCl....	76	Azor.....	102	Berinert.....	140
Atralin.....	112	Aztreonam.....	52	Beser.....	126
Atripia.....	85	Azulfidine.....	147	Besivance.....	56
Atropine Sulfate.....	148	Azulfidine EN-tabs.....	147		
Atrovent HFA.....	154				
		B			
Aubagio.....	110	Bacitracin.....	48	Betamethasone Dipropionate	127
Aubra.....	134	Bacitracin-Polymyxin B.....	148	Betamethasone Dipropionate Aug.....	126, 127
Augmentin.....	53	Baclofen.....	159	Betamethasone Valerate.....	127
Auryxia.....	119	Bactocill in Dextrose.....	53	Betapace AF.....	99
Austedo.....	109	Bactrim.....	56	Betaseron.....	110
Avalide.....	102	Bactrim DS.....	56	Betaxolol HCl.....	99, 150
Avandia.....	89	Bactroban.....	48	Bethanechol Chloride.....	126
Avapro.....	98	Balsalazide Disodium.....	146	Bethkis.....	156
AVC Vaginal.....	67	Balversa.....	74	Betimol.....	150
Aveed.....	132	Balziva.....	134	Betoptic-S.....	150
Avelox.....	55	Banzel.....	61	Bevespi Aerosphere.....	158
Aviane.....	134	Baraclude.....	83	Bevyxxa.....	94
Avita.....	112	Basaglar KwikPen.....	92	Bexarotene.....	76
Avodart.....	125	Baxdela.....	56	Bexsero.....	144
Avonex.....	110	BCG Vaccine.....	144	Beyaz.....	134
Avonex Pen.....	110	Beconase AQ.....	153		

Bicalutamide.....	73	Budesonide ER.....	146	Cambia.....	39	
Bicillin C-R.....	54	Bumetanide.....	104	Camila.....	138	
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Bicillin L-A.....	54	Buphenyl.....	123	Canasa.....	146	
BiDil.....	102	Buprenorphine.....	41	Cancidas.....	67	
Biktarvy.....	86	Buprenorphine HCl.....	47	Candesartan Cilexetil.....	98	
Biltricide.....	76	Buprenorphine HCl-Naloxone HCl.....	47	Candesartan Cilexetil-HCTZ	102	
Bimatoprost.....	152	Bupropion HCl.....	63	Capex.....	127	
Binosto.....	147	Bupropion HCl ER.....	63	Caprelsa.....	74	
Bisoprolol Fumarate.....	99	Bupropion HCl SR.....	47, 63	Captopril.....	98	
Bisoprolol-Hydrochlorothiazide	102	Bupropion HCl XL.....	63	Captopril-Hydrochlorothiazide	102	
BIVIGAM.....	143	Buspirone HCl.....	88	Carac.....	112	
Bleph-10.....	56	Butorphanol Tartrate.....	44	Carafate.....	122	
Blephamide.....	148	Butrans.....	41	Carbaglu.....	116	
Blephamide S.O.P.....	148	Bydureon.....	89	Carbamazepine.....	61, 62	
Blisovi 24 Fe.....	134	Bydureon BCise.....	89	Carbamazepine ER.....	61	
Blisovi Fe 1.5/30.....	134	Byetta 10MCG Pen.....	89	Carbatrol.....	62	
Boniva.....	147	Byetta 5MCG Pen.....	89	Carbidopa.....	78	
Boostrix.....	144	Bystolic.....	99	Carbidopa-Levodopa.....	78	
Bosentan.....	157	C			Carbidopa-Levodopa ER.....	78
Bosulif.....	74	Cabergoline.....	139	Carbidopa-Levodopa ODT.....	78	
Braftovi.....	74	Cablivi.....	97	Carbidopa-Levodopa- Entacapone.....	78	
Breo Ellipta.....	158	Cabometyx.....	74	Cardizem.....	100	
Briellyn.....	134	Caduet.....	102	Cardizem CD.....	100	
Brilinta.....	97	Cafergot.....	70	Cardizem LA.....	100	
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Catapres-TTS-2.....	97	Chenodal.....	120	Clarithromycin ER.....	55
Catapres-TTS-3.....	97	Chlordiazepoxide HCl.....	88	Clenpiq.....	121
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Cefaclor.....	51	Chlorothiazide.....	105	Cleocin Phosphate.....	49
Cefaclor ER.....	51	Chlorpromazine HCl.....	79	Cleocin-T.....	112
Cefadroxil.....	51	Chlorthalidone.....	105	Climara Pro.....	134
Cefazolin Sodium.....	51	Cholbam.....	123	Clindacin-P.....	112
Cefdinir.....	51	Cholestyramine.....	106	Clindagel.....	112
Cefepime HCl.....	51	Cholestyramine Light.....	106	Clindamycin HCl.....	49
Cefixime.....	51	Cialis.....	125	Clindamycin Palmitate HCl....	49
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TrophAmine.....	118	Urso 250.....	120	Venclexta.....	75, 76
Trospium Chloride.....	125	Urso Forte.....	120	Venclexta Starting Pack.....	76
Trospium Chloride ER.....	125	Ursodiol.....	120	Venlafaxine HCl.....	65
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Truvada.....	86	Valacyclovir HCl.....	84	Verapamil HCl ER.....	101
Tudorza Pressair.....	155	Valchlor.....	73	Veregen.....	115
Twinrix.....	146	Valcyte.....	83	Verelan.....	102
Twynsta.....	104	Valganciclovir HCl.....	83	Verelan PM.....	102
Tybost.....	85	Valium.....	88	Versacloz.....	83
Tydemy.....	137	Valproic Acid.....	60	Verzenio.....	74
Tygacil.....	50	Valsartan.....	98	Vesicare.....	125
Tykerb.....	75	Valsartan-Hydrochlorothiazide	104	Vfend.....	69
Tylenol with Codeine #3.....	46	Valtrex.....	84	Vfend IV.....	69
Tylenol with Codeine #4.....	46	Vancocin HCl.....	50	Viberzi.....	121
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Udenyca.....	97	Varivax.....	146	Victoza.....	91
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Ultracet.....	46	Varubi.....	67	Videx EC.....	86
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Unasyn.....	54	Vasotec.....	98	Vigabatrin.....	60
Unithroid.....	139	Vecamyl.....	104	Vigadrone.....	60
Uptravi.....	157	Vectical.....	115	Vigamox.....	56
Urecholine.....	126	Velivet.....	137	Viiibryd.....	65
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Vosevi..... 84	Xifaxan..... 121	Zejula..... 74		
Votrient..... 76	Xigduo XR..... 92	Zelapar..... 79		
VP-PNV-DHA..... 119	Xiidra..... 149	Zelboraf..... 76		
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Vytorin..... 107	Xopenex..... 156	Zenatane..... 115		
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Welchol..... 107	Xtandi.....73	Zestoretic..... 104		
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Wellbutrin XL.....64	Xultophy..... 92	Zetia..... 107		
Wixela Inhub..... 159	Xuriden..... 124	Zetonna..... 154		
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Zidovudine.....	86	Zomacton.....	132	Zyban.....	48
Zileuton ER.....	154	Zomig.....	72	Zyclara Pump.....	116
Zioptan.....	152	Zomig ZMT.....	72	Zydelig.....	76
Ziprasidone HCl.....	82	Zonalon.....	115	Zyflo.....	154
Zipsor.....	40	Zonegran.....	59	Zyflo CR.....	154
Zirgan.....	83	Zonisamide.....	59	Zykadia.....	76
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Zithromax Z-Pak.....	55	Zortress.....	143	Zymaxid.....	56
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Zofran.....	67	Zostavax.....	146	Zyprexa.....	82
Zohydro ER.....	43	Zosyn.....	54	Zyprexa Relprevv.....	82
Zolinza.....	74	Zovia 1/35E.....	138	Zyprexa Zydis.....	82, 83
Zolmitriptan.....	71	Zovirax.....	84	Zytiga.....	73
Zolmitriptan ODT.....	72	ZTlido.....	47	Zyvox.....	51
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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 161-198.

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 Sodium ER (Oral Tablet Extended Release 24 Hour) (Generic Naprelan)	1	
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	1		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
Naproxen (Oral Tablet Immediate Release)	1		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	Morphine Sulfate (Oral Solution)	1	7D; MME; DL; QL
Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution)	1	DL	Morphine Sulfate (Oral Tablet Immediate Release)	1	7D; MME; DL; QL
Lazanda (Nasal Solution)	4	PA; DL; QL	Norco (Oral Tablet)	3	7D; MME; DL; QL
Lorcet HD (Oral Tablet)	1	7D; MME; DL; QL	Nucynta (100MG Oral Tablet Immediate Release)	4	7D; MME; DL; QL
Lorcet (Oral Tablet)	1	7D; MME; DL; QL	Nucynta (50MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release)	3	7D; MME; DL; QL
Lorcet Plus (Oral Tablet)	1	7D; MME; DL; QL	Opana (10MG Oral Tablet Immediate Release)	4	7D; MME; DL; QL
Morphine Sulfate (100MG/5ML Oral Solution)	1	7D; MME; DL; QL	Opana (5MG Oral Tablet Immediate Release)	3	7D; MME; DL; QL
Morphine Sulfate (8MG/ML Intravenous Solution Prefilled Syringe)	1	DL	Oxycodone HCl (Oral Capsule)	1	7D; MME; DL; QL
Morphine Sulfate (10MG/ML Injection Solution, 4MG/ML Injection Solution)	1	DL	Oxycodone HCl (100MG/5ML Oral Concentrate)	1	7D; MME; DL; QL
Morphine Sulfate (2MG/ML Injection Solution, 5MG/ML Injection Solution)	1	DL	Oxycodone HCl (Oral Solution)	1	7D; MME; DL; QL
			Oxycodone HCl (Oral Tablet Immediate Release)	1	7D; MME; DL; QL
			Oxycodone-Acetaminophen (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
Oxycodone-Aspirin (Oral Tablet)	1	7D; MME; DL; QL	Trelix (Oral Capsule)	1	7D; MME; DL; QL
Oxycodone-Ibuprofen (Oral Tablet)	1	7D; MME; DL; QL	Tylenol with Codeine #3 (Oral Tablet)	3	7D; MME; DL; QL
Oxymorphone HCl (Oral Tablet Immediate Release)	1	7D; MME; DL; QL	Tylenol with Codeine #4 (Oral Tablet)	3	7D; MME; DL; QL
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	Vicodin (Oral Tablet)	1	7D; MME; DL; QL
Subsys (100MCG Sublingual Liquid, 200MCG Sublingual Liquid, 400MCG Sublingual Liquid, 600MCG Sublingual Liquid, 800MCG Sublingual Liquid)	4	PA; DL; QL	Anesthetics		
Tramadol HCl (Oral Tablet Immediate Release)	1	7D; MME; DL; QL	Local Anesthetics		
Tramadol-Acetaminophen (Oral Tablet)	1	7D; MME; DL; QL	Lidocaine (5% External Ointment)	1	QL
			Lidocaine (5% External Patch)	1	PA; QL
			Lidocaine HCl (4% External Solution)	1	
			Lidocaine HCl (External Gel)	1	
			Lidocaine Viscous (2% Mouth/Throat Solution)	1	
			Lidocaine-Prilocaine (External Cream)	1	
			Lidoderm (External Patch)	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
Pliaglis (External Cream)	3	
ZTlido (External Patch)	3	PA; QL
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
Acamprosate Calcium (Oral Tablet Delayed Release)	1	
Antabuse (Oral Tablet)	3	
Disulfiram (Oral Tablet)	1	
Naltrexone HCl (Oral Tablet)	1	
Vivitrol (Intramuscular Suspension Reconstituted)	4	
Opioid Dependence Treatments		
Bunavail (Buccal Film)	3	ST; QL
Buprenorphine HCl (Tablet Sublingual)	1	QL
Buprenorphine HCl-Naloxone HCl (Sublingual Film)	1	QL
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	1	QL
Suboxone (Sublingual Film)	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
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
Opioid Reversal Agents		
Evzio (Injection Solution Auto-Injector)	4	ST
Naloxone HCl (0.4MG/ML Injection Solution)	1	
Naloxone HCl (Injection Solution Cartridge)	1	
Naloxone HCl (Injection Solution Prefilled Syringe)	1	
Narcan (Nasal Liquid)	2	
Smoking Cessation Agents		
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	1	
Chantix Continuing Month Pak (Oral Tablet)	2	
Chantix (Oral Tablet)	2	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Chantix Starting Month Pak (Oral Tablet)	2	
Nicotrol (Inhalation Inhaler)	3	
Nicotrol NS (Nasal Solution)	3	
Zyban (150MG Oral Tablet Extended Release 12 Hour)	3	
Antibacterials		
Aminoglycosides		
Amikacin Sulfate (500MG/2ML Injection Solution)	1	
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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
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	
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	

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
Cleocin (Oral Solution Reconstituted)	3		Dalvance (Intravenous Solution Reconstituted)	4	PA
Cleocin Phosphate (900MG/6ML Injection Solution)	3		Daptomycin (350MG Intravenous Solution Reconstituted)	1	
Cleocin (Vaginal Cream)	3		Daptomycin (500MG Intravenous Solution Reconstituted)	1	
Cleocin (Vaginal Suppository)	3		Firvanq (Oral Solution Reconstituted)	3	
Clindamycin HCl (Oral Capsule)	1		Flagyl (Oral Capsule)	3	
Clindamycin Palmitate HCl (Oral Solution Reconstituted)	1		Flagyl (Oral Tablet)	3	
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
			Macrodantin (Oral Capsule)	3	HRM
			Mafenide Acetate (External Packet)	1	
			Methenamine Hippurate (Oral Tablet)	1	
			MetroCream (External Cream)	3	
			Metrogel (External Gel)	3	

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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
MetroGel-Vaginal (Vaginal Gel)	3		Polymyxin B Sulfate (Injection Solution Reconstituted)	1	
MetroLotion (External Lotion)	4		Sivextro (Intravenous Solution Reconstituted)	4	PA
Metronidazole (External Cream)	1		Sivextro (Oral Tablet)	4	PA
Metronidazole (External Gel)	1		Solosec (Oral Packet)	3	
Metronidazole (External Lotion)	1		Sulfamylon (External Cream)	3	
Metronidazole in NaCl 0.79% (Intravenous Solution)	1		Sulfamylon (External Packet)	4	
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		Tygacil (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			
Nitrofurantoin Monohydrate (Generic Macrobid)	1	HRM			
Nitrofurantoin (Oral Suspension)	1	HRM			
Noritrate (External Cream)	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
Vancomycin HCl (250MG Intravenous Solution Reconstituted)	1		Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	1	
Vancomycin HCl (Oral Capsule)	1	QL	Cefdinir (Oral Capsule)	1	
Vandazole (Vaginal Gel)	1		Cefdinir (Oral Suspension Reconstituted)	1	
Zyvox (600MG/300ML Intravenous Solution)	4		Cefepime HCl (Injection Solution Reconstituted)	1	
Zyvox (Oral Suspension Reconstituted)	4		Cefixime (Oral Suspension Reconstituted)	1	
Zyvox (Oral Tablet)	4		Cefotetan Disodium (1GM Injection Solution Reconstituted, 2GM Injection Solution Reconstituted)	1	
Beta-lactam, Cephalosporins			Cefoxitin Sodium (Injection Solution Reconstituted)	1	
Avycaz (Intravenous Solution Reconstituted)	4	PA	Cefoxitin Sodium (Intravenous Solution Reconstituted)	1	
Cefaclor ER (Oral Tablet Extended Release 12 Hour)	1		Cefpodoxime Proxetil (Oral Suspension Reconstituted)	1	
Cefaclor (Oral Capsule)	1		Cefpodoxime Proxetil (Oral Tablet)	1	
Cefaclor (Oral Suspension Reconstituted)	1				
Cefadroxil (Oral Capsule)	1				
Cefadroxil (Oral Suspension Reconstituted)	1				
Cefadroxil (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
Cefprozil (Oral Suspension Reconstituted)	1		Maxipime (1GM Injection Solution Reconstituted)	3	
Cefprozil (Oral Tablet)	1		Maxipime (2GM Intravenous Solution Reconstituted)	3	
Ceftazidime (Injection Solution Reconstituted)	1		Suprax (Oral Capsule)	2	
Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	1		Suprax (100MG/5ML Oral Suspension Reconstituted, 200MG/5ML Oral Suspension Reconstituted)	3	
Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	1		Suprax (500MG/5ML Oral Suspension Reconstituted)	3	
Cefuroxime Axetil (Oral Tablet)	1		Suprax (Oral Tablet Chewable)	2	
Cefuroxime Sodium (Injection Solution Reconstituted)	1		Tazicef (Injection Solution Reconstituted)	1	
Cefuroxime Sodium (Intravenous Solution Reconstituted)	1		Teflaro (Intravenous Solution Reconstituted)	4	
Cephalexin (Oral Capsule)	1		Zerbaxa (Intravenous Solution Reconstituted)	4	PA
Cephalexin (Oral Suspension Reconstituted)	1		Beta-lactam, Other		
Cephalexin (Oral Tablet)	1		Azactam (Injection Solution Reconstituted)	3	
			Aztreonam (1GM Injection 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
Ertapenem Sodium (Injection Solution Reconstituted)	1		Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted)	1	
Imipenem-Cilastatin (Intravenous Solution Reconstituted)	1		Amoxicillin-Potassium Clavulanate (Oral Tablet Immediate Release)	1	
Invanz (Injection Solution Reconstituted)	4		Amoxicillin-Potassium Clavulanate (Oral Tablet Chewable)	1	
Meropenem (Intravenous Solution Reconstituted)	1		Ampicillin (Oral Capsule)	1	
Merrem (500MG Intravenous Solution Reconstituted)	3		Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted)	1	
Primaxin IV (Intravenous Solution Reconstituted)	3		Ampicillin Sodium (10GM Intravenous Solution Reconstituted)	1	
Vabomere (Intravenous Solution Reconstituted)	4		Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)	1	
Beta-lactam, Penicillins			Augmentin (125-31.25MG/5ML Oral Suspension Reconstituted)	4	
Amoxicillin (Oral Capsule)	1		Bactocill in Dextrose (Intravenous Solution)	3	
Amoxicillin (Oral Suspension Reconstituted)	1		Bicillin C-R 900/300 (Intramuscular Suspension)	3	
Amoxicillin (Oral Tablet)	1				
Amoxicillin (Oral Tablet Chewable)	1				
Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 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
Bicillin C-R (Intramuscular Suspension)	3		Penicillin G Sodium (Injection Solution Reconstituted)	1	
Bicillin L-A (Intramuscular Suspension)	3		Penicillin V Potassium (Oral Solution Reconstituted)	1	
Dicloxacillin Sodium (Oral Capsule)	1		Penicillin V Potassium (Oral Tablet)	1	
Nafcillin Sodium (1GM Injection Solution Reconstituted, 2GM Injection Solution Reconstituted)	1		Piperacillin-Tazobactam (Intravenous Solution Reconstituted)	1	
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	
			Azithromycin (Intravenous Solution Reconstituted)	1	
			Azithromycin (Oral Packet)	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
Azithromycin (Oral Suspension Reconstituted)	1		Erythromycin Base (Oral Capsule Delayed Release Particles)	1	
Azithromycin (Oral Tablet)	1		Erythromycin Base (Oral Tablet Immediate Release)	1	
Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	1		Erythromycin Ethylsuccinate (Oral Suspension Reconstituted)	1	
Clarithromycin (Oral Suspension Reconstituted)	1		Erythromycin Ethylsuccinate (Oral Tablet)	1	
Clarithromycin (Oral Tablet Immediate Release)	1		Erythromycin (Ophthalmic Ointment)	1	
Dificid (Oral Tablet)	4		Zithromax (Intravenous Solution Reconstituted)	3	
E.E.S. 400 (Oral Tablet)	3		Zithromax (Oral Packet)	3	
E.E.S. Granules (Oral Suspension Reconstituted)	3		Zithromax (Oral Suspension Reconstituted)	3	
EryPed 200 (Oral Suspension Reconstituted)	3		Zithromax (250MG Oral Tablet, 500MG Oral Tablet)	3	
EryPed 400 (Oral Suspension Reconstituted)	4		Zithromax Tri-Pak (Oral Tablet)	3	
Ery-Tab (Oral Tablet Delayed Release)	3		Zithromax Z-Pak (Oral Tablet)	3	
Erythrocin Lactobionate (Intravenous Solution Reconstituted)	3		Quinolones		
Erythrocin Stearate (Oral Tablet)	3		Avelox (400MG 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
Baxdela (Intravenous Solution Reconstituted)	4		Levofloxacin (Ophthalmic Solution)	1	
Baxdela (Oral Tablet)	4		Levofloxacin (Oral Solution)	1	
Besivance (Ophthalmic Suspension)	3		Levofloxacin (Oral Tablet)	1	
Ciloxan (Ophthalmic Ointment)	3		Moxeza (Ophthalmic Solution)	3	
Ciloxan (Ophthalmic Solution)	3		Moxifloxacin HCl in NaCl (Intravenous Solution)	1	
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	
			Sulfonamides		
			Bactrim DS (Oral Tablet)	3	
			Bactrim (Oral Tablet)	3	
			Bleph-10 (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
Silvadene (External Cream)	3		Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release)	1	
Silver Sulfadiazine (External Cream)	1				
SSD (External Cream)	1				
Sulfacetamide Sodium (Ophthalmic Ointment)	1				
Sulfacetamide Sodium (Ophthalmic Solution)	1				
Sulfadiazine (Oral Tablet)	1				
Sulfamethoxazole-Trimethoprim (Oral Suspension)	1				
Sulfamethoxazole-Trimethoprim (Oral Tablet)	1				
Tetracyclines					
Demeclocycline HCl (Oral Tablet)	1				
Doryx MPC (Oral Tablet Delayed Release)	3				
Doryx (200MG Oral Tablet Delayed Release)	4				
Doryx (50MG Oral Tablet Delayed Release)	3				
Doxy 100 (Intravenous Solution Reconstituted)	1				
Doxycycline Hyclate (Oral Capsule)	1				
			Doxycycline Hyclate (100MG Oral Tablet Delayed Release, 150MG Oral Tablet Delayed Release, 200MG Oral Tablet Delayed Release, 50MG Oral Tablet Delayed Release, 75MG Oral Tablet Delayed Release)	1	
			Doxycycline Monohydrate (Oral Capsule)	1	
			Doxycycline Monohydrate (Oral Suspension Reconstituted)	1	
			Doxycycline Monohydrate (Oral Tablet)	1	
			Minocin (50MG Oral Capsule)	3	
			Minocycline HCl ER (Oral Tablet Extended Release 24 Hour)	1	QL
			Minocycline HCl (Oral Capsule)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Minocycline HCl (Oral Tablet Immediate Release)	1	
Mondoxyne NL (100MG Oral Capsule, 75MG Oral Capsule)	1	
Morgidox (50MG Oral Capsule)	1	
Nuzyra (Intravenous Solution Reconstituted)	4	PA
Nuzyra (Oral Tablet)	4	PA; QL
Oracea (Oral Capsule Delayed Release)	3	
Solodyn (Oral Tablet Extended Release 24 Hour)	4	QL
Soloxide (Oral Tablet Delayed Release)	1	
TARGADOX (Oral Tablet)	3	
Tetracycline HCl (Oral Capsule)	1	
Vibramycin (Oral Capsule)	3	
Vibramycin (Oral Suspension Reconstituted)	3	
Vibramycin (50MG/5ML Oral Syrup)	3	
Ximino (Oral Capsule Extended Release 24 Hour)	4	QL
Anticonvulsants		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Anticonvulsants, Other		
BRIVIACT (Oral Solution)	4	PA; QL
BRIVIACT (Oral Tablet)	4	PA; QL
Epidiolex (Oral Solution)	4	PA
Keppra (Oral Solution)	4	
Keppra (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	4	
Keppra (250MG Oral Tablet Immediate Release)	3	
Keppra XR (Oral Tablet Extended Release 24 Hour)	4	
Levetiracetam ER (Oral Tablet Extended Release 24 Hour)	1	
Levetiracetam (Oral Solution)	1	
Levetiracetam (Oral Tablet Immediate Release)	1	
Roweepra (Oral Tablet Immediate Release)	1	
Roweepra XR (Oral Tablet Extended Release 24 Hour)	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
Spritam (1000MG Oral Tablet Disintegrating Soluble, 250MG Oral Tablet Disintegrating Soluble, 500MG Oral Tablet Disintegrating Soluble, 750MG Oral Tablet Disintegrating Soluble)	3		Diastat Pediatric (Rectal Gel)	3	
			Gabapentin (Oral Capsule)	1	
			Gabapentin (250MG/5ML Oral Solution)	1	
			Gabapentin (Oral Tablet)	1	
			Gabitril (Oral Tablet)	4	
			Mysoline (Oral Tablet)	4	
Calcium Channel Modifying Agents			Neurontin (100MG Oral Capsule)	3	
Celontin (Oral Capsule)	3		Neurontin (300MG Oral Capsule, 400MG Oral Capsule)	4	
Ethosuximide (Oral Capsule)	1		Neurontin (Oral Solution)	3	
Ethosuximide (Oral Solution)	1		Neurontin (Oral Tablet)	4	
Zarontin (Oral Capsule)	3		Onfi (Oral Suspension)	4	PA; QL
Zarontin (Oral Solution)	3		Onfi (Oral Tablet)	4	PA; QL
Zonegran (Oral Capsule)	4		Phenobarbital (Oral Elixir)	1	PA; HRM
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
Depakene (Oral Capsule)	3		Sympazan (Oral Film)	4	PA; QL
Diastat AcuDial (Rectal Gel)	3		Tiagabine 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
Valproic Acid (Oral Capsule)	1		Lamictal (25MG Oral Tablet Chewable)	4	
Valproic Acid (Oral Solution)	1		Lamictal (5MG Oral Tablet Chewable)	3	
Vigabatrin (Oral Packet)	1	PA; LA; QL	Lamictal Starter (35 Tablets Oral Kit, 49 Tablets Oral Kit)	3	
Vigabatrin (Oral Tablet)	1	PA; LA; QL	Lamictal Starter (98 Tablets Oral Kit)	4	
Vigadrone (Oral Packet)	1	PA; LA; QL	Lamictal XR (Oral Kit)	3	
Glutamate Reducing Agents			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	
Felbamate (Oral Suspension)	1		Lamotrigine ER (Oral Tablet Extended Release 24 Hour)	1	
Felbamate (Oral Tablet)	1		Lamotrigine (Oral Tablet Immediate Release)	1	
Felbatol (Oral Suspension)	4		Lamotrigine (Oral Tablet Chewable)	1	
Felbatol (Oral Tablet)	4				
Fycompa (Oral Suspension)	4				
Fycompa (Oral Tablet)	4				
Lamictal ODT (Oral Tablet Dispersible)	4				
Lamictal (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release)	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
Lamotrigine ODT (Oral Tablet Dispersible)	1	
Lamotrigine Starter Kit-Blue (Oral Kit)	1	
Lamotrigine Starter Kit-Green (Oral Kit)	1	
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	
Topamax Sprinkle (15MG Oral Capsule Sprinkle)	3	
Topamax Sprinkle (25MG Oral Capsule Sprinkle)	4	
Topiramate ER (Oral Capsule ER 24 Hour Sprinkle)	1	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Topiramate (Oral Capsule Sprinkle Immediate Release)	1	
Topiramate (Oral Tablet)	1	
Trokendi XR (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour)	4	PA
Trokendi XR (25MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	3	PA
Sodium Channel Agents		
Aptiom (Oral Tablet)	4	QL
Banzel (Oral Suspension)	4	
Banzel (Oral Tablet)	4	
Carbamazepine ER (Oral Capsule Extended Release 12 Hour)	1	
Carbamazepine ER (Oral Tablet Extended Release 12 Hour)	1	
Carbamazepine (Oral Suspension)	1	
Carbamazepine (Oral Tablet Immediate Release)	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
Carbamazepine (Oral Tablet Chewable)	1		Tegretol (Oral Suspension)	3	
Carbatrol (Oral Capsule Extended Release 12 Hour)	3		Tegretol (Oral Tablet Immediate Release)	3	
Dilantin INFATABS (Oral Tablet Chewable)	2		Tegretol XR (Oral Tablet Extended Release 12 Hour)	3	
Dilantin (Oral Capsule)	2		Trileptal (Oral Suspension)	4	
Dilantin (Oral Suspension)	3		Trileptal (150MG Oral Tablet)	3	
Epitol (Oral Tablet)	1		Trileptal (300MG Oral Tablet, 600MG Oral Tablet)	4	
Oxcarbazepine (Oral Suspension)	1		Vimpat (Oral Solution)	3	QL
Oxcarbazepine (Oral Tablet)	1		Vimpat (Oral Tablet)	3	QL
Oxtellar XR (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	3	PA	Antidementia Agents		
Oxtellar XR (600MG Oral Tablet Extended Release 24 Hour)	4	PA	Cholinesterase Inhibitors		
Peganone (Oral Tablet)	3		Aricept (Oral Tablet)	3	QL
Phenytek (Oral Capsule)	1		Donepezil HCl (Oral Tablet)	1	QL
Phenytoin (Oral Suspension)	1		Donepezil HCl ODT (Oral Tablet Dispersible)	1	QL
Phenytoin (Oral Tablet Chewable)	1		Exelon (Transdermal Patch 24 Hour)	3	QL
Phenytoin Sodium Extended (Oral Capsule)	1		Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	1	
			Galantamine Hydrobromide (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	Drug Name	Drug Tier	Coverage Rules or Limits on use
Galantamine Hydrobromide (Oral Tablet)	1		Namenda XR Titration Pak (Oral Capsule Extended Release 24 Hour)	3	PA; QL
Razadyne ER (Oral Capsule Extended Release 24 Hour)	3		Antidepressants		
Razadyne (Oral Tablet)	3		Antidepressants, Other		
Rivastigmine Tartrate (Oral Capsule)	1		Aplenzin (Oral Tablet Extended Release 24 Hour)	4	
Rivastigmine (Transdermal Patch 24 Hour)	1	QL	Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	1	
N-methyl-D-aspartate (NMDA) Receptor Antagonist			Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	1	
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	1	PA; QL	Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour)	3	
Memantine HCl (Oral Solution)	1	PA; QL	Bupropion HCl (Oral Tablet Immediate Release)	1	
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet)	1	PA; QL	Forfivo XL (Oral Tablet Extended Release 24 Hour)	3	
Memantine HCl Titration Pak (Oral Tablet)	1	PA	Mirtazapine (Oral Tablet)	1	
Namenda (Oral Tablet)	3	PA; QL	Mirtazapine ODT (Oral Tablet Dispersible)	1	
Namenda Titration Pak (Oral Tablet)	3	PA	Olanzapine-Fluoxetine HCl (Oral Capsule)	1	
Namenda XR (Oral Capsule Extended Release 24 Hour)	3	PA; 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
Remeron (Oral Tablet)	3		Desvenlafaxine ER (Oral Tablet Extended Release 24 Hour) (Brand Equivalent Khedezla)	3	
Remeron SolTab (Oral Tablet Dispersible)	3		Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	1	
Symbyax (Oral Capsule)	3		Effexor XR (Oral Capsule Extended Release 24 Hour)	3	
Wellbutrin SR (Oral Tablet Extended Release 12 Hour)	3		Escitalopram Oxalate (Oral Solution)	1	
Wellbutrin XL (Oral Tablet Extended Release 24 Hour)	4		Escitalopram Oxalate (Oral Tablet)	1	
Monoamine Oxidase Inhibitors			Fetzima (Oral Capsule Extended Release 24 Hour)	3	ST
Emsam (Transdermal Patch 24 Hour)	4		Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	3	ST
Marplan (Oral Tablet)	3		Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)	1	
Nardil (Oral Tablet)	3		Fluoxetine HCl (Oral Capsule Delayed Release)	1	
Parnate (Oral Tablet)	4		Fluoxetine HCl (20MG/5ML Oral Solution)	1	
Phenelzine Sulfate (Oral Tablet)	1				
Tranylcypromine Sulfate (Oral Tablet)	1				
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)					
Celexa (Oral Tablet)	3				
Citalopram Hydrobromide (Oral Solution)	1				
Citalopram Hydrobromide (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
Fluoxetine HCl (Oral Tablet)	1		Sertraline HCl (Oral Tablet)	1	
Fluvoxamine Maleate ER (Oral Capsule Extended Release 24 Hour)	1		Trazodone HCl (Oral Tablet)	1	
Fluvoxamine Maleate (Oral Tablet)	1		Trintellix (Oral Tablet)	3	
Khedezla (Oral Tablet Extended Release 24 Hour)	3		Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	1	
Lexapro (Oral Tablet)	3		Venlafaxine HCl ER (Oral Tablet Extended Release 24 Hour)	1	
Maprotiline HCl (Oral Tablet)	1		Venlafaxine HCl (Oral Tablet Immediate Release)	1	
Nefazodone HCl (Oral Tablet)	1		Viibryd (Oral Tablet)	3	
Paroxetine HCl (Oral Tablet Immediate Release)	1	PA; HRM	Viibryd Starter Pack (Oral Kit)	3	
Paxil (Oral Suspension)	3	PA; HRM	Zoloft (Oral Tablet)	3	
Paxil (Oral Tablet Immediate Release)	3	PA; HRM	Tricyclics		
Pristiq (Oral Tablet Extended Release 24 Hour)	3		Amitriptyline HCl (Oral Tablet)	1	HRM
Prozac (10MG Oral Capsule)	3		Amoxapine (Oral Tablet)	1	PA; HRM
Prozac (20MG Oral Capsule, 40MG Oral Capsule)	4		Anafranil (Oral Capsule)	4	PA; HRM
Sarafem (Oral Tablet)	3		Clomipramine HCl (Oral Capsule)	1	PA; HRM
Sertraline HCl (Oral Concentrate)	1		Desipramine HCl (Oral Tablet)	1	PA; HRM
			Doxepin HCl (Oral Capsule)	1	PA; HRM
			Doxepin HCl (Oral Concentrate)	1	PA; HRM

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
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		
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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
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		
Aprepitant (Oral Therapy Pack, Oral Capsule)	1	PA
Cesamet (Oral Capsule)	4	PA
Dronabinol (Oral Capsule)	1	PA
Emend (Oral Capsule)	3	PA
Emend (Oral Suspension Reconstituted)	3	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
Emend Tri-Pack (Oral Capsule)	4	PA	Amphotericin B (Intravenous Solution Reconstituted)	1	B/D, PA
Granisetron HCl (Oral Tablet)	1	B/D, PA	Ancobon (Oral Capsule)	4	
Marinol (10MG Oral Capsule, 5MG Oral Capsule)	4	PA	AVC Vaginal (Vaginal Cream)	3	
Marinol (2.5MG Oral Capsule)	3	PA	Cancidas (Intravenous Solution Reconstituted)	4	
Ondansetron HCl (Oral Solution)	1	B/D, PA	Caspofungin Acetate (Intravenous Solution Reconstituted)	1	
Ondansetron HCl (Oral Tablet)	1	B/D, PA	Ciclopirox (External Gel)	1	
Ondansetron ODT (Oral Tablet Dispersible)	1	B/D, PA	Ciclopirox (External Shampoo)	1	
Sancuso (Transdermal Patch)	4		Ciclopirox (External Solution)	1	
Syndros (Oral Solution)	4	PA	Ciclopirox Olamine (External Cream)	1	
Varubi (Oral Tablet)	3	B/D, PA	Ciclopirox Olamine (External Suspension)	1	
Zofran (8MG Oral Tablet)	4	B/D, PA	Clotrimazole (External Cream)	1	
Zuplenz (Oral Film)	4	B/D, PA	Clotrimazole (External Solution)	1	
Antifungals			Clotrimazole (Mouth/Throat Lozenge)	1	
Antifungals			Cresemba (Oral Capsule)	4	PA
Abelcet (Intravenous Suspension)	3	B/D, PA	Diflucan (Oral Suspension Reconstituted)	3	
AmBisome (Intravenous Suspension Reconstituted)	4	B/D, 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
Diflucan (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	3		Griseofulvin Microsize (Oral Tablet)	1	
Diflucan (200MG Oral Tablet)	4		Griseofulvin Ultramicrosize (Oral Tablet)	1	
Econazole Nitrate (External Cream)	1	QL	Gynazole-1 (Vaginal Cream)	3	
Eraxis (100MG Intravenous Solution Reconstituted)	4		Itraconazole (Oral Capsule)	1	PA
Eraxis (50MG Intravenous Solution Reconstituted)	3		Itraconazole (Oral Solution)	1	PA
Ertaczo (External Cream)	4		Jublia (External Solution)	3	
Exelderm (External Cream)	3		Kerydin (External Solution)	4	ST
Exelderm (External Solution)	3		Ketoconazole (External Cream)	1	QL
Extina (External Foam)	4	QL	Ketoconazole (External Foam)	1	QL
Fluconazole in Sodium Chloride (Intravenous Solution)	1		Ketoconazole (External Shampoo)	1	
Fluconazole (Oral Suspension Reconstituted)	1		Ketoconazole (Oral Tablet)	1	
Fluconazole (Oral Tablet)	1		Loprox (External Cream)	3	
Flucytosine (Oral Capsule)	1		Loprox (External Shampoo)	4	
Griseofulvin Microsize (Oral Suspension)	1		Luliconazole (External Cream)	3	QL
			Luzu (External Cream)	3	QL
			Mentax (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
Miconazole 3 (Vaginal Suppository)	1		Nystop (External Powder)	1	
Mycamine (Intravenous Solution Reconstituted)	4		Oravig (Buccal Tablet)	4	
Naftifine HCl (External Cream)	1		Oxiconazole Nitrate (External Cream)	1	QL
Naftin (External Cream)	3		Oxistat (External Cream)	4	QL
Naftin (External Gel)	3		Oxistat (External Lotion)	4	QL
Natacyn (Ophthalmic Suspension)	3		Sporanox (Oral Capsule)	4	PA
Nizoral (External Shampoo)	3		Sporanox (Oral Solution)	4	PA
Noxafil (Oral Suspension)	4	QL	Terbinafine HCl (Oral Tablet)	1	
Noxafil (Oral Tablet Delayed Release)	4	PA; QL	Terconazole (Vaginal Cream)	1	
Nyamyc (External Powder)	1		Terconazole (Vaginal Suppository)	1	
Nystatin (External Cream)	1		Tolsura (Oral Capsule)	4	PA
Nystatin (External Ointment)	1		Vfend IV (Intravenous Solution Reconstituted)	4	
Nystatin (External Powder)	1		Vfend (Oral Suspension Reconstituted)	4	
Nystatin (Mouth/Throat Suspension)	1		Vfend (Oral Tablet)	4	
Nystatin (Oral Tablet)	1		Voriconazole (Intravenous Solution Reconstituted)	1	
Nystatin-Triamcinolone (External Cream)	1				
Nystatin-Triamcinolone (External Ointment)	1				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
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
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		
Ergot Alkaloids		
Cafergot (Oral Tablet)	3	
Dihydroergotamine Mesylate (Nasal Solution)	1	
Ergotamine-Caffeine (Oral Tablet)	1	
Migergot (Rectal Suppository)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
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		
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

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
Imitrex (Nasal Solution)	3	QL	Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)	1	QL
Imitrex (Oral Tablet)	3	QL	Sumatriptan Succinate (Subcutaneous Solution)	1	QL
Imitrex STATdose Refill (6MG/0.5ML Subcutaneous Solution Cartridge)	4	QL	Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector)	1	QL
Imitrex STATdose System (4MG/0.5ML Subcutaneous Solution Auto-Injector)	4	QL	Sumatriptan Succinate (Subcutaneous Solution Prefilled Syringe)	1	QL
Imitrex (Subcutaneous Solution)	4	QL	Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex)	1	QL
Maxalt (Oral Tablet)	3	QL	Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex STATdose)	1	QL
Maxalt-MLT (Oral Tablet Dispersible)	3	QL	Sumatriptan-Naproxen Sodium (Oral Tablet)	1	QL
Naratriptan HCl (Oral Tablet)	1	QL	Treximet (Oral Tablet)	4	QL
Onzetra Xsail (Nasal Exhale Powder)	4	QL	Zembrace SymTouch (Subcutaneous Solution Auto-Injector)	4	QL
Relpax (Oral Tablet)	3	QL	Zolmitriptan (Oral Tablet)	1	QL
Rizatriptan Benzoate (Oral Tablet)	1	QL			
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	1	QL			
Sumatriptan (Nasal Solution)	1	QL			
Sumatriptan Succinate (Oral Tablet)	1	QL			

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Zolmitriptan ODT (Oral Tablet Dispersible)	1	QL
Zomig (Nasal Solution)	3	QL
Zomig (Oral Tablet)	4	QL
Zomig ZMT (Oral Tablet Dispersible)	4	QL
Anticholinergic Agents		
Parasympathomimetics		
Guanidine HCl (Oral Tablet)	2	
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		
Dapsone (Oral Tablet)	1	
Mycobutin (Oral Capsule)	4	
Rifabutin (Oral Capsule)	1	
Antituberculars		

Drug Name	Drug Tier	Coverage Rules or Limits on use
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	
Gleostine (10MG Oral Capsule)	2	
Gleostine (40MG Oral Capsule)	3	
Leukeran (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
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	
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
Thalomid (Oral Capsule)	4	PA; QL
Antiestrogens/Modifiers		
Emcyt (Oral Capsule)	4	
Fareston (Oral Tablet)	4	
Soltamox (Oral Solution)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tamoxifen Citrate (Oral Tablet)	1	
Toremifene Citrate (Oral Tablet)	1	
Antimetabolites		
Droxia (Oral Capsule)	3	
Hydrea (Oral Capsule)	3	
Hydroxyurea (Oral Capsule)	1	
Mercaptopurine (Oral Tablet)	1	
Purixan (Oral Suspension)	4	PA
Tabloid (Oral Tablet)	3	PA
Antineoplastics, Other		
Copiktra (Oral Capsule)	4	PA; QL
Kisqali (200MG Dose) (Oral Tablet)	4	PA
Kisqali (400MG Dose) (Oral Tablet)	4	PA
Kisqali (600MG Dose) (Oral Tablet)	4	PA
Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)	4	PA
Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)	4	PA
Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)	4	PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Leucovorin Calcium (Oral Tablet)	1	
Lonsurf (Oral Tablet)	4	PA; LA
Lorbrena (Oral Tablet)	4	PA; QL
Ninlaro (Oral Capsule)	4	PA; QL
Piqray (200 MG Daily Dose) (Oral Tablet Therapy Pack)	4	PA; QL
Piqray (250 MG Daily Dose) (Oral Tablet Therapy Pack)	4	PA; QL
Piqray (300 MG Daily Dose) (Oral Tablet Therapy Pack)	4	PA; QL
Synribo (Subcutaneous Solution Reconstituted)	4	PA
Verzenio (Oral Tablet)	4	PA; LA
Zolinza (Oral Capsule)	4	PA
Aromatase Inhibitors, 3rd Generation		
Anastrozole (Oral Tablet)	1	
Arimidex (Oral Tablet)	4	
Aromasin (Oral Tablet)	4	
Exemestane (Oral Tablet)	1	
Femara (Oral Tablet)	4	
Letrozole (Oral Tablet)	1	
Enzyme Inhibitors		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Balversa (Oral Tablet)	4	PA; QL
Rubraca (Oral Tablet)	4	PA; LA
Talzenna (Oral Capsule)	4	PA; LA; QL
Zejula (Oral Capsule)	4	PA; LA; QL
Molecular Target Inhibitors		
Afinitor Disperz (Oral Tablet Soluble)	4	PA
Afinitor (Oral Tablet)	4	PA
Alecensa (Oral Capsule)	4	PA; LA
Alunbrig (Oral Tablet)	4	PA; LA; QL
Alunbrig (Oral Tablet Therapy Pack)	4	PA; LA; QL
Bosulif (Oral Tablet)	4	PA
Braftovi (Oral Capsule)	4	PA
Cabometyx (Oral Tablet)	4	PA; LA; QL
Calquence (Oral Capsule)	4	PA; QL
Caprelsa (Oral Tablet)	4	PA; LA
Cometriq (100MG Daily Dose) (Oral Kit)	4	PA; LA
Cometriq (140MG Daily Dose) (Oral Kit)	4	PA; LA
Cometriq (60MG Daily Dose) (Oral Kit)	4	PA; LA
Cotellic (Oral Tablet)	4	PA; LA
Daurismo (Oral Tablet)	4	PA; LA; QL
Erivedge (Oral Capsule)	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	Drug Name	Drug Tier	Coverage Rules or Limits on use
Erlotinib HCl (Oral Tablet)	1	PA; QL	Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA
Farydak (Oral Capsule)	4	PA	Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA
Gilotrif (Oral Tablet)	4	PA; LA	Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA
Gleevec (Oral Tablet)	4	PA; QL	Lynparza (Oral Tablet)	4	PA; LA
Ibrance (Oral Capsule)	4	PA; LA	Mekinist (Oral Tablet)	4	PA; LA
Iclusig (Oral Tablet)	4	PA; LA	Mektovi (Oral Tablet)	4	PA
IDHIFA (Oral Tablet)	4	PA; LA	Nerlynx (Oral Tablet)	4	PA; LA; QL
Imatinib Mesylate (Oral Tablet)	1	PA; QL	Nexavar (Oral Tablet)	4	PA; LA
Imbruvica (Oral Capsule)	4	PA; LA; QL	Odomzo (Oral Capsule)	4	PA; LA; QL
Imbruvica (Oral Tablet)	4	PA; QL	Rydapt (Oral Capsule)	4	PA; QL
Inlyta (Oral Tablet)	4	PA; LA; QL	Sprycel (Oral Tablet)	4	PA
Iressa (Oral Tablet)	4	PA; LA; QL	Stivarga (Oral Tablet)	4	PA; LA; QL
Jakafi (Oral Tablet)	4	PA; LA; QL	Sutent (Oral Capsule)	4	PA
Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA	Tafinlar (Oral Capsule)	4	PA; LA
Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA	Tagrisso (Oral Tablet)	4	PA; LA
Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA	Tarceva (Oral Tablet)	4	PA; LA; QL
Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA	Tasigna (Oral Capsule)	4	PA
Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)	4	PA; LA	Tibsovo (Oral Tablet)	4	PA; QL
			Tykerb (Oral Tablet)	4	PA; LA
			Venclexta (100MG Oral Tablet, 50MG Oral Tablet)	4	PA; LA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
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
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		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Albendazole (Oral Tablet)	1	QL
Albenza (Oral Tablet)	4	QL
Biltricide (Oral Tablet)	3	
Emverm (Oral Tablet Chewable)	4	
Ivermectin (Oral Tablet)	1	
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	

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
Malarone (Oral Tablet)	3	
Mefloquine HCl (Oral Tablet)	1	
Mepron (Oral Suspension)	4	
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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Permethrin (External Cream)	1	
Antiparkinson Agents		
Anticholinergics		
Benzotropine Mesylate (Oral Tablet)	1	PA; HRM
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
Tasmar (Oral Tablet)	4	QL
Tolcapone (Oral Tablet)	1	QL
Dopamine Agonists		
Apokyn (Subcutaneous Solution Cartridge)	4	PA; LA; 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
Bromocriptine Mesylate (Oral Capsule)	1		Requip XL (4MG Oral Tablet Extended Release 24 Hour, 6MG Oral Tablet Extended Release 24 Hour)	3	
Bromocriptine Mesylate (Oral Tablet)	1		Ropinirole HCl ER (Oral Tablet Extended Release 24 Hour)	1	
Inbrija (Inhalation Capsule)	4	PA	Ropinirole HCl (Oral Tablet Immediate Release)	1	
Mirapex ER (Oral Tablet Extended Release 24 Hour)	3		Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
Mirapex (Oral Tablet Immediate Release)	3		Carbidopa (Oral Tablet)	1	
Neupro (Transdermal Patch 24 Hour)	3		Carbidopa-Levodopa ER (Oral Tablet Extended Release)	1	
Parlodel (Oral Capsule)	3		Carbidopa-Levodopa (Oral Tablet Immediate Release)	1	
Parlodel (Oral Tablet)	3		Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	1	
Pramipexole Dihydrochloride ER (Oral Tablet Extended Release 24 Hour)	1		Carbidopa-Levodopa-Entacapone (Oral Tablet)	1	
Pramipexole Dihydrochloride (Oral Tablet Immediate Release)	1		Duopa (Enteral Suspension)	4	PA
Requip XL (12MG Oral Tablet Extended Release 24 Hour, 8MG Oral Tablet Extended Release 24 Hour)	4		Lodosyn (Oral Tablet)	4	
			Rytary (Oral Capsule Extended 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
Sinemet CR (Oral Tablet Extended Release)	3		Fluphenazine HCl (Injection Solution)	1	
Sinemet (Oral Tablet Immediate Release)	3		Fluphenazine HCl (Oral Concentrate)	1	
Stalevo 100 (Oral Tablet)	4		Fluphenazine HCl (Oral Elixir)	1	
Stalevo 125 (Oral Tablet)	4		Fluphenazine HCl (Oral Tablet)	1	
Stalevo 150 (Oral Tablet)	4		Haldol Decanoate (Intramuscular Solution)	3	
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				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Abilify Maintena (Intramuscular Prefilled Syringe)	4		Geodon (Intramuscular Solution Reconstituted)	3	
Abilify Maintena (Intramuscular Suspension Reconstituted ER)	4		Geodon (Oral Capsule)	4	QL
Abilify (Oral Tablet)	4	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 Solution)	1	QL	Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe)	4	
Aripiprazole (Oral Tablet)	1	QL	Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)	3	
Aripiprazole ODT (Oral Tablet Dispersible)	1	QL			
Aristada Initio (Intramuscular 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			
Fanapt (1MG Oral Tablet, 2MG Oral Tablet)	3	ST; QL			
Fanapt Titration Pack (Oral Tablet)	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
Invega Trinza (Intramuscular Suspension Prefilled Syringe)	4		Quetiapine Fumarate (Oral Tablet Immediate Release)	1	QL
Latuda (Oral Tablet)	4	QL	Rexulti (Oral Tablet)	4	QL
Nuplazid (Oral Capsule)	4	PA; QL	Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted)	3	
Nuplazid (Oral Tablet)	4	PA; QL	Risperdal Consta (25MG Intramuscular Suspension Reconstituted, 37.5MG Intramuscular Suspension Reconstituted, 50MG Intramuscular Suspension Reconstituted)	4	
Olanzapine (10MG Intramuscular Solution Reconstituted)	1		Risperdal (1MG/ML Oral Solution)	4	
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	1	QL	Risperdal (0.25MG Oral Tablet, 0.5MG Oral Tablet)	3	
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	1	QL	Risperdal (1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet)	4	
Paliperidone ER (Oral Tablet Extended Release 24 Hour)	1	QL	Risperidone (Oral Solution)	1	
Perseris (Subcutaneous Prefilled Syringe)	4		Risperidone (Oral Tablet)	1	
Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)	1	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
Risperidone ODT (Oral Tablet Dispersible)	1		Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	4	ST; QL
Saphris (Tablet Sublingual)	4		Vraylar (Oral Capsule Therapy Pack)	3	ST
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
			Zyprexa Relprevv (210MG Intramuscular Suspension Reconstituted)	3	
			Zyprexa Zydys (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible)	4	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
Zyprexa Zydis (5MG Oral Tablet Dispersible)	3	QL	Valganciclovir HCl (Oral Tablet)	1	QL
Treatment-Resistant			Zirgan (Ophthalmic Gel)	3	
Clozapine (Oral Tablet)	1		Anti-hepatitis B (HBV) Agents		
Clozapine ODT (Oral Tablet Dispersible)	1		Adefovir Dipivoxil (Oral Tablet)	1	
Clozaril (100MG Oral Tablet)	4		Baraclude (Oral Solution)	3	
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
			Pegasys ProClick (Subcutaneous Solution)	4	PA
			Pegasys (Subcutaneous Solution)	4	PA
			Rebetol (Oral 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
Ribasphere (Oral Capsule)	1		Acyclovir (External Ointment)	1	
Ribasphere (600MG Oral Tablet)	1		Acyclovir (Oral Capsule)	1	
Ribasphere RibaPak (600MG Oral Tablet)	1		Acyclovir (Oral Suspension)	1	
Ribasphere RibaPak (400 & 600MG Oral Tablet Therapy Pack)	1		Acyclovir (Oral Tablet)	1	
Ribavirin (Oral Capsule)	1		Acyclovir Sodium (Intravenous Solution)	1	B/D, PA
Ribavirin (Oral Tablet)	1		Denavir (External Cream)	4	
Sylatron (Subcutaneous Kit)	4	PA	Famciclovir (Oral Tablet)	1	
Anti-hepatitis C (HCV) Direct Acting Agents			Trifluridine (Ophthalmic Solution)	1	
Daklinza (30MG Oral Tablet, 60MG Oral Tablet)	4	PA; QL	Valacyclovir HCl (Oral Tablet)	1	QL
Epclusa (Oral Tablet)	4	PA; QL	Valtrex (1GM Oral Tablet)	4	QL
Harvoni (Oral Tablet)	4	PA; QL	Valtrex (500MG Oral Tablet)	3	QL
Ledipasvir-Sofosbuvir (Oral Tablet)	4	PA; QL	Xerese (External Cream)	4	PA
Mavyret (Oral Tablet)	4	PA; QL	Zovirax (External Cream)	4	
Sofosbuvir-Velpatasvir (Oral Tablet)	4	PA; QL	Zovirax (External Ointment)	4	
Sovaldi (Oral Tablet)	4	PA; QL	Zovirax (Oral Capsule)	3	
Viekira Pak (Oral Tablet Therapy Pack)	4	PA; QL	Zovirax (Oral Suspension)	3	
Vosevi (Oral Tablet)	4	PA; QL	Zovirax (800MG Oral Tablet)	3	
Zepatier (Oral Tablet)	4	PA; QL	Anti-HIV Agents, Integrase Inhibitors (INSTI)		
Antitherpetic Agents					
Acyclovir (External Cream)	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
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
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

Drug Name	Drug Tier	Coverage Rules or Limits on use
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
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

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Abacavir Sulfate (Oral Tablet)	1	QL	Stavudine (Oral Capsule)	1	QL
Abacavir Sulfate-Lamivudine (Oral Tablet)	1	QL	Tenofovir Disoproxil Fumarate (Oral Tablet)	1	QL
Abacavir-Lamivudine-Zidovudine (Oral Tablet)	1	QL	Trizivir (Oral Tablet)	4	QL
Biktarvy (Oral Tablet)	4	QL	Truvada (Oral Tablet)	4	QL
Cimduo (Oral Tablet)	4	QL	Videx EC (Oral Capsule Delayed Release)	3	QL
Combivir (Oral Tablet)	4	QL	Videx (4GM Oral Solution Reconstituted)	3	QL
Descovy (Oral Tablet)	4	QL	Viread (Oral Powder)	4	QL
Didanosine (Oral Capsule Delayed Release)	1	QL	Viread (Oral Tablet)	4	QL
Emtriva (Oral Capsule)	3	QL	Ziagen (Oral Solution)	3	QL
Emtriva (Oral Solution)	3	QL	Ziagen (Oral Tablet)	3	QL
Epivir (Oral Solution)	3	QL	Zidovudine (Oral Capsule)	1	QL
Epivir (Oral Tablet)	3	QL	Zidovudine (Oral Syrup)	1	QL
Epzicom (Oral Tablet)	4	QL	Zidovudine (Oral Tablet)	1	QL
Lamivudine (10MG/ML Oral Solution)	1	QL	Anti-HIV Agents, Other		
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet)	1	QL	Fuzeon (Subcutaneous Solution Reconstituted)	4	QL
Lamivudine-Zidovudine (Oral Tablet)	1	QL	Selzentry (Oral Solution)	4	QL
Retrovir (Oral Capsule)	3	QL	Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet)	4	QL
Retrovir (Oral Syrup)	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
Selzentry (25MG Oral Tablet)	2	QL	Prezista (150MG Oral Tablet, 75MG Oral Tablet)	3	QL
Anti-HIV Agents, Protease Inhibitors			Prezista (600MG Oral Tablet, 800MG Oral Tablet)	4	QL
Aptivus (Oral Capsule)	4	QL	Reyataz (Oral Capsule)	4	QL
Aptivus (Oral Solution)	4	QL	Reyataz (Oral Packet)	4	QL
Atazanavir Sulfate (Oral Capsule)	1	QL	Ritonavir (Oral Tablet)	1	QL
Crixivan (Oral Capsule)	2	QL	Symtuza (Oral Tablet)	4	QL
Evotaz (Oral Tablet)	4	QL	Viracept (Oral Tablet)	4	QL
Fosamprenavir Calcium (Oral Tablet)	1	QL	Anti-influenza Agents		
Invirase (Oral Tablet)	4	QL	Flumadine (Oral Tablet)	3	
Kaletra (Oral Solution)	3	QL	Oseltamivir Phosphate (Oral Capsule)	1	
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			
Prezcobix (Oral Tablet)	4	QL			
Prezista (Oral Suspension)	4	QL			

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Anxiolytics, Other		
Bupirone HCl (Oral Tablet)	1	
Hydroxyzine HCl (Oral Syrup)	1	PA; HRM
Benzodiazepines		
Alprazolam ER (Oral Tablet Extended Release 24 Hour)	1	PA; QL
Alprazolam Intensol (Oral Concentrate)	1	QL
Alprazolam (Oral Tablet Immediate Release)	1	QL
Alprazolam ODT (Oral Tablet Dispersible)	1	QL
Ativan (Oral Tablet)	4	QL
Chlordiazepoxide HCl (Oral Capsule)	1	
Clonazepam (Oral Tablet)	1	QL
Clonazepam ODT (Oral Tablet Dispersible)	1	QL
Clorazepate Dipotassium (Oral Tablet)	1	QL
Diazepam Intensol (5MG/ML Oral Concentrate)	1	QL
Diazepam (5MG/5ML Oral Solution)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	1	QL
Klonopin (Oral Tablet)	3	QL
Lorazepam (2MG/ML Oral Concentrate)	1	QL
Lorazepam (Oral Tablet)	1	QL
Oxazepam (Oral Capsule)	1	
Tranxene-T (Oral Tablet)	3	QL
Valium (Oral Tablet)	3	QL
Xanax (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	3	QL
Xanax (2MG Oral Tablet Immediate Release)	4	QL
Xanax XR (Oral Tablet Extended Release 24 Hour)	3	PA; QL
Bipolar Agents		
Mood Stabilizers		
Depakote ER (Oral Tablet Extended Release 24 Hour)	3	
Depakote (Oral Tablet Delayed 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
Depakote Sprinkles (Oral Capsule Delayed Release Sprinkle)	3		Adlyxin Starter Pack (Subcutaneous Pen-Injector Kit)	3	ST; QL
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	1		Adlyxin (Subcutaneous Solution Pen-Injector)	3	ST; QL
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	1		Alogliptin Benzoate (Oral Tablet)	3	ST; QL
Divalproex Sodium (Oral Tablet Delayed Release)	1		Alogliptin-Metformin HCl (Oral Tablet)	3	ST; QL
Equetro (Oral Capsule Extended Release 12 Hour)	3		Alogliptin-Pioglitazone (Oral Tablet)	3	ST; QL
Lithium Carbonate ER (Oral Tablet Extended Release)	1		Amaryl (Oral Tablet)	3	QL
Lithium Carbonate (Oral Capsule)	1		Avandia (Oral Tablet)	3	PA; QL
Lithium Carbonate (Oral Tablet Immediate Release)	1		Bydureon BCise (Subcutaneous Auto-Injector)	3	QL
Lithium (Oral Solution)	1		Bydureon (Subcutaneous Pen-Injector)	3	QL
Lithobid (Oral Tablet Extended Release)	4		Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	3	ST; QL
Blood Glucose Regulators			Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	3	ST; QL
Antidiabetic Agents			Cycloset (Oral Tablet)	3	PA
Acarbose (Oral Tablet)	1		Duetact (Oral Tablet)	3	QL
Actoplus Met (Oral Tablet Immediate Release)	3	QL	Farxiga (Oral Tablet)	3	ST; QL
Actos (Oral Tablet)	3	QL	Fortamet (Oral Tablet Extended Release 24 Hour)	4	PA; QL
			Glimepiride (Oral Tablet)	1	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
Glipizide ER (Oral Tablet Extended Release 24 Hour)	1	QL	Janumet XR (Oral Tablet Extended Release 24 Hour)	2	QL
Glipizide (Oral Tablet Immediate Release)	1	QL	Januvia (Oral Tablet)	2	QL
Glipizide-Metformin HCl (Oral Tablet)	1	QL	Jardiance (Oral Tablet)	2	QL
Glucophage (Oral Tablet Immediate Release)	3	QL	Jentaduetto (Oral Tablet Immediate Release)	2	QL
Glucophage XR (Oral Tablet Extended Release 24 Hour)	3	QL	Jentaduetto 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			
Invokamet XR (Oral Tablet Extended Release 24 Hour)	2	QL			
Invokana (Oral Tablet)	2	QL			
Janumet (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
Metformin HCl (Oral Tablet Immediate Release)	1	QL	Soliqua (Subcutaneous Solution Pen-Injector)	2	QL
Miglitol (Oral Tablet)	1		Starlix (Oral Tablet)	3	QL
Nateglinide (Oral Tablet)	1	QL	Steglatro (Oral Tablet)	3	ST; QL
Nesina (Oral Tablet)	3	ST; QL	Steglujan (Oral Tablet)	3	ST; QL
Onglyza (Oral Tablet)	3	QL	SymlinPen 120 (Subcutaneous Solution Pen-Injector)	4	PA
Oseni (Oral Tablet)	3	ST; QL	SymlinPen 60 (Subcutaneous Solution Pen-Injector)	4	PA
Ozempic (Subcutaneous Solution Pen-Injector)	2	QL	Synjardy (Oral Tablet Immediate Release)	2	QL
Pioglitazone HCl (Oral Tablet)	1	QL	Synjardy XR (Oral Tablet Extended Release 24 Hour)	2	QL
Pioglitazone HCl-Glimepiride (Oral Tablet)	1	QL	Tolazamide (250MG Oral Tablet, 500MG Oral Tablet)	1	QL
Pioglitazone HCl-Metformin HCl (Oral Tablet)	1	QL	Tolbutamide (Oral Tablet)	1	QL
Prandin (1MG Oral Tablet)	3	QL	Tradjenta (Oral Tablet)	2	QL
Prandin (2MG Oral Tablet)	4	QL	Trulicity (Subcutaneous Solution Pen-Injector)	2	QL
Precose (Oral Tablet)	3		Victoza (Subcutaneous Solution Pen-Injector)	2	QL
Qtern (Oral Tablet)	3	ST; QL			
Repaglinide (Oral Tablet)	1	QL			
Repaglinide-Metformin HCl (Oral Tablet)	1	QL			
Riomet (Oral Solution)	3	QL			
Segluromet (Oral Tablet)	3	ST; 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
Xigduo XR (Oral Tablet Extended Release 24 Hour)	3	ST; QL	Apidra SoloStar (Subcutaneous Solution Pen-Injector)	3	PA
Xultophy (Subcutaneous Solution Pen-Injector)	3	ST; QL	Basaglar KwikPen (Subcutaneous Solution Pen-Injector)	3	ST
Glycemic Agents			Fiasp FlexTouch (Subcutaneous Solution Pen-Injector)	3	PA
GlucaGen HypoKit (Injection Solution Reconstituted)	3		Fiasp (Subcutaneous Solution)	3	PA
Glucagon Emergency (Injection Kit)	2		Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)	2	
Proglycem (Oral Suspension)	4		Humalog KwikPen (Subcutaneous Solution Pen-Injector)	2	
Insulins			Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)	2	
Admelog SoloStar (Subcutaneous Solution Pen-Injector)	3	PA	Humalog Mix 50/50 (Subcutaneous Suspension)	2	
Admelog (Subcutaneous Solution)	3	PA	Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)	2	
Afrezza (12UNIT Inhalation Powder, 4 & 8 & 12UNIT Inhalation Powder, 4 & 8UNIT Inhalation Powder, 8 & 12UNIT Inhalation Powder)	4	PA	Humalog Mix 75/25 (Subcutaneous Suspension)	2	
Afrezza (4UNIT Inhalation Powder, 8UNIT Inhalation Powder)	3	PA			
Apidra (Injection Solution)	3	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
Humalog (Subcutaneous Solution)	2		Insulin Lispro (Subcutaneous Solution Pen-Injector)	2	
Humalog (Subcutaneous Solution Cartridge)	2		Lantus SoloStar (Subcutaneous Solution Pen-Injector)	2	
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
			NovoLog Mix 70/30 (Subcutaneous Suspension)	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
NovoLog PenFill (Subcutaneous Solution Cartridge)	3	PA	Fondaparinux Sodium (Subcutaneous Solution)	1	
NovoLog (Subcutaneous Solution)	3	PA	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 Max SoloStar (Subcutaneous Solution Pen-Injector)	2		Fragmin (2500UNIT/0.2ML Subcutaneous Solution)	3	
Toujeo SoloStar (Subcutaneous Solution Pen-Injector)	2		Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution)	1	
Tresiba FlexTouch (Subcutaneous Solution Pen-Injector)	2		Heparin Sodium (1000UNIT/ML Injection Solution)	1	B/D, PA
Tresiba (Subcutaneous Solution)	2		Jantoven (Oral Tablet)	1	
Blood Products/Modifiers/Volume Expanders					
Anticoagulants					
Arixtra (Subcutaneous Solution)	4				
Bevyxxa (Oral Capsule)	3	QL			
Coumadin (Oral Tablet)	2				
Eliquis (Oral Tablet)	2	QL			
Eliquis Starter Pack (Oral Tablet)	2	QL			
Enoxaparin Sodium (Subcutaneous Solution)	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
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	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	Clopidogrel Bisulfate (75MG Oral Tablet)	1	QL
Retacrit (40000UNIT/ML Injection Solution)	4	PA	Effient (Oral Tablet)	3	
Udenyca (Subcutaneous Solution Prefilled Syringe)	4	PA	Plavix (Oral Tablet)	3	QL
Zarxio (Injection Solution Prefilled Syringe)	4		Prasugrel HCl (Oral Tablet)	1	
Hemostasis Agents			Cardiovascular Agents		
Lysteda (Oral Tablet)	3		Alpha-adrenergic Agonists		
Tavalisse (Oral Tablet)	4	PA; QL	Catapres (Oral Tablet)	3	
Tranexamic Acid (Oral Tablet)	1		Catapres-TTS-1 (Transdermal Patch Weekly)	3	
Platelet Modifying Agents			Catapres-TTS-2 (Transdermal Patch Weekly)	3	
Aggrenox (Oral Capsule Extended Release 12 Hour)	3	QL	Catapres-TTS-3 (Transdermal Patch Weekly)	3	
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	1	QL	Clonidine HCl (Oral Tablet Immediate Release)	1	
Brilinta (Oral Tablet)	2	QL	Clonidine (Transdermal Patch Weekly)	1	
Cablivi (Injection Kit)	4	PA; QL	Methyldopa (Oral Tablet)	1	PA; HRM
Cilostazol (Oral Tablet)	1		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 Tablet)	3	PA; QL
Amlodipine-Valsartan (Oral Tablet)	1	QL	Demser (Oral Capsule)	4	
Amlodipine-Valsartan-HCTZ (Oral Tablet)	1		Digitek (125MCG Oral Tablet)	1	HRM; QL
Atacand HCT (Oral Tablet)	3	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
			Digoxin (125MCG Oral Tablet)	1	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 (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	Ranolazine ER (Oral Tablet Extended Release 12 Hour)	1	
Lisinopril-Hydrochlorothiazide (Oral Tablet)	1	QL			
Lopressor HCT (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
Spironolactone-HCTZ (Oral Tablet)	1		Zestoretic (Oral Tablet)	3	QL
Tarka (Oral Tablet Extended Release)	3	QL	Ziac (2.5-6.25MG Oral Tablet)	3	QL
Tekturna HCT (Oral Tablet)	3	QL	Diuretics, Carbonic Anhydrase Inhibitors		
Tekturna (Oral Tablet)	3	QL	Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	1	
Telmisartan-Amlodipine (Oral Tablet)	1	QL	Acetazolamide (Oral Tablet)	1	
Telmisartan-HCTZ (Oral Tablet)	1	QL	Keveyis (Oral Tablet)	4	PA; QL
Tenoretic 100 (Oral Tablet)	3		Methazolamide (Oral Tablet)	1	
Tenoretic 50 (Oral Tablet)	3		Diuretics, Loop		
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	1	QL	Bumetanide (Injection Solution)	1	
Triamterene-HCTZ (Oral Capsule)	1		Bumetanide (Oral Tablet)	1	
Triamterene-HCTZ (Oral Tablet)	1		Edecrin (Oral Tablet)	4	
Tribenzor (Oral Tablet)	3	QL	Ethacrynic Acid (Oral Tablet)	1	
Twynsta (40-10MG Oral Tablet, 40-5MG Oral Tablet, 80-5MG Oral Tablet)	3	QL	Furosemide (Injection Solution)	1	B/D, PA
Valsartan-Hydrochlorothiazide (Oral Tablet)	1	QL	Furosemide (Oral Solution)	1	
Vaseretic (Oral Tablet)	3	QL	Furosemide (Oral Tablet)	1	
Vecamyl (Oral Tablet)	4	PA	Lasix (Oral Tablet)	3	
			Torsemide (Oral Tablet)	1	
			Diuretics, Potassium-sparing		
			Aldactone (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
Amiloride HCl (Oral Tablet)	1		Fenofibrate (150MG Oral Capsule, 50MG Oral Capsule)	1	
CaroSpir (Oral Suspension)	3		Fenofibrate (Oral Tablet)	1	
Dyrenium (Oral Capsule)	3		Fenofibric Acid (Oral Capsule Delayed Release)	1	
Eplerenone (Oral Tablet)	1		Fenofibric Acid (105MG Oral Tablet)	1	
Inspra (Oral Tablet)	3		Fenofibric Acid (35MG Oral Tablet)	1	
Spironolactone (Oral Tablet)	1		Fenoglide (120MG Oral Tablet)	4	
Diuretics, Thiazide			Fenoglide (40MG Oral Tablet)	3	
Chlorothiazide (Oral Tablet)	1		Fibricor (Oral Tablet)	3	
Chlorthalidone (Oral Tablet)	1		Gemfibrozil (Oral Tablet)	1	
Diuril (Oral Suspension)	3		Lipofen (Oral Capsule)	3	
Hydrochlorothiazide (Oral Capsule)	1		Lopid (Oral Tablet)	3	
Hydrochlorothiazide (Oral Tablet)	1		Tricor (Oral Tablet)	3	
Indapamide (Oral Tablet)	1		Triglide (Oral Tablet)	3	
Methyclothiazide (5MG Oral Tablet)	1		Trilipix (Oral Capsule Delayed Release)	3	
Metolazone (Oral Tablet)	1		Dyslipidemics, HMG CoA Reductase Inhibitors		
Dyslipidemics, Fibric Acid Derivatives			Altoprev (Oral Tablet Extended Release 24 Hour)	4	QL
Antara (Oral Capsule)	2		Atorvastatin Calcium (Oral Tablet)	1	QL
Fenofibrate Micronized (Oral Capsule)	1		Crestor (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
Ezallor Sprinkle (Oral Capsule Sprinkle)	3	QL	Cholestyramine (Oral Packet)	1	
FloLipid (Oral Suspension)	3	QL	Colesevelam HCl (Oral Packet)	1	
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	1	QL	Colesevelam HCl (Oral Tablet)	1	
Fluvastatin Sodium (Oral Capsule)	1	QL	Colestid (Oral Packet)	3	
Lescol XL (Oral Tablet Extended Release 24 Hour)	3	QL	Colestid (Oral Tablet)	3	
Lipitor (Oral Tablet)	3	QL	Colestipol HCl (Oral Packet)	1	
Livalo (Oral Tablet)	2	QL	Colestipol HCl (Oral Tablet)	1	
Lovastatin (Oral Tablet)	1	QL	Ezetimibe (Oral Tablet)	1	
Pravachol (Oral Tablet)	3	QL	Ezetimibe-Simvastatin (Oral Tablet)	1	QL
Pravastatin Sodium (Oral Tablet)	1	QL	Juxtapid (Oral Capsule)	4	PA; LA
Rosuvastatin Calcium (Oral Tablet)	1	QL	Lovaza (Oral Capsule)	3	
Simvastatin (Oral Tablet)	1	QL	Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release)	1	
Zocor (10MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	3	QL	Niacor (Oral Tablet)	1	
Zypitamag (Oral Tablet)	3	ST; QL	Niaspan (Oral Tablet Extended Release)	3	
Dyslipidemics, Other			Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	1	
Cholestyramine Light (Oral Powder)	1		Praluent (Subcutaneous Solution Pen-Injector)	3	PA; LA; QL
			Prevalite (Oral Packet)	1	
			Questran Light (Oral Powder)	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
Questran (Oral Packet)	3		Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour)	1	
Repatha Pushtrex System (Subcutaneous Solution Cartridge)	3	PA; QL	Isosorbide Mononitrate (Oral Tablet Immediate Release)	1	
Repatha (Subcutaneous Solution Prefilled Syringe)	3	PA; QL	Minitran (Transdermal Patch 24 Hour)	1	
Repatha SureClick (Subcutaneous Solution Auto-Injector)	3	PA; QL	Nitro-Bid (Transdermal Ointment)	3	
Vascepa (Oral Capsule)	3		Nitro-Dur (Transdermal Patch 24 Hour)	3	
Vytorin (Oral Tablet)	3	QL	Nitroglycerin (Tablet Sublingual)	1	
Welchol (Oral Packet)	3		Nitroglycerin (Transdermal Patch 24 Hour)	1	
Welchol (Oral Tablet)	3		Nitroglycerin (Translingual Solution)	1	
Zetia (Oral Tablet)	3		Nitrostat (Tablet Sublingual)	3	
Vasodilators, Direct-acting Arterial			Rectiv (Rectal Ointment)	3	
Hydralazine HCl (Oral Tablet)	1		Central Nervous System Agents		
Minoxidil (Oral Tablet)	1		Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
Vasodilators, Direct-acting Arterial/Venous			Adderall (20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	3	QL
GoNitro (Sublingual Packet)	3				
Isordil Titradoso (Oral Tablet)	4				
Isosorbide Dinitrate ER (Oral Tablet Extended Release)	1				
Isosorbide Dinitrate (Oral Tablet Immediate Release)	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
Adderall XR (Oral Capsule Extended Release 24 Hour)	3	QL	Mydayis (Oral Capsule Extended Release 24 Hour)	3	QL
Adzenys ER (Oral Suspension Extended Release)	3	QL	ProCentra (Oral Solution)	3	
Adzenys XR-ODT (Oral Tablet Extended Release Dispersible)	3	QL	Vyvanse (Oral Capsule)	3	
Amphetamine Sulfate (Oral Tablet)	1		Vyvanse (Oral Tablet Chewable)	3	
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	1	QL	Zenzedi (Oral Tablet)	3	QL
Amphetamine-Dextroamphetamine (Oral Tablet)	1	QL	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
Desoxyn (Oral Tablet)	4	PA	Aptensio XR (Oral Capsule Extended Release 24 Hour)	3	QL
Dexedrine (Oral Capsule Extended Release 24 Hour)	4	QL	Atomoxetine HCl (Oral Capsule)	1	
Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)	1	QL	Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)	1	PA
Dextroamphetamine Sulfate (Oral Tablet)	1	QL	Concerta (Oral Tablet Extended Release)	3	QL
Dyanavel XR (Oral Suspension Extended Release)	3	QL	Cotempla XR-ODT (Oral Tablet Extended Release Dispersible)	3	QL
Evekeo (Oral Tablet)	3		Daytrana (Transdermal Patch)	3	QL
Methamphetamine HCl (Oral Tablet)	1	PA	Methylphenidate HCl LA (Oral Capsule Extended Release 24 Hour)	1	
			Methylphenidate HCl ER (Oral Tablet Extended Release)	1	QL
			Focalin (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	Drug Name	Drug Tier	Coverage Rules or Limits on use
Focalin XR (Oral Capsule Extended Release 24 Hour)	3		Quillivant XR (Oral Suspension Reconstituted)	3	
Kapvay (Oral Tablet Extended Release 12 Hour)	3	PA	Relexxii (Oral Tablet Extended Release)	1	QL
Metadate ER (Oral Tablet Extended Release)	1	QL	Ritalin LA (Oral Capsule Extended Release 24 Hour)	3	
Methylin (Oral Solution)	3	QL	Ritalin (Oral Tablet)	3	QL
Methylphenidate HCl ER (Oral Tablet Extended Release 24 Hour)	1	QL	Strattera (Oral Capsule)	3	
Methylphenidate HCl CD (Oral Capsule Extended Release)	1		Central Nervous System, Other		
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	1	QL	Austedo (Oral Tablet)	4	PA; LA; QL
Methylphenidate HCl (Oral Tablet Chewable)	1	QL	Gralise (Oral Tablet)	3	PA
Methylphenidate HCl (Oral Solution)	1	QL	Gralise Starter (Oral)	3	PA
Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour)	1		Horizant (Oral Tablet Extended Release)	3	PA
Dexmethylphenidate HCl (Oral Tablet)	1	QL	Ingrezza (Oral Capsule)	4	PA; QL
QuilliChew ER (Oral Tablet Chewable Extended Release)	3	QL	Ingrezza (Oral Capsule Therapy Pack)	4	PA; QL
			Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	2	PA; QL
			Namzaric (Oral Capsule Extended Release 24 Hour)	2	PA; QL
			Nuedexta (Oral Capsule)	3	PA
			Rilutek (Oral Tablet)	4	
			Riluzole (Oral Tablet)	1	
			Tetrabenazine (Oral Tablet)	1	PA; LA

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Tiglutik (Oral Suspension)	4	PA	Copaxone (Subcutaneous Solution Prefilled Syringe)	4	
Xenazine (Oral Tablet)	4	PA; LA	Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	1	QL
Fibromyalgia Agents			Extavia (Subcutaneous Kit)	4	
Cymbalta (Oral Capsule Delayed Release Particles)	3	QL	Gilenya (0.5MG Oral Capsule)	4	QL
Duloxetine HCl (Oral Capsule Delayed Release Particles)	1	QL	Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	1	
Lyrica CR (Oral Tablet Extended Release 24 Hour)	3	PA; QL	Glatopa (Subcutaneous Solution Prefilled Syringe)	1	
Lyrica (Oral Capsule)	2	QL	Mavenclad (10 Tabs) (Oral Tablet Therapy Pack)	4	PA
Lyrica (Oral Solution)	2	QL	Mavenclad (4 Tabs) (Oral Tablet Therapy Pack)	4	PA
Savella (Oral Tablet)	2		Mavenclad (5 Tabs) (Oral Tablet Therapy Pack)	4	PA
Savella Titration Pack (Oral Tablet)	2		Mavenclad (6 Tabs) (Oral Tablet Therapy Pack)	4	PA
Multiple Sclerosis Agents			Mavenclad (7 Tabs) (Oral Tablet Therapy Pack)	4	PA
Ampyra (Oral Tablet Extended Release 12 Hour)	4	QL			
Aubagio (Oral Tablet)	4	LA; QL			
Avonex (30MCG Intramuscular Kit)	4				
Avonex Pen (Intramuscular Auto-Injector Kit)	4				
Avonex Prefilled (Intramuscular Prefilled Syringe Kit)	4				
Betaseron (Subcutaneous Kit)	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
Mavenclad (8 Tabs) (Oral Tablet Therapy Pack)	4	PA	Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)	4	
Mavenclad (9 Tabs) (Oral Tablet Therapy Pack)	4	PA	Tecfidera Starter Pack (Oral)	4	LA
Mayzent (Oral Tablet)	4	QL	Tecfidera (Oral Capsule Delayed Release)	4	LA; QL
Plegridy Starter Pack (Subcutaneous Solution Pen-Injector)	4		Dental and Oral Agents		
Plegridy Starter Pack (Subcutaneous Solution Prefilled Syringe)	4		Dental and Oral Agents		
Plegridy (Subcutaneous Solution Pen-Injector)	4		Cevimeline HCl (Oral Capsule)	1	ST
Plegridy (Subcutaneous Solution Prefilled Syringe)	4		Chlorhexidine Gluconate (Mouth Solution)	1	
Rebif Rebidose (Subcutaneous Solution Auto-Injector)	4		Evoxac (Oral Capsule)	3	ST
Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)	4		Pilocarpine HCl (Oral Tablet)	1	
Rebif (Subcutaneous Solution Prefilled Syringe)	4		Salagen (Oral Tablet)	3	
			Triamcinolone Acetonide (Dental Paste)	1	
			Dermatological Agents		
			Dermatological Agents		
			Absorica (Oral Capsule)	4	PA
			Acanya (External Gel)	3	
			Acitretin (Oral Capsule)	1	
			Aczone (5% External Gel)	3	
			Adapalene (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
Adapalene (External Gel)	1		Benzoyl Peroxide-Erythromycin (External Gel)	1	
Adapalene (External Pad)	3		Calcipotriene (External Cream)	1	
Adapalene (External Solution)	4		Calcipotriene (External Ointment)	1	
Adapalene-Benzoyl Peroxide (External Gel)	1		Calcipotriene (External Solution)	1	
Aktipak (External Packet)	3	ST	Calcipotriene-Betamethasone (External Ointment)	1	
Aldara (External Cream)	3		Calcitriol (External Ointment)	1	
Altreno (External Lotion)	3	PA	Carac (External Cream)	4	
Ammonium Lactate (External Cream)	1		Claravis (10MG Oral Capsule, 20MG Oral Capsule, 40MG Oral Capsule)	1	PA
Ammonium Lactate (External Lotion)	1		Cleocin-T (External Gel)	3	
Amnesteem (Oral Capsule)	1	PA	Cleocin-T (External Lotion)	3	
Atralin (External Gel)	3	PA	Cleocin-T (External Swab)	3	
Avita (External Cream)	1	PA	Clindacin-P (External Swab)	1	
Avita (External Gel)	1	PA	Clindagel (External Gel)	4	
Azelaic Acid (External Gel)	1		Clindamycin Phosphate (External Foam)	1	
Azelex (External Cream)	3				
BenzaClin with Pump (External Gel)	3				
Benzamycin (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	Drug Name	Drug Tier	Coverage Rules or Limits on use
Clindamycin Phosphate (External Gel)	1		Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector)	4	PA; LA
Clindamycin Phosphate (External Lotion)	1		Dapsone (External Gel)	1	
Clindamycin Phosphate (External Solution)	1		Diclofenac Sodium (3% Transdermal Gel)	1	PA
Clindamycin Phosphate (External Swab)	1		Differin (External Cream)	3	
Clindamycin Phosphate-Benzoyl Peroxide (External Gel)	1		Differin (External Gel)	3	
Clindamycin-Tretinoin (External Gel)	1	PA	Differin (External Lotion)	3	
Clotrimazole-Betamethasone (External Cream)	1		Dovonex (External Cream)	4	
Clotrimazole-Betamethasone (External Lotion)	1		Doxepin HCl (External Cream)	1	PA; QL
Condylox (External Gel)	3		Duac (External Gel)	3	
Cortisporin (External Cream)	3		Duobrii (External Lotion)	4	PA
Cortisporin (External Ointment)	3		Dupixent (300MG/2ML Subcutaneous Solution Prefilled Syringe)	4	PA
Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe)	4	PA; LA	Efudex (External Cream)	3	
			Elidel (External Cream)	3	
			Enstilar (External Foam)	4	PA
			Epiduo (External Gel)	3	
			Epiduo Forte (External Gel)	3	ST
			Ery (External Pad)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Erygel (External Gel)	3	
Erythromycin (External Gel)	1	
Erythromycin (External Solution)	1	
Eucrisa (External Ointment)	3	PA; QL
Evoclin (External Foam)	4	
Fabior (External Foam)	3	PA
Finacea (External Foam)	3	
Finacea (External Gel)	3	
Fluorouracil (0.5% External Cream)	4	
Fluorouracil (5% External Cream)	1	
Fluorouracil (External Solution)	1	
Ilumya (Subcutaneous Solution Prefilled Syringe)	4	PA
Imiquimod (5% External Cream)	1	
Imiquimod Pump (3.75% External Cream)	4	PA
Isotretinoin (Oral Capsule)	1	PA
Klaron (External Lotion)	3	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Lotrisone (External Cream)	3	
Methoxsalen Rapid (Oral Capsule)	1	
Mirvaso (External Gel)	3	
Myorisan (Oral Capsule)	1	PA
Neo-Synalar (External Cream)	4	
Neuac (External Gel)	1	
Onexton (External Gel)	3	
Oxsoralen Ultra (Oral Capsule)	4	
Picato (External Gel)	2	
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

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
Rhofade (External Cream)	3	PA	Taltz (Subcutaneous Solution Prefilled Syringe)	4	PA; LA
Santyl (External Ointment)	3		Tazarotene (External Cream)	1	PA
Selenium Sulfide (External Lotion)	1		Tazorac (External Cream)	3	PA
Siliq (Subcutaneous Solution Prefilled Syringe)	4	PA	Tazorac (0.05% External Gel)	4	PA
Soolantra (External Cream)	3		Tazorac (0.1% External Gel)	3	PA
Soriatane (Oral Capsule)	4		Tolak (External Cream)	3	
Sorilux (External Foam)	4		Tremfya (Subcutaneous Solution Pen-Injector)	4	PA
Stelara (Subcutaneous Solution)	4	PA	Tremfya (Subcutaneous Solution Prefilled Syringe)	4	PA
Stelara (Subcutaneous Solution Prefilled Syringe)	4	PA	Tretinoin (External Cream)	1	PA
Sulfacetamide Sodium (Acne) (External Lotion)	1	PA	Tretinoin (External Gel)	1	PA
Taclonex (External Ointment)	4		Tretinoin Microsphere (External Gel)	1	PA
Taclonex (External Suspension)	4		Vectical (External Ointment)	4	
Tacrolimus (External Ointment)	1		Veregen (External Ointment)	4	
Taltz (Subcutaneous Solution Auto-Injector)	4	PA; LA	Zenatane (Oral Capsule)	1	PA
			Ziana (External Gel)	4	PA
			Zonalon (External Cream)	3	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
Zyclara Pump (External Cream)	4	PA	Clinimix/Dextrose (5/15) (Intravenous Solution)	3	B/D, PA
Electrolytes/Minerals/Metals/Vitamins			Clinimix/Dextrose (5/20) (Intravenous Solution)		
Electrolyte/Mineral Replacement			Clinisol SF (Intravenous Solution)		
Aminosyn II (Intravenous Solution)	3	B/D, PA	Dextrose (10% Intravenous Solution)	1	
Aminosyn-PF (Intravenous Solution)	3	B/D, PA	Dextrose (5% Intravenous Solution)	1	B/D, PA
Carbaglu (Oral Tablet)	4	LA	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	
Carnitor (Oral Solution)	3		Dextrose-NaCl (5-0.9% Intravenous Solution)	1	B/D, PA
Carnitor (Oral Tablet)	3		Endari (Oral Packet)	4	PA
Clinimix E/Dextrose (2.75/5) (Intravenous Solution)	3	B/D, PA	FreAmine HBC (Intravenous Solution)	3	B/D, PA
Clinimix E/Dextrose (4.25/10) (Intravenous Solution)	3	B/D, PA	HepatAmine (Intravenous Solution)	1	B/D, PA
Clinimix E/Dextrose (4.25/5) (Intravenous Solution)	3	B/D, PA	Intralipid (20% Intravenous Emulsion)	1	B/D, PA
Clinimix E/Dextrose (5/15) (Intravenous Solution)	3	B/D, PA			
Clinimix E/Dextrose (5/20) (Intravenous Solution)	3	B/D, PA			
Clinimix/Dextrose (4.25/10) (Intravenous Solution)	3	B/D, PA			
Clinimix/Dextrose (4.25/5) (Intravenous Solution)	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
Intralipid (30% Intravenous Emulsion)	3	B/D, PA	Levocarnitine (1GM/10ML Oral Solution)	1	
Ionosol-MB in D5W (Intravenous Solution)	3		Levocarnitine (330MG Oral Tablet)	1	
Isolyte-P in D5W (Intravenous Solution)	3		Magnesium Sulfate (50% Injection Solution)	1	
Isolyte-S (Intravenous Solution)	3		Magnesium Sulfate (50% (10ML Syringe) Injection Solution)	1	
KCl in Dextrose-NaCl (Injection)	1		NephrAmine (Intravenous Solution)	3	B/D, PA
KCl-Lactated Ringers-D5W (Intravenous Solution)	1		Normosol-M in D5W (Intravenous Solution)	1	
Klor-Con 10 (Oral Tablet Extended Release)	1		Normosol-R in D5W (Intravenous Solution)	1	
Klor-Con M10 (Oral Tablet Extended Release)	1		Normosol-R pH 7.4 (Intravenous Solution)	1	
Klor-Con M15 (Oral Tablet Extended Release)	1		Nutrilipid (Intravenous Emulsion)	1	B/D, PA
Klor-Con M20 (Oral Tablet Extended Release)	1		Plasma-Lyte 148 (Intravenous Solution)	3	
Klor-Con (Oral Packet)	1		Plasma-Lyte A (Intravenous Solution)	3	
Klor-Con 8 (Oral Tablet Extended Release)	1		Plenammine (Intravenous Solution)	1	B/D, PA
Klor-Con Sprinkle (8MEQ Oral Capsule Extended Release)	1		Potassium Chloride CR (Oral Tablet Extended Release)	1	
K-Tab (Oral Tablet Extended Release)	3		Potassium Chloride ER (Oral Capsule Extended Release)	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
Potassium Chloride in Dextrose (Intravenous Solution)	1	B/D, PA	Procalamine (Intravenous Solution)	3	B/D, PA
Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution)	1	B/D, PA	Prosol (Intravenous Solution)	3	B/D, PA
Potassium Chloride in NaCl (20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)	1	B/D, PA	Sodium Chloride (0.45% Intravenous Solution)	1	
Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 40MEQ/100ML Intravenous Solution)	1	B/D, PA	Sodium Chloride (0.9% Intravenous Solution)	1	B/D, PA
Potassium Chloride (2MEQ/ML Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution)	1	B/D, PA	Sodium Chloride (3% Intravenous Solution, 5% Intravenous Solution)	1	B/D, PA
Potassium Chloride (Oral Packet)	1		Sodium Chloride (Irrigation Solution)	1	
Potassium Chloride (Oral Solution)	1		Sodium Fluoride (Oral Tablet)	1	
Potassium Citrate ER (Oral Tablet Extended Release)	1		Sodium Lactate (Intravenous Solution)	1	
Premasol (10% Intravenous Solution)	3	B/D, PA	TPN Electrolytes (Intravenous Solution)	1	
Premasol (6% Intravenous Solution)	1	B/D, PA	Travasol (Intravenous Solution)	3	B/D, PA
			TrophAmine (Intravenous Solution)	3	B/D, PA
			Urocit-K 10 (Oral Tablet Extended Release)	3	
			Urocit-K 15 (Oral Tablet Extended Release)	3	
			Urocit-K 5 (Oral Tablet Extended Release)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Electrolyte/Mineral/Metal Modifiers		
Chemet (Oral Capsule)	4	
Deferasirox (Oral Tablet Soluble)	1	PA
Exjade (Oral Tablet Soluble)	4	PA
Ferriprox (Oral Solution)	4	PA
Ferriprox (Oral Tablet)	4	PA
Jadenu (Oral Tablet)	4	PA
Jadenu Sprinkle (Oral Packet)	4	PA
Jynarque (Oral Tablet)	4	PA
Jynarque (Oral Tablet Therapy Pack)	4	PA; QL
Kionex (Oral Suspension)	1	
Lokelma (Oral Packet)	3	QL
Samsca (Oral Tablet)	4	PA
Sodium Polystyrene Sulfonate (Oral Powder)	1	
Sodium Polystyrene Sulfonate (Oral Suspension)	1	
SPS (Oral Suspension)	1	
Syprine (Oral Capsule)	4	PA; QL
Trientine HCl (Oral Capsule)	1	PA; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Veltassa (Oral Packet)	4	QL
Phosphate Binders		
Auryxia (Oral Tablet)	4	PA
Calcium Acetate (Phosphate Binder) (Oral Capsule)	1	
Calcium Acetate (Phosphate Binder) (Oral Tablet)	1	
Fosrenol (Oral Packet)	4	
Fosrenol (Oral Tablet Chewable)	4	
Lanthanum Carbonate (Oral Tablet Chewable)	1	
Phoslyra (Oral Solution)	2	
Renagel (Oral Tablet)	4	
Renvela (Oral Packet)	4	
Renvela (Oral Tablet)	4	
Sevelamer Carbonate (Oral Packet)	1	
Sevelamer Carbonate (Oral Tablet) (Generic Renvela)	1	
Sevelamer HCl (Oral Tablet)	1	
Velphoro (Oral Tablet Chewable)	4	
Vitamins		
VP-PNV-DHA (Oral Capsule)	1	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		

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
Cuvposa (Oral Solution)	3	PA	Motegrity (Oral Tablet)	3	ST; QL
Dicyclomine HCl (Oral Capsule)	1	HRM	Movantik (Oral Tablet)	3	PA; QL
Dicyclomine HCl (Oral Solution)	1	HRM	Myalept (Subcutaneous Solution Reconstituted)	4	PA; LA
Dicyclomine HCl (Oral Tablet)	1	HRM	Mytesi (Oral Tablet Delayed Release)	4	PA
Glycopyrrolate (1MG Oral Tablet, 2MG Oral Tablet)	1	PA	Omeclamox-Pak (Oral)	4	
Methscopolamine Bromide (Oral Tablet)	1		Pylera (Oral Capsule)	4	
Propantheline Bromide (Oral Tablet)	1	PA; HRM	Relistor (Oral Tablet)	4	PA
Gastrointestinal Agents, Other			Relistor (Subcutaneous Solution)	4	PA
Actigall (Oral Capsule)	4		Serostim (Subcutaneous Solution Reconstituted)	4	PA; LA
Amoxicillin-Clarithromycin-Lansoprazole (Oral)	1		Symproic (Oral Tablet)	3	PA; QL
Chenodal (Oral Tablet)	4		Trulance (Oral Tablet)	3	ST
Cromolyn Sodium (Oral Concentrate)	1		Urso 250 (Oral Tablet)	3	
Diphenoxylate-Atropine (Oral Liquid)	1	PA; HRM	Urso Forte (Oral Tablet)	3	
Diphenoxylate-Atropine (Oral Tablet)	1	PA; HRM	Ursodiol (Oral Capsule)	1	
Gastrocrom (Oral Concentrate)	4		Ursodiol (Oral Tablet)	1	
Gattex (Subcutaneous Kit)	4	PA; LA	Xermelo (Oral Tablet)	4	PA; LA; QL
Lomotil (Oral Tablet)	3	PA; HRM			
Loperamide HCl (Oral Capsule)	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
Zorbive (Subcutaneous Solution Reconstituted)	4	PA; LA
Histamine2 (H2) Receptor Antagonists		
Cimetidine HCl (Oral Solution)	1	
Cimetidine (Oral Tablet)	1	
Famotidine (Oral Suspension Reconstituted)	1	
Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	1	
Nizatidine (Oral Capsule)	1	
Nizatidine (Oral Solution)	1	
Pepcid (20MG Oral Tablet)	3	
Pepcid (40MG Oral Tablet)	4	
Ranitidine HCl (Oral Capsule)	1	
Ranitidine HCl (75MG/5ML Oral Syrup)	1	
Ranitidine HCl (150MG Oral Tablet, 300MG Oral Tablet)	1	
Irritable Bowel Syndrome Agents		
Alosetron HCl (Oral Tablet)	1	PA
Amitiza (Oral Capsule)	2	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Linzess (Oral Capsule)	2	QL
Lotronex (Oral Tablet)	4	PA
Viberzi (Oral Tablet)	4	PA; QL
Xifaxan (Oral Tablet)	4	PA
Laxatives		
Clenpiq (Oral Solution)	2	
Colyte with Flavor Packs (Oral Solution Reconstituted)	3	
Constulose (Oral Solution)	1	
Enulose (Oral Solution)	1	
GaviLyte-C (Oral Solution Reconstituted)	1	
GaviLyte-G (Oral Solution Reconstituted)	1	
GaviLyte-N with Flavor Pack (Oral Solution Reconstituted)	1	
Generlac (Oral Solution)	1	
GoLYTELY (Oral Solution Reconstituted)	3	
Kristalose (Oral Packet)	3	
Lactulose (Oral Packet)	1	
Lactulose (10GM/15ML Oral Solution)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
MoviPrep (Oral Solution Reconstituted)	3	
NuLYTELY with Flavor Packs (Oral Solution Reconstituted)	3	
OsmoPrep (Oral Tablet)	3	
PEG-3350-Electrolytes (Oral Solution Reconstituted) (Generic Colyte)	1	
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	1	
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	1	
Plenvu (Oral Solution Reconstituted)	3	
Prepopik (Oral Packet)	3	
Suprep Bowel Prep Kit (Oral Solution)	2	
TriLyte (Oral Solution Reconstituted)	1	
Protectants		
Carafate (Oral Suspension)	3	
Carafate (Oral Tablet)	3	
Cytotec (Oral Tablet)	3	
Misoprostol (Oral Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Sucralfate (Oral Tablet)	1	
Proton Pump Inhibitors		
Aciphex (Oral Tablet Delayed Release)	3	
Dexilant (Oral Capsule Delayed Release)	3	QL
Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)	1	QL
Esomeprazole Strontium (Oral Capsule Delayed Release)	3	QL
Lansoprazole (Oral Capsule Delayed Release)	1	QL
Lansoprazole ODT (Oral Tablet Dispersible)	1	
Nexium (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	2	QL
Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet)	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
Omeprazole (10MG Oral Capsule Delayed Release)	1	QL
Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	1	
Omeprazole-Sodium Bicarbonate (Oral Capsule)	1	PA
Omeprazole-Sodium Bicarbonate (Oral Packet)	1	PA
Pantoprazole Sodium (Oral Tablet Delayed Release)	1	QL
Prevacid (Oral Capsule Delayed Release)	3	QL
Prevacid SoluTab (Oral Tablet Dispersible)	3	
Prilosec (Oral Packet)	3	PA
Protonix (Oral Packet)	3	ST
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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
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

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Orfadin (Oral Capsule)	4	LA	Prolastin-C (Intravenous Solution Reconstituted)	4	PA; LA
Orfadin (Oral Suspension)	4	LA	RAVICTI (Oral Liquid)	4	LA
Palynziq (Subcutaneous Solution Prefilled Syringe)	4	PA; QL	Sodium Phenylbutyrate (Oral Powder)	1	
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	Sodium Phenylbutyrate (Oral Tablet)	1	
Pancreaze (21000UNIT Oral Capsule Delayed Release Particles)	4	ST	Sucraid (Oral Solution)	4	LA
Pertzye (16000UNIT Oral Capsule Delayed Release Particles)	4	ST	Tegsedi (Subcutaneous Solution Prefilled Syringe)	4	PA; LA
Pertzye (4000UNIT Oral Capsule Delayed Release Particles, 8000UNIT Oral Capsule Delayed Release Particles)	3	ST	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		

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
Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour)	1	QL	Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour)	1	
Detrol LA (Oral Capsule Extended Release 24 Hour)	3		Tolterodine Tartrate (Oral Tablet)	1	
Detrol (Oral Tablet)	3		Toviaz (Oral Tablet Extended Release 24 Hour)	3	ST; QL
Ditropan XL (Oral Tablet Extended Release 24 Hour)	3		Trospium Chloride ER (Oral Capsule Extended Release 24 Hour)	1	
Enablex (Oral Tablet Extended Release 24 Hour)	3	QL	Trospium Chloride (Oral Tablet)	1	
Flavoxate HCl (Oral Tablet)	1		Vesicare (Oral Tablet)	3	ST; QL
Gelnique Pump (Transdermal Gel)	3		Benign Prostatic Hypertrophy Agents		
Myrbetriq (Oral Tablet Extended Release 24 Hour)	2		Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	1	
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	1		Avodart (Oral Capsule)	3	
Oxybutynin Chloride (Oral Syrup)	1		Cardura XL (Oral Tablet Extended Release 24 Hour)	3	QL
Oxybutynin Chloride (Oral Tablet Immediate Release)	1		Cialis (2.5MG Oral Tablet, 5MG Oral Tablet)	3	PA; QL
Oxytrol (Transdermal Patch Twice Weekly)	4		Dutasteride (Oral Capsule)	1	
Solifenacin Succinate (Oral Tablet)	1	QL	Dutasteride-Tamsulosin HCl (Oral Capsule)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Finasteride (5MG Oral Tablet) (Generic Proscar)	1	
Flomax (Oral Capsule)	3	
Jalyn (Oral Capsule)	3	
Proscar (Oral Tablet)	3	
Rapaflo (Oral Capsule)	3	QL
Silodosin (Oral Capsule)	1	QL
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	1	PA; QL
Tamsulosin HCl (Oral Capsule)	1	
Terazosin HCl (Oral Capsule)	1	
Uroxatral (Oral Tablet Extended Release 24 Hour)	3	
Genitourinary Agents, Other		
Bethanechol Chloride (Oral Tablet)	1	
Cuprimine (Oral Capsule)	4	PA
Depen Titratabs (Oral Tablet)	4	
Elmiron (Oral Capsule)	4	
Lithostat (Oral Tablet)	4	
Penicillamine (Oral Capsule)	1	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Thiola (Oral Tablet Immediate Release)	4	LA
Urecholine (Oral Tablet)	3	
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	

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
Betamethasone Dipropionate Aug (External Lotion)	1		Clobetasol Propionate Emulsion (External Foam)	1	
Betamethasone Dipropionate Aug (External Ointment)	1		Clobetasol Propionate (External Cream)	1	
Betamethasone Dipropionate (External Cream)	1		Clobetasol Propionate (External Foam)	1	
Betamethasone Dipropionate (External Lotion)	1		Clobetasol Propionate (External Gel)	1	
Betamethasone Dipropionate (External Ointment)	1		Clobetasol Propionate (External Liquid)	1	
Betamethasone Valerate (External Cream)	1		Clobetasol Propionate (External Lotion)	1	
Betamethasone Valerate (External Foam)	1		Clobetasol Propionate (External Ointment)	1	
Betamethasone Valerate (External Lotion)	1		Clobetasol Propionate (External Shampoo)	1	
Betamethasone Valerate (External Ointment)	1		Clobetasol Propionate (External Solution)	1	
Bryhali (External Lotion)	3		Clobex (External Lotion)	3	
Capex (External Shampoo)	3		Clobex (External Shampoo)	4	
Clobetasol Propionate Emollient Base (External Cream)	1		Clobex Spray (External Liquid)	4	
			Clodan (External Shampoo)	1	
			Cordran (External Tape)	4	
			Cortef (Oral Tablet)	3	
			Cortisone Acetate (Oral Tablet)	1	
			Cutivate (External Lotion)	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
Desonate (External Gel)	3		Diprolene (External Ointment)	3	
Desonide (External Cream)	1		Elocon (External Cream)	3	
Desonide (External Lotion)	1		Elocon (0.1% External Ointment)	3	
Desonide (External Ointment)	1		Emflaza (Oral Suspension)	4	PA; LA
DesOwen (External Cream)	3		Emflaza (Oral Tablet)	4	PA; LA
DesOwen (0.05% External Lotion)	3		Fludrocortisone Acetate (Oral Tablet)	1	
Desoximetasone (External Cream)	1		Fluocinolone Acetonide (External Cream)	1	
Desoximetasone (External Gel)	1		Fluocinolone Acetonide (External Ointment)	1	
Desoximetasone (External Liquid)	1		Fluocinolone Acetonide (External Solution)	1	
Desoximetasone (External Ointment)	1		Fluocinolone Acetonide Scalp (External Oil)	1	
Dexamethasone Intensol (Oral Concentrate)	1		Fluocinonide Emulsified Base (External Cream)	1	
Dexamethasone (Oral Elixir)	1		Fluocinonide (0.1% External Cream)	1	
Dexamethasone (Oral Tablet)	1		Fluocinonide (External Gel)	1	
Dexamethasone (Oral Tablet Therapy Pack)	1		Fluocinonide (External Ointment)	1	
DexPak 13 Day (Oral Tablet Therapy Pack)	3		Fluocinonide (External Solution)	1	
Diflorasone Diacetate (External Cream)	1				
Diflorasone Diacetate (External Ointment)	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
Flurandrenolide (External Cream)	1		Hydrocortisone Butyrate (External Solution)	1	
Flurandrenolide (External Lotion)	1		Hydrocortisone (1% External Cream, 2.5% External Cream)	1	
Flurandrenolide (External Ointment)	1		Hydrocortisone (2.5% External Lotion)	1	
Fluticasone Propionate (External Cream)	1		Hydrocortisone (1% External Ointment, 2.5% External Ointment)	1	
Fluticasone Propionate (External Lotion)	1		Hydrocortisone (Oral Tablet)	1	
Fluticasone Propionate (External Ointment)	1		Hydrocortisone Valerate (External Cream)	1	
Halobetasol Propionate (External Cream)	1		Hydrocortisone Valerate (External Ointment)	1	
Halobetasol Propionate (External Foam)	4		Impoyz (External Cream)	3	
Halobetasol Propionate (External Ointment)	1		Kenalog (External Aerosol Solution)	4	
Halog (External Cream)	4		Lexette (External Foam)	4	
Halog (External Ointment)	4		Locoid (External Lotion)	4	
Hydrocortisone Butyrate (External Cream)	1		Locoid (External Solution)	3	
Hydrocortisone Butyrate (External Lotion)	1		Locoid Lipocream (External Cream)	3	
Hydrocortisone Butyrate (External Ointment)	1		Luxiq (External Foam)	3	
			Medrol (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
Medrol (Oral Tablet Therapy Pack)	3		Prednisolone Sodium Phosphate (10MG/5ML Oral Solution, 20MG/5ML Oral Solution, 25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution)	1	
Methylprednisolone (Oral Tablet)	1		Prednisolone Sodium Phosphate ODT (Oral Tablet Dispersible)	1	
Methylprednisolone (Oral Tablet Therapy Pack)	1		Prednisone Intensol (Oral Concentrate)	1	
MiCort-HC (External Cream)	3		Prednisone (5MG/5ML Oral Solution)	1	
Millipred (Oral Tablet)	3		Prednisone (Oral Tablet)	1	
Mometasone Furoate (External Cream)	1		Prednisone (Oral Tablet Therapy Pack)	1	
Mometasone Furoate (External Ointment)	1		Psorcon (External Cream)	3	
Mometasone Furoate (External Solution)	1		Rayos (Oral Tablet Delayed Release)	4	PA
Nolix (External Cream)	1		Synalar (External Cream)	3	
Nolix (External Lotion)	1		TaperDex 12-Day (Oral Tablet Therapy Pack)	3	
Olux (External Foam)	4		TaperDex 6-Day (Oral Tablet Therapy Pack)	3	
Olux-E (External Foam)	4		TaperDex 7-Day (Oral Tablet Therapy Pack)	3	
Orapred ODT (Oral Tablet Dispersible)	3		Texacort (External Solution)	3	
Pandel (External Cream)	4		Topicort (External Cream)	3	
Prednicarbate (External Cream)	1		Topicort (External Gel)	3	
Prednicarbate (External Ointment)	1				
Prednisolone (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
Topicort (0.05% External Ointment)	3	
Topicort (0.25% External Ointment)	3	
Topicort Spray (External Liquid)	3	
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 Cream)	3	
Ultravate (External Lotion)	4	
Ultravate (External Ointment)	3	
Vanos (External Cream)	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
DDAVP (Nasal Solution)	4	
DDAVP (0.1MG Oral Tablet)	3	
DDAVP (0.2MG Oral Tablet)	4	
DDAVP Rhinal Tube (Nasal Solution)	3	
Desmopressin Acetate (Oral Tablet)	1	
Desmopressin Acetate Spray (Nasal Solution)	1	
Genotropin MiniQuick (Subcutaneous Solution Reconstituted)	4	PA
Genotropin (Subcutaneous Solution Reconstituted)	4	PA
Humatrope (Injection Solution Renconstituted), Humatrope Combo Pack (Injection)	4	PA
Increlex (Subcutaneous Solution)	4	PA; LA
Nocdurna (Tablet Sublingual)	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
Norditropin FlexPro (Subcutaneous Solution)	4	PA	Zomacton (5MG Subcutaneous Solution Reconstituted)	3	PA
Nutropin AQ NuSpin 10 (Subcutaneous Solution)	4	PA	Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Nutropin AQ NuSpin 20 (Subcutaneous Solution)	4	PA	Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Nutropin AQ NuSpin 5 (Subcutaneous Solution)	4	PA	Korlym (Oral Tablet)	4	PA; LA
Omnitrope (Subcutaneous Solution)	4	PA	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Omnitrope (Subcutaneous Solution Reconstituted)	4	PA	Androgens		
Saizen (Injection Solution Reconstituted)	4	PA; LA	Anadrol-50 (Oral Tablet)	4	PA
Saizenprep (Injection Solution Reconstituted)	4	PA; LA	Androderm (Transdermal Patch 24 Hour)	2	
Stimate (Nasal Solution)	4		AndroGel Pump (Transdermal Gel)	3	
Zomacton (10MG Subcutaneous Solution Reconstituted)	4	PA	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	

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
Depo-Testosterone (Intramuscular Solution)	3		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	
Fortesta (Transdermal Gel)	3		Testosterone Pump (Transdermal Solution)	1	
Intrarosa (Vaginal Insert)	3	PA; QL	Vogelxo Pump (Transdermal Gel)	3	
Methitest (Oral Tablet)	4	PA	Vogelxo (Transdermal Gel)	3	
Methyltestosterone (Oral Capsule)	1	PA	Xyosted (Subcutaneous Solution Auto-Injector)	3	PA
Oxandrolone (Oral Tablet)	1	PA	Estrogens		
Striant (Buccal)	4	PA	Alora (Transdermal Patch Twice Weekly)	3	PA; HRM; QL
Testim (Transdermal Gel)	3		Altavera (Oral Tablet)	1	
Testosterone Cypionate (Intramuscular Solution)	1		Alyacen 1/35 (Oral Tablet)	1	
Testosterone Enanthate (Intramuscular Solution)	1		Amethia Lo (Oral Tablet)	1	
			Amethia (Oral Tablet)	1	
			Apri (Oral Tablet)	1	
			Aranelle (Oral Tablet)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Ashlyna (Oral Tablet)	1	
Aubra (Oral Tablet)	1	
Aviane (Oral Tablet)	1	
Balziva (Oral Tablet)	1	
Beyaz (Oral Tablet)	3	
Blisovi 24 Fe (Oral Tablet)	1	
Blisovi Fe 1.5/30 (Oral Tablet)	1	
Briellyn (Oral Tablet)	1	
Camrese Lo (Oral Tablet)	1	
Caziant (Oral Tablet)	1	
Climara Pro (Transdermal Patch Weekly)	3	PA; HRM
Cryselle-28 (Oral Tablet)	1	
Cyclafem 1/35 (Oral Tablet)	1	
Cyclafem 7/7/7 (Oral Tablet)	1	
Cyred (Oral Tablet)	1	
Delestrogen (Intramuscular Oil)	3	
Delyla (Oral Tablet)	1	
Depo-Estradiol (Intramuscular Oil)	3	
Desogestrel-Ethinyl Estradiol (Oral Tablet)	1	
Dotti (Transdermal Patch Twice Weekly)	1	PA; HRM; QL
Drospirenone-Ethinyl Estradiol (Oral Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Drospirenone-Ethinyl Estradiol-Levomefolate (3-0.02-0.451MG Oral Tablet)	1	
Elestrin (Transdermal Gel)	3	PA; HRM
Emoquette (Oral Tablet)	1	
Enpresse-28 (Oral Tablet)	1	
Enskyce (Oral Tablet)	1	
Estarylla (Oral Tablet)	1	
Estrace (Oral Tablet)	3	PA; HRM
Estrace (Vaginal Cream)	3	
Estradiol (Oral Tablet)	1	PA; HRM
Estradiol (Transdermal Patch Twice Weekly)	1	PA; HRM; QL
Estradiol (Vaginal Cream)	1	
Estradiol (Vaginal Tablet)	1	
Estradiol Valerate (Intramuscular Oil)	1	
Estring (Vaginal Ring)	3	
Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet)	1	
Falmina (Oral Tablet)	1	
Fayosim (Oral Tablet)	1	
Femring (Vaginal Ring)	3	
Femynor (Oral Tablet)	1	
Fyavolv (Oral Tablet)	1	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	Drug Name	Drug Tier	Coverage Rules or Limits on use
Generess Fe (Oral Tablet Chewable)	3		LARIN 1/20 (Oral Tablet)	1	
Gianvi (Oral Tablet)	1		LARIN Fe 1.5/30 (Oral Tablet)	1	
Hailey 24 Fe (Oral Tablet)	1		LARIN Fe 1/20 (Oral Tablet)	1	
Imvexxy Maintenance Pack (Vaginal Insert)	2	PA; QL	Larissia (Oral Tablet)	1	
Imvexxy Starter Pack (Vaginal Insert)	2	PA; QL	Layolis Fe (Oral Tablet Chewable)	1	
Introvale (Oral Tablet)	1		Leena (Oral Tablet)	1	
Isibloom (Oral Tablet)	1		Lessina (Oral Tablet)	1	
Jasmiel (Oral Tablet)	1		Levonest (Oral Tablet)	1	
Jinteli (Oral Tablet)	1	PA; HRM	Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet)	1	
Juleber (Oral Tablet)	1		Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet)	1	
Junel 1.5/30 (Oral Tablet)	1		Levonorgestrel-Ethinyl Estradiol (Oral Tablet)	1	
Junel 1/20 (Oral Tablet)	1		Levora 0.15/30 (28) (Oral Tablet)	1	
Junel Fe 1.5/30 (Oral Tablet)	1		Lo Loestrin Fe (Oral Tablet)	3	
Junel Fe 1/20 (Oral Tablet)	1		Loestrin 1.5/30 (21) (Oral Tablet)	3	
Junel Fe 24 (Oral Tablet)	1		Loestrin 1/20 (21) (Oral Tablet)	3	
Kaitlib Fe (Oral Tablet Chewable)	1		Loestrin Fe 1.5/30 (Oral Tablet)	3	
Kariva (Oral Tablet)	1		Loestrin Fe 1/20 (Oral Tablet)	3	
Kelnor 1/35 (Oral Tablet)	1		Loryna (Oral Tablet)	1	
Kelnor 1/50 (Oral Tablet)	1				
Kurvelo (Oral Tablet)	1				
LARIN 1.5/30 (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
LoSeasonique (Oral Tablet)	3		Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)	1	PA; HRM
Low-Ogestrel (Oral Tablet)	1		Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet)	1	
Lutera (Oral Tablet)	1		Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG(24) Oral Tablet)	1	
Marlissa (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	
Melodetta 24 Fe (Oral Tablet Chewable)	1		Norgestimate-Ethinyl Estradiol (Oral Tablet)	1	
Menest (Oral Tablet)	3	PA; HRM	Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)	1	
Mibelas 24 Fe (Oral Tablet Chewable)	1		Nortrel 0.5/35 (28) (Oral Tablet)	1	
Microgestin 1.5/30 (Oral Tablet)	1		Nortrel 1/35 (21) (Oral Tablet)	1	
Microgestin 1/20 (Oral Tablet)	1		Nortrel 1/35 (28) (Oral Tablet)	1	
Microgestin Fe 1.5/30 (Oral Tablet)	1		Nortrel 7/7/7 (Oral Tablet)	1	
Microgestin Fe 1/20 (Oral Tablet)	1				
Mili (Oral Tablet)	1				
Minastrin 24 Fe (Oral Tablet Chewable)	3				
Minivelle (Transdermal Patch Twice Weekly)	3	PA; HRM; QL			
MonoNessa (Oral Tablet)	1				
Natazia (Oral Tablet)	3				
Necon 0.5/35 (28) (Oral Tablet)	1				
Nikki (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
NuvaRing (Vaginal Ring)	3		Tarina Fe 1/20 (Oral Tablet)	1	
Ocella (Oral Tablet)	1		Tri-Estarylla (Oral Tablet)	1	
Ogestrel (Oral Tablet)	1		Tri-Legest Fe (Oral Tablet)	1	
Orsythia (Oral Tablet)	1		Tri-Lo-Estarylla (Oral Tablet)	1	
Ortho Tri-Cyclen Lo (Oral Tablet)	3		Tri-Lo-Sprintec (Oral Tablet)	1	
Ortho-Novum 1/35 (28) (Oral Tablet)	3		Tri-Mili (Oral Tablet)	1	
Ortho-Novum 7/7/7 (28) (Oral Tablet)	3		Tri-Previfem (Oral Tablet)	1	
Pimtrea (Oral Tablet)	1		Tri-Sprintec (Oral Tablet)	1	
Pirmella 1/35 (Oral Tablet)	1		Trivora (28) (Oral Tablet)	1	
Portia-28 (Oral Tablet)	1		Tri-VyLibra Lo (Oral Tablet)	1	
Premarin (Vaginal Cream)	2		Tri-VyLibra (Oral Tablet)	1	
Previfem (Oral Tablet)	1		Tydemy (Oral Tablet)	1	
Quartette (Oral Tablet)	3		Vagifem (Vaginal Tablet)	3	
Reclipsen (Oral Tablet)	1		Velivet (Oral Tablet)	1	
Rivelsa (Oral Tablet)	1		Vienna (Oral Tablet)	1	
Safyral (Oral Tablet)	3		Vivelle-Dot (Transdermal Patch Twice Weekly)	3	PA; HRM; QL
Seasonique (Oral Tablet)	3		Vyfemla (Oral Tablet)	1	
Setlakin (Oral Tablet)	1		VyLibra (Oral Tablet)	1	
Sprintec 28 (Oral Tablet)	1		WYMZYA Fe (Oral Tablet Chewable)	1	
Sronyx (Oral Tablet)	1				
Syeda (Oral Tablet)	1				
Tarina 24 Fe (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
Xulane (Transdermal Patch Weekly)	1		Medroxyprogesterone Acetate (Oral Tablet)	1	
Yasmin 28 (Oral Tablet)	3		Megestrol Acetate (40MG/ML Oral Suspension, 625MG/5ML Oral Suspension)	1	PA; HRM
YAZ (Oral Tablet)	3		Megestrol Acetate (Oral Tablet)	1	PA; HRM
Yuvaferm (Vaginal Tablet)	1		Nora-BE (Oral Tablet)	1	
Zarah (Oral Tablet)	1		Norethindrone Acetate (5MG Oral Tablet)	1	
Zovia 1/35E (28) (Oral Tablet)	1		Norethindrone (0.35MG Oral Tablet)	1	
Progestins			Norlyroc (Oral Tablet)	1	
Aygestin (Oral Tablet)	3		Ortho Micronor (Oral Tablet)	3	
Camila (Oral Tablet)	1		Progesterone Micronized (Oral Capsule)	1	
Crinone (Vaginal Gel)	3	PA	Prometrium (Oral Capsule)	3	
Deblitane (Oral Tablet)	1		Provera (Oral Tablet)	3	
Depo-Provera (Intramuscular Suspension)	3		Sharobel (Oral Tablet)	1	
Depo-SubQ Provera 104 (Subcutaneous Suspension Prefilled Syringe)	3		Selective Estrogen Receptor Modifying Agents		
Errin (Oral Tablet)	1		Evista (Oral Tablet)	3	
Incassia (Oral Tablet)	1		Osphena (Oral Tablet)	2	PA; QL
Jolivette (0.35MG Oral Tablet)	1		Raloxifene HCl (Oral Tablet)	1	
Lyza (Oral Tablet)	1		Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Medroxyprogesterone Acetate (Intramuscular Suspension)	1		Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Medroxyprogesterone Acetate (Intramuscular Suspension Prefilled Syringe)	1		Cytomel (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
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	
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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
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 (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
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

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Drug Name	Drug Tier	Coverage Rules or Limits on use
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	
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	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Immunological Agents		
Angioedema Agents		
Beriner (Intravenous Kit)	4	PA; LA
Cinryze (Intravenous Solution Reconstituted)	4	PA; LA
Firazy (Subcutaneous Solution)	4	PA; LA; QL
Haegarda (Subcutaneous Solution Reconstituted)	4	PA; LA
Ruconest (Intravenous Solution Reconstituted)	4	PA; LA
Takhzyro (Subcutaneous Solution)	4	PA
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

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
Azasan (75MG Oral Tablet)	4	B/D, PA	Enbrel SureClick (Subcutaneous Solution Auto-Injector)	4	PA
Azathioprine (Oral Tablet)	1	B/D, PA	Envarsus XR (Oral Tablet Extended Release 24 Hour)	3	B/D, PA
Cellcept (Oral Capsule)	4	B/D, PA	Gengraf (Oral Capsule)	1	B/D, PA
Cellcept (Oral Suspension Reconstituted)	4	B/D, PA	Gengraf (Oral Solution)	1	B/D, PA
Cellcept (Oral Tablet)	4	B/D, PA	Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit)	4	PA
Cimzia Prefilled (Subcutaneous Kit)	4	PA	Humira Pen (Subcutaneous Pen-Injector Kit)	4	PA
Cimzia (Subcutaneous Kit)	4	PA	Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit)	4	PA
Cyclosporine Modified (Oral Capsule)	1	B/D, PA	Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit)	4	PA
Cyclosporine Modified (Oral Solution)	1	B/D, PA	Humira (Subcutaneous Prefilled Syringe Kit)	4	PA
Cyclosporine (Oral Capsule)	1	B/D, PA	Imuran (Oral Tablet)	3	B/D, PA
Dupixent (200MG/1.14ML Subcutaneous Solution Prefilled Syringe)	4	PA	Kineret (Subcutaneous Solution Prefilled Syringe)	4	PA
Enbrel (Subcutaneous Solution Prefilled Syringe)	4	PA	Methotrexate (Oral Tablet)	1	
Enbrel (Subcutaneous Solution Reconstituted)	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
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	1		Otrexup (Subcutaneous Solution Auto-Injector)	3	PA
Methotrexate Sodium (50MG/2ML Injection Solution)	1		Prograf (0.5MG Oral Capsule)	3	B/D, PA
Mycophenolate Mofetil (Oral Capsule)	1	B/D, PA	Prograf (1MG Oral Capsule, 5MG Oral Capsule)	4	B/D, PA
Mycophenolate Mofetil (Oral Suspension Reconstituted)	1	B/D, PA	Prograf (Oral Packet)	4	B/D, PA
Mycophenolate Mofetil (Oral Tablet)	1	B/D, PA	Rapamune (Oral Solution)	4	B/D, PA
Mycophenolate Sodium (Oral Tablet Delayed Release)	1	B/D, PA	Rapamune (0.5MG Oral Tablet)	3	B/D, PA
Myfortic (180MG Oral Tablet Delayed Release)	3	B/D, PA	Rapamune (1MG Oral Tablet, 2MG Oral Tablet)	4	B/D, PA
Myfortic (360MG Oral Tablet Delayed Release)	4	B/D, PA	Rasuvo (Subcutaneous Solution Auto-Injector)	3	PA
Neoral (Oral Capsule)	3	B/D, PA	Sandimmune (100MG Oral Capsule)	4	B/D, PA
Neoral (Oral Solution)	3	B/D, PA	Sandimmune (25MG Oral Capsule)	3	B/D, PA
Olumiant (Oral Tablet)	4	PA; QL	Sandimmune (100MG/ML Oral Solution)	4	B/D, PA
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	4	PA	Simponi (Subcutaneous Solution Auto-Injector)	4	PA
Orencia (Subcutaneous Solution Prefilled Syringe)	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	Drug Name	Drug Tier	Coverage Rules or Limits on use
Simponi (Subcutaneous Solution Prefilled Syringe)	4	PA	Gammaked (1GM/10ML Injection Solution)	4	PA
Sirolimus (Oral Solution)	1	B/D, PA	Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)	4	PA
Sirolimus (Oral Tablet)	1	B/D, PA	Gamunex-C (1GM/10ML Injection Solution)	4	PA
Tacrolimus (Oral Capsule)	1	B/D, PA	Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)	4	PA
Trexall (Oral Tablet)	3		Panzyga (Intravenous Solution)	4	PA
Xatmep (Oral Solution)	3	PA	Privigen (20GM/200ML Intravenous Solution)	4	PA
Xeljanz (Oral Tablet Immediate Release)	4	PA; QL	Varizig (Intramuscular Solution)	4	
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	4	PA; QL	Immunomodulators		
Zortress (Oral Tablet)	4	B/D, PA	Actemra ACTPen (Subcutaneous Solution Auto-Injector)	4	PA
Immunizing Agents, Passive			Actemra (Subcutaneous Solution Prefilled Syringe)	4	PA
BIVIGAM (10GM/100ML Intravenous Solution)	4	PA			
Flebogamma DIF (5GM/50ML Intravenous Solution)	4	PA			
Gammagard (2.5GM/25ML Injection Solution)	4	PA			
Gammagard S/D Less IgA (Intravenous Solution Reconstituted)	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
Actimmune (Subcutaneous Solution)	4	LA	ActHIB (Intramuscular Solution Reconstituted)	2	
Arava (Oral Tablet)	4		Adacel (Intramuscular Suspension)	2	
Arcalyst (Subcutaneous Solution Reconstituted)	4	PA; LA	BCG Vaccine (Injection)	2	
Benlysta (Subcutaneous Solution Auto-Injector)	4	PA	Bexsero (Intramuscular Suspension Prefilled Syringe)	2	
Benlysta (Subcutaneous Solution Prefilled Syringe)	4	PA	Boostrix (5-2.5-18.5 Intramuscular Suspension, 5-2.5-18.5 (0.5ML Syringe) Intramuscular Suspension)	2	
Kevzara (Subcutaneous Solution Prefilled Syringe)	4	PA	Daptacel (Intramuscular Suspension)	2	
Leflunomide (Oral Tablet)	1		Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension)	2	
Otezla (Oral Tablet)	4	PA; LA	Engerix-B (Injection Suspension)	2	B/D, PA
Otezla (Oral Tablet Therapy Pack)	4	PA; LA	Gardasil 9 (Intramuscular Suspension)	2	
Ridaura (Oral Capsule)	4				
Xolair (Subcutaneous Solution Prefilled Syringe)	4	PA; LA			
Xolair (Subcutaneous Solution Reconstituted)	4	PA; LA			
Vaccines					

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
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	2		Pedvax HIB (Intramuscular Suspension)	2	
Havrix (Intramuscular Suspension)	2	PA	ProQuad (Subcutaneous Suspension Reconstituted)	2	
Hiberix (Injection Solution Reconstituted)	2		Quadracel (Intramuscular Suspension)	2	
Imovax Rabies (Intramuscular Injectable)	2	B/D, PA	RabAvert (Intramuscular Suspension Reconstituted)	2	B/D, PA
Infanrix (Intramuscular Suspension)	2		Recombivax HB (Injection Suspension)	2	B/D, PA
IPOL (Injection)	2		Rotarix (Oral Suspension Reconstituted)	2	
Ixiaro (Intramuscular Suspension)	2		RotaTeq (Oral Solution)	2	
Kinrix (Intramuscular Suspension)	2		Shingrix (Intramuscular Suspension Reconstituted)	2	PA
Menactra (Intramuscular Injectable)	2		TDVAX (Intramuscular Suspension)	2	
Menveo (Intramuscular Solution Reconstituted)	2		Tenivac (Intramuscular Injectable)	2	
M-M-R II (Subcutaneous Injectable)	2				
Pediarix (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
Trumenba (Intramuscular Suspension Prefilled Syringe)	2		Canasa (Rectal Suppository)	4	
Twinrix (Intramuscular Suspension Prefilled Syringe)	2		Colazal (Oral Capsule)	4	
Typhim Vi (Intramuscular Solution)	2		Delzicol (Oral Capsule Delayed Release)	3	
VAQTA (Intramuscular Suspension)	2	PA	Dipentum (Oral Capsule)	4	
Varivax (Subcutaneous Injectable)	2		Lialda (Oral Tablet Delayed Release)	4	QL
YF-Vax (Subcutaneous Injectable)	2		Mesalamine (Oral Capsule Delayed Release)	1	
Zostavax (Subcutaneous Suspension Reconstituted)	3	PA	Mesalamine (Oral Tablet Delayed Release)	1	QL
Inflammatory Bowel Disease Agents			Mesalamine (Rectal Enema)	1	
Aminosalicylates			Mesalamine (Rectal Suppository)	1	
Apriso (Oral Capsule Extended Release 24 Hour)	2	QL	Pentasa (Oral Capsule Extended Release)	3	QL
Asacol HD (Oral Tablet Delayed Release)	4	QL	Rowasa (Rectal Kit)	4	
Balsalazide Disodium (Oral Capsule)	1		Glucocorticoids		
			Anusol-HC (Rectal Cream)	3	
			Budesonide ER (Oral Tablet Extended Release 24 Hour)	1	
			Budesonide (Oral Capsule Delayed Release Particles)	1	
			Colocort (Rectal Enema)	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
Entocort EC (Oral Capsule Delayed Release Particles)	4		Actonel (150MG Oral Tablet, 35MG Oral Tablet, 5MG Oral Tablet)	3	
Hydrocortisone Acetate-Pramoxine (1-1% Rectal Cream)	1		Alendronate Sodium (Oral Solution)	1	
Hydrocortisone (Rectal Enema)	1		Alendronate Sodium (Oral Tablet)	1	
Procto-Med HC (Rectal Cream)	1		Atelvia (Oral Tablet Delayed Release)	3	
Procto-Pak (Rectal Cream)	1		Binosto (Oral Tablet Effervescent)	3	
Proctosol HC (Rectal Cream)	1		Boniva (Oral Tablet)	3	
Proctozone-HC (Rectal Cream)	1		Calcitonin Salmon (Nasal Solution)	1	
Uceris (Oral Tablet Extended Release 24 Hour)	4		Calcitriol (Oral Capsule)	1	B/D, PA
Uceris (Rectal Foam)	3		Calcitriol (Oral Solution)	1	B/D, PA
Sulfonamides			Cinacalcet HCl (Oral Tablet)	1	B/D, PA; QL
Azulfidine EN-tabs (Oral Tablet Delayed Release)	3		Doxercalciferol (Oral Capsule)	1	B/D, PA
Azulfidine (Oral Tablet Immediate Release)	3		Forteo (Subcutaneous Solution)	4	PA
Sulfasalazine (Oral Tablet Immediate Release)	1		Fosamax (Oral Tablet)	3	
Sulfasalazine (Oral Tablet Delayed Release)	1		Fosamax Plus D (Oral Tablet)	3	
Metabolic Bone Disease Agents			Ibandronate Sodium (Oral Tablet)	1	
Metabolic Bone Disease Agents			Natpara (Subcutaneous Cartridge)	4	PA; LA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Paricalcitol (Oral Capsule)	1	B/D, PA
Prolia (Subcutaneous Solution Prefilled Syringe)	3	QL
Rayaldee (Oral Capsule Extended Release)	4	QL
Risedronate Sodium (Oral Tablet Immediate Release)	1	
Risedronate Sodium (Oral Tablet Delayed Release)	1	
Rocaltrol (Oral Capsule)	3	B/D, PA
Rocaltrol (Oral Solution)	3	B/D, PA
Sensipar (Oral Tablet)	4	B/D, PA; QL
Tymlos (Subcutaneous Solution Pen-Injector)	4	PA; QL
Xgeva (Subcutaneous Solution)	4	PA
Zemplar (1MCG Oral Capsule)	3	B/D, PA
Zemplar (2MCG Oral Capsule)	4	B/D, PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
Alcohol Prep Pads	2	
Firdapse (Oral Tablet)	4	PA; LA; QL
Gauze (Non-medicated 2X2 Pad)	2	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Insulin Syringes, Needles	2	
Lucemyra (Oral Tablet)	4	QL
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	
Lastacraft (Ophthalmic Solution)	2	
Maxitrol (Ophthalmic Ointment)	3	
Maxitrol (Ophthalmic Suspension)	3	
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)	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
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	1		TobraDex (Ophthalmic Ointment)	2	
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	1		TobraDex (Ophthalmic Suspension)	3	
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	1		TobraDex ST (Ophthalmic Suspension)	3	
Neomycin-Polymyxin-HC (Ophthalmic Suspension)	1		Tobramycin-Dexamethasone (Ophthalmic Suspension)	1	
Oxervate (Ophthalmic Solution)	4	PA; LA; QL	Xiidra (Ophthalmic Solution)	3	QL
Polymyxin B-Trimethoprim (Ophthalmic Solution)	1		Zylet (Ophthalmic Suspension)	3	
Polytrim (Ophthalmic Solution)	3		Ophthalmic Anti-allergy Agents		
Pred-G (Ophthalmic Suspension)	3		Alocril (Ophthalmic Solution)	3	
Pred-G S.O.P. (Ophthalmic Ointment)	3		Alomide (Ophthalmic Solution)	3	
Proparacaine HCl (Ophthalmic Solution)	1		Azelastine HCl (Ophthalmic Solution)	1	
Restasis (Ophthalmic Emulsion)	2	QL	Bepreve (Ophthalmic Solution)	3	
Rhopressa (Ophthalmic Solution)	2	ST	Cromolyn Sodium (Ophthalmic Solution)	1	
Sulfacetamide-Prednisolone (Ophthalmic Solution)	1		Epinastine HCl (Ophthalmic Solution)	1	
			Olopatadine HCl (Ophthalmic Solution)	1	
			Pataday (Ophthalmic Solution)	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
Patanol (Ophthalmic Solution)	3		Dorzolamide HCl (Ophthalmic Solution)	1	
Pazeo (Ophthalmic Solution)	2		Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	1	
Ophthalmic Antiglaucoma Agents			Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution)	1	
Alphagan P (0.1% Ophthalmic Solution)	2		Iopidine (1% Ophthalmic Solution)	4	
Alphagan P (0.15% Ophthalmic Solution)	3		Isopto Carpine (Ophthalmic Solution)	3	
Apraclonidine HCl (Ophthalmic Solution)	1		Istalol (Ophthalmic Solution)	3	
Azopt (Ophthalmic Suspension)	2		Levobunolol HCl (Ophthalmic Solution)	1	
Betaxolol HCl (Ophthalmic Solution)	1		Phospholine Iodide (Ophthalmic Solution Reconstituted)	3	
Betimol (Ophthalmic Solution)	3		Pilocarpine HCl (Ophthalmic Solution)	1	
Betoptic-S (Ophthalmic Suspension)	3		Rocklatan (Ophthalmic Solution)	3	ST
Brimonidine Tartrate (0.15% Ophthalmic Solution)	1		Simbrinza (Ophthalmic Suspension)	2	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	1		Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	1	
Carteolol HCl (Ophthalmic Solution)	1		Timolol Maleate (Ophthalmic Solution) (Generic Timoptic)	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
Timoptic Ocudose (Ophthalmic Solution)	3		Flurbiprofen Sodium (Ophthalmic Solution)	1	
Timoptic-XE (Ophthalmic Gel Forming Solution)	3		FML Forte (Ophthalmic Suspension)	3	
Trusopt (Ophthalmic Solution)	3		FML Liquifilm (Ophthalmic Suspension)	3	
Ophthalmic Anti-inflammatories			FML (Ophthalmic Ointment)	3	
Acular LS (Ophthalmic Solution)	3		Ilevro (Ophthalmic Suspension)	2	
Acular (Ophthalmic Solution)	3		Inveltys (Ophthalmic Suspension)	3	ST
Acuvail (Ophthalmic Solution)	3	ST	Ketorolac Tromethamine (Ophthalmic Solution)	1	
Alrex (Ophthalmic Suspension)	3		Lotemax (Ophthalmic Gel)	3	
Bromfenac Sodium (Once-Daily) (Ophthalmic Solution)	1		Lotemax (Ophthalmic Ointment)	3	
BromSite (Ophthalmic Solution)	3	ST	Lotemax (Ophthalmic Suspension)	3	
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	1		Lotemax SM (Ophthalmic Gel)	3	
Diclofenac Sodium (Ophthalmic Solution)	1		Loteprednol Etabonate (Ophthalmic Suspension)	1	
Durezol (Ophthalmic Emulsion)	2		Maxidex (Ophthalmic Suspension)	3	
Flarex (Ophthalmic Suspension)	3		Nevanac (Ophthalmic Suspension)	3	
Fluorometholone (Ophthalmic Suspension)	1				

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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
Omnipred (1% Ophthalmic Suspension)	3		Zioptan (Ophthalmic Solution)	3	
Pred Forte (Ophthalmic Suspension)	3		Otic Agents		
Pred Mild (Ophthalmic Suspension)	3		Otic Agents		
Prednisolone Acetate (Ophthalmic Suspension)	1		Acetic Acid (Otic Solution)	1	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	1		Cetraxal (Otic Solution)	3	
Prolensa (Ophthalmic Solution)	3		Cipro HC (Otic Suspension)	3	
Ophthalmic Prostaglandin and Prostaglandin Analogs			Ciprodex (Otic Suspension)	2	
Bimatoprost (Ophthalmic Solution)	1		Ciprofloxacin HCl (Otic Solution)	1	
Latanoprost (Ophthalmic Solution)	1		Flac (Otic Oil)	1	
Lumigan (Ophthalmic Solution)	2		Fluocinolone Acetonide (Otic Oil)	1	
Travatan Z (Ophthalmic Solution)	3		Hydrocortisone-Acetic Acid (Otic Solution)	1	
Vyzulta (Ophthalmic Solution)	3		Neomycin-Polymyxin-HC (1% Otic Solution)	1	
Xalatan (Ophthalmic Solution)	3		Neomycin-Polymyxin-HC (Otic Suspension)	1	
Xelpros (Ophthalmic Emulsion)	3	ST	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 (Oral Syrup)	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
Clarinet (Oral Tablet)	3	
Cyproheptadine HCl (Oral Tablet)	1	PA; HRM
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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	3	ST; QL
Asmanex (30 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	3	ST; QL
Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	3	ST; QL
Asmanex HFA (Inhalation Aerosol)	3	ST; QL
Beconase AQ (Nasal Suspension)	3	ST
Budesonide (Inhalation Suspension)	1	B/D, PA
Flovent Diskus (Inhalation Aerosol Powder Breath Activated)	2	
Flovent HFA (Inhalation Aerosol)	2	QL
Flunisolide (Nasal Solution)	1	
Fluticasone Propionate (Nasal Suspension)	1	
Mometasone Furoate (Nasal Suspension)	1	
Nasonex (Nasal Suspension)	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
Omnaris (Nasal Suspension)	3	ST	Zafirlukast (Oral Tablet)	1	
Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated)	3	ST	Zileuton ER (Oral Tablet Extended Release 12 Hour)	1	ST
Pulmicort (Inhalation Suspension)	3	B/D, PA	Zyflo CR (600MG Oral Tablet Extended Release 12 Hour)	4	ST
Qnasl Childrens (Nasal Aerosol Solution)	3	ST	Zyflo (Oral Tablet Immediate Release)	4	ST
Qnasl (Nasal Aerosol Solution)	3	ST	Bronchodilators, Anticholinergic		
QVAR RediHaler (Inhalation Aerosol Breath Activated)	3	ST; QL	Atrovent HFA (Inhalation Aerosol Solution)	3	
Xhance (Nasal Exhaler Suspension)	3		Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	2	QL
Zetonna (Nasal Aerosol Solution)	3	ST	Ipratropium Bromide (Inhalation Solution)	1	B/D, PA
Antileukotrienes			Ipratropium Bromide (Nasal Solution)	1	
Accolate (Oral Tablet)	3		Lonhala Magnair Refill Kit (Inhalation Solution)	4	QL
Montelukast Sodium (Oral Packet)	1	QL	Seebri Neohaler (Inhalation Capsule)	3	ST
Montelukast Sodium (Oral Tablet)	1	QL	Spiriva HandiHaler (Inhalation Capsule)	2	QL
Montelukast Sodium (Oral Tablet Chewable)	1	QL	Spiriva Respimat (Inhalation Aerosol Solution)	2	QL
Singulair (Oral Packet)	3	QL			
Singulair (Oral Tablet)	3	QL			
Singulair (Oral Tablet Chewable)	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
Tudorza Pressair (Inhalation Aerosol Powder Breath Activated)	3	ST	Brovana (Inhalation Nebulization Solution)	4	PA; QL
Yupelri (Inhalation Solution)	4	B/D, PA; QL	Epinephrine (0.3MG/0.3ML Injection Solution) (Brand Equivalent Adrenaclick)	3	ST; QL
Bronchodilators, Sympathomimetic			Epinephrine (0.15MG/0.15ML Injection Solution Auto-Injector) (Brand Equivalent Adrenaclick)	3	ST; QL
Albuterol Sulfate ER (Oral Tablet Extended Release 12 Hour)	1		Epinephrine (0.15mg/0.3ml Injection) (Brand Equivalent EpiPen Jr), Epinephrine (0.3mg/0.3ml Injection) (Brand Equivalent EpiPen)	2	QL
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Brand Equivalent Proair)	3	ST	EpiPen 2-Pak (Injection Solution Auto-Injector)	3	ST; QL
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	EpiPen Jr 2-Pak (Injection Solution Auto-Injector)	3	ST; QL
Albuterol Sulfate (Inhalation Nebulization Solution)	1	B/D, PA	Levalbuterol HCl (Inhalation Nebulization Solution)	1	B/D, PA
Albuterol Sulfate (Oral Syrup)	1		Levalbuterol Tartrate (Inhalation Aerosol)	3	ST
Albuterol Sulfate (Oral Tablet Immediate Release)	1		Metaproterenol Sulfate (Oral Syrup)	1	
Arcapta Neohaler (Inhalation Capsule)	3	ST	Metaproterenol Sulfate (10MG Oral Tablet, 20MG 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
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
Terbutaline Sulfate (Oral Tablet)	1		Orkambi (Oral Tablet)	4	PA; LA; QL
Ventolin HFA (Inhalation Aerosol Solution)	3	ST	Symdeko (Oral Tablet Therapy Pack)	4	PA; QL
Xopenex Concentrate (Inhalation Nebulization Solution)	3	B/D, PA	TOBI (Inhalation Nebulization Solution)	4	B/D, PA; QL
Xopenex HFA (Inhalation Aerosol)	3	ST	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

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
Phosphodiesterase Inhibitors, Airways Disease			Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release)		
Daliresp (Oral Tablet)	3	PA		4	PA; LA
Theo-24 (Oral Capsule Extended Release 24 Hour)	3		Revatio (Oral Suspension Reconstituted)	4	PA
Theophylline ER (100MG Oral Tablet Extended Release 12 Hour, 200MG Oral Tablet Extended Release 12 Hour, 300MG Oral Tablet Extended Release 12 Hour)	1		Revatio (Oral Tablet)	4	PA
Theophylline ER (Oral Tablet Extended Release 24 Hour)	1		Sildenafil Citrate (Oral Suspension Reconstituted)	1	PA
Theophylline (Oral Solution)	1		Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	1	PA
Pulmonary Antihypertensives			Tadalafil (PAH) (20MG Oral Tablet)	1	PA
Adcirca (Oral Tablet)	4	PA	Tracleer (Oral Tablet)	4	PA; LA; QL
Adempas (Oral Tablet)	4	PA; LA	Tracleer (Oral Tablet Soluble)	4	PA; LA; QL
Alyq (Oral Tablet)	1	PA	Uptravi (Oral Tablet)	4	PA; LA; QL
Ambrisentan (Oral Tablet)	1	PA; LA; QL	Uptravi (Oral Tablet Therapy Pack)	4	PA; LA
Bosentan (Oral Tablet)	1	PA; LA; QL	Ventavis (Inhalation Solution)	4	PA; LA
Letairis (Oral Tablet)	4	PA; LA; QL	Pulmonary Fibrosis Agents		
Opsumit (Oral Tablet)	4	PA; LA	Esbriet (Oral Capsule)	4	PA; LA; QL
Orenitram (0.125MG Oral Tablet Extended Release)	3	PA; LA	Esbriet (Oral Tablet)	4	PA; LA; QL
			Ofev (Oral Capsule)	4	PA; LA; QL
			Respiratory Tract Agents, Other		

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Acetylcysteine (Inhalation Solution)	1	B/D, PA	Combivent Respimat (Inhalation Aerosol Solution)	2	QL
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	1	QL	Dulera (Inhalation Aerosol)	3	QL
Advair HFA (Inhalation Aerosol)	2	QL	Dymista (Nasal Suspension)	3	
AirDuo RespiClick 113/14 (Inhalation Aerosol Powder Breath Activated)	3	ST; QL	Fasenra (Subcutaneous Solution Prefilled Syringe)	4	PA; LA
AirDuo RespiClick 232/14 (Inhalation Aerosol Powder Breath Activated)	3	ST; QL	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
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			
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	2	QL			
Clarinet-D 12 Hour (Oral Tablet Extended Release 12 Hour)	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
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		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Armodafinil (Oral Tablet)	1	PA; QL
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
Rozerem (Oral Tablet)	3	
Silenor (Oral Tablet)	3	
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 (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
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (60 blisters) per 30 days

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Drug Name	Quantity Limit
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
Alprazolam (2MG Oral Tablet Immediate Release)	Maximum of 5 tablets per day

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Drug Name	Quantity Limit
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
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

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Drug Name	Quantity Limit
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
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

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Drug Name	Quantity Limit
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
Brilinta (Oral Tablet)	Maximum of 2 tablets per day
BRIVIACT (10MG/ML Oral Solution)	Maximum of 20 ml per day

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Drug Name	Quantity Limit
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
Captopril (12.5MG Oral Tablet, 25MG Oral Tablet)	Maximum of 3 tablets per day
Captopril (50MG Oral Tablet)	Maximum of 9 tablets per day

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Drug Name	Quantity Limit
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
Combivir (Oral Tablet)	Maximum of 2 tablets per day
Complera (Oral Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
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 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
Daklinza (30MG Oral Tablet, 60MG Oral Tablet)	Maximum of 1 tablet 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
Dexmethylphenidate HCl (Oral Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
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
Doxepin HCl (External Cream)	Maximum of 90 grams per 30 days

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Drug Name	Quantity Limit
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
Emgality (Subcutaneous Solution Auto-Injector)	Maximum of 2 ml (2 syringes or pens) per 30 days

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Drug Name	Quantity Limit
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 (0.3MG/0.3ML Injection Solution)	Maximum of 4 pens (2 boxes) per 30 days
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
Erleada (Oral Tablet)	Maximum of 4 tablets per day

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Drug Name	Quantity Limit
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
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
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

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Drug Name	Quantity Limit
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
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

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Drug Name	Quantity Limit
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
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

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Drug Name	Quantity Limit
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
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
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

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Drug Name	Quantity Limit
Increase 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
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
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

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Drug Name	Quantity Limit
Jentaduetto XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Jentaduetto 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
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

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Drug Name	Quantity Limit
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
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

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Drug Name	Quantity Limit
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
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

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Drug Name	Quantity Limit
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 (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
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

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Drug Name	Quantity Limit
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
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

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Drug Name	Quantity Limit
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
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

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Drug Name	Quantity Limit
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
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

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Drug Name	Quantity Limit
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
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
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

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Drug Name	Quantity Limit
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
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

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Drug Name	Quantity Limit
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 0.5MG/DOSE Subcutaneous Solution Pen-Injector)	Maximum of 1 pen (1.5 ml) per 28 days
Ozempic (1MG/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
Palyngiq (10MG/0.5ML Subcutaneous Solution Prefilled Syringe)	Maximum of 28 syringes per 28 days
Palyngiq (2.5MG/0.5ML Subcutaneous Solution Prefilled Syringe)	Maximum of 8 syringes per 28 days
Palyngiq (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

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Drug Name	Quantity Limit
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
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

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
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
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

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Drug Name	Quantity Limit
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 Pushttronex 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
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
Rydapt (Oral Capsule)	Maximum of 8 capsules per day
Sabril (Oral Packet)	Maximum of 6 packets per day

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Drug Name	Quantity Limit
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
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

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Drug Name	Quantity Limit
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
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)	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 Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex)	Maximum of 12 injections (6 ml) per 30 days

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Drug Name	Quantity Limit
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex STATdose)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan-Naproxen Sodium (Oral Tablet)	Maximum of 9 tablets per 30 days
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
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
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

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Drug Name	Quantity Limit
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
Tolazamide (250MG Oral Tablet)	Maximum of 4 tablets per day
Tolazamide (500MG Oral Tablet)	Maximum of 2 tablets per day
Tolbutamide (Oral Tablet)	Maximum of 6 tablets per day
Tolcapone (Oral Tablet)	Maximum of 6 tablets per day
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

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Drug Name	Quantity Limit
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
Trexix (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
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
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

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Drug Name	Quantity Limit
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
Vicodin (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
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 (4GM 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

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Drug Name	Quantity Limit
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
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
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

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Drug Name	Quantity Limit
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
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 90 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

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Drug Name	Quantity Limit
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
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

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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-XXX-XXX-XXXX**, TTY **711**

Hours of Operation

www.PlanURL.com

Additional Drug Coverage

Bonus Drug List

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

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

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

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

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

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

QL Quantity limits	The plan only covers a certain amount of this drug for one copay or over a certain number of days. These limits may be in place to ensure safe and effective use of the drug.
DL Dispensing limit	Dispensing limits apply to this drug. This drug is limited to a one month supply per prescription.

Drug	Tier	Coverage Rules or Limits on use
Analgesics - drugs to treat pain, inflammation, and muscle and joint conditions		
Inflammation		
Salsalate	1	
Urinary Tract Pain		

Bold type = Brand name drug Plain type = Generic drug

Drug	Tier	Coverage Rules or Limits on use
Phenazopyridine	1	
Anorexiant - drugs to promote weight loss		
Phentermine	1	QL (maximum of 1 capsule/tablet per day)
Anticoagulants - drugs to prevent clotting		
Heparin Lock Flush	1	
Dermatological agents - drugs to treat skin conditions		
Dry, Itchy Scalp		
Sulfacetamide Sodium Liquid Wash 10%	1	
Sulfacetamide Sodium w/Sulfur in Urea Emulsion 10-5%	1	
Dry Skin		
Urea 40% Cream	1	
Gastrointestinal agents - drugs to treat bowel, intestine and stomach conditions		
Hemorrhoids		
Hydrocortisone Acetate Suppository 25 mg	1	
Lidocaine/Hydrocortisone Acetate	1	
Irritable Bowel or Ulcers		
Clidinium & Chlordiazepoxide	1	
Hyoscyamine Sulfate	1	
Levbid	3	
Genitourinary agents - drugs to treat bladder, genital and kidney conditions		
Erectile Dysfunction		
Edex	3	QL (maximum of 6 cartridges per month)
Sildenafil (25 mg, 50 mg, 100 mg)	1	QL (maximum of 6 tablets per month)

Bold type = Brand name drug Plain type = Generic drug

Drug	Tier	Coverage Rules or Limits on use
Tadalafil	1	QL (maximum of 6 tablets per month)
Vardenafil	1	QL (maximum of 6 tablets per month)
Sexual Desire Disorder		
Addyi	3	QL (maximum of 1 tablet per day)
Urinary Tract Infection		
Methenamine/Hyoscamine/Methyl Blue/Sod Phosphate/Phenyl Salicylate	1	
Methenamine/Hyoscamine/Methylene Blue/Sodium Phosphate	1	
Hormonal agents - hormone replacement/modifying drugs		
Thyroid Supplement		
Armour Thyroid	3	
Nutritional supplements - drugs to treat vitamin & mineral deficiencies		
Potassium Supplement		
Effer-K	3	
K-Phos Tab	3	
Vitamins and Minerals		
Cyanocobalamin Injection (Vitamin B12)	1	
Folic Acid 1 mg (Rx only)	1	
Folic Acid-Vitamin B6-Vitamin B12 Tablet 2.5-25-1 mg	1	
Nephro-Vite Rx	3	
Phytonadione	1	
Renal Cap	1	
Vitamin D 50,000 unit (Rx only)	1	
Respiratory tract agents - drugs to treat allergies, cough, cold and lung conditions		

Bold type = Brand name drug Plain type = Generic drug

Drug	Tier	Coverage Rules or Limits on use
Cough and Cold		
Benzonatate (100 mg, 200 mg)	1	
Brompheniramine/Pseudoephedrine/ Dextromethorphan Syrup	1	
Guaifenesin/Codeine Syrup	1	DL
Hydrocodone Polst/Chlorpheniramine ER Susp (generic for Tussionex)	1	DL
Hydrocodone/Homatropine	1	DL
Promethazine/Codeine Syrup	1	DL
Promethazine/Dextromethorphan Syrup	1	

Bold type = Brand name drug Plain type = Generic drug

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

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

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

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

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