



Complete Drug List (Formulary) 2024

AARP® Medicare Rx Basic from UHC (PDP)

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



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

8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept



myAARPMedicare.com

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

AARP | Medicare Rx
from  **UnitedHealthcare**

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Questions?

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



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What is a Drug List?

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

Your plan will generally cover the drugs listed in our Drug List as long as:

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

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

Note to existing members:

This **complete** list of prescription drugs covered by your plan is current as of October 1, 2023.

To get updated information about the covered drugs or if you have questions, please call UnitedHealthcare Customer Service. Our contact information is on the cover.

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

When this Drug List refers to “we,” “us,” or “our,” it means UnitedHealthcare. When it refers to “plan,” “our plan,” or “your plan,” it means AARP Medicare Rx Basic from UHC (PDP).

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

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

How can I find a drug on the Drug List?

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

1. **By name.** Turn to the section “Covered drugs by name (**Drug index**)” on pages 12-27 to see the list of drug names in alphabetical order. Find the name of your drug. The page number where you can find the drug will be next to it.
2. **By medical condition.** Turn to the section “Covered drugs by category” on pages 28-84. The drugs in this Drug List are grouped into categories depending on the type of medical condition they are used to treat. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. This is where you will find drugs that treat heart conditions.



Can't find your drug?

Check the complete Drug List by visiting our plan website at myAARPMedicare.com. You can use online tools to look up your drugs. This information is updated on a regular basis.

What are generic drugs?

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

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

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

What is a compounded drug?

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

Drug payment stage and drug tiers

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

- **Your drug payment stage.** Your plan has different stages of drug coverage. When you fill a prescription, the amount you pay depends on the coverage stage you're in.
- **Your drug's tier.** Each covered drug is in 1 of 5 drug tiers. Each tier has a copay or coinsurance amount. The chart below shows the differences between the tiers.

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

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

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

Getting Extra Help

If you qualify for Extra Help paying for your prescription drugs, your copays and coinsurance may be lower. Members who qualify for Extra Help will receive the Evidence of Coverage Rider for people who get Extra Help paying for prescription drugs (also called a Low Income Subsidy (LIS) Rider). Please read it to learn about your costs. You can also call UnitedHealthcare Customer Service. Our contact information is on the cover.

Are there any rules or limits on my drug coverage?

Yes, some drugs may have coverage rules or have limits on the amount you can get. If your drug has any coverage rules or limits, there will be a code(s) in the “Coverage rules or limits on use” column of the “Covered drugs by category” chart starting on page 28. The codes and what they mean are shown below and on the next page.

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

Coverage rules and limits

PA - Prior authorization

The plan requires you or your doctor 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 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.

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

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

Other special coverage rules

B/D - Medicare Part B or Part D

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

LA - Limited access

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

MME - Morphine milligram equivalent

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

7D - 7-day limit

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

DL - Dispensing limit

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

What if my drug is not on this list?

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

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

How can I get an exception?

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

Types of exceptions you can ask for

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

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

Who can ask for an exception?

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

How long does it take to get an exception?

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

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

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

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

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

Can the Drug List change?

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

Changes that can affect you this year

- **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.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand name drug currently on the Drug List, or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our Drug List, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change.

We will notify members at least 30 days before the change becomes effective, or when the member requests a refill of the drug, at which time the member will receive at least a 30-day supply of the drug.

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

- **Drugs removed from the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not effective or is unsafe, we will let you know and take it off the Drug List right away.

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

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

Drugs with dosages other than a 1-month supply

Drugs packaged in an extended day supply

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

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

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

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

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

For more information

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

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

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

Covered drugs by name (Drug index)

A	
Abacavir Sulfate	51
Abacavir Sulfate -Lamivudine	51
Abelcet	40
Abilify Maintena	48
Abiraterone Acetate	42
Abrysvo	76
Acamprosate Calcium	30
Acarbose	54
Accutane	62
Acetaminophen -Codeine	29
Acetazolamide	59
Acetazolamide ER	58
Acetic Acid	81
Acetylcysteine	83
Acitretin	62
ActHIB	76
Actimmune	75
Acyclovir	51
Acyclovir Sodium	51
Adacel	76
Adapalene	62
Adempas	82
Aimovig	41
Ala -Cort	62
Albendazole	46
Albuterol Sulfate	82
Albuterol Sulfate HFA	82
Alclometasone Dipropionate	62
Alcohol Prep Pads.....	79
Alecensa	43
Alendronate Sodium	78
Alfuzosin HCl ER	68
Aliskiren Fumarate	59
Allopurinol	40
Alosetron HCl	67
Alprazolam	53
Altavera	69
Alunbrig	43
Alyacen 1/35	69
Amabelz	69
Amantadine HCl	47
Amethia	69
Amikacin Sulfate	30
Amiloride HCl	59
Amiodarone HCl	57
Amitriptyline HCl	39
Amlodipine Besylate	58
Amlodipine -Benazepril	59
Ammonium Lactate	62
Amnesteem	62
Amoxapine	39
Amoxicillin	32
Amoxicillin -Potassium Clavulanate	33
Amoxicillin -Potassium Clavulanate ER	32
Amphetamine -Dextroamphetamine	61
Amphetamine -Dextroamphetamine ER	61
Amphotericin B	40
Amphotericin B Liposome ...	40
Ampicillin	33
Ampicillin Sodium	33
Ampicillin -Sulbactam Sodium	33
Anagrelide HCl	56
Anastrozole	43
Anoro Ellipta	83
Aprepitant	39
Apri	70
Apriso	78
Aptiom	36
Aptivus	52
Aranesp	56
Arcalyst	75
Arexvy	76
Aripiprazole	48
Aripiprazole ODT	48
Aristada	48
Aristada Initio	48
Armodafinil	84
ArmonAir Digihaler	81
Asenapine Maleate	48
Ashlyna	70
Aspirin -Dipyridamole ER	57
Atazanavir Sulfate	52
Atenolol	58
Atenolol -Chlorthalidone	59
Atomoxetine HCl	61

Atorvastatin Calcium	60	Benlysta	75	Brilinta	57
Atovaquone	47	Benznidazole	47	Brimonidine Tartrate	80
Atovaquone -Proguanil HCl .	47	Benzoyl Peroxide -Erythromycin	62	Bromocriptine Mesylate	47
Atropine Sulfate	79	Benztropine Mesylate	47	Bronchitol	83
Atrovent HFA	81	Berinert	74	Brukinsa	43
Aubra EQ	70	Besremi	75	Budesonide	81
Austedo	61	Betaine	67	Budesonide ER	78
Auvelity	37	Betamethasone Dipropionate	62	Bumetanide	59
Aviane	70	Betamethasone Dipropionate Aug	62	Buprenorphine HCl	30
Ayvakit	43	Betamethasone Valerate	62	Buprenorphine HCl -Naloxone HCl	30
Azathioprine	76	Betaxolol HCl	80	Bupropion HCl	38
Azelastine HCl	81	Bethanechol Chloride	68	Bupropion HCl SR	38
Azithromycin	34	Betimol	80	Bupropion HCl XL	38
Aztreonam	31	Bexarotene	46	Buspirone HCl	53
B					
BCG Vaccine	76	Bexsero	77	Butalbital -Acetaminophen -Caffeine	29
BIVIGAM	74	Bicalutamide	42	Bydureon BCise	54
BRIVIACT	35	Bicillin C -R	33	C	
Bacitracin	79	Bicillin C -R 900/300	33	Cabergoline	74
Bacitracin -Polymyxin B	79	Bicillin L -A	33	Cablivi	57
Baclofen	50	Biktarvy	51	Cabometyx	44
Balsalazide Disodium	78	Bisoprolol Fumarate	58	Calcipotriene	63
Balversa	43	Blisovi 24 Fe	70	Calcitonin Salmon	78
Balziva	70	Blisovi Fe 1.5/30	70	Calcitriol	78
Baqsimi One Pack	54	Boostrix	77	Calcium Acetate	66
Baraclude	50	Bosentan	82	Calquence	44
Belsomra	84	Bosulif	43	Camila	73
Benazepril HCl	57	Braftovi	43	Camrese Lo	70
Benazepril -Hydrochlorothiazide	59	Breo Ellipta	83	Candesartan Cilexetil	57
		Briellyn	70	Caplyta	48

Caprelsa	44	Chemet	66	Clobazam	36
Carbamazepine	37	Chlordiazepoxide HCl	53	Clobetasol Propionate	62
Carbamazepine ER	37	Chlorhexidine Gluconate	62	Clomipramine HCl	39
Carbidopa	47	Chloroquine Phosphate	47	Clonazepam	53
Carbidopa -Levodopa	47	Chlorpromazine HCl	48	Clonazepam ODT	53
Carbidopa -Levodopa ER	47	Chlorthalidone	59	Clonidine	57
Carbidopa -Levodopa ODT	48	Chlorzoxazone	83	Clonidine HCl	57
Carbidopa -Levodopa -Entacapone	47	Cholbam	67	Clonidine HCl ER	61
Carglumic Acid	64	Cholestyramine	60	Clopidogrel Bisulfate	57
Carteolol HCl	80	Cholestyramine Light	60	Clorazepate Dipotassium	53
Cartia XT	58	Ciclopirox	64	Clotrimazole	64
Carvedilol	58	Ciclopirox Olamine	64	Clotrimazole -Betamethasone	63
Cayston	82	Cilostazol	57	Clozapine	50
Cefaclor	32	Cimduo	51	Clozapine ODT	50
Cefadroxil	32	Cinacalcet HCl	79	Coartem	47
Cefazolin Sodium	32	Cinryze	74	Colchicine	40
Cefdinir	32	Ciprofloxacin HCl	80	Colestipol HCl	60
Cefepime HCl	32	Ciprofloxacin in D5W	34	Colistimethate Sodium	31
Cefixime	32	Citalopram Hydrobromide	38	Combivent Respimat	83
Cefotetan Disodium	32	Claravis	62	Cometriq	44
Cefoxitin Sodium	32	Clarithromycin	34	Compro	39
Cefpodoxime Proxetil	32	Clarithromycin ER	34	Constulose	66
Cefprozil	32	Clenpiq	67	Copiktra	44
Ceftazidime	32	Climara Pro	70	Corlanor	59
Ceftriaxone Sodium	32	Clindamycin HCl	31	Cosentyx	75
Cefuroxime Axetil	32	Clindamycin Palmitate HCl	31	Cosentyx Sensoready	75
Cefuroxime Sodium	32	Clindamycin Phosphate	64	Cosentyx UnoReady	75
Cephalexin	32	Clindamycin Phosphate in D5W	31	Cotellic	44
Cetirizine HCl	81	Clindamycin Phosphate -Benzoyl Peroxide	62		

Creon	67	Depo -SubQ Provera 104	73	Dilt -XR	58
Crinone	73	Descovy	52	Diltiazem HCl	58
Cromolyn Sodium	82	Desipramine HCl	39	Diltiazem HCl ER Beads	58
Cryselle -28	70	Desmopressin Acetate	69	Diltiazem HCl ER Coated Beads	58
Cyclobenzaprine HCl	83	Desmopressin Acetate Spray	69	Dimethyl Fumarate	61
Cyclophosphamide	42	Desogestrel -Ethinyl Estradiol	70	Dimethyl Fumarate Starter Pack	61
Cyclosporine	76	Desonide	63	Diphenoxylate -Atropine	67
Cyclosporine Modified	76	Desoximetasone	63	Diphtheria -Tetanus Toxoids DT	77
Cyltezo	76	Desvenlafaxine Succinate ER	38	Disulfiram	30
Cyltezo -CD/UC/HS Starter ..	76	Dexamethasone	68	Divalproex Sodium	54
Cyltezo -Psoriasis Starter	76	Dexamethasone Sodium Phosphate	80	Divalproex Sodium ER	54
Cyproheptadine HCl	81	Dexmethylphenidate HCl	61	Dofetilide	57
Cyred EQ	70	Dextrose	64	Dolishale	70
Cystagon	68	Dextrose -NaCl	65	Donepezil HCl	37
Cystaran	79	Diacomit	36	Donepezil HCl ODT	37
D					
Dabigatran Etexilate Mesylate ..	55	Diazepam	53	Doptelet	57
Dalfampridine ER	61	Diazepam Intensol	53	Dorzolamide HCl	80
Danazol	69	Diazoxide	54	Dorzolamide HCl -Timolol Maleate	79
Dapsone	41	Diclofenac Potassium	28	Dovato	51
Daptacel	77	Diclofenac Sodium	80	Doxazosin Mesylate	57
Daptomycin	31	Diclofenac Sodium ER	28	Doxepin HCl	39
Darunavir	52	Dicloxacillin Sodium	33	Doxy 100	34
Daurismo	44	Dicyclomine HCl	67	Doxycycline Hyclate	34
Deblitane	73	Difacid	34	Doxycycline Monohydrate	35
Deferasirox	66	Digoxin	59	Dronabinol	39
Deferasirox Granules	66	Dihydroergotamine Mesylate ..	41	Drospirenone -Ethinyl Estradiol ..	70
Delstrigo	51	Dilantin	37	Droxia	42
Demeclocycline HCl	34	Dilantin INFATABS	37	Droxidopa	57

Duavee	70	Entresto	59	Etravirine	51
Dulera	83	Enulose	66	Euthyrox	73
Duloxetine HCl	61	Envarsus XR	76	Everolimus	76
Dupixent	75	Epclusa	50	Evotaz	52
E					
Edurant	51	Epidiolex	35	Exemestane	43
Efavirenz	51	Epinephrine	82	Exkivity	44
Efavirenz -Emtricitabine -Tenofovir	51	Epitol	37	Extavia	61
Efavirenz -Lamivudine -Tenofovir	51	Eplerenone	59	Ezetimibe	60
Elestrin	70	Eprontia	35	F	
Eliquis	55	Ergotamine -Caffeine	41	Falmina	70
Eliquis Starter Pack	55	Erivedge	44	Famotidine	67
EluRyng	70	Erleada	42	Fanapt	48
Emcyt	42	Erlotinib HCl	44	Fanapt Titration Pack	49
Emgality	41	Errin	73	Farxiga	54
Emsam	38	Ertapenem Sodium	33	Fasenra	83
Emtricitabine	52	Erythromycin	80	Fasenra Pen	83
Emtricitabine -Tenofovir Disoproxil Fumarate	52	Erythromycin Base	34	Febuxostat	40
Emtriva	52	Erythromycin Ethylsuccinate	34	Felbamate	35
Enalapril Maleate	57	Escitalopram Oxalate	38	Fenofibrate	60
Enalapril -Hydrochlorothiazide	59	Estarylla	70	Fentanyl	28
Endari	65	Estradiol	70	Fentanyl Citrate	29
Endocet	29	Estradiol Valerate	70	Fetzima	38
Engerix -B	77	Estradiol -Norethindrone Acetate	70	Fetzima Titration	38
Enoxaparin Sodium	55	Estring	70	Finacea	62
Enpresse -28	70	Ethambutol HCl	41	Finasteride	68
Enskyce	70	Ethosuximide	36	Fingolimod HCl	61
Entacapone	47	Ethinodiol Diacetate -Ethinyl Estradiol	70	Fintepla	35
Entecavir	50	Etonogestrel -Ethinyl Estradiol	70	Finzala	70
				Firmagon	74

Flac	81	Gammagard	74	Glycopyrrolate	67
Flebogamma DIF	74	Gammagard S/D Less IgA ...	74	Granisetron HCl	39
Flecainide Acetate	57	Gammaked	75	Griseofulvin Microsize	40
Fluconazole	40	Gammaplex	75	Griseofulvin Ultramicrosize ...	40
Fluconazole in Sodium Chloride	40	Gamunex -C	75	Gvoke HypoPen 2 -Pack	54
Flucytosine	40	Gardasil 9	77	Gvoke Kit	54
Fludrocortisone Acetate	68	Gauze	79	Gvoke PFS	54
Fluocinolone Acetonide	81	GaviLyte -C	67	H	
Fluocinonide	63	GaviLyte -G	67	Haegarda	74
Fluocinonide Emulsified Base	63	Gavreto .	44	Hailey 24 Fe	70
Fluorometholone .	80	Gefitinib	44	Halobetasol Propionate .	63
Fluorouracil	63	Gemfibrozil	60	Haloette	70
Fluoxetine HCl	38	Gemtesa .	68	Haloperidol	48
Fluphenazine Decanoate	48	Generlac .	66	Haloperidol Decanoate	48
Fluphenazine HCl	48	Gengraf	76	Haloperidol Lactate	48
Furbiprofen Sodium	80	Genotropin	69	Havrix	77
Fluticasone Propionate	81	Genotropin MiniQuick	69	Heparin Sodium	56
Fluticasone -Salmeterol	83	Gentamicin Sulfate	80	Heplisav -B	77
Fluvoxamine Maleate	38	Gentamicin Sulfate -0.9% Sodium Chloride	30	Hiberix	77
Fondaparinux Sodium	55	Genvoya	51	Humalog	55
Formoterol Fumarate	82	Gilotrif	44	Humalog Junior KwikPen	55
Fosamprenavir Calcium	52	Glatiramer Acetate .	61	Humalog KwikPen .	55
Fosinopril Sodium	57	Glatopa .	62	Humalog Mix 50/50 .	55
Fotivda	42	Gleostine .	42	Humalog Mix 50/50 KwikPen	55
Furosemide	59	Glimepiride	54	Humalog Mix 75/25 .	55
Fuzeon .	52	Glipizide	54	Humalog Mix 75/25 KwikPen	55
Fycompa	35	Glipizide ER	54	Humulin 70/30 .	55
G		Glipizide -Metformin HCl	54	Humulin 70/30 KwikPen	55
Gabapentin .	36	Glucagon	54	Humulin N .	55

Humulin N KwikPen	55	Imbruvica	44	Isoniazid	41
Humulin R	55	Imipenem -Cilastatin	33	Isosorbide Dinitrate	60
Humulin R U -500	55	Imipramine HCl	39	Isosorbide Mononitrate	60
Humulin R U -500 KwikPen	55	Imiquimod	63	Isosorbide Mononitrate ER	60
Hydralazine HCl	60	Imovax Rabies	77	Isotretinoin	62
Hydrochlorothiazide	59	Impavido	47	Isturisa	73
Hydrocodone -Acetaminophen	29	Incassia	73	Itraconazole	40
Hydrocodone -Ibuprofen	29	Increlex	69	Ivermectin	46
Hydrocortisone	78	Indapamide	60	Ixiaro	77
Hydrocortisone Butyrate	63	Infanrix	77	J	
Hydrocortisone Valerate	63	Inlyta	44	Jakafi	44
Hydrocortisone -Acetic Acid	81	Inqovi	44	Jantoven	56
Hydromorphone HCl	29	Inrebic	44	Jasmiel	70
Hydromorphone HCl Preservative Free	29	Insulin Syringes, Needles.	79	Jaypirca	44
Hydroxychloroquine Sulfate	47	Intelence	51	Jentaduo	54
Hydroxyurea	42	Intralipid	65	Jentaduo XR	54
Hydroxyzine HCl	53	Introvale	70	Jublia	64
Hydroxyzine Pamoate	53	Invega Hafyera	49	Juleber	70
I		Invega Sustenna	49	Juluca	51
IDHIFA	43	Invega Trinza	49	Junel 1.5/30	70
IPOLE	77	Ipratropium Bromide	81	Junel 1/20	71
Ibandronate Sodium	79	Ipratropium -Albuterol	83	Junel Fe 1.5/30	71
Ibrance	44	Irbesartan	57	Junel Fe 1/20	71
Ibu	28	Irbesartan -Hydrochlorothiazide	59	Junel Fe 24	71
Ibuprofen	28	Isentress	51	Jynneos	77
Icatibant Acetate	74	Isentress HD	51	K	
Iclevia	70	Isibloom	70	KCl in Dextrose -NaCl	65
Iclusig	44	Isolyte -P in D5W	65	KCl -Lactated Ringers -D5W	65
Imatinib Mesylate	44	Isolyte -S pH 7.4	65	Kalydeco	82

Kariva	71	Lamotrigine	35	Levonorgestrel -Ethinyl Estradiol & Ethinyl Estradiol .	71
Kelnor 1/35	71	Lantus	55	Levonorgestrel -Ethinyl Estradiol 91 -Day	71
Kelnor 1/50	71	Lantus SoloStar	55	Levora 0.15/30	71
Kerendia	59	Lapatinib Ditosylate	45	Levothyroxine Sodium	73
Ketoconazole	64	Latanoprost	81	Levoxyl	73
Ketorolac Tromethamine	80	Leflunomide	76	Lexiva	52
Kinrix	77	Lenalidomide	42	Lidocaine	30
Kisqali	44	Lenvima 10MG Daily Dose ..	45	Lidocaine HCl	30
Kisqali Femara	45	Lenvima 12MG Daily Dose ..	45	Lidocaine Viscous	30
Klor -Con	65	Lenvima 14MG Daily Dose ..	45	Lidocaine -Prilocaine	30
Klor -Con 10	65	Lenvima 18MG Daily Dose ..	45	Linezolid	31
Klor -Con 8	65	Lenvima 20MG Daily Dose ..	45	Linzess	66
Klor -Con M10	65	Lenvima 24MG Daily Dose ..	45	Liothyronine Sodium	73
Klor -Con M15	65	Lenvima 4MG Daily Dose	45	Lisinopril	57
Klor -Con M20	65	Lenvima 8MG Daily Dose	45	Lisinopril -Hydrochlorothiazide .	59
Korlym	69	Lessina	71	Lithium Carbonate	54
Koselugo	45	Letrozole	43	Lithium Carbonate ER	54
Krazati	43	Leucovorin Calcium	46	Lokelma	66
Kurveo	71	Leukeran	42	Lonsurf	43
L		Leuprolide Acetate	74	Loperamide HCl	67
LARIN 1.5/30	71	Levetiracetam	35	Lopinavir -Ritonavir	52
LARIN 1/20	71	Levetiracetam ER	35	Lorazepam	53
LARIN Fe 1.5/30	71	Levobunolol HCl	80	Lorazepam Intensol	53
LARIN Fe 1/20	71	Levocarnitine	68	Lorbrena	45
Labetalol HCl	58	Levocetirizine Dihydrochloride .	81	Loryna	71
Lacosamide	37	Levofloxacin	34	Losartan Potassium	57
Lactulose	66	Levofloxacin in D5W	34	Losartan Potassium -HCTZ ..	59
Lamivudine	52	Levonest	71	Lovastatin	60
Lamivudine -Zidovudine	52	Levonorgestrel -Ethinyl Estradiol	71	Low -Ogestrel	71

Loxapine Succinate	48	Meloxicam	28	Metronidazole	31
Lumakras	43	Memantine HCl	37	Metyrosine	59
Lupron Depot	74	Memantine HCl ER	37	Mexiletine HCl	57
Lupron Depot -Ped	74	Memantine HCl Titration Pak	37	Mibelas 24 Fe	71
Lurasidone HCl	49	MenQuadfi	77	Micafungin Sodium	40
Lutera	71	Menactra	77	Microgestin 1.5/30	71
Lybalvi	49	Menest	71	Microgestin 1/20	71
Lyleq	73	Menveo	77	Microgestin 24 Fe	71
Lynparza	45	Mercaptopurine	42	Microgestin Fe 1.5/30	71
Lysodren	73	Meropenem	34	Microgestin Fe 1/20	71
Lytgobi	45	Mesalamine	78	Midodrine HCl	57
Lyumjev	55	Mesalamine ER	78	Miglustat	68
Lyumjev KwikPen	55	Mesnex	46	Mili	71
Lyza	73	Metformin HCl	54	Mimvey	71
M					
M -M -R II	77	Metformin HCl ER	54	Minocycline HCl	35
Magnesium Sulfate	65	Methadone HCl	28	Minoxidil	60
Malathion	64	Methamphetamine HCl	61	Mirtazapine	38
Maraviroc	52	Methazolamide	81	Mirtazapine ODT	38
Marlissa	71	Methenamine Hippurate	31	Misoprostol	67
Marplan	38	Methimazole	74	Modafinil	84
Matulane	42	Methotrexate Sodium	76	Molindone HCl	48
Mavyret	50	Methsuximide	36	Mometasone Furoate	63
Meclizine HCl	39	Methylphenidate HCl	61	Montelukast Sodium	81
Medroxyprogesterone Acetate	73	Methylphenidate HCl ER	61	Morphine Sulfate	29
Mefloquine HCl	47	Methylprednisolone	69	Morphine Sulfate ER	28
Megestrol Acetate	73	Metoclopramide HCl	39	Motegrity	66
Mekinist	45	Metolazone	60	Movantik	66
Mektovi	45	Metoprolol Succinate ER	58	Moxifloxacin HCl	80
		Metoprolol Tartrate	58	Moxifloxacin HCl in NaCl	34

Multiple Electrolytes Type 1 pH 5.5	65	Nevirapine	51	Nuplazid	49
Mupirocin	64	Nevirapine ER	51	Nurtec ODT	40
Mycophenolate Mofetil	76	Nicotrol	30	Nutrilipid	65
Mycophenolate Sodium	76	Nikki	71	Nyamyc	64
N					
Nafcillin Sodium	33	Nilutamide	42	Nylia 1/35	72
Naloxone HCl	30	Nimodipine	58	Nymyo	72
Naltrexone HCl	30	Ninlaro	43	Nystatin	64
Namzaric	37	Nitazoxanide	47	Nystop	64
Naproxen	28	Nitisinone	68	O	
Naproxen DR	28	Nitro -Bid	60	Ocella	72
Narcan	30	Nitrofurantoin Macrocrystal ..	31	Octagam	75
Natacyn	80	Nitrofurantoin Monohydrate ..	31	Octreotide Acetate	74
Nateglinide	54	Nitroglycerin	60	Odefsey	52
Natpara	79	Nizatidine	67	Odomzo	45
Nayzilam	36	Nora -BE	73	Ofev	83
Necon 0.5/35	71	Norethindrone	73	Ofloxacin	81
Nefazodone HCl	38	Norethindrone Acetate	73	Olanzapine	49
Neo -Polycin	80	Norethindrone Acetate -Ethinyl Estradiol	71	Olanzapine ODT	49
Neo -Polycin HC	79	Norethindrone Acetate -Ethinyl Estradiol -Fe	72	Olmesartan Medoxomil	57
Neomycin Sulfate	30	Norgestimate -Ethinyl Estradiol	72	Olopatadine HCl	79
Neomycin -Bacitracin -Polymyxin	80	Norgestimate -Ethinyl Estradiol Triphasic	72	Omega -3 -Acid Ethyl Esters	60
Neomycin -Polymyxin -Bacitracin -Hydrocortisone ..	79	Nortrel 0.5/35	72	Omeprazole	67
Neomycin -Polymyxin -Dexamethasone	79	Nortrel 1/35	72	Ondansetron HCl	39
Neomycin -Polymyxin -Gramicidin	80	Nortriptyline HCl	39	Ondansetron ODT	39
Neomycin -Polymyxin -HC	81	Norvir	53	Onureg	42
Nerlynx	45	Nubeqa	42	Opsumit	82
Neulasta	56	Nucala	83	Orencia	75
		Nuedexta	61	Orencia ClickJect	75
				Orenitram	83

Orenitram Month 1	82	Pemazyre	43	Podofilox	64
Orenitram Month 2	82	Penicillamine	68	Polycin	80
Orenitram Month 3	82	Penicillin G Potassium	33	Polymyxin B Sulfate	31
Orgovyx	74	Penicillin G Sodium	33	Polymyxin B -Trimethoprim ..	80
Orkambi	82	Penicillin V Potassium	33	Pomalyst	42
Orserdu	42	Pentacel	77	Portia -28	72
Oseltamivir Phosphate	53	Pentamidine Isethionate	47	Posaconazole	40
Osphena	73	Pentoxifylline ER	59	Potassium Chloride	65
Otezla	75	Perforomist	82	Potassium Chloride CR	65
Oxacillin Sodium	33	Periogard	62	Potassium Chloride ER	65
Oxcarbazepine	37	Permethrin	64	Potassium Chloride in Dextrose 5%	65
Oxybutynin Chloride	68	Perphenazine	39	Potassium Chloride in NaCl ..	65
Oxybutynin Chloride ER	68	Perseris	49	Potassium Citrate ER	65
Oxycodone HCl	29	Phenelzine Sulfate	38	Pramipexole Dihydrochloride	47
Oxycodone -Acetaminophen	29	Phenobarbital	36	Pravastatin Sodium	60
P					
PEG -3350 -Electrolytes	67	Phenytek	37	Praziquantel	47
PEG -3350 -NaCl -Na Bicarbonate -KCl	67	Phenytoin	37	Prazosin HCl	57
Pacerone	57	Phenytoin Sodium Extended	37	PreHevbrio	77
Paliperidone ER	49	Pifeltro	51	Prednisolone	69
Panretin	46	Pilocarpine HCl	81	Prednisolone Acetate	80
Pantoprazole Sodium	67	Pimozide	48	Prednisolone Sodium Phosphate	80
Panzyga	75	Pimtrea	72	Prednisone	69
Paricalcitol	79	Pioglitazone HCl	54	Prednisone Intensol	69
Paromomycin Sulfate	30	Piperacillin -Tazobactam	33	Pregabalin	61
Paroxetine HCl	38	Piqray	45	Premarin	72
Pediarix	77	Pirfenidone	83	Premasol	65
Pedvax HIB	77	Plasma -Lyte 148	65	Premphase	72
Pegasys	76	Plasma -Lyte A	65	Prempro	72
		Plenammine	65	Prenatal	66

Prevalite	60	Protriptyline HCl	39	Repaglinide	54	
Prevymis	50	Pulmicort Flexhaler	81	Repatha	60	
Prezcobix	53	Pulmozyme	82	Repatha Pushtronex System	60	
Prezista	53	Purixan	42	Repatha SureClick	60	
Priftin	41	Pyrazinamide	41	Restasis MultiDose	79	
Primaquine Phosphate	47	Pyridostigmine Bromide	41	Restasis Single -Use Vials	79	
Primidone	36	Pyrimethamine	47	Retacrit	56	
Priorix	77	Pyrukynd	56	Retevmo	43	
Privigen	75	Pyrukynd Taper Pack	56	Revcovi	68	
ProQuad	77	Q			Revlimid	42
Probenecid	40	Qinlock	42	Rexulti	49	
Probenecid -Colchicine	40	Quadracel	77	Reyataz	53	
Prochlorperazine	39	Quetiapine Fumarate	49	Rezlidhia	45	
Prochlorperazine Maleate	39	Quinapril HCl	57	Ribavirin	50	
Procrit	56	Quinidine Sulfate	58	Ridaura	75	
Procto -Med HC	78	Quinine Sulfate	47	Rifabutin	41	
Proctosol HC	78	R			Rifampin	41
Proctozone -HC	78	RabAvert	77	Riluzole	61	
Prograf	76	Raloxifene HCl	73	Risperdal Consta	49	
Prolastin -C	68	Ramipril	57	Risperidone	49	
Prolensa	80	Ranolazine ER	59	Risperidone ODT	49	
Prolia	79	Rasagiline Mesylate	48	Ritonavir	53	
Promacta	56	Rasuvo	76	Rivastigmine Tartrate	37	
Promethazine HCl	39	Rayaldee	79	Rivelsa	72	
Propafenone HCl	57	Reclipsen	72	Rizatriptan Benzoate	41	
Propranolol HCl	58	Recombivax HB	77	Rizatriptan Benzoate ODT	41	
Propranolol HCl ER	58	Rectiv	60	Roflumilast	82	
Propylthiouracil	74	Regranex	64	Ropinirole HCl	47	
Prosol	66	Relistor	66	Rosuvastatin Calcium	60	

RotaTeq	78	Shingrix	78	Sprycel	45
Rotarix	78	Signifor	74	Sronyx	72
Roweepra	35	Sildenafil Citrate	83	Stelara	75
Rozlytrek	45	Silver Sulfadiazine	64	Stiolto Respimat	83
Rubraca	45	Simbrinza	81	Stivarga	45
Rufinamide	37	Simvastatin	60	Streptomycin Sulfate	31
Rukobia	52	Sirolimus	76	Stribild	51
Rydapt	45	Sirturo	41	Suboxone	30
Rytary	48	Skyclarys	61	Subvenite	35
S					
SPS	66	Sodium Chloride	66	Sucraid	68
SSD	64	Sodium Fluoride	66	Sucralfate	67
Sajazir	74	Sodium Oxybate	84	Sulfacetamide Sodium	80
Sandimmune	76	Sodium Phenylbutyrate	68	Sulfacetamide -Prednisolone	79
Santyl	64	Sodium Polystyrene Sulfonate	66	Sulfadiazine	34
Sapropterin Dihydrochloride	68	Sodium Sulfate -Potassium Sulfate -Magnesium Sulfate	67	Sulfamethoxazole -Trimethoprim	34
Savella	61	Solifenacin Succinate	68	Sulfasalazine	78
Savella Titration Pack	61	Soliqua	54	Sulindac	28
Scemblix	45	Soltamox	42	Sumatriptan	41
Scopolamine	39	Somavert	74	Sumatriptan Succinate	41
Secuado	49	Sorafenib Tosylate	45	Sunitinib Malate	46
Selegiline HCl	48	Sorine	58	Sunlenca	52
Selenium Sulfide	63	Sotalol HCl	58	Syeda	72
Selzentry	52	Sotalol HCl AF	58	Sympazan	36
Serevent Diskus	82	Spiriva HandiHaler	82	Symtuza	53
Sertraline HCl	38	Spiriva Respimat	82	Synarel	74
Setlakin	72	Spironolactone	59	Synribo	43
Sevelamer Carbonate	66	Spironolactone -HCTZ	59	Synthroid	73
Sharobel	73	Sprintec 28	72	T	
		Spritam ODT	35	TDVAX	78

TOBI Podhaler	82	Testosterone Enanthate	69	Tramadol HCl ER	29
TPN Electrolytes	66	Tetrabenazine	61	Tramadol -Acetaminophen	29
Tabloid	42	Tetracycline HCl	35	Tranexamic Acid	56
Tabrecta	42	Thalomid	42	Tranylcypromine Sulfate	38
Tacrolimus	76	Theophylline ER	82	Travasol	66
Tafinlar	46	Thioridazine HCl	48	Trazodone HCl	38
Tagrisso	46	Thiothixene	48	Trecator	41
Talzenna	46	Tiadyt ER	58	Trelegy Ellipta	83
Tamoxifen Citrate	42	Tiagabine HCl	36	Trelstar Mixject	74
Tamsulosin HCl	68	Tibsovo	46	Tretinoin	62
Tarina 24 Fe	72	Ticovac	78	Tri -Estarylla	72
Tarina Fe 1/20 EQ	72	Tigecycline	31	Tri -Lo -Estarylla	72
Tasigna	46	Timolol Maleate	80	Tri -Lo -Sprintec	72
Tasimelteon	84	Timolol Maleate Ophthalmic Gel Forming	80	Tri -Mili	72
Tazarotene	62	Tinidazole	31	Tri -Nymyo	72
Tazicef	32	Tivicay	51	Tri -Sprintec	72
Taztia XT	58	Tivicay PD	51	Tri -VyLibra	72
Tazverik	43	Tizanidine HCl	50	Tri -VyLibra Lo	72
Teflaro	32	TobraDex	79	Triamcinolone Acetonide	63
Telmisartan	57	Tobramycin	82	Triamterene -HCTZ	59
Temazepam	84	Tobramycin Sulfate	31	Triderm	63
Tenivac	78	Tobramycin -Dexamethasone	79	Trientine HCl	66
Tenofovir Disoproxil Fumarate	52	Topiramate	35	Trifluoperazine HCl	48
Tepmetko	46	Toremifene Citrate	42	Trifluridine	80
Terazosin HCl	68	Torsemide	59	Trihexyphenidyl HCl	47
Terbinafine HCl	40	Toujeo Max SoloStar	55	Trimethoprim	31
Terconazole	40	Toujeo SoloStar	55	Trimipramine Maleate	39
Testosterone	69	Tradjenta	54	Trintellix	38
Testosterone Cypionate	69	Tramadol HCl	29	Triumeq	52

Triumeq PD	52	Valtoco 5MG Dose	36	Vivitrol	30
Trivora	72	Vancomycin HCl	31	Vizimpro	46
Trizivir	52	Varenicline Tartrate	30	Vonjo	43
TrophAmine	66	Varivax	78	Voriconazole	40
Trulance	66	Vascepa	60	Vosevi	50
Trulicity	54	Velphoro	66	Votrient	46
Trumenba	78	Vemlidy	50	Vowst	67
Tukysa	43	Venclexta	46	Vraylar	50
Turalio	46	Venclexta Starting Pack	46	VyLibra	72
Twinrix	78	Venlafaxine Besylate ER	39	Vyfemla	72
Tyblume	72	Venlafaxine HCl	39	Vyndaqel	68
Tybost	52	Venlafaxine HCl ER	39	Vyzulta	81
Tymlos	79	Ventolin HFA	82		
Typhim Vi	78	Verapamil HCl	58	W	
U		Verapamil HCl ER	58	Warfarin Sodium	56
Udenyca	56	Verquvo	61	Welireg	46
Unithroid	73	Versacloz	50	X	
Ursodiol	67	Verzenio	46	Xalkori	46
V		Vestura	72	Xarelto	56
VAQTA	78	Viberzi	67	Xarelto Starter Pack	56
Valacyclovir HCl	51	Vienna	72	Xatmep	76
Valchlor	42	Vigabatrin	36	Xcopri	36
Valganciclovir HCl	50	Vigadrone	36	Xeljanz	75
Valproic Acid	35	Viibryd	39	Xeljanz XR	75
Valsartan	57	Viibryd Starter Pack	39	Xermelo	67
Valsartan -Hydrochlorothiazide	59	Vilazodone HCl	39	Xgeva	79
Valtoco 10MG Dose	36	Viracept	53	Xifaxan	31
Valtoco 15MG Dose	36	Viread	52	Xigduo XR	54
Valtoco 20MG Dose	36	Vitrakvi	46	Xofluza	53
				Xolair	75

Xospata	46
Xpovio	43
Xtampza ER	29
Xtandi	42

Y

YF -Vax	78
---------------	----

Z

Zafirlukast	81
Zaleplon	84
Zarxio	56
Zejula	46
Zelboraf	46
Zenatane	62
Zenpep	68
Zidovudine	52
Ziprasidone HCl	50
Ziprasidone Mesylate	50
Zirgan	50
Zokinvy	68
Zolinza	43
Zolpidem Tartrate	84
Zonisade	37
Zonisamide	37
Zovia 1/35	72
Ztalmy	36
Zydelig	46
Zykadia	46
Zyprexa Relprew	50

Covered drugs by category

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

The first column lists the drug name, which may include the dosage form and strength. **Brand name (B)** drugs are listed in **bold** type (for example, **Humalog**) and generic (G) drugs are listed in plain type (for example, Simvastatin). The **(B)** or **(G)** identifier is listed in the “Brand or Generic” column. The information in the “Coverage rules or limits on use” column lists any special requirements for coverage of your drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 85-112.

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Analgesics			
Nonsteroidal Anti-inflammatory Drugs			
Diclofenac Potassium (50MG Oral Tablet)	G	3	
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	G	3	
Diclofenac Sodium (1% External Gel)	G	4	
Diclofenac Sodium (Oral Tablet Delayed Release)	G	3	
Ibu (600MG Oral Tablet, 800MG Oral Tablet)	G	2	
Ibuprofen (Oral Suspension)	G	2	
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	G	2	
Meloxicam (Oral Tablet)	G	1	
Naproxen (Oral Tablet Immediate Release)	G	2	
Naproxen DR (Oral Tablet Delayed Release) (Generic EC-Naprosyn)	G	2	
Sulindac (Oral Tablet)	G	3	
Opioid Analgesics, Long-acting			
Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour)	G	4	7D; MME; DL; QL
Methadone HCl (Oral Tablet)	G	3	7D; MME; DL; QL
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	G	3	7D; MME; DL; QL
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	G	4	7D; MME; DL; QL
Tramadol HCl ER (Biphasic) (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	4	7D; MME; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Tramadol HCl ER (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	4	7D; MME; DL; QL
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	B	4	7D; MME; DL; QL
Opioid Analgesics, Short-acting			
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	3	7D; MME; DL; QL
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	3	7D; MME; DL; QL
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	G	4	QL
Endocet (Oral Tablet)	G	3	7D; MME; DL; QL
Fentanyl Citrate (1200MCG Buccal Lozenge On A Handle, 1600MCG Buccal Lozenge On A Handle, 400MCG Buccal Lozenge On A Handle, 600MCG Buccal Lozenge On A Handle, 800MCG Buccal Lozenge On A Handle)	G	5	PA; DL; QL
Fentanyl Citrate (200MCG Buccal Lozenge On A Handle)	G	4	PA; DL; QL
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	G	4	7D; MME; DL; QL
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	3	7D; MME; DL; QL
Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	G	4	7D; MME; DL; QL
Hydromorphone HCl (1MG/ML Oral Liquid)	G	4	7D; MME; DL; QL
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release, 8MG Oral Tablet Immediate Release)	G	3	7D; MME; DL; QL
Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution)	G	4	7D; DL
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)	G	3	7D; MME; DL; QL
Morphine Sulfate (Oral Solution)	G	3	7D; MME; DL; QL
Morphine Sulfate (Oral Tablet Immediate Release)	G	3	7D; MME; DL; QL
Oxycodone HCl (100MG/5ML Oral Concentrate)	G	4	7D; MME; DL; QL
Oxycodone HCl (5MG/5ML Oral Solution)	G	4	7D; MME; DL; QL
Oxycodone HCl (10MG Oral Tablet Immediate Release, 15MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	3	7D; MME; DL; QL
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	3	7D; MME; DL; QL
Tramadol HCl (50MG Oral Tablet Immediate Release)	G	2	7D; MME; DL; QL
Tramadol-Acetaminophen (Oral Tablet)	G	2	7D; MME; DL; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Anesthetics			
Local Anesthetics			
Lidocaine (5% External Ointment)	G	4	QL
Lidocaine (5% External Patch)	G	4	PA; QL
Lidocaine HCl (4% External Solution)	G	4	
Lidocaine Viscous (2% Mouth/Throat Solution)	G	2	
Lidocaine-Prilocaine (External Cream)	G	3	
Anti-Addiction/Substance Abuse Treatment Agents			
Alcohol Deterrents/Anti-craving			
Acamprosate Calcium (Oral Tablet Delayed Release)	G	4	
Disulfiram (Oral Tablet)	G	4	
Naltrexone HCl (Oral Tablet)	G	3	
Vivitrol (Intramuscular Suspension Reconstituted)	B	5	DL
Opioid Dependence			
Buprenorphine HCl (Tablet Sublingual)	G	2	QL
Buprenorphine HCl-Naloxone HCl (Sublingual Film)	G	4	QL
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	G	2	QL
Suboxone (Sublingual Film)	B	4	QL
Opioid Reversal Agents			
Naloxone HCl (0.4MG/ML Injection Solution)	G	2	
Naloxone HCl (Injection Solution Cartridge)	G	2	
Naloxone HCl (Injection Solution Prefilled Syringe)	G	2	
Naloxone HCl (Nasal Liquid)	G	3	
Narcan (Nasal Liquid)	B	3	
Smoking Cessation Agents			
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	G	2	
Nicotrol (Inhalation Inhaler)	B	4	
Varenicline Tartrate (Starter) (Oral Tablet Therapy Pack)	G	4	
Varenicline Tartrate (Oral Tablet)	G	4	
Antibacterials			
Aminoglycosides			
Amikacin Sulfate (500MG/2ML Injection Solution)	G	4	
Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	G	4	
Gentamicin Sulfate (40MG/ML Injection Solution)	G	4	
Neomycin Sulfate (Oral Tablet)	G	3	
Paromomycin Sulfate (250MG Oral Capsule)	G	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Streptomycin Sulfate (Intramuscular Solution Reconstituted)	G	4	
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	G	4	
Antibacterials, Other			
Aztreonam (Injection Solution Reconstituted)	G	4	
Clindamycin HCl (Oral Capsule)	G	2	
Clindamycin Palmitate HCl (Oral Solution Reconstituted)	G	4	
Clindamycin Phosphate in D5W (Intravenous Solution)	G	4	
Clindamycin Phosphate (300MG/2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution)	G	4	
Clindamycin Phosphate (Vaginal Cream)	G	4	
Colistimethate Sodium (CBA) (Injection Solution Reconstituted)	G	4	
Daptomycin (500MG Intravenous Solution Reconstituted)	G	4	
Linezolid (Intravenous Solution)	G	4	
Linezolid (Oral Suspension Reconstituted)	G	5	DL; QL
Linezolid (Oral Tablet)	G	4	QL
Methenamine Hippurate (Oral Tablet)	G	4	
Metronidazole (0.75% External Cream)	G	4	
Metronidazole (0.75% External Gel)	G	4	
Metronidazole (500MG/100ML Intravenous Solution)	G	4	
Metronidazole (250MG Oral Tablet, 500MG Oral Tablet)	G	2	
Metronidazole (0.75% Vaginal Gel)	G	4	
Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin)	G	3	
Nitrofurantoin Monohydrate (Generic Macrobid)	G	3	
Polymyxin B Sulfate (Injection Solution Reconstituted)	G	4	
Tigecycline (Intravenous Solution Reconstituted)	G	5	DL
Tinidazole (Oral Tablet)	G	4	
Trimethoprim (Oral Tablet)	G	3	
Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)	G	4	
Vancomycin HCl (Oral Capsule)	G	4	QL
Xifaxan (200MG Oral Tablet)	B	4	PA
Xifaxan (550MG Oral Tablet)	B	5	PA; DL
Beta-lactam, Cephalosporins			

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cefaclor (Oral Capsule)	G	3	
Cefadroxil (Oral Capsule)	G	3	
Cefadroxil (Oral Suspension Reconstituted)	G	3	
Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	4	
Cefdinir (Oral Capsule)	G	3	
Cefdinir (Oral Suspension Reconstituted)	G	3	
Cefepime HCl (Injection Solution Reconstituted)	G	4	
Cefepime HCl (2GM Intravenous Solution Reconstituted)	G	4	
Cefixime (Oral Capsule)	G	4	
Cefixime (Oral Suspension Reconstituted)	G	4	
Cefotetan Disodium (Injection Solution Reconstituted)	G	4	
Cefoxitin Sodium (Intravenous Solution Reconstituted)	G	4	
Cefpodoxime Proxetil (Oral Tablet)	G	4	
Cefprozil (Oral Tablet)	G	3	
Ceftazidime (Injection Solution Reconstituted)	G	4	
Ceftazidime (Intravenous Solution Reconstituted)	G	4	
Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	4	
Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	G	4	
Cefuroxime Axetil (Oral Tablet)	G	4	
Cefuroxime Sodium (Injection Solution Reconstituted)	G	4	
Cefuroxime Sodium (Intravenous Solution Reconstituted)	G	4	
Cephalexin (250MG Oral Capsule, 500MG Oral Capsule)	G	2	
Cephalexin (Oral Suspension Reconstituted)	G	3	
Tazicef (Injection Solution Reconstituted)	G	4	
Tazicef (2GM Intravenous Solution Reconstituted, 6GM Intravenous Solution Reconstituted)	G	4	
Teflaro (Intravenous Solution Reconstituted)	B	5	DL
Beta-lactam, Penicillins			
Amoxicillin (Oral Capsule)	G	2	
Amoxicillin (Oral Suspension Reconstituted)	G	2	
Amoxicillin (Oral Tablet Immediate Release)	G	2	
Amoxicillin (Oral Tablet Chewable)	G	2	
Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour)	G	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Amoxicillin-Potassium Clavulanate (200-28.5MG/5ML Oral Suspension Reconstituted, 250-62.5MG/5ML Oral Suspension Reconstituted, 400-57MG/5ML Oral Suspension Reconstituted, 600-42.9MG/5ML Oral Suspension Reconstituted)	G	3	
Amoxicillin-Potassium Clavulanate (250-125MG Oral Tablet Immediate Release, 500-125MG Oral Tablet Immediate Release, 875-125MG Oral Tablet Immediate Release)	G	2	
Amoxicillin-Potassium Clavulanate (200-28.5MG Oral Tablet Chewable, 400-57MG Oral Tablet Chewable)	G	3	
Ampicillin (Oral Capsule)	G	2	
Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted)	G	4	
Ampicillin Sodium (10GM Intravenous Solution Reconstituted)	G	4	
Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)	G	4	
Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted)	G	4	
Bicillin C-R 900/300 (Intramuscular Suspension)	B	4	
Bicillin C-R (Intramuscular Suspension)	B	4	
Bicillin L-A (Intramuscular Suspension Prefilled Syringe)	B	4	
Dicloxacillin Sodium (Oral Capsule)	G	3	
Nafcillin Sodium (Injection Solution Reconstituted)	G	4	
Nafcillin Sodium (10GM Intravenous Solution Reconstituted)	G	4	
Oxacillin Sodium (Injection Solution Reconstituted)	G	4	
Oxacillin Sodium (Intravenous Solution Reconstituted)	G	4	
Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)	G	4	
Penicillin G Sodium (Injection Solution Reconstituted)	G	4	
Penicillin V Potassium (Oral Solution Reconstituted)	G	2	
Penicillin V Potassium (Oral Tablet)	G	2	
Piperacillin-Tazobactam (2.25 (2-0.25)GM Intravenous Solution Reconstituted, 3.375 (3-0.375)GM Intravenous Solution Reconstituted, 4.5 (4-0.5)GM Intravenous Solution Reconstituted, 40.5 (36-4.5)GM Intravenous Solution Reconstituted)	G	4	
Carbapenems			
Ertapenem Sodium (Injection Solution Reconstituted)	G	4	
Imipenem-Cilastatin (Intravenous Solution Reconstituted)	G	4	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Meropenem (Intravenous Solution Reconstituted)	G	4	
Macrolides			
Azithromycin (Intravenous Solution Reconstituted)	G	4	
Azithromycin (Oral Suspension Reconstituted)	G	3	
Azithromycin (Oral Tablet)	G	2	
Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	G	4	
Clarithromycin (Oral Suspension Reconstituted)	G	4	
Clarithromycin (Oral Tablet Immediate Release)	G	3	
Difcid (Oral Suspension Reconstituted)	B	5	DL
Difcid (Oral Tablet)	B	5	DL
Erythromycin Base (Oral Capsule Delayed Release Particles)	G	4	
Erythromycin Base (Oral Tablet Immediate Release)	G	4	
Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted)	G	4	
Erythromycin Ethylsuccinate (Oral Tablet)	G	4	
Erythromycin (Oral Tablet Delayed Release)	G	4	
Quinolones			
Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	G	2	
Ciprofloxacin in D5W (200MG/100ML Intravenous Solution)	G	4	
Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution)	G	4	
Levofloxacin (25MG/ML Oral Solution)	G	4	
Levofloxacin (250MG Oral Tablet, 500MG Oral Tablet, 750MG Oral Tablet)	G	3	
Moxifloxacin HCl in NaCl (Intravenous Solution)	G	4	
Moxifloxacin HCl (Oral Tablet)	G	3	
Sulfonamides			
Sulfadiazine (Oral Tablet)	G	4	
Sulfamethoxazole-Trimethoprim (Oral Suspension)	G	4	
Sulfamethoxazole-Trimethoprim (Oral Tablet)	G	2	
Tetracyclines			
Demeclocycline HCl (Oral Tablet)	G	4	
Doxy 100 (Intravenous Solution Reconstituted)	G	4	
Doxycycline Hyclate (Oral Capsule)	G	3	
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release)	G	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule)	G	3	
Doxycycline Monohydrate (Oral Suspension Reconstituted)	G	4	
Doxycycline Monohydrate (100MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	G	3	
Minocycline HCl (Oral Capsule)	G	3	
Tetracycline HCl (Oral Capsule)	G	4	
Anticonvulsants			
Anticonvulsants, Other			
BRIVIACT (Oral Solution)	B	4	PA; QL
BRIVIACT (Oral Tablet)	B	4	PA; QL
Epidiolex (Oral Solution)	B	5	PA; DL
Eprontia (Oral Solution)	B	4	
Felbamate (Oral Suspension)	G	4	
Felbamate (Oral Tablet)	G	4	
Fintepla (Oral Solution)	B	5	PA; DL; QL
Fycompa (Oral Suspension)	B	4	QL
Fycompa (Oral Tablet)	B	4	QL
Lamotrigine (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release)	G	2	
Lamotrigine (25MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	G	3	
Levetiracetam ER (Oral Tablet Extended Release 24 Hour)	G	3	
Levetiracetam (Oral Solution)	G	3	
Levetiracetam (Oral Tablet Immediate Release)	G	3	
Roweepra (Oral Tablet Immediate Release)	G	3	
Spritam ODT (Oral Tablet Disintegrating Soluble)	B	4	
Subvenite (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet)	G	2	
Topiramate (Oral Capsule Sprinkle Immediate Release)	G	3	
Topiramate (Oral Tablet)	G	2	
Valproic Acid (Oral Capsule)	G	2	
Valproic Acid (Oral Solution)	G	2	
Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack)	B	5	PA; DL; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet)	B	5	PA; DL; QL
Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack)	B	4	PA; QL
Xcopri (14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Calcium Channel Modifying Agents			
Ethosuximide (Oral Capsule)	G	3	
Ethosuximide (Oral Solution)	G	4	
Methsuximide (Oral Capsule)	G	4	
Gamma-aminobutyric Acid (GABA) Augmenting Agents			
Clobazam (Oral Suspension)	G	4	PA; QL
Clobazam (Oral Tablet)	G	4	PA; QL
Diacomit (Oral Capsule)	B	5	DL; QL
Diacomit (Oral Packet)	B	5	DL; QL
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	G	4	QL
Gabapentin (Oral Capsule)	G	2	
Gabapentin (250MG/5ML Oral Solution)	G	4	
Gabapentin (600MG Oral Tablet, 800MG Oral Tablet)	G	2	
Nayzilam (Nasal Solution)	B	4	PA; QL
Phenobarbital (Oral Elixir)	G	4	
Phenobarbital (Oral Tablet)	G	4	
Primidone (Oral Tablet)	G	2	
Sympazan (Oral Film)	B	5	PA; DL; QL
Tiagabine HCl (Oral Tablet)	G	4	
Valtoco 10MG Dose (Nasal Liquid)	B	4	PA; QL
Valtoco 15MG Dose (Nasal Liquid Therapy Pack)	B	4	PA; QL
Valtoco 20MG Dose (Nasal Liquid Therapy Pack)	B	4	PA; QL
Valtoco 5MG Dose (Nasal Liquid)	B	4	PA; QL
Vigabatrin (Oral Packet)	G	5	PA; DL; QL
Vigabatrin (Oral Tablet)	G	5	PA; DL; QL
Vigadrone (Oral Packet)	G	5	PA; DL; QL
Vigadrone (Oral Tablet)	G	5	PA; DL; QL
Ztalmy (Oral Suspension)	B	5	PA; DL
Sodium Channel Agents			
Aptiom (Oral Tablet)	B	4	QL
Carbamazepine ER (Oral Capsule Extended Release 12 Hour)	G	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Carbamazepine ER (Oral Tablet Extended Release 12 Hour)	G	4	
Carbamazepine (100MG/5ML Oral Suspension)	G	4	
Carbamazepine (200MG Oral Tablet Immediate Release)	G	3	
Carbamazepine (100MG Oral Tablet Chewable)	G	3	
Dilantin INFATABS (Oral Tablet Chewable)	B	4	
Dilantin (Oral Capsule)	B	4	
Epitol (Oral Tablet)	G	3	
Lacosamide (Oral Solution)	G	4	QL
Lacosamide (Oral Tablet)	G	4	QL
Oxcarbazepine (300MG/5ML Oral Suspension)	G	4	
Oxcarbazepine (150MG Oral Tablet, 300MG Oral Tablet, 600MG Oral Tablet)	G	3	
Phenytek (Oral Capsule)	B	4	
Phenytoin (125MG/5ML Oral Suspension)	G	3	
Phenytoin (Oral Tablet Chewable)	G	3	
Phenytoin Sodium Extended (Oral Capsule)	G	3	
Rufinamide (Oral Suspension)	G	4	
Rufinamide (Oral Tablet)	G	4	
Zonisade (Oral Suspension)	B	4	ST
Zonisamide (Oral Capsule)	G	3	
Antidementia Agents			
Antidementia Agents, Other			
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	B	3	PA; QL
Namzaric (Oral Capsule Extended Release 24 Hour)	B	3	PA; QL
Cholinesterase Inhibitors			
Donepezil HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	2	QL
Donepezil HCl ODT (Oral Tablet Dispersible)	G	3	QL
Rivastigmine Tartrate (Oral Capsule)	G	4	QL
N-methyl-D-aspartate (NMDA) Receptor Antagonist			
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	4	PA; QL
Memantine HCl (Oral Solution)	G	4	PA; QL
Memantine HCl (Oral Tablet)	G	3	PA; QL
Memantine HCl Titration Pak (Oral Tablet)	G	3	PA; QL
Antidepressants			
Antidepressants, Other			
Auvelity (Oral Tablet Extended Release)	B	5	DL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	G	2	
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	2	
Bupropion HCl (Oral Tablet Immediate Release)	G	2	
Mirtazapine (Oral Tablet)	G	2	
Mirtazapine ODT (Oral Tablet Dispersible)	G	3	
Monoamine Oxidase Inhibitors			
Emsam (Transdermal Patch 24 Hour)	B	5	DL; QL
Marplan (Oral Tablet)	B	4	
Phenelzine Sulfate (Oral Tablet)	G	3	
Tranylcypromine Sulfate (Oral Tablet)	G	4	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)			
Citalopram Hydrobromide (Oral Capsule)	B	4	
Citalopram Hydrobromide (Oral Solution)	G	3	
Citalopram Hydrobromide (Oral Tablet)	G	1	
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	3	QL
Escitalopram Oxalate (Oral Solution)	G	4	
Escitalopram Oxalate (Oral Tablet)	G	2	
Fetzima (Oral Capsule Extended Release 24 Hour)	B	4	ST; QL
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	B	4	ST; QL
Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)	G	2	
Fluoxetine HCl (20MG/5ML Oral Solution)	G	3	
Fluvoxamine Maleate (Oral Tablet)	G	3	
Nefazodone HCl (Oral Tablet)	G	4	
Paroxetine HCl (10MG/5ML Oral Suspension)	G	4	
Paroxetine HCl (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 40MG Oral Tablet Immediate Release)	G	2	
Sertraline HCl (Oral Concentrate)	G	4	
Sertraline HCl (Oral Tablet)	G	1	
Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	G	2	
Trintellix (Oral Tablet)	B	4	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Venlafaxine Besylate ER (Oral Tablet Extended Release 24 Hour)	B	4	
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	G	3	
Venlafaxine HCl (Oral Tablet Immediate Release)	G	3	
Viibryd (Oral Tablet)	B	4	QL
Viibryd Starter Pack (Oral Kit)	B	4	QL
Vilazodone HCl (Oral Tablet)	G	4	QL
Tricyclics			
Amitriptyline HCl (Oral Tablet)	G	3	
Amoxapine (Oral Tablet)	G	3	
Clomipramine HCl (Oral Capsule)	G	4	
Desipramine HCl (Oral Tablet)	G	4	
Doxepin HCl (Oral Capsule)	G	4	
Doxepin HCl (Oral Concentrate)	G	4	
Imipramine HCl (Oral Tablet)	G	4	
Nortriptyline HCl (Oral Capsule)	G	3	
Nortriptyline HCl (Oral Solution)	G	4	
Protriptyline HCl (Oral Tablet)	G	4	
Trimipramine Maleate (Oral Capsule)	G	4	
Antiemetics			
Antiemetics, Other			
Compro (Rectal Suppository)	G	4	
Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet)	G	3	
Metoclopramide HCl (5MG/5ML Oral Solution)	G	4	
Metoclopramide HCl (Oral Tablet)	G	2	
Perphenazine (Oral Tablet)	G	4	
Prochlorperazine Maleate (Oral Tablet)	G	2	
Prochlorperazine (Rectal Suppository)	G	4	
Promethazine HCl (Oral Tablet)	G	3	
Scopolamine (Transdermal Patch 72 Hour)	G	4	
Emetogenic Therapy Adjuncts			
Aprepitant (Oral Therapy Pack, Oral Capsule)	G	4	PA; QL
Dronabinol (Oral Capsule)	G	4	PA
Granisetron HCl (Oral Tablet)	G	4	B/D,PA; QL
Ondansetron HCl (Oral Solution)	G	4	B/D,PA; QL
Ondansetron HCl (4MG Oral Tablet, 8MG Oral Tablet)	G	2	B/D,PA; QL
Ondansetron ODT (Oral Tablet Dispersible)	G	2	B/D,PA; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Antifungals			
Antifungals			
Abelcet (Intravenous Suspension)	B	4	B/D,PA
Amphotericin B (Intravenous Solution Reconstituted)	G	4	B/D,PA
Amphotericin B Liposome (Intravenous Suspension Reconstituted)	G	4	B/D,PA
Clotrimazole (Mouth/Throat Troche)	G	2	
Fluconazole in Sodium Chloride (200-0.9MG/100ML-% Intravenous Solution, 400-0.9MG/200ML-% Intravenous Solution)	G	4	
Fluconazole (Oral Suspension Reconstituted)	G	3	
Fluconazole (Oral Tablet)	G	2	
Flucytosine (Oral Capsule)	G	5	DL
Griseofulvin Microsize (Oral Suspension)	G	4	
Griseofulvin Microsize (Oral Tablet)	G	4	
Griseofulvin Ultramicrosize (Oral Tablet)	G	4	
Itraconazole (Oral Capsule)	G	4	PA; QL
Ketoconazole (Oral Tablet)	G	3	
Micafungin Sodium (Intravenous Solution Reconstituted)	G	4	
Nystatin (Mouth/Throat Suspension)	G	2	
Nystatin (Oral Tablet)	G	3	
Posaconazole (Oral Tablet Delayed Release)	G	5	PA; DL; QL
Terbinafine HCl (Oral Tablet)	G	3	QL
Terconazole (Vaginal Cream)	G	3	
Terconazole (Vaginal Suppository)	G	4	
Voriconazole (Intravenous Solution Reconstituted)	G	5	PA; DL
Voriconazole (Oral Suspension Reconstituted)	G	4	QL
Voriconazole (Oral Tablet)	G	4	QL
Antigout Agents			
Antigout Agents			
Allopurinol (100MG Oral Tablet, 300MG Oral Tablet)	G	2	
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	B	3	QL
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	G	3	QL
Febuxostat (Oral Tablet)	G	4	ST
Probenecid (Oral Tablet)	G	3	
Probenecid-Colchicine (Oral Tablet)	G	3	
Antimigraine Agents			
Acute			
Nurtec ODT (Oral Tablet Dispersible)	B	4	PA; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Rizatriptan Benzoate (Oral Tablet)	G	3	QL
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	3	QL
Sumatriptan (Nasal Solution)	G	4	QL
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	2	QL
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector)	G	4	QL
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	G	4	QL
Ergot Alkaloids			
Dihydroergotamine Mesylate (Nasal Solution)	G	5	PA; DL; QL
Ergotamine-Caffeine (Oral Tablet)	G	3	
Prophylactic			
Aimovig (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Emgality (Subcutaneous Solution Auto-Injector)	B	4	PA; QL
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	B	4	PA; QL
Timolol Maleate (Oral Tablet)	G	4	
Antimyasthenic Agents			
Parasympathomimetics			
Pyridostigmine Bromide (60MG Oral Tablet Immediate Release)	G	3	
Antimycobacterials			
Antimycobacterials, Other			
Dapsone (Oral Tablet)	G	3	
Rifabutin (Oral Capsule)	G	4	
Antituberculars			
Ethambutol HCl (Oral Tablet)	G	3	
Isoniazid (Oral Syrup)	G	4	
Isoniazid (Oral Tablet)	G	2	
Priftin (Oral Tablet)	B	4	
Pyrazinamide (Oral Tablet)	G	4	
Rifampin (600MG Intravenous Solution Reconstituted)	G	4	
Rifampin (150MG Oral Capsule, 300MG Oral Capsule)	G	3	
Sirturo (Oral Tablet)	B	5	PA; DL
Trecator (Oral Tablet)	B	4	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Antineoplastics			
Alkylating Agents			
Cyclophosphamide (Oral Capsule)	G	3	B/D,PA
Cyclophosphamide (Oral Tablet)	B	3	B/D,PA
Gleostine (100MG Oral Capsule)	B	5	DL
Gleostine (10MG Oral Capsule, 40MG Oral Capsule)	B	4	
Leukeran (Oral Tablet)	B	4	
Matulane (Oral Capsule)	B	5	DL
Valchlor (External Gel)	B	5	PA; DL; QL
Antiandrogens			
Abiraterone Acetate (Oral Tablet)	G	4	PA; QL
Bicalutamide (Oral Tablet)	G	3	
Erleada (Oral Tablet)	B	5	PA; DL; QL
Nilutamide (Oral Tablet)	G	5	DL
Nubeqa (Oral Tablet)	B	5	PA; DL; QL
Xtandi (Oral Capsule)	B	5	PA; DL; QL
Xtandi (Oral Tablet)	B	5	PA; DL; QL
Antiangiogenic Agents			
Fotivda (Oral Capsule)	B	5	PA; DL; QL
Lenalidomide (Oral Capsule)	G	5	PA; DL; QL
Pomalyst (Oral Capsule)	B	5	PA; DL; QL
Qinlock (Oral Tablet)	B	5	PA; DL; QL
Revlimid (Oral Capsule)	B	5	PA; DL; QL
Tabrecta (Oral Tablet)	B	5	PA; DL; QL
Thalomid (Oral Capsule)	B	5	PA; DL; QL
Antiestrogens/Modifiers			
Emcyt (Oral Capsule)	B	4	
Orserdu (Oral Tablet)	B	5	PA; DL; QL
Soltamox (Oral Solution)	B	4	
Tamoxifen Citrate (Oral Tablet)	G	2	
Toremifene Citrate (Oral Tablet)	G	4	
Antimetabolites			
Droxia (Oral Capsule)	B	3	
Hydroxyurea (Oral Capsule)	G	3	
Mercaptopurine (Oral Tablet)	G	3	
Onureg (Oral Tablet)	B	5	PA; DL; QL
Purixan (Oral Suspension)	B	5	PA; DL
Tabloid (Oral Tablet)	B	4	PA
Antineoplastics, Other			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
IDHIFA (Oral Tablet)	B	5	PA; DL; QL
Krazati (Oral Tablet)	B	5	PA; DL; QL
Lonsurf (Oral Tablet)	B	5	PA; DL; QL
Lumakras (Oral Tablet)	B	5	PA; DL; QL
Ninlaro (Oral Capsule)	B	5	PA; DL; QL
Pemazyre (Oral Tablet)	B	5	PA; DL; QL
Retevmo (Oral Capsule)	B	5	PA; DL; QL
Synribo (Subcutaneous Solution Reconstituted)	B	5	PA; DL
Tazverik (Oral Tablet)	B	5	PA; DL; QL
Tukysa (Oral Tablet)	B	5	PA; DL; QL
Vonjo (Oral Capsule)	B	5	PA; DL; QL
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Zolinza (Oral Capsule)	B	5	PA; DL
Aromatase Inhibitors, 3rd Generation			
Anastrozole (Oral Tablet)	G	2	
Exemestane (Oral Tablet)	G	4	
Letrozole (Oral Tablet)	G	2	
Molecular Target Inhibitors			
Alecensa (Oral Capsule)	B	5	PA; DL; QL
Alunbrig (Oral Tablet)	B	5	PA; DL; QL
Alunbrig (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Ayvakit (Oral Tablet)	B	5	PA; DL; QL
Balversa (Oral Tablet)	B	5	PA; DL; QL
Bosulif (Oral Tablet)	B	5	PA; DL; QL
Braftovi (Oral Capsule)	B	5	PA; DL
Brukinsa (Oral Capsule)	B	5	PA; DL; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cabometyx (Oral Tablet)	B	5	PA; DL; QL
Calquence (100MG Oral Capsule)	B	5	PA; DL; QL
Calquence (Oral Tablet)	B	5	PA; DL; QL
Caprelsa (Oral Tablet)	B	5	PA; DL
Cometriq (100MG Daily Dose) (Oral Kit)	B	5	PA; DL; QL
Cometriq (140MG Daily Dose) (Oral Kit)	B	5	PA; DL; QL
Cometriq (60MG Daily Dose) (Oral Kit)	B	5	PA; DL; QL
Copiktra (Oral Capsule)	B	5	PA; DL; QL
Cotellic (Oral Tablet)	B	5	PA; DL; QL
Daurismo (Oral Tablet)	B	5	PA; DL; QL
Erivedge (Oral Capsule)	B	5	PA; DL
Erlotinib HCl (Oral Tablet)	G	5	PA; DL; QL
Everolimus (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	5	PA; DL
Everolimus (Oral Tablet Soluble)	G	5	PA; DL
Exkivity (Oral Capsule)	B	5	PA; DL; QL
Gavreto (Oral Capsule)	B	5	PA; DL; QL
Gefitinib (Oral Tablet)	G	5	PA; DL; QL
Gilotrif (Oral Tablet)	B	5	PA; DL
Ibrance (Oral Capsule)	B	5	PA; DL; QL
Ibrance (Oral Tablet)	B	5	PA; DL; QL
Iclusig (Oral Tablet)	B	5	PA; DL; QL
Imatinib Mesylate (Oral Tablet)	G	3	PA; QL
Imbruvica (Oral Capsule)	B	5	PA; DL; QL
Imbruvica (Oral Suspension)	B	5	PA; DL; QL
Imbruvica (140MG Oral Tablet, 280MG Oral Tablet, 420MG Oral Tablet)	B	5	PA; DL; QL
Inlyta (Oral Tablet)	B	5	PA; DL; QL
Inqovi (Oral Tablet)	B	5	PA; DL; QL
Inrebic (Oral Capsule)	B	5	PA; DL; QL
Jakafi (Oral Tablet)	B	5	PA; DL; QL
Jaypirca (Oral Tablet)	B	5	PA; DL; QL
Kisqali (200MG Dose) (Oral Tablet)	B	5	PA; DL; QL
Kisqali (400MG Dose) (Oral Tablet)	B	5	PA; DL; QL
Kisqali (600MG Dose) (Oral Tablet)	B	5	PA; DL; QL
Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Koselugo (Oral Capsule)	B	5	PA; DL; QL
Lapatinib Ditosylate (Oral Tablet)	G	5	PA; DL
Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)	B	5	PA; DL
Lorbrena (Oral Tablet)	B	5	PA; DL; QL
Lynparza (Oral Tablet)	B	5	PA; DL; QL
Lytgobi (12MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Lytgobi (16MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Lytgobi (20MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Mekinist (Oral Solution Reconstituted)	B	5	PA; DL
Mekinist (Oral Tablet)	B	5	PA; DL
Mektovi (Oral Tablet)	B	5	PA; DL
Nerlynx (Oral Tablet)	B	5	PA; DL; QL
Odomzo (Oral Capsule)	B	5	PA; DL
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Rezlidhia (Oral Capsule)	B	5	PA; DL; QL
Rozlytrek (Oral Capsule)	B	5	PA; DL; QL
Rubraca (Oral Tablet)	B	5	PA; DL; QL
Rydapt (Oral Capsule)	B	5	PA; DL; QL
Scemblix (Oral Tablet)	B	5	PA; DL; QL
Sorafenib Tosylate (Oral Tablet)	G	5	PA; DL
Sprycel (Oral Tablet)	B	5	PA; DL; QL
Stivarga (Oral Tablet)	B	5	PA; DL; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Sunitinib Malate (Oral Capsule)	G	5	PA; DL; QL
Tafinlar (Oral Capsule)	B	5	PA; DL
Tafinlar (Oral Tablet Soluble)	B	5	PA; DL
Tagrisso (Oral Tablet)	B	5	PA; DL; QL
Talzenna (Oral Capsule)	B	5	PA; DL; QL
Tasigna (Oral Capsule)	B	5	PA; DL; QL
Tepmetko (Oral Tablet)	B	5	PA; DL; QL
Tibsovo (Oral Tablet)	B	5	PA; DL; QL
Turalio (125MG Oral Capsule)	B	5	PA; DL; QL
Venclexta (100MG Oral Tablet, 50MG Oral Tablet)	B	5	PA; DL; QL
Venclexta (10MG Oral Tablet)	B	3	PA; QL
Venclexta Starting Pack (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Verzenio (Oral Tablet)	B	5	PA; DL; QL
Vittrakvi (Oral Capsule)	B	5	PA; DL; QL
Vittrakvi (Oral Solution)	B	5	PA; DL; QL
Vizimpro (Oral Tablet)	B	5	PA; DL; QL
Votrient (Oral Tablet)	B	5	PA; DL; QL
Welireg (Oral Tablet)	B	5	PA; DL; QL
Xalkori (Oral Capsule)	B	5	PA; DL
Xospata (Oral Tablet)	B	5	PA; DL; QL
Zejula (100MG Oral Capsule)	B	5	PA; DL; QL
Zejula (Oral Tablet)	B	5	PA; DL; QL
Zelboraf (Oral Tablet)	B	5	PA; DL
Zydelig (Oral Tablet)	B	5	PA; DL; QL
Zykadia (Oral Tablet)	B	5	PA; DL; QL
Retinoids			
Bexarotene (External Gel)	G	5	PA; DL; QL
Bexarotene (Oral Capsule)	G	5	PA; DL
Panretin (External Gel)	B	5	PA; DL
Tretinoin (Oral Capsule)	G	5	DL
Treatment Adjuncts			
Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet, 5MG Oral Tablet)	G	3	
Leucovorin Calcium (25MG Oral Tablet)	G	4	
Mesnex (Oral Tablet)	B	4	
Antiparasitics			
Anthelmintics			
Albendazole (Oral Tablet)	G	4	QL
Ivermectin (Oral Tablet)	G	3	PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Praziquantel (Oral Tablet)	G	4	
Antiprotozoals			
Atovaquone (Oral Suspension)	G	4	QL
Atovaquone-Proguanil HCl (Oral Tablet)	G	4	
Benznidazole (Oral Tablet)	B	4	
Chloroquine Phosphate (Oral Tablet)	G	4	QL
Coartem (Oral Tablet)	B	4	
Hydroxychloroquine Sulfate (200MG Oral Tablet)	G	3	QL
Impavido (Oral Capsule)	B	5	DL
Mefloquine HCl (Oral Tablet)	G	3	
Nitazoxanide (Oral Tablet)	G	4	QL
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	4	B/D,PA; QL
Pentamidine Isethionate (Injection Solution Reconstituted)	G	4	
Primaquine Phosphate (Oral Tablet)	G	4	
Pyrimethamine (Oral Tablet)	G	4	
Quinine Sulfate (Oral Capsule)	G	4	PA
Antiparkinson Agents			
Anticholinergics			
Benzotropine Mesylate (Oral Tablet)	G	2	
Trihexyphenidyl HCl (Oral Solution)	G	3	
Trihexyphenidyl HCl (Oral Tablet)	G	3	
Antiparkinson Agents, Other			
Amantadine HCl (Oral Capsule)	G	3	
Amantadine HCl (Oral Solution)	G	3	
Carbidopa-Levodopa-Entacapone (Oral Tablet)	G	4	
Entacapone (Oral Tablet)	G	4	
Dopamine Agonists			
Bromocriptine Mesylate (Oral Capsule)	G	4	
Bromocriptine Mesylate (Oral Tablet)	G	4	
Pramipexole Dihydrochloride (Oral Tablet Immediate Release)	G	3	
Ropinirole HCl (Oral Tablet Immediate Release)	G	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors			
Carbidopa (Oral Tablet)	G	4	
Carbidopa-Levodopa ER (Oral Tablet Extended Release)	G	2	
Carbidopa-Levodopa (Oral Tablet Immediate Release)	G	2	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	G	4	
Rytary (Oral Capsule Extended Release)	B	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors			
Rasagiline Mesylate (Oral Tablet)	G	4	
Selegiline HCl (Oral Capsule)	G	3	
Selegiline HCl (Oral Tablet)	G	3	
Antipsychotics			
1st Generation/Typical			
Chlorpromazine HCl (Oral Concentrate)	G	4	
Chlorpromazine HCl (Oral Tablet)	G	4	
Fluphenazine Decanoate (Injection Solution)	G	4	
Fluphenazine HCl (Injection Solution)	G	4	
Fluphenazine HCl (Oral Concentrate)	G	4	
Fluphenazine HCl (Oral Elixir)	G	4	
Fluphenazine HCl (Oral Tablet)	G	4	
Haloperidol Decanoate (Intramuscular Solution)	G	4	
Haloperidol Lactate (Injection Solution)	G	4	
Haloperidol Lactate (Oral Concentrate)	G	2	
Haloperidol (Oral Tablet)	G	2	
Loxapine Succinate (Oral Capsule)	G	3	
Molindone HCl (Oral Tablet)	G	4	
Pimozide (Oral Tablet)	G	4	
Thioridazine HCl (Oral Tablet)	G	3	
Thiothixene (Oral Capsule)	G	4	
Trifluoperazine HCl (Oral Tablet)	G	3	
2nd Generation/Atypical			
Abilify Maintena (Intramuscular Prefilled Syringe)	B	5	DL
Abilify Maintena (Intramuscular Suspension Reconstituted ER)	B	5	DL
Aripiprazole (Oral Solution)	G	4	QL
Aripiprazole (Oral Tablet)	G	4	QL
Aripiprazole ODT (Oral Tablet Dispersible)	G	4	QL
Aristada Initio (Intramuscular Prefilled Syringe)	B	5	DL
Aristada (Intramuscular Prefilled Syringe)	B	5	DL
Asenapine Maleate (Tablet Sublingual)	G	4	QL
Caplyta (Oral Capsule)	B	4	PA; QL
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	4	ST; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Fanapt Titration Pack (Oral Tablet)	B	4	ST; QL
Invega Hafyera (Intramuscular Suspension Prefilled Syringe)	B	5	DL
Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe)	B	5	DL
Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)	B	4	
Invega Trinza (Intramuscular Suspension Prefilled Syringe)	B	5	DL
Lurasidone HCl (Oral Tablet)	G	3	QL
Lybalvi (Oral Tablet)	B	4	ST; QL
Nuplazid (Oral Capsule)	B	4	PA; QL
Nuplazid (Oral Tablet)	B	4	PA; QL
Olanzapine (10MG Intramuscular Solution Reconstituted)	G	4	
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	3	QL
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	4	QL
Paliperidone ER (Oral Tablet Extended Release 24 Hour)	G	4	QL
Perseris (Subcutaneous Prefilled Syringe)	B	5	DL
Quetiapine Fumarate (Oral Tablet Immediate Release)	G	3	QL
Rexulti (Oral Tablet)	B	4	QL
Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER)	B	4	
Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER)	B	5	DL
Risperidone (1MG/ML Oral Solution)	G	4	
Risperidone (0.25MG Oral Tablet, 0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet)	G	2	
Risperidone ODT (0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible, 3MG Oral Tablet Dispersible, 4MG Oral Tablet Dispersible)	G	4	
Secuado (Transdermal Patch 24 Hour)	B	4	ST; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	B	4	PA; QL
Vraylar (Oral Capsule Therapy Pack)	B	4	PA; QL
Ziprasidone HCl (Oral Capsule)	G	4	QL
Ziprasidone Mesylate (Intramuscular Solution Reconstituted)	G	4	
Zyprexa Relprev (210MG Intramuscular Suspension Reconstituted)	B	4	
Treatment-Resistant			
Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	3	
Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)	G	4	QL
Versacloz (Oral Suspension)	B	4	
Antispasticity Agents			
Antispasticity Agents			
Baclofen (Oral Tablet)	G	3	
Tizanidine HCl (Oral Tablet)	G	2	
Antivirals			
Anti-cytomegalovirus (CMV) Agents			
Prevymis (Oral Tablet)	B	5	PA; DL; QL
Valganciclovir HCl (50MG/ML Oral Solution Reconstituted)	G	5	DL; QL
Valganciclovir HCl (450MG Oral Tablet)	G	3	QL
Zirgan (Ophthalmic Gel)	B	4	
Anti-hepatitis B (HBV) Agents			
Baraclude (Oral Solution)	B	4	
Entecavir (Oral Tablet)	G	4	
Lamivudine (100MG Oral Tablet)	G	3	
Vemlidy (Oral Tablet)	B	5	DL; QL
Anti-hepatitis C (HCV) Agents			
Epclusa (Oral Packet)	B	5	PA; DL; QL
Epclusa (Oral Tablet)	B	5	PA; DL; QL
Mavyret (Oral Packet)	B	5	PA; DL; QL
Mavyret (Oral Tablet)	B	5	PA; DL; QL
Ribavirin (Oral Tablet)	G	3	
Vosevi (Oral Tablet)	B	5	PA; DL; QL
Antiherpetic Agents			
Acyclovir (Oral Capsule)	G	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Acyclovir (Oral Suspension)	G	4	
Acyclovir (Oral Tablet)	G	2	
Acyclovir Sodium (Intravenous Solution)	G	4	B/D,PA
Valacyclovir HCl (Oral Tablet)	G	3	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)			
Biktarvy (Oral Tablet)	B	5	DL; QL
Dovato (Oral Tablet)	B	5	DL; QL
Genvoya (Oral Tablet)	B	5	DL; QL
Isentress HD (Oral Tablet)	B	5	DL; QL
Isentress (Oral Packet)	B	4	QL
Isentress (Oral Tablet)	B	5	DL; QL
Isentress (100MG Oral Tablet Chewable)	B	4	QL
Isentress (25MG Oral Tablet Chewable)	B	3	QL
Juluca (Oral Tablet)	B	5	DL; QL
Stribild (Oral Tablet)	B	5	DL; QL
Tivicay (10MG Oral Tablet, 25MG Oral Tablet)	B	4	QL
Tivicay (50MG Oral Tablet)	B	5	DL; QL
Tivicay PD (Oral Tablet Soluble)	B	5	DL; QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)			
Complera (Oral Tablet)	B	5	DL; QL
Delstrigo (Oral Tablet)	B	5	DL; QL
Edurant (Oral Tablet)	B	5	DL; QL
Efavirenz (Oral Capsule)	G	4	QL
Efavirenz (Oral Tablet)	G	4	QL
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)	G	4	QL
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)	G	5	DL; QL
Etravirine (Oral Tablet)	G	5	DL; QL
Intellece (25MG Oral Tablet)	B	4	QL
Nevirapine ER (Oral Tablet Extended Release 24 Hour)	G	4	QL
Nevirapine (Oral Suspension)	G	4	QL
Nevirapine (Oral Tablet Immediate Release)	G	3	QL
Pifeltro (Oral Tablet)	B	5	DL; QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)			
Abacavir Sulfate (Oral Solution)	G	4	QL
Abacavir Sulfate (Oral Tablet)	G	4	QL
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	4	QL
Cimduo (Oral Tablet)	B	5	DL; QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Descovy (Oral Tablet)	B	5	DL; QL
Emtricitabine (Oral Capsule)	G	4	QL
Emtricitabine-Tenofovir Disoproxil Fumarate (100MG-150MG Oral Tablet, 133MG-200MG Oral Tablet, 167MG-250MG Oral Tablet)	G	5	DL; QL
Emtricitabine-Tenofovir Disoproxil Fumarate (200MG-300MG Oral Tablet)	G	4	QL
Emtriva (Oral Solution)	B	4	QL
Lamivudine (10MG/ML Oral Solution)	G	3	QL
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet)	G	3	QL
Lamivudine-Zidovudine (Oral Tablet)	G	4	QL
Odefsey (Oral Tablet)	B	5	DL; QL
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	4	QL
Triumeq (Oral Tablet)	B	5	DL; QL
Triumeq PD (Oral Tablet Soluble)	B	5	DL; QL
Trizivir (Oral Tablet)	B	5	DL; QL
Viread (Oral Powder)	B	5	DL; QL
Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	B	5	DL; QL
Zidovudine (Oral Capsule)	G	4	QL
Zidovudine (Oral Syrup)	G	4	QL
Zidovudine (Oral Tablet)	G	3	QL
Anti-HIV Agents, Other			
Fuzeon (Subcutaneous Solution Reconstituted)	B	5	DL; QL
Maraviroc (Oral Tablet)	G	5	DL; QL
Rukobia (Oral Tablet Extended Release 12 Hour)	B	5	DL; QL
Selzentry (Oral Solution)	B	5	DL; QL
Selzentry (25MG Oral Tablet)	B	3	QL
Selzentry (75MG Oral Tablet)	B	5	DL; QL
Sunlenca (Oral Tablet Therapy Pack)	B	5	DL; QL
Tybost (Oral Tablet)	B	4	QL
Anti-HIV Agents, Protease Inhibitors			
Aptivus (Oral Capsule)	B	5	DL; QL
Atazanavir Sulfate (Oral Capsule)	G	4	QL
Darunavir (Oral Tablet)	G	5	DL; QL
Evotaz (Oral Tablet)	B	5	DL; QL
Fosamprenavir Calcium (Oral Tablet)	G	5	DL; QL
Lexiva (Oral Suspension)	B	4	QL
Lopinavir-Ritonavir (Oral Solution)	G	4	QL
Lopinavir-Ritonavir (Oral Tablet)	G	4	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Norvir (Oral Packet)	B	4	QL
Prezcobix (Oral Tablet)	B	5	DL; QL
Prezista (Oral Suspension)	B	5	DL; QL
Prezista (150MG Oral Tablet)	B	5	DL; QL
Prezista (75MG Oral Tablet)	B	4	QL
Reyataz (Oral Packet)	B	4	QL
Ritonavir (Oral Tablet)	G	3	QL
Symtuza (Oral Tablet)	B	5	DL; QL
Viracept (Oral Tablet)	B	5	DL; QL
Anti-influenza Agents			
Oseltamivir Phosphate (Oral Capsule)	G	3	QL
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	3	QL
Xofluza (40MG Dose) (Oral Tablet Therapy Pack)	B	3	QL
Xofluza (80MG Dose) (Oral Tablet Therapy Pack)	B	3	QL
Anxiolytics			
Anxiolytics, Other			
Bupirone HCl (Oral Tablet)	G	2	
Hydroxyzine HCl (Oral Syrup)	G	4	
Hydroxyzine HCl (Oral Tablet)	G	4	
Hydroxyzine Pamoate (Oral Capsule)	G	4	
Benzodiazepines			
Alprazolam (Oral Tablet Immediate Release)	G	2	QL
Chlordiazepoxide HCl (Oral Capsule)	G	4	
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet)	G	2	QL
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible)	G	4	QL
Clorazepate Dipotassium (Oral Tablet)	G	4	QL
Diazepam Intensol (Oral Concentrate)	G	4	QL
Diazepam (5MG/5ML Oral Solution)	G	4	
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	3	QL
Lorazepam Intensol (Oral Concentrate)	G	3	QL
Lorazepam (Oral Tablet)	G	2	QL
Bipolar Agents			
Mood Stabilizers			

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	G	4	
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	G	4	
Divalproex Sodium (Oral Tablet Delayed Release)	G	2	
Lithium Carbonate ER (Oral Tablet Extended Release)	G	2	
Lithium Carbonate (Oral Capsule)	G	2	
Lithium Carbonate (Oral Tablet Immediate Release)	G	2	
Blood Glucose Regulators			
Antidiabetic Agents			
Acarbose (Oral Tablet)	G	3	QL
Bydureon BCise (Subcutaneous Auto-Injector)	B	3	PA; QL
Farxiga (Oral Tablet)	B	3	QL
Glimepiride (Oral Tablet)	G	1	QL
Glipizide ER (Oral Tablet Extended Release 24 Hour)	G	2	QL
Glipizide (Oral Tablet Immediate Release)	G	2	QL
Glipizide-Metformin HCl (Oral Tablet)	G	3	QL
Jentaduo (2.5-1000MG Oral Tablet, 2.5-500MG Oral Tablet)	B	3	QL
Jentaduo XR (Oral Tablet Extended Release 24 Hour)	B	3	QL
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	1	QL
Metformin HCl (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 850MG Oral Tablet Immediate Release)	G	1	QL
Nateglinide (Oral Tablet)	G	3	QL
Pioglitazone HCl (Oral Tablet)	G	2	QL
Repaglinide (Oral Tablet)	G	4	QL
Soliqua (Subcutaneous Solution Pen-Injector)	B	3	PA; QL
Tradjenta (Oral Tablet)	B	3	QL
Trulicity (Subcutaneous Solution Pen-Injector)	B	3	PA; QL
Xigduo XR (Oral Tablet Extended Release 24 Hour)	B	3	QL
Glycemic Agents			
Baqsimi One Pack (Nasal Powder)	B	3	
Diazoxide (Oral Suspension)	G	4	
Glucagon (Injection Kit) (Lilly)	B	3	
Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector)	B	3	
Gvoke Kit (Subcutaneous Solution)	B	3	
Gvoke PFS (Subcutaneous Solution Prefilled Syringe)	B	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Insulins			
Humalog (Injection Solution)	B	3	
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)	B	3	
Humalog KwikPen (Subcutaneous Solution Pen-Injector)	B	3	
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)	B	3	
Humalog Mix 50/50 (Subcutaneous Suspension)	B	3	
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)	B	3	
Humalog Mix 75/25 (Subcutaneous Suspension)	B	3	
Humalog (Subcutaneous Solution Cartridge)	B	3	
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)	B	3	
Humulin 70/30 (Subcutaneous Suspension)	B	3	
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)	B	3	
Humulin N (Subcutaneous Suspension)	B	3	
Humulin R (Injection Solution)	B	3	
Humulin R U-500 (Concentrated) (Subcutaneous Solution)	B	3	
Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)	B	3	
Lantus SoloStar (Subcutaneous Solution Pen-Injector)	B	3	
Lantus (Subcutaneous Solution)	B	3	
Lyumjev (Injection Solution)	B	3	
Lyumjev KwikPen (Subcutaneous Solution Pen-Injector)	B	3	
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)	B	3	
Toujeo SoloStar (Subcutaneous Solution Pen-Injector)	B	3	
Blood Products and Modifiers			
Anticoagulants			
Dabigatran Etextilate Mesylate (Oral Capsule)	G	4	QL
Eliquis (Oral Tablet)	B	3	QL
Eliquis Starter Pack (Oral Tablet)	B	3	QL
Enoxaparin Sodium (Injection Solution Prefilled Syringe)	G	4	QL
Fondaparinux Sodium (Subcutaneous Solution)	G	4	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution)	G	3	
Heparin Sodium (1000UNIT/ML Injection Solution)	G	3	B/D,PA
Jantoven (Oral Tablet)	G	2	
Warfarin Sodium (Oral Tablet)	G	2	
Xarelto (Oral Tablet)	B	3	QL
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	3	QL
Blood Products and Modifiers, Other			
Anagrelide HCl (0.5MG Oral Capsule)	G	3	
Anagrelide HCl (1MG Oral Capsule)	G	4	
Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution)	B	5	PA; DL
Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution)	B	4	PA
Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe)	B	5	PA; DL
Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe)	B	4	PA
Neulasta (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	B	4	PA
Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution)	B	5	PA; DL
Promacta (Oral Packet)	B	5	PA; DL; QL
Promacta (Oral Tablet)	B	5	PA; DL; QL
Pyrukynd (Oral Tablet)	B	5	PA; DL; QL
Pyrukynd Taper Pack (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Retacrit (Injection Solution)	B	4	PA
Udenyca (Subcutaneous Solution Auto-Injector)	B	5	PA; DL
Udenyca (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Zarxio (Injection Solution Prefilled Syringe)	B	5	DL
Hemostasis Agents			
Tranexamic Acid (Oral Tablet)	G	3	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Platelet Modifying Agents			
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	4	QL
Brilinta (Oral Tablet)	B	4	QL
Cablivi (Injection Kit)	B	5	PA; DL; QL
Cilostazol (Oral Tablet)	G	3	
Clopidogrel Bisulfate (75MG Oral Tablet)	G	2	QL
Doptelet (Oral Tablet)	B	5	PA; DL; QL
Cardiovascular Agents			
Alpha-adrenergic Agonists			
Clonidine HCl (Oral Tablet Immediate Release)	G	2	
Clonidine (Transdermal Patch Weekly)	G	4	
Droxidopa (Oral Capsule)	G	4	PA; QL
Midodrine HCl (Oral Tablet)	G	4	
Alpha-adrenergic Blocking Agents			
Doxazosin Mesylate (Oral Tablet)	G	2	
Prazosin HCl (Oral Capsule)	G	3	
Angiotensin II Receptor Antagonists			
Candesartan Cilexetil (Oral Tablet)	G	4	QL
Irbesartan (Oral Tablet)	G	2	QL
Losartan Potassium (Oral Tablet)	G	1	QL
Olmesartan Medoxomil (Oral Tablet)	G	2	QL
Telmisartan (Oral Tablet)	G	3	QL
Valsartan (Oral Tablet)	G	2	QL
Angiotensin-converting Enzyme (ACE) Inhibitors			
Benazepril HCl (Oral Tablet)	G	2	QL
Enalapril Maleate (Oral Tablet)	G	2	QL
Fosinopril Sodium (Oral Tablet)	G	3	QL
Lisinopril (Oral Tablet)	G	1	QL
Quinapril HCl (Oral Tablet)	G	3	QL
Ramipril (Oral Capsule)	G	2	QL
Antiarrhythmics			
Amiodarone HCl (200MG Oral Tablet)	G	2	
Dofetilide (Oral Capsule)	G	4	QL
Flecainide Acetate (Oral Tablet)	G	2	
Mexiletine HCl (Oral Capsule)	G	4	
Pacerone (200MG Oral Tablet)	B	2	
Propafenone HCl (Oral Tablet)	G	3	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Quinidine Sulfate (Oral Tablet)	G	3	
Sorine (120MG Oral Tablet, 160MG Oral Tablet, 240MG Oral Tablet, 80MG Oral Tablet)	G	2	
Sotalol HCl AF (Oral Tablet)	G	3	
Sotalol HCl (Oral Tablet)	G	2	
Beta-adrenergic Blocking Agents			
Atenolol (Oral Tablet)	G	2	
Bisoprolol Fumarate (Oral Tablet)	G	2	
Carvedilol (Oral Tablet)	G	2	
Labetalol HCl (Oral Tablet)	G	3	
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	G	2	
Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	1	
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour)	G	3	
Propranolol HCl (Oral Tablet)	G	2	
Calcium Channel Blocking Agents, Dihydropyridines			
Amlodipine Besylate (Oral Tablet)	G	1	
Nimodipine (Oral Capsule)	G	4	
Calcium Channel Blocking Agents, Nondihydropyridines			
Cartia XT (Oral Capsule Extended Release 24 Hour)	G	3	
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour)	G	3	
Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	G	3	
Diltiazem HCl (Oral Tablet Immediate Release)	G	2	
Dilt-XR (Oral Capsule Extended Release 24 Hour)	G	3	
Taztia XT (Oral Capsule Extended Release 24 Hour)	G	3	
Tiadyt ER (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, 360MG Oral Capsule Extended Release 24 Hour)	G	3	
Verapamil HCl ER (Oral Tablet Extended Release)	G	2	
Verapamil HCl (Oral Tablet Immediate Release)	G	2	
Cardiovascular Agents, Other			
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	G	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Acetazolamide (Oral Tablet)	G	3	
Aliskiren Fumarate (Oral Tablet)	G	4	QL
Amlodipine-Benazepril (Oral Capsule)	G	2	QL
Atenolol-Chlorthalidone (Oral Tablet)	G	3	
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	3	QL
Corlanor (Oral Solution)	B	4	PA; QL
Corlanor (Oral Tablet)	B	4	PA; QL
Digoxin (Oral Solution)	G	4	
Digoxin (125MCG Oral Tablet, 250MCG Oral Tablet)	G	2	
Enalapril-Hydrochlorothiazide (Oral Tablet)	G	3	QL
Entresto (Oral Tablet)	B	3	QL
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	3	QL
Kerendia (Oral Tablet)	B	4	PA; QL
Lisinopril-Hydrochlorothiazide (Oral Tablet)	G	2	QL
Losartan Potassium-HCTZ (Oral Tablet)	G	2	QL
Metyrosine (Oral Capsule)	G	5	DL
Pentoxifylline ER (Oral Tablet Extended Release)	G	3	
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	4	QL
Spironolactone-HCTZ (Oral Tablet)	G	3	
Triamterene-HCTZ (Oral Capsule)	G	2	
Triamterene-HCTZ (Oral Tablet)	G	2	
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	3	QL
Diuretics, Loop			
Bumetanide (Injection Solution)	G	4	
Bumetanide (Oral Tablet)	G	3	
Furosemide (Injection Solution)	G	4	B/D,PA
Furosemide (Oral Solution)	G	2	
Furosemide (Oral Tablet)	G	1	
Torsemide (Oral Tablet)	G	2	
Diuretics, Potassium-sparing			
Amiloride HCl (Oral Tablet)	G	3	
Eplerenone (Oral Tablet)	G	3	
Spironolactone (Oral Tablet)	G	2	
Diuretics, Thiazide			
Chlorthalidone (Oral Tablet)	G	2	
Hydrochlorothiazide (Oral Capsule)	G	1	
Hydrochlorothiazide (Oral Tablet)	G	1	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Indapamide (Oral Tablet)	G	2	
Metolazone (Oral Tablet)	G	3	
Dyslipidemics, Fibric Acid Derivatives			
Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet)	G	2	
Gemfibrozil (Oral Tablet)	G	2	
Dyslipidemics, HMG CoA Reductase Inhibitors			
Atorvastatin Calcium (Oral Tablet)	G	1	QL
Lovastatin (Oral Tablet)	G	3	QL
Pravastatin Sodium (Oral Tablet)	G	2	QL
Rosuvastatin Calcium (Oral Tablet)	G	2	QL
Simvastatin (Oral Tablet)	G	2	QL
Dyslipidemics, Other			
Cholestyramine Light (Oral Packet)	G	4	
Cholestyramine (Oral Packet)	G	4	
Colestipol HCl (Oral Tablet)	G	4	
Ezetimibe (Oral Tablet)	G	3	QL
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	G	4	QL
Prevalite (Oral Packet)	G	4	
Repatha Pushtronex System (Subcutaneous Solution Cartridge)	B	3	PA; QL
Repatha (Subcutaneous Solution Prefilled Syringe)	B	3	PA; QL
Repatha SureClick (Subcutaneous Solution Auto-Injector)	B	3	PA; QL
Vascepa (Oral Capsule)	B	3	
Vasodilators, Direct-acting Arterial			
Hydralazine HCl (Oral Tablet)	G	2	
Minoxidil (Oral Tablet)	G	3	
Vasodilators, Direct-acting Arterial/Venous			
Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	4	
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour)	G	2	
Isosorbide Mononitrate (Oral Tablet Immediate Release)	G	2	
Nitro-Bid (Transdermal Ointment)	B	4	
Nitroglycerin (Tablet Sublingual)	G	3	
Nitroglycerin (Transdermal Patch 24 Hour)	G	3	
Rectiv (Rectal Ointment)	B	4	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Verquvo (Oral Tablet)	B	3	PA; QL
Central Nervous System Agents			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	4	QL
Amphetamine-Dextroamphetamine (Oral Tablet)	G	3	QL
Methamphetamine HCl (Oral Tablet)	G	4	PA; QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			
Atomoxetine HCl (Oral Capsule)	G	4	QL
Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)	G	4	PA
Dexmethylphenidate HCl (Oral Tablet)	G	4	QL
Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release)	G	4	QL
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	G	3	QL
Central Nervous System, Other			
Austedo (Oral Tablet)	B	5	PA; DL; QL
Nuedexta (Oral Capsule)	B	4	PA; QL
Riluzole (Oral Tablet)	G	4	
Skyclarys (Oral Capsule)	B	5	PA; DL; QL
Tetrabenazine (12.5MG Oral Tablet)	G	4	PA; QL
Tetrabenazine (25MG Oral Tablet)	G	5	PA; DL; QL
Fibromyalgia Agents			
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	G	3	QL
Pregabalin (Oral Capsule)	G	3	QL
Pregabalin (Oral Solution)	G	4	QL
Savella (Oral Tablet)	B	3	
Savella Titration Pack (Oral Tablet)	B	3	
Multiple Sclerosis Agents			
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	3	QL
Dimethyl Fumarate (Oral Capsule Delayed Release)	G	4	QL
Dimethyl Fumarate Starter Pack (Oral Capsule)	G	4	QL
Extavia (Subcutaneous Kit)	B	5	DL; QL
Fingolimod HCl (Oral Capsule)	G	5	DL; QL
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	G	4	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Glatopa (Subcutaneous Solution Prefilled Syringe)	G	5	DL; QL
Dental and Oral Agents			
Dental and Oral Agents			
Chlorhexidine Gluconate (Mouth Solution)	G	2	
Periogard (Mouth Solution)	G	2	
Pilocarpine HCl (Oral Tablet)	G	4	
Triamcinolone Acetonide (Dental Paste)	G	3	
Dermatological Agents			
Acne and Rosacea Agents			
Accutane (Oral Capsule)	G	4	PA
Acitretin (Oral Capsule)	G	4	
Adapalene (0.3% External Gel)	G	3	
Amnesteem (Oral Capsule)	G	4	PA
Benzoyl Peroxide-Erythromycin (External Gel)	G	3	
Claravis (Oral Capsule)	G	4	PA
Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel, 1.2-5% External Gel)	G	4	
Finacea (External Foam)	B	4	QL
Isotretinoin (Oral Capsule)	G	4	PA
Tazarotene (External Cream)	G	4	PA; QL
Tretinoin (External Cream)	G	4	PA
Zenatane (Oral Capsule)	G	4	PA
Dermatitis and Pruritus Agents			
Ala-Cort (External Cream)	G	3	
Alclometasone Dipropionate (External Cream)	G	4	
Alclometasone Dipropionate (External Ointment)	G	4	
Ammonium Lactate (External Cream)	G	3	
Ammonium Lactate (External Lotion)	G	3	
Betamethasone Dipropionate Aug (External Cream)	G	4	
Betamethasone Dipropionate Aug (External Gel)	G	4	
Betamethasone Dipropionate Aug (External Lotion)	G	4	
Betamethasone Dipropionate Aug (External Ointment)	G	4	
Betamethasone Dipropionate (External Cream)	G	4	
Betamethasone Dipropionate (External Lotion)	G	4	
Betamethasone Dipropionate (External Ointment)	G	4	
Betamethasone Valerate (External Cream)	G	4	
Betamethasone Valerate (External Lotion)	G	4	
Betamethasone Valerate (External Ointment)	G	4	
Clobetasol Propionate (External Cream)	G	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Desonide (External Ointment)	G	4	QL
Desoximetasone (External Cream)	G	4	QL
Fluocinolone Acetonide (External Cream)	G	4	
Fluocinolone Acetonide (External Ointment)	G	4	
Fluocinolone Acetonide (External Solution)	G	4	
Fluocinonide Emulsified Base (External Cream)	G	4	QL
Fluocinonide (0.05% External Cream)	G	4	QL
Fluocinonide (External Gel)	G	4	QL
Fluocinonide (External Ointment)	G	4	QL
Fluocinonide (External Solution)	G	4	QL
Fluticasone Propionate (External Cream)	G	3	
Fluticasone Propionate (External Ointment)	G	3	
Halobetasol Propionate (External Cream)	G	4	
Halobetasol Propionate (External Ointment)	G	4	
Hydrocortisone Butyrate (External Ointment)	G	4	
Hydrocortisone (1% External Cream)	G	3	
Hydrocortisone (2.5% External Lotion)	G	3	
Hydrocortisone (1% External Ointment, 2.5% External Ointment)	G	3	
Hydrocortisone Valerate (External Cream)	G	4	
Hydrocortisone Valerate (External Ointment)	G	4	
Mometasone Furoate (External Cream)	G	3	
Mometasone Furoate (External Ointment)	G	3	
Mometasone Furoate (External Solution)	G	3	
Selenium Sulfide (External Lotion)	G	2	
Tacrolimus (External Ointment)	G	4	ST
Triamcinolone Acetonide (External Cream)	G	2	
Triamcinolone Acetonide (External Lotion)	G	3	
Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment)	G	2	
Triderm (External Cream)	G	2	
Dermatological Agents, Other			
Calcipotriene (External Cream)	G	4	QL
Calcipotriene (External Solution)	G	3	
Clotrimazole-Betamethasone (External Cream)	G	3	QL
Fluorouracil (5% External Cream)	G	4	QL
Fluorouracil (External Solution)	G	3	
Imiquimod (5% External Cream)	G	4	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Podofilox (External Solution)	G	4	
Regranex (External Gel)	B	5	PA; DL
Santyl (External Ointment)	B	4	
Silver Sulfadiazine (External Cream)	G	3	
SSD (External Cream)	G	3	
Pediculicides/Scabicides			
Malathion (External Lotion)	G	4	
Permethrin (External Cream)	G	3	
Topical Anti-infectives			
Ciclopirox (External Gel)	G	3	
Ciclopirox (External Shampoo)	G	3	
Ciclopirox (External Solution)	G	4	
Ciclopirox Olamine (External Cream)	G	3	
Ciclopirox Olamine (External Suspension)	G	3	
Clindamycin Phosphate (External Gel)	G	3	QL
Clindamycin Phosphate (External Lotion)	G	4	QL
Clindamycin Phosphate (External Solution)	G	3	QL
Clotrimazole (External Cream)	G	2	
Clotrimazole (External Solution)	G	2	
Erythromycin (External Gel)	G	4	
Erythromycin (External Solution)	G	3	
Gentamicin Sulfate (External Cream)	G	4	
Gentamicin Sulfate (External Ointment)	G	4	
Jublia (External Solution)	B	4	
Ketoconazole (External Cream)	G	2	QL
Ketoconazole (External Shampoo)	G	2	
Mupirocin (External Ointment)	G	2	QL
Nyamyc (External Powder)	G	2	QL
Nystatin (External Cream)	G	2	
Nystatin (External Ointment)	G	2	
Nystatin (External Powder)	G	2	QL
Nystop (External Powder)	G	2	QL
Electrolytes/Minerals/Metals/Vitamins			
Electrolyte/Mineral Replacement			
Carglumic Acid (Oral Tablet Soluble)	G	5	DL
Dextrose (10% Intravenous Solution)	G	4	
Dextrose (5% Intravenous Solution)	G	4	B/D,PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Dextrose-NaCl (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 2.5-0.45% Intravenous Solution, 5-0.2% Intravenous Solution, 5-0.45% Intravenous Solution)	G	4	
Dextrose-NaCl (5-0.9% Intravenous Solution)	G	4	B/D,PA
Endari (Oral Packet)	B	5	PA; DL
Intralipid (Intravenous Emulsion)	B	4	B/D,PA
Isolyte-P in D5W (Intravenous Solution)	B	4	
Isolyte-S pH 7.4 (Intravenous Solution)	B	4	
KCl in Dextrose-NaCl (Intravenous Solution)	G	4	
KCl-Lactated Ringers-D5W (Intravenous Solution)	G	4	
Klor-Con 10 (Oral Tablet Extended Release)	G	2	
Klor-Con M10 (Oral Tablet Extended Release)	G	2	
Klor-Con M15 (Oral Tablet Extended Release)	G	2	
Klor-Con M20 (Oral Tablet Extended Release)	G	2	
Klor-Con (Oral Packet)	G	4	
Klor-Con 8 (Oral Tablet Extended Release)	G	2	
Magnesium Sulfate (Injection Solution)	G	4	
Multiple Electrolytes Type 1 pH 5.5 (Intravenous Solution)	G	4	
Nutrilipid (Intravenous Emulsion)	B	4	B/D,PA
Plasma-Lyte 148 (Intravenous Solution)	B	4	
Plasma-Lyte A (Intravenous Solution)	B	4	
Plenamaine (Intravenous Solution)	B	4	B/D,PA
Potassium Chloride CR (Oral Tablet Extended Release)	G	2	
Potassium Chloride ER (Oral Tablet Extended Release)	G	2	
Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution, 20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)	G	4	B/D,PA
Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 2MEQ/ML (30ML) Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution, 40MEQ/100ML Intravenous Solution)	G	4	B/D,PA
Potassium Chloride (Oral Packet)	G	4	
Potassium Chloride (20MEQ/15ML(10%) Oral Solution, 40MEQ/15ML(20%) Oral Solution)	G	4	
Potassium Citrate ER (Oral Tablet Extended Release)	G	4	
Potassium Chloride in Dextrose 5% (20MEQ/L Intravenous Solution)	G	4	B/D,PA
Premasol (Intravenous Solution)	B	4	B/D,PA

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Prosol (Intravenous Solution)	B	4	B/D,PA
Sodium Chloride (0.45% Intravenous Solution)	G	4	
Sodium Chloride (0.9% Intravenous Solution, 3% Intravenous Solution, 5% Intravenous Solution)	G	4	B/D,PA
Sodium Chloride (Irrigation Solution)	G	3	
Sodium Fluoride (Oral Tablet)	G	2	
TPN Electrolytes (Intravenous Concentrate)	B	4	
Travasol (Intravenous Solution)	B	4	B/D,PA
TrophAmine (Intravenous Solution)	B	4	B/D,PA
Electrolyte/Mineral/Metal Modifiers			
Chemet (Oral Capsule)	B	4	
Deferasirox Granules (Oral Packet)	G	4	PA
Deferasirox (Oral Tablet) (Generic Jadenu)	G	3	PA
Trientine HCl (Oral Capsule)	G	5	PA; DL; QL
Phosphate Binders			
Calcium Acetate (Phosphate Binder) (Oral Capsule)	G	3	
Calcium Acetate (667MG Oral Tablet)	G	3	
Sevelamer Carbonate (Oral Packet)	G	4	
Sevelamer Carbonate (Oral Tablet) (Generic Renvela)	G	4	
Velphoro (Oral Tablet Chewable)	B	4	
Potassium Binders			
Lokelma (Oral Packet)	B	4	QL
Sodium Polystyrene Sulfonate (Oral Powder)	G	3	
SPS (Oral Suspension)	G	3	
Vitamins			
Prenatal (27-1MG Oral Tablet)	G	3	
Gastrointestinal Agents			
Anti-Constipation Agents			
Constulose (Oral Solution)	G	3	
Enulose (Oral Solution)	G	3	
Generlac (Oral Solution)	G	3	
Lactulose (Oral Solution)	G	3	
Linzess (Oral Capsule)	B	3	QL
Motegrity (Oral Tablet)	B	4	QL
Movantik (Oral Tablet)	B	3	QL
Relistor (Oral Tablet)	B	4	PA; QL
Relistor (Subcutaneous Solution)	B	4	PA
Trulance (Oral Tablet)	B	4	QL
Anti-Diarrheal Agents			

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Alosetron HCl (Oral Tablet)	G	5	PA; DL
Diphenoxylate-Atropine (Oral Tablet)	G	3	
Loperamide HCl (Oral Capsule)	G	3	
Viberzi (Oral Tablet)	B	5	PA; DL; QL
Xermelo (Oral Tablet)	B	5	PA; DL; QL
Antispasmodics, Gastrointestinal			
Dicyclomine HCl (Oral Capsule)	G	2	
Dicyclomine HCl (Oral Solution)	G	4	
Dicyclomine HCl (Oral Tablet)	G	2	
Glycopyrrolate (1MG Oral Tablet, 2MG Oral Tablet)	G	3	PA
Gastrointestinal Agents, Other			
Clenpiq (Oral Solution)	B	3	
GaviLyte-C (Oral Solution Reconstituted)	G	2	
GaviLyte-G (Oral Solution Reconstituted)	G	2	
Sodium Sulfate-Potassium Sulfate-Magnesium Sulfate (Oral Solution)	G	3	
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	G	2	
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	G	2	
Ursodiol (300MG Oral Capsule)	G	3	
Ursodiol (Oral Tablet)	G	4	
Vowst (Oral Capsule)	B	5	PA; DL
Histamine2 (H2) Receptor Antagonists			
Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	G	2	
Nizatidine (Oral Capsule)	G	4	
Protectants			
Misoprostol (Oral Tablet)	G	3	
Sucralfate (Oral Tablet)	G	2	
Proton Pump Inhibitors			
Omeprazole (10MG Oral Capsule Delayed Release)	G	2	QL
Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	G	2	
Pantoprazole Sodium (Oral Tablet Delayed Release)	G	2	QL
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment			
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment			
Betaine (Oral Powder)	G	5	DL
Cholbam (Oral Capsule)	B	5	PA; DL
Creon (Oral Capsule Delayed Release Particles)	B	3	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cromolyn Sodium (Oral Concentrate)	G	4	
Cystagon (Oral Capsule)	B	4	
Levocarnitine (1GM/10ML Oral Solution)	G	3	
Levocarnitine (330MG Oral Tablet)	G	4	
Miglustat (Oral Capsule)	G	5	PA; DL
Nitisinone (Oral Capsule)	G	5	DL
Prolastin-C (Intravenous Solution Reconstituted)	B	5	PA; DL
Revcovi (Intramuscular Solution)	B	5	PA; DL
Sapropterin Dihydrochloride (Oral Packet)	G	5	DL
Sapropterin Dihydrochloride (Oral Tablet)	G	5	DL
Sodium Phenylbutyrate (Oral Powder)	G	5	DL
Sodium Phenylbutyrate (Oral Tablet)	G	5	DL
Sucraid (Oral Solution)	B	4	
Vyndaqel (Oral Capsule)	B	5	PA; DL; QL
Zenpep (Oral Capsule Delayed Release Particles)	B	3	
Zokinvy (Oral Capsule)	B	5	PA; DL; QL
Genitourinary Agents			
Antispasmodics, Urinary			
Gemtesa (Oral Tablet)	B	3	
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	G	2	QL
Oxybutynin Chloride (Oral Syrup)	G	3	
Oxybutynin Chloride (5MG Oral Tablet Immediate Release)	G	3	
Solifenacin Succinate (Oral Tablet)	G	4	QL
Benign Prostatic Hypertrophy Agents			
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	G	2	
Finasteride (5MG Oral Tablet) (Generic Proscar)	G	2	
Tamsulosin HCl (Oral Capsule)	G	2	
Terazosin HCl (Oral Capsule)	G	2	
Genitourinary Agents, Other			
Bethanechol Chloride (Oral Tablet)	G	3	
Penicillamine (Oral Tablet)	G	5	DL
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
Dexamethasone (Oral Solution)	G	4	
Dexamethasone (Oral Tablet)	G	3	
Fludrocortisone Acetate (Oral Tablet)	G	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Hydrocortisone (Oral Tablet)	G	3	
Methylprednisolone (Oral Tablet)	G	2	
Methylprednisolone (Oral Tablet Therapy Pack)	G	2	
Prednisolone (Oral Solution)	G	4	
Prednisolone Sodium Phosphate (25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution)	G	4	
Prednisone Intensol (Oral Concentrate)	G	4	
Prednisone (5MG/5ML Oral Solution)	G	4	
Prednisone (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 50MG Oral Tablet, 5MG Oral Tablet)	G	2	
Prednisone (10MG (21) Oral Tablet Therapy Pack, 10MG (48) Oral Tablet Therapy Pack, 5MG (21) Oral Tablet Therapy Pack, 5MG (48) Oral Tablet Therapy Pack)	G	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
Desmopressin Acetate (Oral Tablet)	G	3	
Desmopressin Acetate Spray (Nasal Solution)	G	4	
Genotropin MiniQuick (Subcutaneous Prefilled Syringe)	B	5	PA; DL
Genotropin (Subcutaneous Cartridge)	B	5	PA; DL
Increlex (Subcutaneous Solution)	B	5	PA; DL
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			
Korlym (Oral Tablet)	B	5	PA; DL; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)			
Androgens			
Danazol (Oral Capsule)	G	4	
Testosterone Cypionate (Intramuscular Solution)	G	3	
Testosterone Enanthate (Intramuscular Solution)	G	4	
Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 25MG/2.5GM 1% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel, 1.62% Transdermal Gel)	G	4	
Estrogens			
Altavera (Oral Tablet)	G	4	
Alyacen 1/35 (Oral Tablet)	G	4	
Amabelz (Oral Tablet)	G	3	
Amethia (Oral Tablet)	G	4	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Apri (Oral Tablet)	G	4	
Ashlyna (Oral Tablet)	G	4	
Aubra EQ (Oral Tablet)	G	4	
Aviane (Oral Tablet)	G	4	
Balziva (Oral Tablet)	G	4	
Blisovi 24 Fe (Oral Tablet)	G	4	
Blisovi Fe 1.5/30 (Oral Tablet)	G	4	
Briellyn (Oral Tablet)	G	4	
Camrese Lo (Oral Tablet)	G	4	
Climara Pro (Transdermal Patch Weekly)	B	4	
Cryselle-28 (Oral Tablet)	G	4	
Cyred EQ (Oral Tablet)	G	4	
Desogestrel-Ethinyl Estradiol (Oral Tablet)	G	4	
Dolishale (Oral Tablet)	G	4	
Drospirenone-Ethinyl Estradiol (Oral Tablet)	G	4	
Duavee (Oral Tablet)	B	4	
Elestrin (Transdermal Gel)	B	4	
EluRyng (Vaginal Ring)	G	4	
Enpresse-28 (Oral Tablet)	G	4	
Enskyce (Oral Tablet)	G	4	
Estarylla (Oral Tablet)	G	4	
Estradiol (Oral Tablet)	G	2	
Estradiol (Transdermal Patch Weekly)	G	4	QL
Estradiol (Vaginal Cream)	G	4	
Estradiol Valerate (Intramuscular Oil)	G	4	
Estradiol-Norethindrone Acetate (Oral Tablet)	G	3	
Estring (Vaginal Ring)	B	4	
Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet)	G	4	
Etonogestrel-Ethinyl Estradiol (Vaginal Ring)	G	4	
Falmina (Oral Tablet)	G	4	
Finzala (Oral Tablet Chewable)	G	4	
Hailey 24 Fe (Oral Tablet)	G	4	
Haloette (Vaginal Ring)	G	4	
Iclevia (Oral Tablet)	G	4	
Introvale (Oral Tablet)	G	4	
Isibloom (Oral Tablet)	G	4	
Jasmiel (Oral Tablet)	G	4	
Juleber (Oral Tablet)	G	4	
Junel 1.5/30 (Oral Tablet)	G	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Junel 1/20 (Oral Tablet)	G	4	
Junel Fe 1.5/30 (Oral Tablet)	G	4	
Junel Fe 1/20 (Oral Tablet)	G	4	
Junel Fe 24 (Oral Tablet)	G	4	
Kariva (Oral Tablet)	G	4	
Kelnor 1/35 (Oral Tablet)	G	4	
Kelnor 1/50 (Oral Tablet)	G	4	
Kurvelo (Oral Tablet)	G	4	
LARIN 1.5/30 (Oral Tablet)	G	4	
LARIN 1/20 (Oral Tablet)	G	4	
LARIN Fe 1.5/30 (Oral Tablet)	G	4	
LARIN Fe 1/20 (Oral Tablet)	G	4	
Lessina (Oral Tablet)	G	4	
Levonest (Oral Tablet)	G	4	
Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet)	G	4	
Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet)	G	4	
Levonorgestrel-Ethinyl Estradiol (Oral Tablet)	G	4	
Levora 0.15/30 (28) (Oral Tablet)	G	4	
Loryna (Oral Tablet)	G	4	
Low-Ogestrel (Oral Tablet)	G	4	
Lutera (Oral Tablet)	G	4	
Marlissa (Oral Tablet)	G	4	
Menest (Oral Tablet)	B	4	
Mibelas 24 Fe (Oral Tablet Chewable)	G	4	
Microgestin 1.5/30 (Oral Tablet)	G	4	
Microgestin 1/20 (Oral Tablet)	G	4	
Microgestin 24 Fe (Oral Tablet)	G	4	
Microgestin Fe 1.5/30 (Oral Tablet)	G	4	
Microgestin Fe 1/20 (Oral Tablet)	G	4	
Mili (Oral Tablet)	G	4	
Mimvey (Oral Tablet)	G	3	
Necon 0.5/35 (28) (Oral Tablet)	G	4	
Nikki (Oral Tablet)	G	4	
Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet)	G	4	
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG Oral Tablet)	G	4	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG(24) Oral Tablet Chewable)	G	4	
Norgestimate-Ethinyl Estradiol (Oral Tablet)	G	4	
Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)	G	4	
Nortrel 0.5/35 (28) (Oral Tablet)	G	4	
Nortrel 1/35 (21) (Oral Tablet)	G	4	
Nortrel 1/35 (28) (Oral Tablet)	G	4	
Nylia 1/35 (Oral Tablet)	G	4	
Nymyo (Oral Tablet)	G	4	
Ocella (Oral Tablet)	G	4	
Pimtrex (Oral Tablet)	G	4	
Portia-28 (Oral Tablet)	G	4	
Premarin (Oral Tablet)	B	4	QL
Premarin (Vaginal Cream)	B	3	
Premphase (Oral Tablet)	B	4	QL
Prempro (Oral Tablet)	B	4	QL
Reclipsen (Oral Tablet)	G	4	
Rivelsa (Oral Tablet)	G	4	
Setlakin (Oral Tablet)	G	4	
Sprintec 28 (Oral Tablet)	G	4	
Sronyx (Oral Tablet)	G	4	
Syeda (Oral Tablet)	G	4	
Tarina 24 Fe (Oral Tablet)	G	4	
Tarina Fe 1/20 EQ (Oral Tablet)	G	4	
Tri-Estarylla (Oral Tablet)	G	4	
Tri-Lo-Estarylla (Oral Tablet)	G	4	
Tri-Lo-Sprintec (Oral Tablet)	G	4	
Tri-Mili (Oral Tablet)	G	4	
Tri-Nymyo (Oral Tablet)	G	4	
Tri-Sprintec (Oral Tablet)	G	4	
Trivora (28) (Oral Tablet)	G	4	
Tri-VyLibra Lo (Oral Tablet)	G	4	
Tri-VyLibra (Oral Tablet)	G	4	
Tyblume (Oral Tablet Chewable)	G	4	
Vestura (Oral Tablet)	G	4	
Vienva (Oral Tablet)	G	4	
Vyfemla (Oral Tablet)	G	4	
VyLibra (Oral Tablet)	G	4	
Zovia 1/35 (28) (Oral Tablet)	G	4	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Progestins			
Camila (Oral Tablet)	G	4	
Crinone (8% Vaginal Gel)	B	4	PA
Deblitane (Oral Tablet)	G	4	
Depo-SubQ Provera 104 (Subcutaneous Suspension Prefilled Syringe)	B	4	
Errin (Oral Tablet)	G	4	
Incassia (Oral Tablet)	G	4	
Lyleq (Oral Tablet)	G	4	
Lyza (Oral Tablet)	G	4	
Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension)	G	4	
Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension Prefilled Syringe)	G	4	
Medroxyprogesterone Acetate (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	G	2	
Megestrol Acetate (40MG/ML Oral Suspension)	G	4	
Megestrol Acetate (Oral Tablet)	G	3	
Nora-BE (Oral Tablet)	G	4	
Norethindrone Acetate (5MG Oral Tablet)	G	3	
Norethindrone (0.35MG Oral Tablet)	G	4	
Sharobel (Oral Tablet)	G	4	
Selective Estrogen Receptor Modifying Agents			
Osphena (Oral Tablet)	B	3	PA; QL
Raloxifene HCl (Oral Tablet)	G	3	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
Euthyrox (Oral Tablet)	G	3	
Levothyroxine Sodium (Oral Tablet)	G	1	
Levoxyl (Oral Tablet)	G	3	
Liothyronine Sodium (Oral Tablet)	G	3	
Synthroid (Oral Tablet)	B	3	
Unithroid (Oral Tablet)	G	3	
Hormonal Agents, Suppressant (Adrenal)			
Hormonal Agents, Suppressant (Adrenal)			
Isturisa (Oral Tablet)	B	5	PA; DL
Lysodren (Oral Tablet)	B	5	DL
Hormonal Agents, Suppressant (Pituitary)			
Hormonal Agents, Suppressant (Pituitary)			

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cabergoline (Oral Tablet)	G	3	
Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)	B	4	PA; QL
Firmagon (80MG Subcutaneous Solution Reconstituted)	B	4	PA; QL
Leuprolide Acetate (Subcutaneous Injection Kit)	G	4	PA; QL
Lupron Depot (1-Month) (Intramuscular Kit)	B	5	PA; DL; QL
Lupron Depot (3-Month) (Intramuscular Kit)	B	5	PA; DL; QL
Lupron Depot (4-Month) (Intramuscular Kit)	B	5	PA; DL; QL
Lupron Depot (6-Month) (Intramuscular Kit)	B	5	PA; DL; QL
Lupron Depot-Ped (1-Month) (7.5MG Intramuscular Kit)	B	5	PA; DL; QL
Lupron Depot-Ped (3-Month) (11.25MG (Ped) Intramuscular Kit)	B	5	PA; DL; QL
Lupron Depot-Ped (6-Month) (Intramuscular Kit)	B	5	PA; DL; QL
Octreotide Acetate (Injection Solution)	G	4	PA
Orgovyx (Oral Tablet)	B	5	PA; DL; QL
Signifor (Subcutaneous Solution)	B	5	PA; DL
Somavert (Subcutaneous Solution Reconstituted)	B	5	PA; DL; QL
Synarel (Nasal Solution)	B	5	DL; QL
Trelstar Mixject (Intramuscular Suspension Reconstituted)	B	4	PA; QL
Hormonal Agents, Suppressant (Thyroid)			
Antithyroid Agents			
Methimazole (Oral Tablet)	G	2	
Propylthiouracil (Oral Tablet)	G	3	
Immunological Agents			
Angioedema Agents			
Berinert (Intravenous Kit)	B	5	PA; DL
Cinryze (Intravenous Solution Reconstituted)	B	5	PA; DL
Haegarda (Subcutaneous Solution Reconstituted)	B	5	PA; DL
Icatibant Acetate (Subcutaneous Solution Prefilled Syringe)	G	5	PA; DL; QL
Sajazir (Subcutaneous Solution Prefilled Syringe)	G	5	PA; DL; QL
Immunoglobulins			
BIVIGAM (5GM/50ML Intravenous Solution)	B	5	PA; DL
Flebogamma DIF (5GM/50ML Intravenous Solution)	B	5	PA; DL
Gammagard (2.5GM/25ML Injection Solution)	B	5	PA; DL
Gammagard S/D Less IgA (Intravenous Solution Reconstituted)	B	5	PA; DL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Gammaked (1GM/10ML Injection Solution)	B	5	PA; DL
Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)	B	5	PA; DL
Gamunex-C (1GM/10ML Injection Solution)	B	5	PA; DL
Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)	B	5	PA; DL
Panzyga (Intravenous Solution)	B	5	PA; DL
Privigen (20GM/200ML Intravenous Solution)	B	5	PA; DL
Immunological Agents, Other			
Arcalyst (Subcutaneous Solution Reconstituted)	B	5	PA; DL
Benlysta (Subcutaneous Solution Auto-Injector)	B	5	PA; DL
Benlysta (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)	B	5	PA; DL; QL
Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Cosentyx UnoReady (Subcutaneous Solution Auto-Injector)	B	5	PA; DL; QL
Dupixent (Subcutaneous Solution Pen-Injector)	B	5	PA; DL; QL
Dupixent (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	B	5	PA; DL; QL
Orencia (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Otezla (Oral Tablet)	B	5	PA; DL; QL
Otezla (Oral Tablet Therapy Pack)	B	5	PA; DL; QL
Ridaura (Oral Capsule)	B	5	DL
Stelara (Subcutaneous Solution)	B	5	PA; DL; QL
Stelara (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Xeljanz (Oral Solution)	B	5	PA; DL; QL
Xeljanz (Oral Tablet Immediate Release)	B	5	PA; DL; QL
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	B	5	PA; DL; QL
Xolair (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Xolair (Subcutaneous Solution Reconstituted)	B	5	PA; DL
Immunostimulants			
Actimmune (Subcutaneous Solution)	B	5	DL
Besremi (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Pegasys (Subcutaneous Solution)	B	5	PA; DL
Pegasys (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
Immunosuppressants			
Azathioprine (50MG Oral Tablet)	G	3	B/D,PA
Cyclosporine Modified (Oral Capsule)	G	4	B/D,PA
Cyclosporine Modified (Oral Solution)	G	4	B/D,PA
Cyclosporine (Oral Capsule)	G	4	B/D,PA
Cyltezo (Subcutaneous Auto-Injector Kit)	B	5	PA; DL; QL
Cyltezo (Subcutaneous Prefilled Syringe Kit)	B	5	PA; DL; QL
Cyltezo-CD/UC/HS Starter (Subcutaneous Auto-Injector Kit)	B	5	PA; DL
Cyltezo-Psoriasis Starter (Subcutaneous Auto-Injector Kit)	B	5	PA; DL
Envarsus XR (Oral Tablet Extended Release 24 Hour)	B	4	B/D,PA
Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet, 1MG Oral Tablet)	G	5	B/D,PA; DL
Gengraf (Oral Capsule)	G	4	B/D,PA
Gengraf (Oral Solution)	G	4	B/D,PA
Leflunomide (Oral Tablet)	G	3	
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	G	4	
Methotrexate Sodium (50MG/2ML Injection Solution)	G	4	
Methotrexate Sodium (Oral Tablet)	G	3	
Mycophenolate Mofetil (Oral Capsule)	G	3	B/D,PA
Mycophenolate Mofetil (Oral Suspension Reconstituted)	G	5	B/D,PA; DL
Mycophenolate Mofetil (Oral Tablet)	G	3	B/D,PA
Mycophenolate Sodium (Oral Tablet Delayed Release)	G	4	B/D,PA
Prograf (Oral Packet)	B	4	B/D,PA
Rasuvo (Subcutaneous Solution Auto-Injector)	B	4	PA
Sandimmune (Oral Solution)	B	4	B/D,PA
Sirolimus (Oral Solution)	G	5	B/D,PA; DL
Sirolimus (Oral Tablet)	G	4	B/D,PA
Tacrolimus (Oral Capsule)	G	4	B/D,PA
Xatmep (Oral Solution)	B	4	PA
Vaccines			
Abrysvo (Intramuscular Solution Reconstituted)	B	3	PA; QL
ActHIB (Intramuscular Solution Reconstituted)	B	3	QL
Adacel (Intramuscular Suspension)	B	3	QL
Arexvy (Intramuscular Suspension Reconstituted)	B	3	PA; QL
BCG Vaccine (Injection Solution Reconstituted)	B	3	QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Boostrix (Intramuscular Suspension)	B	3	QL
Boostrix (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Daptacel (Intramuscular Suspension)	B	3	QL
Diphtheria-Tetanus Toxoids DT (25-5LFU/0.5ML Intramuscular Suspension)	B	3	QL
Engerix-B (Injection Suspension)	B	3	B/D,PA; QL
Engerix-B (Injection Suspension Prefilled Syringe)	B	3	B/D,PA; QL
Gardasil 9 (Intramuscular Suspension)	B	3	QL
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Havrix (Intramuscular Suspension)	B	3	QL
Hepilisav-B (Intramuscular Solution Prefilled Syringe)	B	3	B/D,PA; QL
Hiberix (Injection Solution Reconstituted)	B	3	QL
Imovax Rabies (Intramuscular Suspension Reconstituted)	B	3	B/D,PA; QL
Infanrix (Intramuscular Suspension)	B	3	QL
IPOL (Injection)	B	3	QL
Ixiaro (Intramuscular Suspension)	B	3	QL
Jynneos (Subcutaneous Suspension)	B	3	QL
Kinrix (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Menactra (Intramuscular Solution)	B	3	QL
MenQuadfi (Intramuscular Solution)	B	3	QL
Menveo (Intramuscular Solution Reconstituted)	B	3	QL
M-M-R II (Injection Solution Reconstituted)	B	3	QL
Pediarix (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Pedvax HIB (Intramuscular Suspension)	B	3	QL
Pentacel (Intramuscular Suspension Reconstituted)	B	3	QL
PreHevbrio (Intramuscular Suspension)	B	3	B/D,PA; QL
Priorix (Subcutaneous Suspension Reconstituted)	B	3	QL
ProQuad (Subcutaneous Suspension Reconstituted)	B	3	QL
Quadracel (Intramuscular Suspension)	B	3	QL
Quadracel (Intramuscular Suspension Prefilled Syringe)	B	3	QL
RabAvert (Intramuscular Suspension Reconstituted)	B	3	B/D,PA; QL
Recombivax HB (Injection Suspension)	B	3	B/D,PA; QL
Recombivax HB (Injection Suspension Prefilled Syringe)	B	3	B/D,PA; QL
Rotarix (Oral Suspension)	B	3	QL

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Rotarix (Oral Suspension Reconstituted)	B	3	QL
RotaTeq (Oral Solution)	B	3	QL
Shingrix (Intramuscular Suspension Reconstituted)	B	3	PA; QL
TDVAX (Intramuscular Suspension)	B	3	QL
Tenivac (Intramuscular Injectable)	B	3	QL
Ticovac (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Trumenba (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Twinrix (Intramuscular Suspension Prefilled Syringe)	B	3	QL
Typhim Vi (Intramuscular Solution)	B	3	QL
Typhim Vi (Intramuscular Solution Prefilled Syringe)	B	3	QL
VAQTA (Intramuscular Suspension)	B	3	QL
Varivax (Subcutaneous Injectable)	B	3	QL
YF-Vax (Subcutaneous Injectable)	B	3	QL
Inflammatory Bowel Disease Agents			
Aminosalicylates			
Apriso (Oral Capsule Extended Release 24 Hour)	B	3	QL
Balsalazide Disodium (Oral Capsule)	G	4	
Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	3	QL
Mesalamine (Rectal Enema)	G	4	QL
Mesalamine (Rectal Suppository)	G	4	QL
Sulfasalazine (Oral Tablet Immediate Release)	G	3	
Sulfasalazine (Oral Tablet Delayed Release)	G	3	
Glucocorticoids			
Budesonide ER (Oral Tablet Extended Release 24 Hour)	G	4	ST
Budesonide (Oral Capsule Delayed Release Particles)	G	4	
Hydrocortisone (Perianal) (2.5% External Cream)	G	3	
Hydrocortisone (Rectal Enema)	G	3	
Procto-Med HC (External Cream)	G	3	
Proctosol HC (External Cream)	G	3	
Proctozone-HC (External Cream)	G	3	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet)	G	2	QL
Calcitonin Salmon (Nasal Solution)	G	3	QL
Calcitriol (Oral Capsule)	G	2	B/D,PA
Calcitriol (Oral Solution)	G	4	B/D,PA

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Cinacalcet HCl (Oral Tablet)	G	4	B/D,PA; QL
Ibandronate Sodium (Oral Tablet)	G	3	QL
Natpara (100MCG Subcutaneous Cartridge, 25MCG Subcutaneous Cartridge, 50MCG Subcutaneous Cartridge, 75MCG Subcutaneous Cartridge)	B	5	PA; DL
Paricalcitol (Oral Capsule)	G	4	B/D,PA
Prolia (Subcutaneous Solution Prefilled Syringe)	B	4	QL
Rayaldee (Oral Capsule Extended Release)	B	5	DL; QL
Tymlos (Subcutaneous Solution Pen-Injector)	B	5	PA; DL; QL
Xgeva (Subcutaneous Solution)	B	5	PA; DL
Miscellaneous Therapeutic Agents			
Miscellaneous Therapeutic Agents			
Alcohol Prep Pads	B	3	
Gauze (Non-medicated 2X2 Pad)	B	3	
Insulin Syringes, Needles	B	3	
Ophthalmic Agents			
Ophthalmic Agents, Other			
Atropine Sulfate (1% Ophthalmic Solution)	G	3	
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	G	3	
Cystaran (Ophthalmic Solution)	B	5	DL
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	G	2	
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	G	2	
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	G	2	
Neo-Polycin HC (Ophthalmic Ointment)	G	3	
Restasis MultiDose (Ophthalmic Emulsion)	B	3	QL
Restasis Single-Use Vials (Ophthalmic Emulsion)	B	3	QL
Sulfacetamide-Prednisolone (Ophthalmic Solution)	G	2	
TobraDex (Ophthalmic Ointment)	B	4	
Tobramycin-Dexamethasone (Ophthalmic Suspension)	G	4	
Ophthalmic Anti-allergy Agents			
Azelastine HCl (Ophthalmic Solution)	G	3	
Cromolyn Sodium (Ophthalmic Solution)	G	2	
Olopatadine HCl (0.1% Ophthalmic Solution)	G	3	
Ophthalmic Anti-Infectives			
Bacitracin (Ophthalmic Ointment)	G	3	
Bacitracin-Polymyxin B (Ophthalmic Ointment)	G	3	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Ciprofloxacin HCl (Ophthalmic Solution)	G	2	
Erythromycin (Ophthalmic Ointment)	G	2	
Gentamicin Sulfate (Ophthalmic Solution)	G	2	
Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox)	G	4	
Natacyn (Ophthalmic Suspension)	B	4	
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)	G	3	
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	G	3	
Neo-Polycin (Ophthalmic Ointment)	G	3	
Ofloxacin (Ophthalmic Solution)	G	2	
Polycin (Ophthalmic Ointment)	G	3	
Polymyxin B-Trimethoprim (Ophthalmic Solution)	G	2	
Sulfacetamide Sodium (Ophthalmic Ointment)	G	3	
Sulfacetamide Sodium (Ophthalmic Solution)	G	3	
Tobramycin (Ophthalmic Solution)	G	3	
Trifluridine (Ophthalmic Solution)	G	4	
Ophthalmic Anti-inflammatories			
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	G	3	
Diclofenac Sodium (Ophthalmic Solution)	G	2	
Fluorometholone (Ophthalmic Suspension)	G	3	
Flurbiprofen Sodium (Ophthalmic Solution)	G	3	
Ketorolac Tromethamine (Ophthalmic Solution)	G	3	
Prednisolone Acetate (Ophthalmic Suspension)	G	3	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	G	3	
Prolensa (Ophthalmic Solution)	B	4	
Ophthalmic Beta-Adrenergic Blocking Agents			
Betaxolol HCl (Ophthalmic Solution)	G	3	
Betimol (Ophthalmic Solution)	B	4	
Carteolol HCl (Ophthalmic Solution)	G	2	
Levobunolol HCl (Ophthalmic Solution)	G	2	
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	G	4	
Timolol Maleate (Ophthalmic Solution) (Generic Timoptic)	G	2	
Ophthalmic Intraocular Pressure Lowering Agents, Other			
Brimonidine Tartrate (0.2% Ophthalmic Solution)	G	2	
Dorzolamide HCl (Ophthalmic Solution)	G	2	

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Methazolamide (Oral Tablet)	G	4	
Pilocarpine HCl (Ophthalmic Solution)	G	3	
Simbrinza (Ophthalmic Suspension)	B	3	
Ophthalmic Prostaglandin and Prostanamide Analogs			
Latanoprost (Ophthalmic Solution)	G	2	
Vyzulta (Ophthalmic Solution)	B	4	
Otic Agents			
Otic Agents			
Acetic Acid (Otic Solution)	G	2	
Flac (Otic Oil)	G	4	
Fluocinolone Acetonide (Otic Oil)	G	4	
Hydrocortisone-Acetic Acid (Otic Solution)	G	4	
Neomycin-Polymyxin-HC (1% Otic Solution)	G	3	
Neomycin-Polymyxin-HC (Otic Suspension)	G	3	
Ofloxacin (Otic Solution)	G	3	
Respiratory Tract/Pulmonary Agents			
Antihistamines			
Azelastine HCl (0.1% Nasal Solution)	G	3	
Cetirizine HCl (1MG/ML Oral Solution)	G	3	
Cyproheptadine HCl (Oral Tablet)	G	4	
Levocetirizine Dihydrochloride (Oral Tablet)	G	3	QL
Anti-inflammatories, Inhaled Corticosteroids			
ArmonAir Digihaler (Inhalation Aerosol Powder Breath Activated)	B	4	QL
Budesonide (0.25MG/2ML Inhalation Suspension, 0.5MG/2ML Inhalation Suspension)	G	4	B/D,PA
Fluticasone Propionate (Nasal Suspension)	G	2	
Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Antileukotrienes			
Montelukast Sodium (Oral Packet)	G	3	QL
Montelukast Sodium (Oral Tablet)	G	2	QL
Montelukast Sodium (Oral Tablet Chewable)	G	3	QL
Zafirlukast (Oral Tablet)	G	4	QL
Bronchodilators, Anticholinergic			
Atrovent HFA (Inhalation Aerosol Solution)	B	4	
Ipratropium Bromide (Inhalation Solution)	G	2	B/D,PA
Ipratropium Bromide (Nasal Solution)	G	3	

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Spiriva HandiHaler (Inhalation Capsule)	B	3	QL
Spiriva Respimat (Inhalation Aerosol Solution)	B	3	QL
Bronchodilators, Sympathomimetic			
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proair), Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil)	G	2	
Albuterol Sulfate (Inhalation Nebulization Solution)	G	3	B/D,PA
Epinephrine (Injection Solution Auto-Injector)	G	3	QL
Formoterol Fumarate (Inhalation Nebulization Solution)	G	4	B/D,PA; QL
Perforomist (Inhalation Nebulization Solution)	B	4	B/D,PA; QL
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Ventolin HFA (Inhalation Aerosol Solution)	B	3	
Cystic Fibrosis Agents			
Cayston (Inhalation Solution Reconstituted)	B	5	PA; DL
Kalydeco (Oral Packet)	B	5	PA; DL; QL
Kalydeco (Oral Tablet)	B	5	PA; DL; QL
Orkambi (Oral Packet)	B	5	PA; DL; QL
Orkambi (Oral Tablet)	B	5	PA; DL; QL
Pulmozyme (Inhalation Solution)	B	5	B/D,PA; DL; QL
TOBI Podhaler (Inhalation Capsule)	B	5	PA; DL; QL
Tobramycin (300MG/5ML Inhalation Nebulization Solution)	G	5	B/D,PA; DL; QL
Mast Cell Stabilizers			
Cromolyn Sodium (Inhalation Nebulization Solution)	G	4	B/D,PA
Phosphodiesterase Inhibitors, Airways Disease			
Roflumilast (Oral Tablet)	G	4	PA; QL
Theophylline ER (300MG Oral Tablet Extended Release 12 Hour, 450MG Oral Tablet Extended Release 12 Hour)	G	3	
Theophylline ER (Oral Tablet Extended Release 24 Hour)	G	3	
Pulmonary Antihypertensives			
Adempas (Oral Tablet)	B	5	PA; DL
Bosentan (Oral Tablet)	G	5	PA; DL; QL
Opsumit (Oral Tablet)	B	5	PA; DL
Orenitram Month 1 (Oral Tablet Extended Release Therapy Pack)	B	5	PA; DL; QL
Orenitram Month 2 (Oral Tablet Extended Release Therapy Pack)	B	5	PA; DL; QL
Orenitram Month 3 (Oral Tablet Extended Release Therapy Pack)	B	5	PA; DL; QL

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Orenitram (0.125MG Oral Tablet Extended Release)	B	4	PA
Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release)	B	5	PA; DL
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	3	PA; QL
Pulmonary Fibrosis Agents			
Ofev (Oral Capsule)	B	5	PA; DL; QL
Pirfenidone (Oral Capsule)	G	5	PA; DL; QL
Pirfenidone (Oral Tablet)	G	5	PA; DL; QL
Respiratory Tract Agents, Other			
Acetylcysteine (Inhalation Solution)	G	4	B/D,PA
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Breo Ellipta (100-25MCG/ACT Inhalation Aerosol Powder Breath Activated, 200-25MCG/ACT Inhalation Aerosol Powder Breath Activated)	B	3	QL
Bronchitol (Inhalation Capsule)	B	5	PA; DL; QL
Combivent Respimat (Inhalation Aerosol Solution)	B	3	QL
Dulera (Inhalation Aerosol)	B	4	QL
Fasenra Pen (Subcutaneous Solution Auto-Injector)	B	5	PA; DL
Fasenra (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL
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 RespiClick)	B	3	QL
Ipratropium-Albuterol (Inhalation Solution)	G	2	B/D,PA
Nucala (Subcutaneous Solution Auto-Injector)	B	5	PA; DL; QL
Nucala (Subcutaneous Solution Prefilled Syringe)	B	5	PA; DL; QL
Nucala (Subcutaneous Solution Reconstituted)	B	5	PA; DL; QL
Stiolto Respimat (Inhalation Aerosol Solution)	B	3	QL
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	3	QL
Skeletal Muscle Relaxants			
Skeletal Muscle Relaxants			
Chlorzoxazone (500MG Oral Tablet)	G	4	
Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	3	
Sleep Disorder Agents			
Sleep Promoting Agents			

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

Drug name	Brand or Generic	Drug tier	Coverage rules or limits on use
Belsomra (Oral Tablet)	B	3	QL
Tasimelteon (Oral Capsule)	G	5	PA; DL; QL
Temazepam (15MG Oral Capsule, 30MG Oral Capsule)	G	2	QL
Zaleplon (Oral Capsule)	G	4	QL
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	3	QL
Wakefulness Promoting Agents			
Armodafinil (Oral Tablet)	G	4	PA; QL
Modafinil (Oral Tablet)	G	3	PA; QL
Sodium Oxybate (Oral Solution)	B	5	PA; DL; QL

Covered drugs with a quantity limit (QL)

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

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

Drugs are listed in alphabetical order in the chart below. **Brand name (B)** drugs are listed in **bold** type (for example, **Humalog**) and generic (G) drugs are listed in plain type (for example, Simvastatin). The **(B)** or **(G)** identifier is listed in the “Brand or Generic” column.

Drug name	Brand or Generic	Quantity limit
Abacavir Sulfate (Oral Solution)	G	Maximum of 32 ml per day
Abacavir Sulfate (Oral Tablet)	G	Maximum of 2 tablets per day
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	Maximum of 1 tablet per day
Abiraterone Acetate (250MG Oral Tablet)	G	Maximum of 4 tablets per day
Abiraterone Acetate (500MG Oral Tablet)	G	Maximum of 2 tablets per day
Abrysvo (Intramuscular Solution Reconstituted)	B	1 vaccination dose (0.5 ml) per day
Acarbose (100MG Oral Tablet)	G	Maximum of 3 tablets per day
Acarbose (25MG Oral Tablet)	G	Maximum of 12 tablets per day
Acarbose (50MG Oral Tablet)	G	Maximum of 6 tablets per day
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	Maximum of 150 ml per day
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	Maximum of 13 tablets per day
ActHIB (Intramuscular Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Adacel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Aimovig (Subcutaneous Solution Auto-Injector)	B	Maximum of 1 pen (1 ml) per 30 days
Albendazole (Oral Tablet)	G	Maximum of 16 tablets per day
Alecensa (Oral Capsule)	B	Maximum of 8 capsules per day
Alendronate Sodium (10MG Oral Tablet)	G	Maximum of 1 tablet per day
Alendronate Sodium (35MG Oral Tablet)	G	Maximum of 8 tablets per 28 days
Alendronate Sodium (70MG Oral Tablet)	G	Maximum of 4 tablets per 28 days
Aliskiren Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Alprazolam (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Alprazolam (2MG Oral Tablet Immediate Release)	G	Maximum of 5 tablets per day

Drug name	Brand or Generic	Quantity limit
Alunbrig (180MG Oral Tablet, 90MG Oral Tablet)	B	Maximum of 1 tablet per day
Alunbrig (30MG Oral Tablet)	B	Maximum of 4 tablets per day
Alunbrig (Oral Tablet Therapy Pack)	B	Maximum of 2 packs (60 tablets) per year
Amlodipine-Benazepril (Oral Capsule)	G	Maximum of 1 capsule per day
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 2 capsules per day
Amphetamine-Dextroamphetamine (10MG Oral Tablet, 12.5MG Oral Tablet, 15MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Amphetamine-Dextroamphetamine (20MG Oral Tablet)	G	Maximum of 3 tablets per day
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Aprepitant (125MG Oral Capsule)	G	Maximum of 2 capsules per 28 days
Aprepitant (40MG Oral Capsule, 80MG Oral Capsule)	G	Maximum of 4 capsules per 28 days
Aprepitant (80 & 125MG Oral Capsule)	G	Maximum of 6 capsules (2 packs) per 28 days
Apriso (Oral Capsule Extended Release 24 Hour)	B	Maximum of 4 capsules per day
Aptiom (200MG Oral Tablet, 400MG Oral Tablet)	B	Maximum of 1 tablet per day
Aptiom (600MG Oral Tablet, 800MG Oral Tablet)	B	Maximum of 2 tablets per day
Aptivus (Oral Capsule)	B	Maximum of 4 capsules per day
Arexvy (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (0.5 ml) per day
Aripiprazole (1MG/ML Oral Solution)	G	Maximum of 25 ml per day
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Armodafinil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	G	Maximum of 1 tablet per day
Armodafinil (50MG Oral Tablet)	G	Maximum of 2 tablets per day
ArmonAir Digihaler (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler per 30 days
Asenapine Maleate (Tablet Sublingual)	G	Maximum of 2 tablets per day
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	Maximum of 2 capsules per day
Atazanavir Sulfate (150MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 1 capsule per day

Drug name	Brand or Generic	Quantity limit
Atazanavir Sulfate (200MG Oral Capsule)	G	Maximum of 2 capsules per day
Atomoxetine HCl (100MG Oral Capsule, 60MG Oral Capsule, 80MG Oral Capsule)	G	Maximum of 1 capsule per day
Atomoxetine HCl (10MG Oral Capsule, 18MG Oral Capsule, 25MG Oral Capsule, 40MG Oral Capsule)	G	Maximum of 2 capsules per day
Atorvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
Atovaquone (Oral Suspension)	G	Maximum of 14 ml per day
Austedo (Oral Tablet)	B	Maximum of 4 tablets per day
Ayvakit (Oral Tablet)	B	Maximum of 1 tablet per day
Balversa (3MG Oral Tablet)	B	Maximum of 3 tablets per day
Balversa (4MG Oral Tablet)	B	Maximum of 2 tablets per day
Balversa (5MG Oral Tablet)	B	Maximum of 1 tablet per day
BCG Vaccine (Injection Solution Reconstituted)	B	1 vaccination dose (1 vial) per day
Belsomra (Oral Tablet)	B	Maximum of 1 tablet per day
Benazepril HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Bexarotene (External Gel)	G	Maximum of 60 grams per 30 days
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Biktarvy (Oral Tablet)	B	Maximum of 1 tablet per day
Boostrix (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Boostrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Bosentan (Oral Tablet)	G	Maximum of 2 tablets per day
Bosulif (100MG Oral Tablet)	B	Maximum of 6 tablets per day
Bosulif (400MG Oral Tablet, 500MG Oral Tablet)	B	Maximum of 1 tablet per day
Breo Ellipta (100-25MCG/ACT Inhalation Aerosol Powder Breath Activated, 200-25MCG/ACT Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Brilinta (Oral Tablet)	B	Maximum of 2 tablets per day
BRIVIACT (10MG/ML Oral Solution)	B	Maximum of 20 ml per day
BRIVIACT (100MG Oral Tablet, 10MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	B	Maximum of 2 tablets per day
Bronchitol (Inhalation Capsule)	B	Maximum of 20 capsules per day
Brukinsa (Oral Capsule)	B	Maximum of 4 capsules per day
Buprenorphine HCl (Tablet Sublingual)	G	Maximum of 3 tablets per day
Buprenorphine HCl-Naloxone HCl (12-3MG Sublingual Film)	G	Maximum of 2 films per day

Drug name	Brand or Generic	Quantity limit
Buprenorphine HCl-Naloxone HCl (2-0.5MG Sublingual Film, 4-1MG Sublingual Film, 8-2MG Sublingual Film)	G	Maximum of 3 films per day
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	G	Maximum of 3 tablets per day
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	G	Maximum of 6 tablets per day
Bydureon BCise (Subcutaneous Auto-Injector)	B	Maximum of 4 pens (3.4 ml) per 28 days
Cablivi (Injection Kit)	B	Maximum of 1 kit per day
Cabometyx (20MG Oral Tablet, 60MG Oral Tablet)	B	Maximum of 1 tablet per day
Cabometyx (40MG Oral Tablet)	B	Maximum of 2 tablets per day
Calcipotriene (External Cream)	G	Maximum of 120 grams per 30 days
Calcitonin Salmon (Nasal Solution)	G	Maximum of 1 bottle per 28 days
Calquence (100MG Oral Capsule)	B	Maximum of 2 capsules per day
Calquence (Oral Tablet)	B	Maximum of 2 tablets per day
Candesartan Cilexetil (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet)	G	Maximum of 1 tablet per day
Candesartan Cilexetil (8MG Oral Tablet)	G	Maximum of 3 tablets per day
Caplyta (Oral Capsule)	B	Maximum of 1 capsule per day
Chloroquine Phosphate (Oral Tablet)	G	Maximum of 2 tablets per day
Cimduo (Oral Tablet)	B	Maximum of 1 tablet per day
Cinacalcet HCl (30MG Oral Tablet, 60MG Oral Tablet)	G	Maximum of 2 tablets per day
Cinacalcet HCl (90MG Oral Tablet)	G	Maximum of 4 tablets per day
Clindamycin Phosphate (External Gel)	G	Maximum of 75 grams per 30 days
Clindamycin Phosphate (External Lotion)	G	Maximum of 60 ml per 30 days
Clindamycin Phosphate (External Solution)	G	Maximum of 60 ml per 30 days
Clobazam (2.5MG/ML Oral Suspension)	G	Maximum of 16 ml per day
Clobazam (10MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 2 tablets per day
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Clonazepam (2MG Oral Tablet)	G	Maximum of 10 tablets per day
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Clonazepam ODT (2MG Oral Tablet Dispersible)	G	Maximum of 10 tablets per day
Clopidogrel Bisulfate (75MG Oral Tablet)	G	Maximum of 1 tablet per day
Clorazepate Dipotassium (15MG Oral Tablet)	G	Maximum of 6 tablets per day
Clorazepate Dipotassium (3.75MG Oral Tablet)	G	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5MG Oral Tablet)	G	Maximum of 12 tablets per day
Clotrimazole-Betamethasone (External Cream)	G	Maximum of 90 grams per 30 days

Drug name	Brand or Generic	Quantity limit
Clozapine ODT (100MG Oral Tablet Dispersible)	G	Maximum of 9 tablets per day
Clozapine ODT (12.5MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Clozapine ODT (150MG Oral Tablet Dispersible)	G	Maximum of 6 tablets per day
Clozapine ODT (200MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Clozapine ODT (25MG Oral Tablet Dispersible)	G	Maximum of 3 tablets per day
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	B	Maximum of 4 capsules per day
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	G	Maximum of 4 tablets per day
Combivent Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 20 days
Cometriq (100MG Daily Dose) (Oral Kit)	B	Maximum of 1 carton (56 capsules) per 28 days
Cometriq (140MG Daily Dose) (Oral Kit)	B	Maximum of 1 carton (112 capsules) per 28 days
Cometriq (60MG Daily Dose) (Oral Kit)	B	Maximum of 1 carton (84 capsules) per 28 days
Complera (Oral Tablet)	B	Maximum of 1 tablet per day
Copiktra (Oral Capsule)	B	Maximum of 2 capsules per day
Corlanor (Oral Solution)	B	Maximum of 15 ml per day
Corlanor (Oral Tablet)	B	Maximum of 2 tablets per day
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 10 syringes (10 ml) per 30 days
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)	B	Maximum of 10 pens (10 ml) per 30 days
Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 20 syringes (10 ml) per 30 days
Cosentyx UnoReady (Subcutaneous Solution Auto-Injector)	B	Maximum of 5 pens (10 ml) per 30 days
Cotellic (Oral Tablet)	B	Maximum of 3 tablets per day
Cyltezo (Subcutaneous Auto-Injector Kit)	B	Maximum of 4 pens per 28 days
Cyltezo (10MG/0.2ML Subcutaneous Prefilled Syringe Kit, 20MG/0.4ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 2 syringes per 28 days
Cyltezo (40MG/0.8ML Subcutaneous Prefilled Syringe Kit)	B	Maximum of 4 syringes per 28 days
Dabigatran Etexilate Mesylate (Oral Capsule)	G	Maximum of 2 capsules per day
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
Daptacel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Darunavir (600MG Oral Tablet)	G	Maximum of 2 tablets per day
Darunavir (800MG Oral Tablet)	G	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Daurismo (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Daurismo (25MG Oral Tablet)	B	Maximum of 2 tablets per day
Delstrigo (Oral Tablet)	B	Maximum of 1 tablet per day
Descovy (Oral Tablet)	B	Maximum of 1 tablet per day
Desonide (External Ointment)	G	Maximum of 120 grams per 30 days
Desoximetasone (External Cream)	G	Maximum of 100 grams per 30 days
Desvenlafaxine Succinate ER (100MG Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	Maximum of 4 tablets per day
Desvenlafaxine Succinate ER (25MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	Maximum of 1 tablet per day
Dexmethylphenidate HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Diacomit (250MG Oral Capsule)	B	Maximum of 12 capsules per day
Diacomit (500MG Oral Capsule)	B	Maximum of 6 capsules per day
Diacomit (250MG Oral Packet)	B	Maximum of 12 packets per day
Diacomit (500MG Oral Packet)	B	Maximum of 6 packets per day
Diazepam Intensol (Oral Concentrate)	G	Maximum of 8 ml per day
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 4 tablets per day
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	G	Maximum of 5 packages per 30 days
Dihydroergotamine Mesylate (Nasal Solution)	G	Maximum of 16 vials (16 ml) per 28 days
Dimethyl Fumarate (120MG Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Dimethyl Fumarate (240MG Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Dimethyl Fumarate Starter Pack (Oral Capsule)	G	Maximum of 2 packs (120 capsules) per year
Diphtheria-Tetanus Toxoids DT (25-5LFU/0.5ML Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Dofetilide (125MCG Oral Capsule)	G	Maximum of 6 capsules per day
Dofetilide (250MCG Oral Capsule, 500MCG Oral Capsule)	G	Maximum of 2 capsules per day
Donepezil HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Donepezil HCl (5MG Oral Tablet)	G	Maximum of 1 tablet per day
Donepezil HCl ODT (10MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Donepezil HCl ODT (5MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day
Doptelet (Oral Tablet)	B	Maximum of 3 tablets per day
Dovato (Oral Tablet)	B	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Droxidopa (100MG Oral Capsule)	G	Maximum of 3 capsules per day
Droxidopa (200MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 6 capsules per day
Dulera (120 Inhalation Aerosol)	B	Maximum of 1 inhaler (13 grams) per 30 days
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles)	G	Maximum of 4 capsules per day
Duloxetine HCl (30MG Oral Capsule Delayed Release Particles)	G	Maximum of 3 capsules per day
Duloxetine HCl (60MG Oral Capsule Delayed Release Particles)	G	Maximum of 2 capsules per day
Dupixent (200MG/1.14ML Subcutaneous Solution Pen-Injector)	B	Maximum of 4 pens (4.56 ml) per 28 days
Dupixent (300MG/2ML Subcutaneous Solution Pen-Injector)	B	Maximum of 4 pens (8 ml) per 28 days
Dupixent (100MG/0.67ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes (1.34 ml) per 28 days
Dupixent (200MG/1.14ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (4.56 ml) per 28 days
Dupixent (300MG/2ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (8 ml) per 28 days
Edurant (Oral Tablet)	B	Maximum of 1 tablet per day
Efavirenz (Oral Capsule)	G	Maximum of 3 capsules per day
Efavirenz (Oral Tablet)	G	Maximum of 1 tablet per day
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)	G	Maximum of 1 tablet per day
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)	G	Maximum of 1 tablet per day
Eliquis (Oral Tablet)	B	Maximum of 2 tablets per day
Eliquis Starter Pack (Oral Tablet)	B	Maximum of 2 packs (148 tablets) per year
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes or pens (3 ml) per 30 days
Emgality (Subcutaneous Solution Auto-Injector)	B	Maximum of 2 syringes or pens (2 ml) per 30 days
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 2 syringes or pens (2 ml) per 30 days
Emsam (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day
Emtricitabine (Oral Capsule)	G	Maximum of 1 capsule per day
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Emtriva (Oral Solution)	B	Maximum of 5 bottles (850 ml) per 30 days
Enalapril Maleate (Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (10-25MG Oral Tablet)	G	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Enalapril-Hydrochlorothiazide (5-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Endocet (Oral Tablet)	G	Maximum of 12 tablets per day
Engerix-B (Injection Suspension)	B	1 vaccination dose (1 ml) per day
Engerix-B (10MCG/0.5ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Engerix-B (20MCG/ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day
Enoxaparin Sodium (100MG/ML Injection Solution Prefilled Syringe, 150MG/ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (2 ml) per day
Enoxaparin Sodium (120MG/0.8ML Injection Solution Prefilled Syringe, 80MG/0.8ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (1.6 ml) per day
Enoxaparin Sodium (30MG/0.3ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (0.6 ml) per day
Enoxaparin Sodium (40MG/0.4ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (0.8 ml) per day
Enoxaparin Sodium (60MG/0.6ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (1.2 ml) per day
Entresto (Oral Tablet)	B	Maximum of 2 tablets per day
Epclusa (Oral Packet)	B	Maximum of 1 carton (28 packets) per 28 days
Epclusa (Oral Tablet)	B	Maximum of 1 tablet per day
Epinephrine (Injection Solution Auto-Injector)	G	Maximum of 4 pens (2 boxes) per 30 days
Erleada (240MG Oral Tablet)	B	Maximum of 1 tablet per day
Erleada (60MG Oral Tablet)	B	Maximum of 4 tablets per day
Erlotinib HCl (100MG Oral Tablet, 150MG Oral Tablet)	G	Maximum of 1 tablet per day
Erlotinib HCl (25MG Oral Tablet)	G	Maximum of 3 tablets per day
Estradiol (Transdermal Patch Weekly)	G	Maximum of 4 patches per 28 days
Etravirine (Oral Tablet)	G	Maximum of 2 tablets per day
Evotaz (Oral Tablet)	B	Maximum of 1 tablet per day
Exkivity (Oral Capsule)	B	Maximum of 4 capsules per day
Extavia (Subcutaneous Kit)	B	Maximum of 1 kit (15 vials) per 30 days
Ezetimibe (Oral Tablet)	G	Maximum of 1 tablet per day
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	Maximum of 2 tablets per day
Fanapt Titration Pack (Oral Tablet)	B	Maximum of 2 packs per year

Drug name	Brand or Generic	Quantity limit
Farxiga (Oral Tablet)	B	Maximum of 1 tablet per day
Fentanyl Citrate (Buccal Lozenge On A Handle)	G	Maximum of 4 lozenges per day
Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour)	G	Maximum of 15 patches per 30 days
Fetzima (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	B	Maximum of 2 packs (56 capsules) per year
Finacea (External Foam)	B	Maximum of 50 grams per 30 days
Fingolimod HCl (Oral Capsule)	G	Maximum of 1 capsule per day
Fintepla (Oral Solution)	B	Maximum of 12 ml per day
Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)	B	Maximum of 2 kits (4 vials) per 365 days
Firmagon (80MG Subcutaneous Solution Reconstituted)	B	Maximum of 1 kit per 28 days
Fluocinonide Emulsified Base (External Cream)	G	Maximum of 60 grams per 30 days
Fluocinonide (0.05% External Cream)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Gel)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Ointment)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Solution)	G	Maximum of 60 ml per 30 days
Fluorouracil (5% External Cream)	G	Maximum of 40 grams per 30 days
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 RespiClick)	B	Maximum of 1 inhaler per 30 days
Formoterol Fumarate (Inhalation Nebulization Solution)	G	Maximum of 2 vials (4 ml) per day
Fosamprenavir Calcium (Oral Tablet)	G	Maximum of 4 tablets per day
Fosinopril Sodium (Oral Tablet)	G	Maximum of 2 tablets per day
Fotivda (Oral Capsule)	B	Maximum of 21 capsules per 28 days
Fuzeon (Subcutaneous Solution Reconstituted)	B	Maximum of 2 vials per day
Fycompa (Oral Suspension)	B	Maximum of 24 ml per day
Fycompa (Oral Tablet)	B	Maximum of 1 tablet per day
Gardasil 9 (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day

Drug name	Brand or Generic	Quantity limit
Gavreto (Oral Capsule)	B	Maximum of 4 capsules per day
Gefitinib (Oral Tablet)	G	Maximum of 2 tablets per day
Genvoya (Oral Tablet)	B	Maximum of 1 tablet per day
Glatiramer Acetate (20MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 1 syringe (1 ml) per day
Glatiramer Acetate (40MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 12 syringes (12 ml) per 28 days
Glatopa (20MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 1 syringe (1 ml) per day
Glatopa (40MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 12 syringes (12 ml) per 28 days
Glimepiride (1MG Oral Tablet)	G	Maximum of 8 tablets per day
Glimepiride (2MG Oral Tablet)	G	Maximum of 4 tablets per day
Glimepiride (4MG Oral Tablet)	G	Maximum of 2 tablets per day
Glipizide ER (10MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Glipizide ER (2.5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 8 tablets per day
Glipizide ER (5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 4 tablets per day
Glipizide (10MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Glipizide (5MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-250MG Oral Tablet)	G	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)	G	Maximum of 4 tablets per day
Granisetron HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Havrix (1440EL U/ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
Havrix (720EL U/0.5ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
Hepilisav-B (Intramuscular Solution Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Hiberix (Injection Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	G	Maximum of 180 ml per day
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	G	Maximum of 5 tablets per day
Hydromorphone HCl (1MG/ML Oral Liquid)	G	Maximum of 50 ml per day
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day

Drug name	Brand or Generic	Quantity limit
Hydromorphone HCl (8MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Hydroxychloroquine Sulfate (200MG Oral Tablet)	G	Maximum of 3 tablets per day
Ibandronate Sodium (Oral Tablet)	G	Maximum of 1 tablet per 28 days
Ibrance (Oral Capsule)	B	Maximum of 1 capsule per day
Ibrance (Oral Tablet)	B	Maximum of 1 tablet per day
Icatibant Acetate (Subcutaneous Solution Prefilled Syringe)	G	Maximum of 12 syringes (36 ml) per 30 days
Iclusig (Oral Tablet)	B	Maximum of 1 tablet per day
IDHIFA (Oral Tablet)	B	Maximum of 1 tablet per day
Imatinib Mesylate (Oral Tablet)	G	Maximum of 3 tablets per day
Imbruvica (140MG Oral Capsule)	B	Maximum of 4 capsules per day
Imbruvica (70MG Oral Capsule)	B	Maximum of 1 capsule per day
Imbruvica (Oral Suspension)	B	Maximum of 8 ml per day
Imbruvica (140MG Oral Tablet, 280MG Oral Tablet, 420MG Oral Tablet)	B	Maximum of 1 tablet per day
Imiquimod (5% External Cream)	G	Maximum of 24 packets per 30 days
Imovax Rabies (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Infanrix (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Inlyta (Oral Tablet)	B	Maximum of 4 tablets per day
Inqovi (Oral Tablet)	B	Maximum of 1 pack (5 tablets) per 28 days
Inrebic (Oral Capsule)	B	Maximum of 4 capsules per day
Intence (25MG Oral Tablet)	B	Maximum of 4 tablets per day
IPOL (Injection)	B	1 vaccination dose (0.5 ml) per day
Irbesartan (150MG Oral Tablet, 300MG Oral Tablet)	G	Maximum of 1 tablet per day
Irbesartan (75MG Oral Tablet)	G	Maximum of 3 tablets per day
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Isentress HD (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress (Oral Packet)	B	Maximum of 2 packets per day
Isentress (Oral Tablet)	B	Maximum of 2 tablets per day
Isentress (Oral Tablet Chewable)	B	Maximum of 6 tablets per day
Itraconazole (Oral Capsule)	G	Maximum of 4 capsules per day
Ixiaro (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Jakafi (Oral Tablet)	B	Maximum of 2 tablets per day
Jaypirca (100MG Oral Tablet)	B	Maximum of 3 tablets per day

Drug name	Brand or Generic	Quantity limit
Jaypirca (50MG Oral Tablet)	B	Maximum of 1 tablet per day
Jentaduetto (2.5-1000MG Oral Tablet, 2.5-500MG Oral Tablet)	B	Maximum of 2 tablets per day
Jentaduetto XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Jentaduetto XR (5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Juluca (Oral Tablet)	B	Maximum of 1 tablet per day
Jynneos (Subcutaneous Suspension)	B	1 vaccination dose (0.5 ml) per day
Kalydeco (Oral Packet)	B	Maximum of 2 packets per day
Kalydeco (Oral Tablet)	B	Maximum of 2 tablets per day
Kerendia (Oral Tablet)	B	Maximum of 1 tablet per day
Ketoconazole (External Cream)	G	Maximum of 90 grams per 30 days
Kinrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Kisqali (200MG Dose) (Oral Tablet)	B	Maximum of 1 tablet per day
Kisqali (400MG Dose) (Oral Tablet)	B	Maximum of 2 tablets per day
Kisqali (600MG Dose) (Oral Tablet)	B	Maximum of 3 tablets per day
Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (49 tablets) per 28 days
Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (70 tablets) per 28 days
Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (91 tablets) per 28 days
Korlym (Oral Tablet)	B	Maximum of 4 tablets per day
Koselugo (10MG Oral Capsule)	B	Maximum of 8 capsules per day
Koselugo (25MG Oral Capsule)	B	Maximum of 4 capsules per day
Krazati (Oral Tablet)	B	Maximum of 6 tablets per day
Lacosamide (Oral Solution)	G	Maximum of 40 ml per day
Lacosamide (Oral Tablet)	G	Maximum of 2 tablets per day
Lamivudine (10MG/ML Oral Solution)	G	Maximum of 32 ml per day
Lamivudine (150MG Oral Tablet)	G	Maximum of 2 tablets per day
Lamivudine (300MG Oral Tablet)	G	Maximum of 1 tablet per day
Lamivudine-Zidovudine (Oral Tablet)	G	Maximum of 2 tablets per day
Lenalidomide (Oral Capsule)	G	Maximum of 1 capsule per day
Leuprolide Acetate (Subcutaneous Injection Kit)	G	Maximum of 2 kits per 28 days
Levocetirizine Dihydrochloride (Oral Tablet)	G	Maximum of 1 tablet per day
Lexiva (Oral Suspension)	B	Maximum of 60 ml per day
Lidocaine (5% External Ointment)	G	Maximum of 152 grams per 30 days

Drug name	Brand or Generic	Quantity limit
Lidocaine (5% External Patch)	G	Maximum of 3 patches per day
Linezolid (Oral Suspension Reconstituted)	G	Maximum of 60 ml per day
Linezolid (Oral Tablet)	G	Maximum of 2 tablets per day
Linzess (Oral Capsule)	B	Maximum of 1 capsule per day
Lisinopril (Oral Tablet)	G	Maximum of 2 tablets per day
Lisinopril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Lisinopril-Hydrochlorothiazide (20-12.5MG Oral Tablet)	G	Maximum of 4 tablets per day
Lisinopril-Hydrochlorothiazide (20-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Lokelma (Oral Packet)	B	Maximum of 3 packets per day
Lonsurf (15-6.14MG Oral Tablet)	B	Maximum of 10 tablets per day
Lonsurf (20-8.19MG Oral Tablet)	B	Maximum of 8 tablets per day
Lopinavir-Ritonavir (Oral Solution)	G	Maximum of 3 bottles (480 ml) per 30 days
Lopinavir-Ritonavir (100-25MG Oral Tablet)	G	Maximum of 8 tablets per day
Lopinavir-Ritonavir (200-50MG Oral Tablet)	G	Maximum of 4 tablets per day
Lorazepam Intensol (Oral Concentrate)	G	Maximum of 5 ml per day
Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Lorazepam (2MG Oral Tablet)	G	Maximum of 5 tablets per day
Lorbrena (100MG Oral Tablet)	B	Maximum of 1 tablet per day
Lorbrena (25MG Oral Tablet)	B	Maximum of 3 tablets per day
Losartan Potassium (100MG Oral Tablet)	G	Maximum of 1 tablet per day
Losartan Potassium (25MG Oral Tablet, 50MG Oral Tablet)	G	Maximum of 2 tablets per day
Losartan Potassium-HCTZ (100-12.5MG Oral Tablet, 100-25MG Oral Tablet)	G	Maximum of 1 tablet per day
Losartan Potassium-HCTZ (50-12.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Lovastatin (10MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 1 tablet per day
Lovastatin (40MG Oral Tablet)	G	Maximum of 2 tablets per day
Lumakras (120MG Oral Tablet)	B	Maximum of 8 tablets per day
Lumakras (320MG Oral Tablet)	B	Maximum of 3 tablets per day
Lupron Depot (1-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 28 days
Lupron Depot (3-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 84 days
Lupron Depot (4-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 112 days
Lupron Depot (6-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 168 days
Lupron Depot-Ped (1-Month) (7.5MG Intramuscular Kit)	B	Maximum of 1 kit per 28 days
Lupron Depot-Ped (3-Month) (11.25MG (Ped) Intramuscular Kit)	B	Maximum of 1 kit per 84 days

Drug name	Brand or Generic	Quantity limit
Lupron Depot-Ped (6-Month) (Intramuscular Kit)	B	Maximum of 1 kit per 168 days
Lurasidone HCl (120MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 60MG Oral Tablet)	G	Maximum of 1 tablet per day
Lurasidone HCl (80MG Oral Tablet)	G	Maximum of 2 tablets per day
Lybalvi (Oral Tablet)	B	Maximum of 1 tablet per day
Lynparza (Oral Tablet)	B	Maximum of 4 tablets per day
Lytgobi (12MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 4 packs (84 tablets) per 28 days
Lytgobi (16MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 4 packs (112 tablets) per 28 days
Lytgobi (20MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 4 packs (140 tablets) per 28 days
Maraviroc (150MG Oral Tablet)	G	Maximum of 2 tablets per day
Maraviroc (300MG Oral Tablet)	G	Maximum of 4 tablets per day
Mavyret (Oral Packet)	B	Maximum of 5 cartons (140 packets) per 28 days
Mavyret (Oral Tablet)	B	Maximum of 3 tablets per day
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Memantine HCl (Oral Solution)	G	Maximum of 10 ml per day
Memantine HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Memantine HCl Titration Pak (Oral Tablet)	G	Maximum of 2 packs per year
Memantine HCl (5MG Oral Tablet)	G	Maximum of 3 tablets per day
Menactra (Intramuscular Solution)	B	1 vaccination dose (0.5 ml) per day
MenQuadfi (Intramuscular Solution)	B	1 vaccination dose (0.5 ml) per day
Menveo (Intramuscular Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso)	G	Maximum of 4 capsules per day
Mesalamine (Rectal Enema)	G	Maximum of 1 bottle (60 ml) per day
Mesalamine (Rectal Suppository)	G	Maximum of 1 suppository per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 4 tablets per day
Metformin HCl ER (750MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 2 tablets per day
Metformin HCl (1000MG Oral Tablet Immediate Release)	G	Maximum of 2.5 tablets per day
Metformin HCl (500MG Oral Tablet Immediate Release)	G	Maximum of 5 tablets per day

Drug name	Brand or Generic	Quantity limit
Metformin HCl (850MG Oral Tablet Immediate Release)	G	Maximum of 3 tablets per day
Methadone HCl (10MG Oral Tablet)	G	Maximum of 12 tablets per day
Methadone HCl (5MG Oral Tablet)	G	Maximum of 8 tablets per day
Methamphetamine HCl (Oral Tablet)	G	Maximum of 5 tablets per day
Methylphenidate HCl ER (10MG Oral Tablet Extended Release)	G	Maximum of 4 tablets per day
Methylphenidate HCl ER (20MG Oral Tablet Extended Release)	G	Maximum of 3 tablets per day
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	G	Maximum of 3 tablets per day
M-M-R II (Injection Solution Reconstituted)	B	1 vaccination dose (1 injection) per day
Modafinil (100MG Oral Tablet)	G	Maximum of 1 tablet per day
Modafinil (200MG Oral Tablet)	G	Maximum of 2 tablets per day
Montelukast Sodium (Oral Packet)	G	Maximum of 1 packet per day
Montelukast Sodium (Oral Tablet)	G	Maximum of 1 tablet per day
Montelukast Sodium (Oral Tablet Chewable)	G	Maximum of 1 tablet per day
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)	G	Maximum of 10 ml per day
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 3 tablets per day
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 2 tablets per day
Morphine Sulfate ER (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 4 tablets per day
Morphine Sulfate (10MG/5ML Oral Solution)	G	Maximum of 100 ml per day
Morphine Sulfate (20MG/5ML Oral Solution)	G	Maximum of 50 ml per day
Morphine Sulfate (15MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Morphine Sulfate (30MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Motegrity (Oral Tablet)	B	Maximum of 1 tablet per day
Movantik (Oral Tablet)	B	Maximum of 1 tablet per day
Mupirocin (External Ointment)	G	Maximum of 110 grams per 30 days
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	B	Maximum of 1 capsule per day
Namzaric (Oral Capsule Extended Release 24 Hour)	B	Maximum of 1 capsule per day
Nateglinide (120MG Oral Tablet)	G	Maximum of 3 tablets per day

Drug name	Brand or Generic	Quantity limit
Nateglinide (60MG Oral Tablet)	G	Maximum of 6 tablets per day
Nayzilam (Nasal Solution)	B	Maximum of 10 devices per 30 days
Nerlynx (Oral Tablet)	B	Maximum of 6 tablets per day
Nevirapine ER (100MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Nevirapine (Oral Suspension)	G	Maximum of 40 ml per day
Nevirapine (Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
Ninlaro (Oral Capsule)	B	Maximum of 3 capsules per 28 days
Nitazoxanide (Oral Tablet)	G	Maximum of 2 tablets per day
Norvir (Oral Packet)	B	Maximum of 12 packets per day
Nubeqa (Oral Tablet)	B	Maximum of 4 tablets per day
Nucala (Subcutaneous Solution Auto-Injector)	B	Maximum of 3 ml per 28 days
Nucala (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 ml per 28 days
Nucala (40MG/0.4ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 0.4 ml per 28 days
Nucala (Subcutaneous Solution Reconstituted)	B	Maximum of 3 vials per 28 days
Nuedexta (Oral Capsule)	B	Maximum of 2 capsules per day
Nuplazid (Oral Capsule)	B	Maximum of 1 capsule per day
Nuplazid (Oral Tablet)	B	Maximum of 1 tablet per day
Nurtec ODT (Oral Tablet Dispersible)	B	Maximum of 18 tablets per 30 days
Nyamyc (External Powder)	G	Maximum of 120 grams per 30 days
Nystatin (External Powder)	G	Maximum of 120 grams per 30 days
Nystop (External Powder)	G	Maximum of 120 grams per 30 days
Odefsey (Oral Tablet)	B	Maximum of 1 tablet per day
Ofev (Oral Capsule)	B	Maximum of 2 capsules per day
Olanzapine (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Olanzapine (15MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 1 tablet per day
Olanzapine ODT (10MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Olanzapine ODT (15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Olmesartan Medoxomil (20MG Oral Tablet, 40MG Oral Tablet)	G	Maximum of 1 tablet per day
Olmesartan Medoxomil (5MG Oral Tablet)	G	Maximum of 2 tablets per day
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	G	Maximum of 4 capsules per day
Omeprazole (10MG Oral Capsule Delayed Release)	G	Maximum of 3 capsules per day
Ondansetron HCl (Oral Solution)	G	Maximum of 30 ml per day
Ondansetron HCl (4MG Oral Tablet)	G	Maximum of 6 tablets per day
Ondansetron HCl (8MG Oral Tablet)	G	Maximum of 3 tablets per day
Ondansetron ODT (4MG Oral Tablet Dispersible)	G	Maximum of 6 tablets per day
Ondansetron ODT (8MG Oral Tablet Dispersible)	G	Maximum of 3 tablets per day
Onureg (Oral Tablet)	B	Maximum of 14 tablets per 28 days
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	B	Maximum of 4 pens (4 ml) per 28 days
Orencia (125MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (4 ml) per 28 days
Orencia (50MG/0.4ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (1.6 ml) per 28 days
Orencia (87.5MG/0.7ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 4 syringes (2.8 ml) per 28 days
Orenitram Month 1 (Oral Tablet Extended Release Therapy Pack)	B	Maximum of 2 packs (336 tablets) per year
Orenitram Month 2 (Oral Tablet Extended Release Therapy Pack)	B	Maximum of 2 packs (672 tablets) per year
Orenitram Month 3 (Oral Tablet Extended Release Therapy Pack)	B	Maximum of 2 packs (504 tablets) per year
Orgovyx (Oral Tablet)	B	Maximum of 30 tablets per 28 days
Orkambi (Oral Packet)	B	Maximum of 56 packets per 28 days
Orkambi (Oral Tablet)	B	Maximum of 4 tablets per day
Orserdu (345MG Oral Tablet)	B	Maximum of 1 tablet per day
Orserdu (86MG Oral Tablet)	B	Maximum of 3 tablets per day
Oseltamivir Phosphate (Oral Capsule)	G	Maximum of 2 capsules per day
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	Maximum of 26 ml per day
Osphena (Oral Tablet)	B	Maximum of 1 tablet per day
Otezla (Oral Tablet)	B	Maximum of 2 tablets per day
Otezla (Oral Tablet Therapy Pack)	B	Maximum of 2 kits per year
Oxybutynin Chloride ER (10MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 3 tablets per day

Drug name	Brand or Generic	Quantity limit
Oxybutynin Chloride ER (15MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Oxybutynin Chloride ER (5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Oxycodone HCl (100MG/5ML Oral Concentrate)	G	Maximum of 6 ml per day
Oxycodone HCl (5MG/5ML Oral Solution)	G	Maximum of 130 ml per day
Oxycodone HCl (10MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	Maximum of 12 tablets per day
Oxycodone HCl (15MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Oxycodone HCl (20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
Paliperidone ER (1.5MG Oral Tablet Extended Release 24 Hour, 3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Paliperidone ER (6MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Pantoprazole Sodium (20MG Oral Tablet Delayed Release)	G	Maximum of 3 tablets per day
Pantoprazole Sodium (40MG Oral Tablet Delayed Release)	G	Maximum of 2 tablets per day
Pediarix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Pedvax HIB (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Pemazyre (Oral Tablet)	B	Maximum of 14 tablets per 21 days
Pentacel (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	Maximum of 1 vial (300 mg) per 28 days
Perforomist (Inhalation Nebulization Solution)	B	Maximum of 2 vials (4 ml) per day
Pifeltro (Oral Tablet)	B	Maximum of 1 tablet per day
Pioglitazone HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 tablet per day
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Pirfenidone (Oral Capsule)	G	Maximum of 9 capsules per day
Pirfenidone (267MG Oral Tablet)	G	Maximum of 6 tablets per day
Pirfenidone (534MG Oral Tablet, 801MG Oral Tablet)	G	Maximum of 3 tablets per day
Pomalyst (Oral Capsule)	B	Maximum of 1 capsule per day
Posaconazole (Oral Tablet Delayed Release)	G	Maximum of 6 tablets per day
Pravastatin Sodium (Oral Tablet)	G	Maximum of 1 tablet per day
Pregabalin (100MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	G	Maximum of 4 capsules per day
Pregabalin (150MG Oral Capsule, 200MG Oral Capsule)	G	Maximum of 3 capsules per day
Pregabalin (225MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 2 capsules per day
Pregabalin (Oral Solution)	G	Maximum of 30 ml per day
PreHevbrio (Intramuscular Suspension)	B	1 vaccination dose (1 ml) per day
Premarin (Oral Tablet)	B	Maximum of 1 tablet per day
Premphase (Oral Tablet)	B	Maximum of 1 tablet per day
Prempro (Oral Tablet)	B	Maximum of 1 tablet per day
Prevymis (Oral Tablet)	B	Maximum of 1 tablet per day
Prezcobix (Oral Tablet)	B	Maximum of 1 tablet per day
Prezista (Oral Suspension)	B	Maximum of 2 bottles (400 ml) per 30 days
Prezista (150MG Oral Tablet)	B	Maximum of 6 tablets per day
Prezista (75MG Oral Tablet)	B	Maximum of 10 tablets per day
Priorix (Subcutaneous Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Prolia (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 1 syringe per 180 days
Promacta (Oral Packet)	B	Maximum of 6 packets per day
Promacta (12.5MG Oral Tablet, 25MG Oral Tablet)	B	Maximum of 1 tablet per day
Promacta (50MG Oral Tablet, 75MG Oral Tablet)	B	Maximum of 2 tablets per day
ProQuad (Subcutaneous Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 2 inhalers per 30 days
Pulmozyme (Inhalation Solution)	B	Maximum of 2 ampules (5 ml) per day
Pyrukynd (20MG Oral Tablet, 5MG Oral Tablet)	B	Maximum of 1 pack (56 tablets) per 28 days
Pyrukynd (50MG Oral Tablet)	B	Maximum of 2 packs (112 tablets) per 28 days

Drug name	Brand or Generic	Quantity limit
Pyrukynd Taper Pack (5MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (7 tablets) per 7 days
Pyrukynd Taper Pack (7 x 20MG & 7 x 5MG Oral Tablet Therapy Pack, 7 x 50MG & 7 x 20MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (14 tablets) per 14 days
Qinlock (Oral Tablet)	B	Maximum of 3 tablets per day
Quadracel (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Quadracel (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Quetiapine Fumarate (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	G	Maximum of 3 tablets per day
Quetiapine Fumarate (25MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Quetiapine Fumarate (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
Quinapril HCl (Oral Tablet)	G	Maximum of 2 tablets per day
RabAvert (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Raloxifene HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Ramipril (Oral Capsule)	G	Maximum of 2 capsules per day
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
Rayaldee (Oral Capsule Extended Release)	B	Maximum of 2 capsules per day
Recombivax HB (10MCG/ML Injection Suspension, 40MCG/ML Injection Suspension)	B	1 vaccination dose (1 ml) per day
Recombivax HB (5MCG/0.5ML Injection Suspension)	B	1 vaccination dose (0.5 ml) per day
Recombivax HB (10MCG/ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day
Recombivax HB (5MCG/0.5ML Injection Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Rectiv (Rectal Ointment)	B	Maximum of 30 grams per 30 days
Relistor (Oral Tablet)	B	Maximum of 3 tablets per day
Repaglinide (0.5MG Oral Tablet)	G	Maximum of 32 tablets per day
Repaglinide (1MG Oral Tablet)	G	Maximum of 16 tablets per day
Repaglinide (2MG Oral Tablet)	G	Maximum of 8 tablets per day
Repatha Pushtonex System (Subcutaneous Solution Cartridge)	B	Maximum of 2 cartridges (7 ml) per 28 days
Repatha (Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 28 days

Drug name	Brand or Generic	Quantity limit
Repatha SureClick (Subcutaneous Solution Auto-Injector)	B	Maximum of 3 pens (3 ml) per 28 days
Restasis MultiDose (Ophthalmic Emulsion)	B	Maximum of 1 bottle (5.5 ml) per 25 days
Restasis Single-Use Vials (Ophthalmic Emulsion)	B	Maximum of 2 vials per day
Retevmo (40MG Oral Capsule)	B	Maximum of 6 capsules per day
Retevmo (80MG Oral Capsule)	B	Maximum of 4 capsules per day
Revlimid (Oral Capsule)	B	Maximum of 1 capsule per day
Rexulti (Oral Tablet)	B	Maximum of 1 tablet per day
Reyataz (Oral Packet)	B	Maximum of 6 packets per day
Rezlidhia (Oral Capsule)	B	Maximum of 2 capsules per day
Ritonavir (Oral Tablet)	G	Maximum of 12 tablets per day
Rivastigmine Tartrate (Oral Capsule)	G	Maximum of 2 capsules per day
Rizatriptan Benzoate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	Maximum of 12 tablets per 30 days
Roflumilast (250MCG Oral Tablet)	G	Maximum of 1 tablet per day
Roflumilast (500MCG Oral Tablet)	G	Maximum of 1 tablet per day
Rosuvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
Rotarix (Oral Suspension)	B	1 vaccination dose (1.5 ml) per day
Rotarix (Oral Suspension Reconstituted)	B	1 vaccination dose (1 ml) per day
RotaTeq (Oral Solution)	B	1 vaccination dose (2 ml) per day
Rozlytrek (100MG Oral Capsule)	B	Maximum of 5 capsules per day
Rozlytrek (200MG Oral Capsule)	B	Maximum of 3 capsules per day
Rubraca (Oral Tablet)	B	Maximum of 4 tablets per day
Rukobia (Oral Tablet Extended Release 12 Hour)	B	Maximum of 2 tablets per day
Rydapt (Oral Capsule)	B	Maximum of 8 capsules per day
Sajazir (Subcutaneous Solution Prefilled Syringe)	G	Maximum of 12 syringes (36 ml) per 30 days
Scemblix (20MG Oral Tablet)	B	Maximum of 2 tablets per day
Scemblix (40MG Oral Tablet)	B	Maximum of 10 tablets per day
Secuado (Transdermal Patch 24 Hour)	B	Maximum of 1 patch per day
Selzentry (Oral Solution)	B	Maximum of 8 bottles (1840 ml) per 30 days
Selzentry (25MG Oral Tablet)	B	Maximum of 16 tablets per day
Selzentry (75MG Oral Tablet)	B	Maximum of 2 tablets per day
Serevent Diskus (60 Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 inhalations) per 30 days

Drug name	Brand or Generic	Quantity limit
Shingrix (Intramuscular Suspension Reconstituted)	B	1 vaccination dose (1 injection) per day
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	Maximum of 3 tablets per day
Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Skyclarys (Oral Capsule)	B	Maximum of 3 capsules per day
Sodium Oxybate (Oral Solution)	B	Maximum of 18 ml per day
Solifenacin Succinate (Oral Tablet)	G	Maximum of 1 tablet per day
Soliqua (Subcutaneous Solution Pen-Injector)	B	Maximum of 5 pens (15 ml) per 25 days
Somavert (Subcutaneous Solution Reconstituted)	B	Maximum of 1 vial per day
Spiriva HandiHaler (Inhalation Capsule)	B	Maximum of 1 capsule per day
Spiriva Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 30 days
Sprycel (100MG Oral Tablet, 140MG Oral Tablet, 70MG Oral Tablet)	B	Maximum of 1 tablet per day
Sprycel (20MG Oral Tablet, 50MG Oral Tablet)	B	Maximum of 3 tablets per day
Sprycel (80MG Oral Tablet)	B	Maximum of 2 tablets per day
Stelara (Subcutaneous Solution)	B	Maximum of 6 vials (3 ml) per 84 days
Stelara (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 6 syringes (3 ml) per 84 days
Stelara (90MG/ML Subcutaneous Solution Prefilled Syringe)	B	Maximum of 3 syringes (3 ml) per 84 days
Stiolto Respimat (Inhalation Aerosol Solution)	B	Maximum of 1 inhaler (4 grams) per 30 days
Stivarga (Oral Tablet)	B	Maximum of 4 tablets per day
Stribild (Oral Tablet)	B	Maximum of 1 tablet per day
Suboxone (12-3MG Sublingual Film)	B	Maximum of 2 films per day
Suboxone (2-0.5MG Sublingual Film, 4-1MG Sublingual Film, 8-2MG Sublingual Film)	B	Maximum of 3 films per day
Sumatriptan (Nasal Solution)	G	Maximum of 12 devices per 30 days
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	Maximum of 12 tablets per 30 days
Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)	G	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	G	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector)	G	Maximum of 12 injections (6 ml) per 30 days

Drug name	Brand or Generic	Quantity limit
Sunitinib Malate (12.5MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule)	G	Maximum of 1 capsule per day
Sunitinib Malate (37.5MG Oral Capsule)	G	Maximum of 2 capsules per day
Sunlenca (4 x 300MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs (8 tablets) per year
Sunlenca (5 x 300MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs (10 tablets) per year
Sympazan (Oral Film)	B	Maximum of 2 films per day
Symtuza (Oral Tablet)	B	Maximum of 1 tablet per day
Synarel (Nasal Solution)	B	Maximum of 4 bottles (32 ml) per 26 days
Tabrecta (Oral Tablet)	B	Maximum of 4 tablets per day
Tagrisso (Oral Tablet)	B	Maximum of 1 tablet per day
Talzenna (0.1MG Oral Capsule, 0.35MG Oral Capsule, 0.5MG Oral Capsule, 0.75MG Oral Capsule, 1MG Oral Capsule)	B	Maximum of 1 capsule per day
Talzenna (0.25MG Oral Capsule)	B	Maximum of 3 capsules per day
Tasigna (150MG Oral Capsule)	B	Maximum of 5 capsules per day
Tasigna (200MG Oral Capsule)	B	Maximum of 4 capsules per day
Tasigna (50MG Oral Capsule)	B	Maximum of 14 capsules per day
Tasimelteon (Oral Capsule)	G	Maximum of 1 capsule per day
Tazarotene (External Cream)	G	Maximum of 60 grams per 30 days
Tazverik (Oral Tablet)	B	Maximum of 8 tablets per day
TDVAX (Intramuscular Suspension)	B	1 vaccination dose (0.5 ml) per day
Telmisartan (Oral Tablet)	G	Maximum of 1 tablet per day
Temazepam (15MG Oral Capsule, 30MG Oral Capsule)	G	Maximum of 1 capsule per day
Tenivac (Intramuscular Injectable)	B	1 vaccination dose (0.5 ml) per day
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Tepmetko (Oral Tablet)	B	Maximum of 2 tablets per day
Terbinafine HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Tetrabenazine (12.5MG Oral Tablet)	G	Maximum of 3 tablets per day
Tetrabenazine (25MG Oral Tablet)	G	Maximum of 4 tablets per day
Thalomid (100MG Oral Capsule, 50MG Oral Capsule)	B	Maximum of 1 capsule per day
Thalomid (150MG Oral Capsule, 200MG Oral Capsule)	B	Maximum of 2 capsules per day
Tibsovo (Oral Tablet)	B	Maximum of 2 tablets per day
Ticovac (1.2MCG/0.25ML Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.25 ml) per day

Drug name	Brand or Generic	Quantity limit
Ticovac (2.4MCG/0.5ML Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Tivicay (10MG Oral Tablet, 25MG Oral Tablet)	B	Maximum of 1 tablet per day
Tivicay (50MG Oral Tablet)	B	Maximum of 2 tablets per day
Tivicay PD (Oral Tablet Soluble)	B	Maximum of 6 tablets per day
TOBI Podhaler (Inhalation Capsule)	B	Maximum of 8 capsules per day
Tobramycin (300MG/5ML Inhalation Nebulization Solution)	G	Maximum of 2 ampules (10 ml) per day
Tradjenta (Oral Tablet)	B	Maximum of 1 tablet per day
Tramadol HCl ER (Biphasic) (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Tramadol HCl ER (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Tramadol HCl (50MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Tramadol-Acetaminophen (Oral Tablet)	G	Maximum of 8 tablets per day
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	Maximum of 1 inhaler (60 blisters) per 30 days
Trelstar Mixject (11.25MG Intramuscular Suspension Reconstituted)	B	Maximum of 1 vial per 84 days
Trelstar Mixject (22.5MG Intramuscular Suspension Reconstituted)	B	Maximum of 1 vial per 168 days
Trelstar Mixject (3.75MG Intramuscular Suspension Reconstituted)	B	Maximum of 1 vial per 28 days
Trientine HCl (Oral Capsule)	G	Maximum of 8 capsules per day
Trintellix (Oral Tablet)	B	Maximum of 1 tablet per day
Triumeq (Oral Tablet)	B	Maximum of 1 tablet per day
Triumeq PD (Oral Tablet Soluble)	B	Maximum of 6 tablets per day
Trizivir (Oral Tablet)	B	Maximum of 2 tablets per day
Trulance (Oral Tablet)	B	Maximum of 1 tablet per day
Trulicity (Subcutaneous Solution Pen-Injector)	B	Maximum of 4 pens (2 ml) per 28 days
Trumenba (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Tukysa (150MG Oral Tablet)	B	Maximum of 4 tablets per day
Tukysa (50MG Oral Tablet)	B	Maximum of 12 tablets per day
Turalio (125MG Oral Capsule)	B	Maximum of 4 capsules per day
Twinrix (Intramuscular Suspension Prefilled Syringe)	B	1 vaccination dose (1 ml) per day

Drug name	Brand or Generic	Quantity limit
Tybost (Oral Tablet)	B	Maximum of 1 tablet per day
Tymlos (Subcutaneous Solution Pen-Injector)	B	Maximum of 1.56 ml per 30 days
Typhim Vi (Intramuscular Solution)	B	1 vaccination dose (0.5 ml) per day
Typhim Vi (Intramuscular Solution Prefilled Syringe)	B	1 vaccination dose (0.5 ml) per day
Valacyclovir HCl (1GM Oral Tablet)	G	Maximum of 4 tablets per day
Valacyclovir HCl (500MG Oral Tablet)	G	Maximum of 2 tablets per day
Valchlor (External Gel)	B	Maximum of 60 grams per 30 days
Valganciclovir HCl (50MG/ML Oral Solution Reconstituted)	G	Maximum of 36 ml per day
Valganciclovir HCl (450MG Oral Tablet)	G	Maximum of 4 tablets per day
Valsartan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	G	Maximum of 2 tablets per day
Valsartan (320MG Oral Tablet)	G	Maximum of 1 tablet per day
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Valtoco 10MG Dose (Nasal Liquid)	B	Maximum of 10 blister packs (10 spray devices) per 30 days
Valtoco 15MG Dose (Nasal Liquid Therapy Pack)	B	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 20MG Dose (Nasal Liquid Therapy Pack)	B	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 5MG Dose (Nasal Liquid)	B	Maximum of 10 blister packs (10 spray devices) per 30 days
Vancomycin HCl (125MG Oral Capsule)	G	Maximum of 4 capsules per day
Vancomycin HCl (250MG Oral Capsule)	G	Maximum of 8 capsules per day
VAQTA (25UNIT/0.5ML Intramuscular Suspension, 25UNIT/0.5ML 0.5ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
VAQTA (50UNIT/ML Intramuscular Suspension, 50UNIT/ML 1ML Intramuscular Suspension)	B	Maximum of 2 vaccines per lifetime
Varivax (Subcutaneous Injectable)	B	1 vaccination dose (1 injection) per day
Vemlidy (Oral Tablet)	B	Maximum of 1 tablet per day
Venclexta (100MG Oral Tablet)	B	Maximum of 6 tablets per day
Venclexta (10MG Oral Tablet)	B	Maximum of 2 tablets per day
Venclexta (50MG Oral Tablet)	B	Maximum of 1 tablet per day
Venclexta Starting Pack (Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Verquvo (Oral Tablet)	B	Maximum of 1 tablet per day
Verzenio (Oral Tablet)	B	Maximum of 2 tablets per day
Viberzi (Oral Tablet)	B	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Vigabatrin (Oral Packet)	G	Maximum of 6 packets per day
Vigabatrin (Oral Tablet)	G	Maximum of 6 tablets per day
Vigadrone (Oral Packet)	G	Maximum of 6 packets per day
Vigadrone (Oral Tablet)	G	Maximum of 6 tablets per day
Viibryd (Oral Tablet)	B	Maximum of 1 tablet per day
Viibryd Starter Pack (Oral Kit)	B	Maximum of 2 packs (60 tablets) per year
Vilazodone HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Viracept (250MG Oral Tablet)	B	Maximum of 10 tablets per day
Viracept (625MG Oral Tablet)	B	Maximum of 4 tablets per day
Viread (Oral Powder)	B	Maximum of 4 bottles (240 grams) per 30 days
Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	B	Maximum of 1 tablet per day
Vitrakvi (100MG Oral Capsule)	B	Maximum of 4 capsules per day
Vitrakvi (25MG Oral Capsule)	B	Maximum of 6 capsules per day
Vitrakvi (Oral Solution)	B	Maximum of 20 ml per day
Vizimpro (Oral Tablet)	B	Maximum of 1 tablet per day
Vonjo (Oral Capsule)	B	Maximum of 4 capsules per day
Voriconazole (Oral Suspension Reconstituted)	G	Maximum of 20 ml per day
Voriconazole (200MG Oral Tablet)	G	Maximum of 4 tablets per day
Voriconazole (50MG Oral Tablet)	G	Maximum of 16 tablets per day
Vosevi (Oral Tablet)	B	Maximum of 1 tablet per day
Votrient (Oral Tablet)	B	Maximum of 4 tablets per day
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	B	Maximum of 1 capsule per day
Vraylar (Oral Capsule Therapy Pack)	B	Maximum of 2 packs (14 capsules) per year
Vyndaqel (Oral Capsule)	B	Maximum of 4 capsules per day
Welireg (Oral Tablet)	B	Maximum of 3 tablets per day
Xarelto (10MG Oral Tablet, 20MG Oral Tablet)	B	Maximum of 1 tablet per day
Xarelto (15MG Oral Tablet, 2.5MG Oral Tablet)	B	Maximum of 2 tablets per day
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack)	B	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (100MG Oral Tablet, 50MG Oral Tablet)	B	Maximum of 1 tablet per day
Xcopri (150MG Oral Tablet, 200MG Oral Tablet)	B	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack, 14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack)	B	Maximum of 2 packs per year
Xeljanz (Oral Solution)	B	Maximum of 10 ml per day
Xeljanz (Oral Tablet Immediate Release)	B	Maximum of 2 tablets per day
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Xermelo (Oral Tablet)	B	Maximum of 3 tablets per day
Xigduo XR (10-1000MG Oral Tablet Extended Release 24 Hour, 10-500MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 1 tablet per day
Xigduo XR (2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	B	Maximum of 2 tablets per day
Xofluza (40MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 2 tablets per 30 days
Xofluza (80MG Dose) (Oral Tablet Therapy Pack)	B	Maximum of 1 tablet per 30 days
Xospata (Oral Tablet)	B	Maximum of 3 tablets per day
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days
Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 4 tablets per 28 days
Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 4 tablets per 28 days
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 24 tablets per 28 days
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 8 tablets per 28 days
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	B	Maximum of 32 tablets per 28 days
Xtampza ER (13.5MG Oral Capsule ER 12 Hour Abuse-Deterrent, 18MG Oral Capsule ER 12 Hour Abuse-Deterrent, 9MG Oral Capsule ER 12 Hour Abuse-Deterrent)	B	Maximum of 3 capsules per day
Xtampza ER (27MG Oral Capsule ER 12 Hour Abuse-Deterrent, 36MG Oral Capsule ER 12 Hour Abuse-Deterrent)	B	Maximum of 6 capsules per day
Xtandi (Oral Capsule)	B	Maximum of 4 capsules per day
Xtandi (40MG Oral Tablet)	B	Maximum of 4 tablets per day
Xtandi (80MG Oral Tablet)	B	Maximum of 2 tablets per day
YF-Vax (Subcutaneous Injectable)	B	1 vaccination dose (1 injection) per day

Drug name	Brand or Generic	Quantity limit
Zafirlukast (Oral Tablet)	G	Maximum of 2 tablets per day
Zaleplon (10MG Oral Capsule)	G	Maximum of 2 capsules per day
Zaleplon (5MG Oral Capsule)	G	Maximum of 1 capsule per day
Zejula (100MG Oral Capsule)	B	Maximum of 3 capsules per day
Zejula (Oral Tablet)	B	Maximum of 1 tablet per day
Zidovudine (Oral Capsule)	G	Maximum of 6 capsules per day
Zidovudine (Oral Syrup)	G	Maximum of 64 ml per day
Zidovudine (Oral Tablet)	G	Maximum of 2 tablets per day
Ziprasidone HCl (Oral Capsule)	G	Maximum of 2 capsules per day
Zokinvy (Oral Capsule)	B	Maximum of 4 capsules per day
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	Maximum of 1 tablet per day
Zydelig (Oral Tablet)	B	Maximum of 2 tablets per day
Zykadia (Oral Tablet)	B	Maximum of 3 tablets per day

Required information

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