


2020 COMPLETE DRUG LIST (FORMULARY)



Prescription drug list information

UnitedHealthcare® Group Medicare Advantage (PPO)
North Carolina State Health Plan for Teachers and State Employees

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

 Toll-free **1-866-747-1014**, TTY **711**
8 a.m. - 8 p.m. ET, Monday - Friday

 **www.UHCRetiree.com/ncshp**



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What is a drug list?

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

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

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

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

Note to existing members:

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

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

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

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

How do I use the drug list?

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

- 1. By name.** Turn to section “Covered drugs by name (**Drug index**)” on pages 12–38 to see the list of drug names in alphabetical order. Find the name of your drug. The page number where you can find the drug will be next to it.
- 2. By medical condition.** Turn to section “Covered drugs by medical condition” on pages 39–164 to look for drugs based on your medical conditions. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. This is where you will find drugs that treat heart conditions.

What are generic drugs?

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

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

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

Drug tiers

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

- **Your drug's tier.** Each covered drug is in 1 of 4 drug tiers. Each tier has a copay or coinsurance amount. The chart below shows the differences between the tiers.

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

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

Getting Extra Help

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

Are there any rules or limits on my drug coverage?

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

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

Coverage Rules and Limits

PA - Prior authorization

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

QL - Quantity limits

The plan will cover only a certain amount of this drug for 1 copay/coinsurance or over a certain number of days. These limits may be in place to ensure safe and effective use of the drug. If your doctor prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor can ask the plan to cover the additional quantity.

ST - Step therapy

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

Other Special Coverage Rules

B/D - Medicare Part B or Part D

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

HRM - High-risk medication

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

LA - Limited access

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

MME - Morphine milligram equivalent

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

7D - 7-Day limit

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

DL - Dispensing limit

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

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

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

What if my drug is not on this list?

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

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

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

How can I get an exception?

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

Types of exceptions you can ask for

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

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

Who can ask for an exception?

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

How long does it take to get an exception?

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

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

As a new or continuing member in our plan, we may cover a temporary supply of your drug if it's not on our drug list or if it has rules or limits. For example, you may need a prior authorization from us before you can fill your prescription. During the time when you are getting a temporary supply, you should talk with your doctor to decide if there is a similar drug on the drug list you can take instead. If you and your doctor decide this is the only drug that will work for you, you will need to ask for an exception. We may cover your drug in certain cases during the first 90 days of your membership.

The following chart shows how much of your drug we may cover while you ask for an exception.

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

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

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

Can the drug list change?

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

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

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

If we add new generic drugs

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

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

If we remove a drug from the list

Usually, if you’re taking a drug on this drug list that was covered at the beginning of the year, we will not remove or reduce coverage during the year. If you are taking a drug that is removed because a generic version becomes available, we will tell you. If the Food and Drug Administration (FDA) says a drug you are taking is not effective or is unsafe, we will take it off the drug list right away.

If we change the coverage rules or limits

We’ll tell you if we add prior approval, quantity limits and/or step therapy restrictions on a drug. You can find out if your drug has any rules or limits by looking in the chart on pages 165-202.

We’ll tell you about other changes

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

Drugs with dosages other than a 1-month supply

Drugs packaged in an extended day supply

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

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

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

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

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

For more information

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

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

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

Covered drugs by name (Drug index)

A			
Abacavir Sulfate.....	88	Actoplus Met.....	91
Abacavir Sulfate-Lamivudine	88	Actos.....	91
Abacavir-Lamivudine- Zidovudine.....	88	Acular.....	155
Abelcet.....	68	Acular LS.....	155
Abilify.....	82	Acuvail.....	155
Abilify Maintena.....	81, 82	Acyclovir.....	86
Abiraterone Acetate.....	74	Acyclovir Sodium.....	86
Absorica.....	114	Aczone.....	114
Abstral.....	44	Adacel.....	148
Acamprosate Calcium.....	47	Adalat CC.....	102
Acanya.....	114	Adapalene.....	114
Acarbose.....	91	Adapalene-Benzoyl Peroxide	114
Accolate.....	158	Adcirca.....	161
Accupril.....	100	Adderall.....	110
Accuretic.....	104	Adderall XR.....	110
Acebutolol HCl.....	101	Adefovir Dipivoxil.....	85
Acetaminophen-Codeine.....	44	Adempas.....	161
Acetazolamide.....	106	Adlyxin.....	91
Acetazolamide ER.....	106	Adlyxin Starter Pack.....	91
Acetic Acid.....	156	Advair Diskus.....	162
Acetylcysteine.....	162	Advair HFA.....	162
Aciphex.....	125	Adzenys ER.....	110
Acitretin.....	114	Adzenys XR-ODT.....	110
Actemra.....	147	Afinitor.....	76
Actemra ACTPen.....	147	Afinitor Disperz.....	76
Acthar.....	129	Afrezza.....	94
ActHIB.....	148	Aggrenox.....	99
Actigall.....	123	Agrylin.....	97
Actimmune.....	147	Aimovig.....	72
Actiq.....	44	AirDuo RespiClick 113/14	162
Actonel.....	151	AirDuo RespiClick 232/14	162
		AirDuo RespiClick 55/14....	162
		Ajovy.....	72
		Aktipak.....	114
		Ala Scalp.....	129
		Ala-Cort.....	129
		Albendazole.....	78
		Albenza.....	78
		Albuterol Sulfate.....	159
		Albuterol Sulfate ER.....	159
		Albuterol Sulfate HFA.....	159
		Alclometasone Dipropionate	129
		Alcohol Prep Pads.....	152
		Aldactazide.....	104
		Aldactone.....	106
		Aldara.....	114
		Alecensa.....	76
		Alendronate Sodium.....	151
		Alfuzosin HCl ER.....	128
		Alinia.....	78
		Aliskiren Fumarate.....	104
		Allopurinol.....	71
		Almotriptan Malate.....	72
		Alocril.....	153
		Alogliptin Benzoate.....	91
		Alogliptin-Metformin HCl.....	91
		Alogliptin-Pioglitazone.....	91
		Alomide.....	153
		Alora.....	137
		Alosetron HCl.....	124
		Alphagan P.....	154
		Alprazolam.....	90
		Alprazolam ER.....	90
		Alprazolam Intensol.....	90

Alprazolam ODT.....	90	Ammonium Lactate.....	114	Apraclonidine HCl.....	154
Alrex.....	155	Amnesteem.....	114	Aprepitant.....	68
Altace.....	100	Amoxapine.....	67	Apri.....	137
Altavera.....	137	Amoxicillin.....	54	Apriso.....	150
Altoprev.....	108	Amoxicillin-Clarithromycin- Lansoprazole.....	123	Aptensio XR.....	110
Altreno.....	114	Amoxicillin-Potassium Clavulanate.....	54	Aptiom.....	62
Alunbrig.....	76	Amoxicillin-Potassium Clavulanate ER.....	54	Aptivus.....	89
Alvesco.....	157	Amphetamine Sulfate.....	110	Aralast NP.....	126
Alyacen 1/35.....	137	Amphetamine- Dextroamphetamine.....	110	Aranesp.....	97, 98
Alyq.....	161	Amphetamine- Dextroamphetamine ER....	110	Arava.....	147
Amantadine HCl.....	79	Amphotericin B.....	69	Arcalyst.....	147
Amaryl.....	91	Ampicillin.....	54	Arcapta Neohaler.....	159
Ambien.....	164	Ampicillin Sodium.....	54	Aricept.....	64
AmBisome.....	69	Ampicillin-Sulbactam Sodium	54	Arikayce.....	48
Ambrisentan.....	161	Ampyra.....	112	Arimidex.....	76
Amcinonide.....	129	Anadrol-50.....	136	Aripiprazole.....	82
Amerge.....	72	Anafranil.....	67	Aripiprazole ODT.....	82
Amethia.....	137	Anagrelide HCl.....	97	Aristada.....	82
Amethia Lo.....	137	Anastrozole.....	76	Aristada Initio.....	82
Amikacin Sulfate.....	48	Ancobon.....	69	Arixtra.....	95
Amiloride HCl.....	107	Androderm.....	136	Armodafinil.....	164
Amiloride-Hydrochlorothiazide	104	AndroGel.....	136	Arnuity Ellipta.....	157
Aminosyn II.....	118	AndroGel Pump.....	136	Aromasin.....	76
Aminosyn-PF.....	118	Anoro Ellipta.....	162	Arthrotec.....	39
Amiodarone HCl.....	100	Antabuse.....	47	Asacol HD.....	150
Amitiza.....	124	Antara.....	107	Ashlyna.....	137
Amitriptyline HCl.....	67	Anusol-HC.....	150	Asmanex.....	157
Amlodipine Besylate.....	102	ApexiCon E.....	129	Asmanex HFA.....	157
Amlodipine-Atorvastatin.....	104	Aplenzin.....	65	Aspirin-Dipyridamole ER.....	99
Amlodipine-Benazepril.....	104	Apokyn.....	79	Astagraf XL.....	144
Amlodipine-Olmesartan.....	104			Astepro.....	156
Amlodipine-Valsartan.....	104			Atacand.....	100
Amlodipine-Valsartan-HCTZ	104			Atacand HCT.....	104

Atazanavir Sulfate.....	89	Azasite.....	55	Benicar.....	100	
Atelvia.....	151	Azathioprine.....	144	Benicar HCT.....	104	
Atenolol.....	101	Azelaic Acid.....	115	Benlysta.....	148	
Atenolol-Chlorthalidone.....	104	Azelastine HCl.....	153, 157	BenzaClin with Pump.....	115	
Ativan.....	90	Azelex.....	115	Benzamycin.....	115	
Atomoxetine HCl.....	111	Azilect.....	81	Benznidazole.....	78	
Atorvastatin Calcium.....	108	Azithromycin.....	55	Benzoyl Peroxide-Erythromycin	115	
Atovaquone.....	78	Azopt.....	154	Benztropine Mesylate.....	79	
Atovaquone-Proguanil HCl....	78	Azor.....	104	Bepreve.....	153	
Atralin.....	114	Aztreonam.....	53	Berinert.....	144	
Atripia.....	87	Azulfidine.....	151	Beser.....	129	
Atropine Sulfate.....	152	Azulfidine EN-tabs.....	151	Besivance.....	56	
Atrovent HFA.....	158	B			Betamethasone Dipropionate	129, 130
Aubagio.....	112	Bacitracin.....	49	Betamethasone Dipropionate Aug.....	129	
Aubra.....	137	Bacitracin-Polymyxin B.....	152	Betamethasone Valerate.....	130	
Augmentin.....	54	Baclofen.....	163	Betapace AF.....	101	
Auryxia.....	122	Bactocill in Dextrose.....	54	Betaseron.....	113	
Austedo.....	112	Bactrim.....	57	Betaxolol HCl.....	101, 154	
Avalide.....	104	Bactrim DS.....	57	Bethanechol Chloride.....	129	
Avandia.....	91	Bactroban.....	49	Bethkis.....	160	
Avapro.....	100	Balsalazide Disodium.....	150	Betimol.....	154	
AVC Vaginal.....	69	Balversa.....	76	Betoptic-S.....	154	
Aveed.....	136	Balziva.....	137	Bevespi Aerosphere.....	162	
Avelox.....	56	Banzel.....	63	Bevyxxa.....	95	
Aviane.....	137	Baraclude.....	85	Bexarotene.....	78	
Avita.....	114, 115	Basaglar KwikPen.....	94	Bexsero.....	148	
Avodart.....	128	Baxdela.....	56	Beyaz.....	137	
Avonex.....	112	BCG Vaccine.....	148	Bicalutamide.....	74	
Avonex Pen.....	113	Beconase AQ.....	157	Bicillin C-R.....	54	
Avonex Prefilled.....	113	Belbuca.....	41	Bicillin C-R 900/300.....	54	
Avycaz.....	51	Belsomra.....	164	Bicillin L-A.....	54	
Aygestin.....	141	Benazepril HCl.....	100	BiDil.....	104	
Azactam.....	53	Benazepril-Hydrochlorothiazide	104			
Azasan.....	144					

Biktarvy.....	88	Buprenorphine HCl.....	47	Candesartan Cilexetil.....	100
Biltricide.....	78	Buprenorphine HCl-Naloxone HCl.....	47	Candesartan Cilexetil-HCTZ	104
Bimatoprost.....	156	Bupropion HCl.....	65	Capex.....	130
Binosto.....	151	Bupropion HCl ER.....	65	Caprelsa.....	76
Bisoprolol Fumarate.....	101	Bupropion HCl SR.....	48, 65	Captopril.....	100
Bisoprolol-Hydrochlorothiazide	104	Bupropion HCl XL.....	65	Captopril-Hydrochlorothiazide	104
BIVIGAM.....	147	Buspirone HCl.....	90	Carac.....	115
Bleph-10.....	57	Butorphanol Tartrate.....	44	Carafate.....	125
Blephamide.....	152	Butrans.....	41	Carbaglu.....	118
Blephamide S.O.P.....	152	Bydureon.....	91	Carbamazepine.....	63
Blisovi 24 Fe.....	137	Bydureon BCise.....	91	Carbamazepine ER.....	63
Blisovi Fe 1.5/30.....	137	Byetta 10MCG Pen.....	91	Carbatrol.....	63
Boniva.....	151	Byetta 5MCG Pen.....	91	Carbidopa.....	80
Boostrix.....	148	Bystolic.....	101	Carbidopa-Levodopa.....	80
Bosentan.....	161	C		Carbidopa-Levodopa ER.....	80
Bosulif.....	76	Cabergoline.....	143	Carbidopa-Levodopa ODT.....	80
Braftovi.....	76	Cablivi.....	99	Carbidopa-Levodopa- Entacapone.....	80
Breo Ellipta.....	162	Cabometyx.....	76	Cardizem.....	102
Briellyn.....	137	Caduet.....	104	Cardizem CD.....	102
Brilinta.....	99	Cafergot.....	71	Cardizem LA.....	102
Brimonidine Tartrate.....	154	Calan.....	102	Cardura.....	99
BRIVIACT.....	59	Calan SR.....	102	Cardura XL.....	128
Bromfenac Sodium.....	155	Calcipotriene.....	115	Carnitor.....	118
Bromocriptine Mesylate.....	79	Calcipotriene-Betamethasone	115	CaroSpir.....	107
BromSite.....	155	Calcitonin Salmon.....	151	Carteolol HCl.....	154
Brovana.....	159	Calcitriol.....	115, 151	Cartia XT.....	102
Bryhali.....	130	Calcium Acetate.....	122	Carvedilol.....	101
Budesonide.....	150, 157	Calquence.....	76	Carvedilol Phosphate ER.....	101
Budesonide ER.....	150	Cambia.....	39	Casodex.....	74
Bumetanide.....	106	Camila.....	141	Caspofungin Acetate.....	69
Bunavail.....	47	Camrese Lo.....	137	Catapres.....	99
Buphenyl.....	126	Canasa.....	150	Catapres-TTS-1.....	99
Buprenorphine.....	41	Cancidas.....	69		

Catapres-TTS-2.....	99	Chemet.....	121	Clarithromycin ER.....	55
Catapres-TTS-3.....	99	Chenodal.....	123	Clenpiq.....	124
Cayston.....	160	Chlordiazepoxide HCl.....	90	Cleocin.....	49
Caziant.....	137	Chlorhexidine Gluconate.....	114	Cleocin in D5W.....	49
Cefaclor.....	51, 52	Chloroquine Phosphate.....	78	Cleocin Phosphate.....	49
Cefaclor ER.....	51	Chlorothiazide.....	107	Cleocin-T.....	115
Cefadroxil.....	52	Chlorpromazine HCl.....	81	Climara Pro.....	137
Cefazolin Sodium.....	52	Chlorthalidone.....	107	Clindacin-P.....	115
Cefdinir.....	52	Cholbam.....	126	Clindagel.....	115
Cefepime HCl.....	52	Cholestyramine.....	108	Clindamycin HCl.....	49
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Voltaren.....	40
Voriconazole.....	71
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Votrient.....	77
VP-PNV-DHA.....	122
Vraylar.....	84
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Vytorin.....	109	Xopenex Concentrate.....	160	Zenzedi.....	110
Vyvanse.....	110	Xopenex HFA.....	160	Zepatier.....	86
Vyzulta.....	156	Xospata.....	77	Zerbaxa.....	53
W					
Warfarin Sodium.....	97	Xtampza ER.....	44	Zestoretic.....	106
Welchol.....	109	Xtandi.....	75	Zestril.....	100
Wellbutrin SR.....	65	Xulane.....	141	Zetia.....	109
Wellbutrin XL.....	65	Xultophy.....	94	Zetonna.....	158
Wixela Inhub.....	163	Xuriden.....	127	Ziac.....	106
WYMZYA Fe.....	141	Xyosted.....	137	Ziagen.....	88
X		Y		Ziana.....	118
Xalatan.....	156	Yasmin 28.....	141	Zidovudine.....	88
Xalkori.....	77	YAZ.....	141	Zileuton ER.....	158
Xanax.....	90	YF-Vax.....	150	Zioptan.....	156
Xanax XR.....	90	Yonsa.....	75	Ziprasidone HCl.....	84
Xarelto.....	97	Yosprala.....	126	Zipsor.....	40
Xarelto Starter Pack.....	97	Yupelri.....	159	Zirgan.....	85
Xatmep.....	147	Yuvaferm.....	141	Zithromax.....	56
Xeljanz.....	147	Z		Zithromax Tri-Pak.....	56
Xeljanz XR.....	147	Zafirlukast.....	158	Zithromax Z-Pak.....	56
Xelpros.....	156	Zaleplon.....	164	Zocor.....	108
Xenazine.....	112	Zanaflex.....	163, 164	Zofran.....	68
Xepi.....	57	Zarah.....	141	Zohydro ER.....	44
Xerese.....	87	Zarontin.....	60	Zolinza.....	76
Xermelo.....	123	Zarxio.....	99	Zolmitriptan.....	73
Xgeva.....	152	Zavesca.....	127	Zolmitriptan ODT.....	73
Xhance.....	158	Zejula.....	76	Zolofl.....	67
Xifaxan.....	124	Zelapar.....	81	Zolpidem Tartrate.....	164
Xigduo XR.....	94	Zelboraf.....	78	Zomacton.....	136
Xiidra.....	153	Zemaira.....	127	Zomig.....	73
Ximino.....	59	Zembrace SymTouch.....	73	Zomig ZMT.....	73
Xofluza.....	90	Zemplar.....	152	Zonalon.....	118
Xolair.....	148	Zenatane.....	118	Zonegran.....	60
Xopenex.....	160	Zenpep.....	127	Zonisamide.....	60
				Zontivity.....	97

Zorbitive.....	123	Zuplenz.....	68	Zymaxid.....	57
Zortress.....	147	Zyban.....	48	Zypitamag.....	108
Zorvolex.....	41	Zyclara Pump.....	118	Zyprexa.....	84
Zostavax.....	150	Zydelig.....	78	Zyprexa Relprev.....	84
Zosyn.....	55	Zyflo.....	158	Zyprexa Zydys.....	84, 85
Zovia 1/35E.....	141	Zyflo CR.....	158	Zytiga.....	75
Zovirax.....	87	Zykadia.....	78	Zyvox.....	51
ZTlido.....	47	Zylet.....	153		
Zubsolv.....	48	Zyloprim.....	71		

Covered drugs by medical condition

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

The first column lists the drug name, which may include the dosage form and strength. **Brand name** drugs are listed in **bold** type (for example, **Humalog**) and generic drugs are listed in plain type (for example, Simvastatin). The second column lists the drug tier or coverage level. The third column lists any rules or limits for the drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 165-202.

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

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

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ibuprofen (Oral Suspension)	1		Naproxen Sodium ER (375MG Oral Tablet Extended Release 24 Hour) (Generic Naprelan)	4	
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	1		Naproxen Sodium ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Naprelan)	3	
Ketoprofen ER (Oral Capsule Extended Release 24 Hour)	3		Naproxen Sodium (275MG Oral Tablet Immediate Release, 550MG Oral Tablet Immediate Release)	1	
Ketoprofen (Oral Capsule Immediate Release)	1		Oxaprozin (Oral Tablet)	1	
Lodine (Oral Tablet)	4		Pennsaid (Transdermal Solution)	4	PA
Meclofenamate Sodium (Oral Capsule)	3		Piroxicam (Oral Capsule)	1	
Mefenamic Acid (Oral Capsule)	3		Qmiiz ODT (Oral Tablet Dispersible)	3	
Meloxicam (Oral Tablet)	1		Sulindac (Oral Tablet)	1	
Mobic (Oral Tablet)	3		Tolmetin Sodium (Oral Capsule)	3	
Nabumetone (Oral Tablet)	1		Tolmetin Sodium (600MG Oral Tablet)	3	
Nalfon (Oral Tablet)	3		Vivlodex (Oral Capsule)	4	QL
Naprelan (Oral Tablet Extended Release 24 Hour)	4		Voltaren (Transdermal Gel)	3	PA
Naproxen DR (Oral Tablet Delayed Release) (Generic EC-Naprosyn)	1		Zipsor (Oral Capsule)	4	ST
Naproxen (Oral Suspension)	3				
Naproxen (Oral Tablet Immediate Release)	1				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Zorvolex (Oral Capsule)	3	ST	Duragesic-100 (Transdermal Patch 72 Hour)	4	7D; MME; DL; QL
Opioid Analgesics, Long-acting			Duragesic-12 (Transdermal Patch 72 Hour)	3	7D; MME; DL; QL
Belbuca (150MCG Buccal Film, 300MCG Buccal Film, 450MCG Buccal Film, 75MCG Buccal Film)	3	PA; 7D; DL; QL	Duragesic-25 (Transdermal Patch 72 Hour)	3	7D; MME; DL; QL
Belbuca (600MCG Buccal Film, 750MCG Buccal Film, 900MCG Buccal Film)	4	PA; 7D; DL; QL	Duragesic-50 (Transdermal Patch 72 Hour)	4	7D; MME; DL; QL
Buprenorphine (10MCG/HR Transdermal Patch Weekly, 15MCG/HR Transdermal Patch Weekly, 20MCG/HR Transdermal Patch Weekly, 5MCG/HR Transdermal Patch Weekly)	1	7D; DL; QL	Duragesic-75 (Transdermal Patch 72 Hour)	4	7D; MME; DL; QL
Buprenorphine (7.5MCG/HR Transdermal Patch Weekly)	2	7D; DL; QL	Embeda (Oral Capsule Extended Release)	2	7D; MME; DL; QL
Butrans (Transdermal Patch Weekly)	2	7D; DL; QL	Fentanyl (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)	1	7D; MME; DL; QL
ConZip (Oral Capsule Extended Release 24 Hour)	3	7D; MME; DL; QL	Fentanyl (37.5MCG/HR Transdermal Patch 72 Hour)	3	7D; MME; DL; QL
Dolophine (Oral Tablet)	3	7D; MME; DL; QL			

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Fentanyl (62.5MCG/HR Transdermal Patch 72 Hour, 87.5MCG/HR Transdermal Patch 72 Hour)	4	7D; MME; DL; QL	Levorphanol Tartrate (Oral Tablet)	4	7D; MME; DL; QL
Hydromorphone HCl ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	3	7D; MME; DL; QL	Methadone HCl (Oral Solution)	1	7D; MME; DL; QL
Hysingla ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	2	7D; MME; DL; QL	Methadone HCl (Oral Tablet)	1	7D; MME; DL; QL
Kadian (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 40MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour)	4	7D; MME; DL; QL	MorphaBond ER (100MG Oral Tablet ER 12 Hour Abuse-Deterrent, 30MG Oral Tablet ER 12 Hour Abuse-Deterrent, 60MG Oral Tablet ER 12 Hour Abuse-Deterrent)	4	7D; MME; DL; QL
Kadian (10MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 30MG Oral Capsule Extended Release 24 Hour)	3	7D; MME; DL; QL	MorphaBond ER (15MG Oral Tablet ER 12 Hour Abuse-Deterrent)	3	7D; MME; DL; QL
			Morphine Sulfate ER Beads (Oral Capsule Extended Release 24 Hour) (Generic Avinza)	3	7D; MME; DL; QL
			Morphine Sulfate ER (Oral Capsule Extended Release 24 Hour) (Generic Kadian)	3	7D; MME; DL; QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
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)	1	7D; MME; DL; QL	Oxycodone HCl ER (10MG Oral Tablet ER 12 Hour Abuse-Deterrent, 15MG Oral Tablet ER 12 Hour Abuse-Deterrent, 20MG Oral Tablet ER 12 Hour Abuse-Deterrent, 30MG Oral Tablet ER 12 Hour Abuse-Deterrent, 40MG Oral Tablet ER 12 Hour Abuse-Deterrent)	3	7D; MME; DL; QL
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	3	7D; MME; DL; QL	Oxycodone HCl ER (60MG Oral Tablet ER 12 Hour Abuse-Deterrent, 80MG Oral Tablet ER 12 Hour Abuse-Deterrent)	4	7D; MME; DL; QL
MS Contin (100MG Oral Tablet Extended Release, 200MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release)	4	7D; MME; DL; QL	OxyContin (Oral Tablet ER 12 Hour Abuse-Deterrent)	2	7D; MME; DL; QL
MS Contin (15MG Oral Tablet Extended Release)	3	7D; MME; DL; QL	Oxymorphone HCl ER (Oral Tablet Extended Release 12 Hour)	3	7D; MME; DL; QL
Nucynta ER (Oral Tablet Extended Release 12 Hour)	2	7D; MME; DL; QL	Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour)	1	7D; MME; DL; QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Tramadol HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	3	7D; MME; DL; QL	Actiq (Buccal Lozenge On A Handle)	4	PA; DL; QL
Tramadol HCl ER (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	1	7D; MME; DL; QL	Butorphanol Tartrate (Nasal Solution)	1	7D; MME; DL; QL
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	3	ST; 7D; MME; DL; QL	Codeine Sulfate (Oral Tablet)	1	7D; MME; DL; QL
Zohydro ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	3	PA; 7D; MME; DL; QL	Dilaudid (Oral Liquid)	3	7D; MME; DL; QL
Opioid Analgesics, Short-acting			Dilaudid (2MG Oral Tablet, 4MG Oral Tablet)	3	7D; MME; DL; QL
Abstral (Tablet Sublingual)	4	PA; DL; QL	Dilaudid (8MG Oral Tablet)	4	7D; MME; DL; QL
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	1	7D; MME; DL; QL	Duramorph (Injection Solution)	1	DL
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	1	7D; MME; DL; QL	Dvorah (Oral Tablet)	3	7D; MME; DL; QL
			Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	1	7D; MME; DL; QL
			Fentanyl Citrate (Buccal Lozenge On A Handle)	4	PA; DL; QL
			Fentanyl Citrate (Buccal Tablet)	4	PA; DL; QL
			Fentora (Buccal Tablet)	4	PA; DL; QL
			Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	1	7D; MME; DL; QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Hydrocodone-Acetaminophen (10-300MG Oral Tablet, 10-325MG Oral Tablet, 5-300MG Oral Tablet, 5-325MG Oral Tablet, 7.5-300MG Oral Tablet, 7.5-325MG Oral Tablet)	1	7D; MME; DL; QL	Lorcet HD (Oral Tablet)	1	7D; MME; DL; QL
Hydrocodone-Ibuprofen (10-200MG Oral Tablet)	3	7D; MME; DL; QL	Lorcet (Oral Tablet)	1	7D; MME; DL; QL
Hydrocodone-Ibuprofen (5-200MG Oral Tablet, 7.5-200MG Oral Tablet)	1	7D; MME; DL; QL	Lorcet Plus (Oral Tablet)	1	7D; MME; DL; QL
Hydromorphone HCl (2MG/ML Injection Solution)	3	DL	Morphine Sulfate (100MG/5ML Oral Solution)	1	7D; MME; DL; QL
Hydromorphone HCl (1MG/ML Oral Liquid)	1	7D; MME; DL; QL	Morphine Sulfate (8MG/ML Intravenous Solution Prefilled Syringe)	1	DL
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release, 8MG Oral Tablet Immediate Release)	1	7D; MME; DL; QL	Morphine Sulfate (10MG/ML Injection Solution, 4MG/ML Injection Solution)	1	DL
Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution)	3	DL	Morphine Sulfate (2MG/ML Injection Solution, 5MG/ML Injection Solution)	1	DL
Lazanda (Nasal Solution)	4	PA; DL; QL	Morphine Sulfate (Oral Solution)	1	7D; MME; DL; QL
			Morphine Sulfate (Oral Tablet Immediate Release)	1	7D; MME; DL; QL
			Norco (Oral Tablet)	3	7D; MME; DL; QL
			Nucynta (100MG Oral Tablet Immediate Release)	4	7D; MME; DL; QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Nucynta (50MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release)	3	7D; MME; DL; QL	Oxymorphone HCl (Oral Tablet Immediate Release)	1	7D; MME; DL; QL
Opana (10MG Oral Tablet Immediate Release)	4	7D; MME; DL; QL	Percocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	4	7D; MME; DL; QL
Opana (5MG Oral Tablet Immediate Release)	3	7D; MME; DL; QL	Percocet (2.5-325MG Oral Tablet)	3	7D; MME; DL; QL
Oxycodone HCl (5MG Oral Capsule)	1	7D; MME; DL; QL	Primlev (Oral Tablet)	4	7D; MME; DL; QL
Oxycodone HCl (100MG/5ML Oral Concentrate)	3	7D; MME; DL; QL	Roxicodone (15MG Oral Tablet, 5MG Oral Tablet)	3	7D; MME; DL; QL
Oxycodone HCl (5MG/5ML Oral Solution)	1	7D; MME; DL; QL	Roxicodone (30MG Oral Tablet)	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)	1	7D; MME; DL; QL	Subsys (100MCG Sublingual Liquid, 200MCG Sublingual Liquid, 400MCG Sublingual Liquid, 600MCG Sublingual Liquid, 800MCG Sublingual Liquid)	4	PA; DL; QL
Oxycodone-Acetaminophen (Oral Tablet)	1	7D; MME; DL; QL	Tramadol HCl (Oral Tablet Immediate Release)	1	7D; MME; DL; QL
Oxycodone-Aspirin (Oral Tablet)	1	7D; MME; DL; QL	Tramadol-Acetaminophen (Oral Tablet)	1	7D; MME; DL; QL
Oxycodone-Ibuprofen (Oral Tablet)	1	7D; MME; DL; QL	Trezix (Oral Capsule)	3	7D; MME; DL; QL
			Tylenol with Codeine #3 (Oral Tablet)	3	7D; MME; DL; QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tylenol with Codeine #4 (Oral Tablet)	3	7D; MME; DL; QL
Ultracet (Oral Tablet)	3	7D; MME; DL; QL
Ultram (Oral Tablet)	3	7D; MME; DL; QL
Vicodin ES (Oral Tablet)	1	7D; MME; DL; QL
Vicodin HP (Oral Tablet)	1	7D; MME; DL; QL
Vicodin (Oral Tablet)	1	7D; MME; DL; QL
Anesthetics		
Local Anesthetics		
Lidocaine (5% External Ointment)	3	QL
Lidocaine (5% External Patch)	3	PA; QL
Lidocaine HCl (4% External Solution)	1	
Lidocaine HCl (External Gel)	1	
Lidocaine Viscous (2% Mouth/Throat Solution)	1	
Lidocaine-Prilocaine (External Cream)	1	
Lidoderm (External Patch)	4	PA; QL
Pliaglis (External Cream)	3	
ZTlido (External Patch)	3	PA; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
Acamprosate Calcium (Oral Tablet Delayed Release)	1	
Antabuse (Oral Tablet)	3	
Disulfiram (Oral Tablet)	1	
Naltrexone HCl (Oral Tablet)	1	
Vivitrol (Intramuscular Suspension Reconstituted)	4	
Opioid Dependence Treatments		
Bunavail (Buccal Film)	3	ST; QL
Buprenorphine HCl (Tablet Sublingual)	1	QL
Buprenorphine HCl-Naloxone HCl (Sublingual Film)	3	QL
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	1	QL
Suboxone (Sublingual Film)	3	QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Zubsolv (1.4-0.36MG Tablet Sublingual, 11.4-2.9MG Tablet Sublingual, 2.9-0.71MG Tablet Sublingual, 5.7-1.4MG Tablet Sublingual, 8.6-2.1MG Tablet Sublingual)	3	QL	Chantix Starting Month Pak (Oral Tablet)	2	
			Nicotrol (Inhalation Inhaler)	3	
			Nicotrol NS (Nasal Solution)	3	
			Zyban (150MG Oral Tablet Extended Release 12 Hour)	3	
Opioid Reversal Agents			Antibacterials		
Evzio (Injection Solution Auto-Injector)	4	ST	Aminoglycosides		
Naloxone HCl (0.4MG/ML Injection Solution)	1		Amikacin Sulfate (500MG/2ML Injection Solution)	1	
Naloxone HCl (Injection Solution Cartridge)	1		Arikayce (Inhalation Suspension)	4	
Naloxone HCl (Injection Solution Prefilled Syringe)	1		Gentak (Ophthalmic Ointment)	1	
Narcan (Nasal Liquid)	2		Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	1	
Smoking Cessation Agents			Gentamicin Sulfate (External Cream)	1	
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	1		Gentamicin Sulfate (External Ointment)	1	
Chantix Continuing Month Pak (Oral Tablet)	2		Gentamicin Sulfate (40MG/ML Injection Solution)	1	
Chantix (Oral Tablet)	2		Gentamicin Sulfate (Ophthalmic Solution)	1	
			Neomycin Sulfate (Oral Tablet)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Paromomycin Sulfate (Oral Capsule)	3		Cleocin (Oral Solution Reconstituted)	3	
Streptomycin Sulfate (Intramuscular Solution Reconstituted)	4		Cleocin Phosphate (900MG/6ML Injection Solution)	3	
Tobramycin (Ophthalmic Solution)	1		Cleocin (Vaginal Cream)	3	
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	3		Cleocin (Vaginal Suppository)	3	
Tobrex (Ophthalmic Ointment)	2		Clindamycin HCl (Oral Capsule)	1	
Tobrex (Ophthalmic Solution)	3		Clindamycin Palmitate HCl (Oral Solution Reconstituted)	1	
Antibacterials, Other			Clindamycin Phosphate in D5W (Intravenous Solution)	1	
Bacitracin (Ophthalmic Ointment)	1		Clindamycin Phosphate (300MG/2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution)	1	
Bactroban (2% External Cream)	3		Clindamycin Phosphate (Vaginal Cream)	1	
Bactroban (2% Nasal Ointment)	3	PA	Clindesse (Vaginal Cream)	3	
Cleocin in D5W (300MG/50ML Intravenous Solution, 600MG/50ML Intravenous Solution, 900MG/50ML Intravenous Solution)	3		Colistimethate Sodium (CBA) (Injection Solution Reconstituted)	4	
Cleocin (150MG Oral Capsule, 75MG Oral Capsule)	3		Cubicin (Intravenous Solution Reconstituted)	4	
Cleocin (300MG Oral Capsule)	4				

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Dalvance (Intravenous Solution Reconstituted)	4	PA	MetroGel-Vaginal (Vaginal Gel)	3	
Daptomycin (350MG Intravenous Solution Reconstituted)	4		MetroLotion (External Lotion)	4	
Daptomycin (500MG Intravenous Solution Reconstituted)	4		Metronidazole (0.75% External Cream)	1	
Firvanq (Oral Solution Reconstituted)	3		Metronidazole (0.75% External Gel)	1	
Flagyl (Oral Capsule)	3		Metronidazole (1% External Gel)	3	
Flagyl (Oral Tablet)	3		Metronidazole (0.75% External Lotion)	1	
Furadantin (Oral Suspension)	4	HRM	Metronidazole in NaCl 0.79% (Intravenous Solution)	1	
Hiprex (Oral Tablet)	3		Metronidazole (375MG Oral Capsule)	3	
Linezolid (Intravenous Solution)	3		Metronidazole (250MG Oral Tablet, 500MG Oral Tablet)	1	
Linezolid (Oral Suspension Reconstituted)	4		Metronidazole (0.75% Vaginal Gel)	1	
Linezolid (Oral Tablet)	1		Monurol (Oral Packet)	3	
Macrobid (Oral Capsule)	3	HRM	Mupirocin Calcium (External Cream)	3	
Macrodantin (Oral Capsule)	3	HRM	Mupirocin (External Ointment)	1	
Mafenide Acetate (External Packet)	3		Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrodantin)	1	HRM
Methenamine Hippurate (Oral Tablet)	1				
MetroCream (External Cream)	3				
Metrogel (External Gel)	3				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Nitrofurantoin Macrocrystal (25MG Oral Capsule) (Generic Macrochantin)	3	HRM	Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)	1	
Nitrofurantoin Monohydrate (Generic Macrobid)	1	HRM	Vancomycin HCl (250MG Intravenous Solution Reconstituted)	1	
Nitrofurantoin (Oral Suspension)	3	HRM	Vancomycin HCl (Oral Capsule)	3	QL
Noritrate (External Cream)	4		Vandazole (Vaginal Gel)	1	
Polymyxin B Sulfate (Injection Solution Reconstituted)	1		Zyvox (600MG/300ML Intravenous Solution)	4	
Sivextro (Intravenous Solution Reconstituted)	4	PA	Zyvox (Oral Suspension Reconstituted)	4	
Sivextro (Oral Tablet)	4	PA	Zyvox (Oral Tablet)	4	
Solosec (Oral Packet)	3		Beta-lactam, Cephalosporins		
Sulfamylon (External Cream)	3		Avycaz (Intravenous Solution Reconstituted)	4	PA
Sulfamylon (External Packet)	4		Cefaclor ER (Oral Tablet Extended Release 12 Hour)	1	
Tigecycline (Intravenous Solution Reconstituted)	4		Cefaclor (Oral Capsule)	1	
Tinidazole (Oral Tablet)	1				
Trimethoprim (Oral Tablet)	1				
Tygacil (Intravenous Solution Reconstituted)	4				
Vancocin HCl (Oral Capsule)	4	QL			

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Cefaclor (Oral Suspension Reconstituted)	3		Cefoxitin Sodium (Intravenous Solution Reconstituted)	1	
Cefadroxil (Oral Capsule)	1		Cefpodoxime Proxetil (Oral Suspension Reconstituted)	3	
Cefadroxil (Oral Suspension Reconstituted)	1		Cefpodoxime Proxetil (Oral Tablet)	1	
Cefadroxil (Oral Tablet)	1		Cefprozil (Oral Suspension Reconstituted)	1	
Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	1		Cefprozil (Oral Tablet)	1	
Cefdinir (Oral Capsule)	1		Ceftazidime (Injection Solution Reconstituted)	1	
Cefdinir (Oral Suspension Reconstituted)	1		Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	1	
Cefepime HCl (Injection Solution Reconstituted)	1		Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	1	
Cefixime (Oral Suspension Reconstituted)	3		Cefuroxime Axetil (Oral Tablet)	1	
Cefotetan Disodium (1GM Injection Solution Reconstituted, 2GM Injection Solution Reconstituted)	1		Cefuroxime Sodium (Injection Solution Reconstituted)	1	
Cefoxitin Sodium (Injection Solution Reconstituted)	1		Cefuroxime Sodium (Intravenous Solution Reconstituted)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Cephalexin (Oral Capsule)	1		Azactam (Injection Solution Reconstituted)	3	
Cephalexin (Oral Suspension Reconstituted)	1		Aztreonam (1GM Injection Solution Reconstituted)	3	
Cephalexin (Oral Tablet)	1		Ertapenem Sodium (Injection Solution Reconstituted)	3	
Maxipime (1GM Injection Solution Reconstituted)	3		Imipenem-Cilastatin (250MG Intravenous Solution Reconstituted)	1	
Maxipime (2GM Intravenous Solution Reconstituted)	3		Imipenem-Cilastatin (500MG Intravenous Solution Reconstituted)	3	
Suprax (Oral Capsule)	2		Invanz (Injection Solution Reconstituted)	4	
Suprax (100MG/5ML Oral Suspension Reconstituted, 200MG/5ML Oral Suspension Reconstituted)	3		Meropenem (1GM Intravenous Solution Reconstituted)	3	
Suprax (500MG/5ML Oral Suspension Reconstituted)	3		Meropenem (500MG Intravenous Solution Reconstituted)	1	
Suprax (Oral Tablet Chewable)	2		Merrem (500MG Intravenous Solution Reconstituted)	3	
Tazicef (Injection Solution Reconstituted)	1		Primaxin IV (Intravenous Solution Reconstituted)	3	
Teflaro (Intravenous Solution Reconstituted)	4		Vabomere (Intravenous Solution Reconstituted)	4	
Zerbaxa (Intravenous Solution Reconstituted)	4	PA			
Beta-lactam, Other					

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Plain type = Generic drug

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Oxacillin Sodium (Injection Solution Reconstituted)	3	
Penicillin G Potassium in Dextrose (40000UNIT/ML Intravenous Solution, 60000UNIT/ML Intravenous Solution)	2	
Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)	3	
Penicillin G Procaine (Intramuscular Suspension)	3	
Penicillin G Sodium (Injection Solution Reconstituted)	4	
Penicillin V Potassium (Oral Solution Reconstituted)	1	
Penicillin V Potassium (Oral Tablet)	1	
Piperacillin-Tazobactam (Intravenous Solution Reconstituted)	1	
Unasyn (15 (10-5)GM Injection Solution Reconstituted, 3 (2-1)GM Injection Solution Reconstituted)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Zosyn (2-0.25GM/50ML Intravenous Solution, 3-0.375GM/50ML Intravenous Solution)	3	
Zosyn (40.5 (36-4.5)GM Intravenous Solution Reconstituted)	3	
Macrolides		
Azasite (Ophthalmic Solution)	3	
Azithromycin (Intravenous Solution Reconstituted)	1	
Azithromycin (Oral Packet)	1	
Azithromycin (Oral Suspension Reconstituted)	1	
Azithromycin (Oral Tablet)	1	
Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	1	
Clarithromycin (Oral Suspension Reconstituted)	3	
Clarithromycin (Oral Tablet Immediate Release)	1	
Dificid (Oral Tablet)	4	
E.E.S. 400 (Oral Tablet)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
E.E.S. Granules (Oral Suspension Reconstituted)	3	
EryPed 200 (Oral Suspension Reconstituted)	3	
EryPed 400 (Oral Suspension Reconstituted)	4	
Ery-Tab (Oral Tablet Delayed Release)	3	
Erythrocin Lactobionate (Intravenous Solution Reconstituted)	3	
Erythrocin Stearate (Oral Tablet)	3	
Erythromycin Base (Oral Capsule Delayed Release Particles)	3	
Erythromycin Base (Oral Tablet Immediate Release)	3	
Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted)	3	
Erythromycin Ethylsuccinate (400MG/5ML Oral Suspension Reconstituted)	4	
Erythromycin Ethylsuccinate (Oral Tablet)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Erythromycin (Ophthalmic Ointment)	1	
Zithromax (Intravenous Solution Reconstituted)	3	
Zithromax (Oral Packet)	3	
Zithromax (Oral Suspension Reconstituted)	3	
Zithromax (250MG Oral Tablet, 500MG Oral Tablet)	3	
Zithromax Tri-Pak (Oral Tablet)	3	
Zithromax Z-Pak (Oral Tablet)	3	
Quinolones		
Avelox (400MG Oral Tablet)	3	
Baxdela (Intravenous Solution Reconstituted)	4	
Baxdela (Oral Tablet)	4	
Besivance (Ophthalmic Suspension)	3	
Ciloxan (Ophthalmic Ointment)	3	
Ciloxan (Ophthalmic Solution)	3	
Cipro (Oral Suspension Reconstituted)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Cipro (Oral Tablet)	3		Levofloxacin (250MG Oral Tablet, 500MG Oral Tablet, 750MG Oral Tablet)	1	
Ciprofloxacin HCl (Ophthalmic Solution)	1		Moxeza (Ophthalmic Solution)	3	
Ciprofloxacin HCl (100MG Oral Tablet Immediate Release)	3		Moxifloxacin HCl in NaCl (Intravenous Solution)	3	
Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	1		Moxifloxacin HCl (Ophthalmic Solution)	1	
Ciprofloxacin in D5W (200MG/100ML Intravenous Solution)	1		Moxifloxacin HCl (Oral Tablet)	1	
Ciprofloxacin (Oral Suspension Reconstituted)	1		Ocuflox (Ophthalmic Solution)	3	
Gatifloxacin (Ophthalmic Solution)	1		Ofloxacin (Ophthalmic Solution)	1	
Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution)	1		Ofloxacin (Oral Tablet)	1	
Levofloxacin (25MG/ML Intravenous Solution)	3		Ofloxacin (Otic Solution)	1	
Levofloxacin (0.5% Ophthalmic Solution)	1		Vigamox (Ophthalmic Solution)	3	
Levofloxacin (25MG/ML Oral Solution)	1		Xepi (External Cream)	3	
			Zymaxid (Ophthalmic Solution)	3	
			Sulfonamides		
			Bactrim DS (Oral Tablet)	3	
			Bactrim (Oral Tablet)	3	
			Bleph-10 (Ophthalmic Solution)	3	
			Silvadene (External Cream)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Silver Sulfadiazine (External Cream)	1		Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release)	1	
SSD (External Cream)	1		Doxycycline Hyclate (150MG Oral Tablet Immediate Release, 75MG Oral Tablet Immediate Release)	3	
Sulfacetamide Sodium (Ophthalmic Ointment)	1		Doxycycline Hyclate (100MG Oral Tablet Delayed Release, 150MG Oral Tablet Delayed Release, 200MG Oral Tablet Delayed Release, 50MG Oral Tablet Delayed Release, 75MG Oral Tablet Delayed Release)	3	
Sulfacetamide Sodium (Ophthalmic Solution)	1		Doxycycline Monohydrate (100MG Oral Capsule, 150MG Oral Capsule, 50MG Oral Capsule)	1	
Sulfadiazine (Oral Tablet)	3		Doxycycline Monohydrate (75MG Oral Capsule)	3	
Sulfamethoxazole-Trimethoprim (Oral Suspension)	1		Doxycycline Monohydrate (Oral Suspension Reconstituted)	1	
Sulfamethoxazole-Trimethoprim (Oral Tablet)	1		Doxycycline Monohydrate (Oral Tablet)	1	
Tetracyclines					
Demeclocycline HCl (Oral Tablet)	3				
Doryx MPC (Oral Tablet Delayed Release)	3				
Doryx (200MG Oral Tablet Delayed Release)	4				
Doryx (50MG Oral Tablet Delayed Release)	3				
Doxy 100 (Intravenous Solution Reconstituted)	3				
Doxycycline Hyclate (Oral Capsule)	1				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Minocin (50MG Oral Capsule)	3		Vibramycin (50MG/5ML Oral Syrup)	3	
Minocycline HCl ER (Oral Tablet Extended Release 24 Hour)	3	QL	Ximino (Oral Capsule Extended Release 24 Hour)	4	QL
Minocycline HCl (Oral Capsule)	1		Anticonvulsants		
Minocycline HCl (Oral Tablet Immediate Release)	1		Anticonvulsants, Other		
Mondoxyne NL (100MG Oral Capsule, 75MG Oral Capsule)	1		BRIVIACT (Oral Solution)	4	PA; QL
Morgidox (50MG Oral Capsule)	1		BRIVIACT (Oral Tablet)	4	PA; QL
Nuzyra (Intravenous Solution Reconstituted)	4	PA	Epidiolex (Oral Solution)	4	PA
Nuzyra (Oral Tablet)	4	PA; QL	Keppra (Oral Solution)	4	
Oracea (Oral Capsule Delayed Release)	3		Keppra (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	4	
Solodyn (Oral Tablet Extended Release 24 Hour)	4	QL	Keppra (250MG Oral Tablet Immediate Release)	3	
Soloxide (Oral Tablet Delayed Release)	3		Keppra XR (Oral Tablet Extended Release 24 Hour)	4	
TARGADOX (Oral Tablet)	3		Levetiracetam ER (Oral Tablet Extended Release 24 Hour)	1	
Tetracycline HCl (Oral Capsule)	3		Levetiracetam (Oral Solution)	1	
Vibramycin (Oral Capsule)	3				
Vibramycin (Oral Suspension Reconstituted)	3				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Levetiracetam (Oral Tablet Immediate Release)	1		Clobazam (2.5MG/ML Oral Suspension)	4	PA; QL
Roweepra (Oral Tablet Immediate Release)	1		Clobazam (10MG Oral Tablet)	3	PA; QL
Roweepra XR (Oral Tablet Extended Release 24 Hour)	1		Clobazam (20MG Oral Tablet)	4	PA; QL
Spritam (1000MG Oral Tablet Disintegrating Soluble, 250MG Oral Tablet Disintegrating Soluble, 500MG Oral Tablet Disintegrating Soluble, 750MG Oral Tablet Disintegrating Soluble)	3		Depakene (Oral Capsule)	3	
Calcium Channel Modifying Agents			Diastat AcuDial (Rectal Gel)	3	
Celontin (Oral Capsule)	3		Diastat Pediatric (Rectal Gel)	3	
Ethosuximide (Oral Capsule)	1		Gabapentin (Oral Capsule)	1	
Ethosuximide (Oral Solution)	1		Gabapentin (250MG/5ML Oral Solution)	1	
Zarontin (Oral Capsule)	3		Gabapentin (Oral Tablet)	1	
Zarontin (Oral Solution)	3		Gabitril (Oral Tablet)	4	
Zonegran (Oral Capsule)	4		Mysoline (Oral Tablet)	4	
Zonisamide (Oral Capsule)	1		Neurontin (100MG Oral Capsule)	3	
Gamma-aminobutyric Acid (GABA) Augmenting Agents			Neurontin (300MG Oral Capsule, 400MG Oral Capsule)	4	
			Neurontin (Oral Solution)	3	
			Neurontin (Oral Tablet)	4	
			Onfi (Oral Suspension)	4	PA; QL
			Onfi (Oral Tablet)	4	PA; QL
			Phenobarbital (Oral Elixir)	1	PA; HRM

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Phenobarbital (Oral Tablet)	1	PA; HRM	Lamictal (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release)	4	
Primidone (Oral Tablet)	1		Lamictal (25MG Oral Tablet Chewable)	4	
Sabril (Oral Packet)	4	PA; LA; QL	Lamictal (5MG Oral Tablet Chewable)	3	
Sabril (Oral Tablet)	4	PA; LA; QL	Lamictal Starter (35 Tablets Oral Kit, 49 Tablets Oral Kit)	3	
Sympazan (Oral Film)	4	PA; QL	Lamictal Starter (98 Tablets Oral Kit)	4	
Tiagabine HCl (Oral Tablet)	3		Lamictal XR (Oral Kit)	3	
Valproic Acid (Oral Capsule)	1		Lamictal XR (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 250MG Oral Tablet Extended Release 24 Hour, 25MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	4	
Valproic Acid (Oral Solution)	1				
Vigabatrin (Oral Packet)	4	PA; LA; QL			
Vigabatrin (Oral Tablet)	4	PA; LA; QL			
Vigadrone (Oral Packet)	4	PA; LA; QL			
Glutamate Reducing Agents					
Felbamate (Oral Suspension)	4				
Felbamate (Oral Tablet)	3				
Felbatol (Oral Suspension)	4				
Felbatol (Oral Tablet)	4				
Fycompa (Oral Suspension)	4				
Fycompa (Oral Tablet)	4				
Lamictal ODT (Oral Tablet Dispersible)	4				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Lamotrigine ER (Oral Tablet Extended Release 24 Hour)	3		Topamax (100MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet)	4	
Lamotrigine (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release)	1		Topamax (25MG Oral Tablet)	3	
Lamotrigine (25MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	1		Topamax Sprinkle (15MG Oral Capsule Sprinkle)	3	
Lamotrigine ODT (Oral Tablet Dispersible)	3		Topamax Sprinkle (25MG Oral Capsule Sprinkle)	4	
Lamotrigine Starter Kit-Blue (Oral Kit)	3		Topiramate ER (Oral Capsule ER 24 Hour Sprinkle)	3	PA
Lamotrigine Starter Kit-Green (Oral Kit)	4		Topiramate (Oral Capsule Sprinkle Immediate Release)	1	
Lamotrigine Starter Kit-Orange (Oral Kit)	3		Topiramate (Oral Tablet)	1	
Qudexy XR (100MG Oral Capsule ER 24 Hour Sprinkle, 25MG Oral Capsule ER 24 Hour Sprinkle, 50MG Oral Capsule ER 24 Hour Sprinkle)	3	PA	Trokendi XR (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour)	4	PA
Qudexy XR (150MG Oral Capsule ER 24 Hour Sprinkle, 200MG Oral Capsule ER 24 Hour Sprinkle)	4	PA	Trokendi XR (25MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	3	PA
			Sodium Channel Agents		
			Aptiom (Oral Tablet)	4	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Banzel (Oral Suspension)	4		Dilantin (Oral Suspension)	3	
Banzel (Oral Tablet)	4		Epitol (Oral Tablet)	1	
Carbamazepine ER (100MG Oral Capsule Extended Release 12 Hour, 200MG Oral Capsule Extended Release 12 Hour, 300MG Oral Capsule Extended Release 12 Hour)	1		Oxcarbazepine (300MG/5ML Oral Suspension)	3	
Carbamazepine ER (100MG Oral Tablet Extended Release 12 Hour, 200MG Oral Tablet Extended Release 12 Hour)	1		Oxcarbazepine (150MG Oral Tablet, 300MG Oral Tablet, 600MG Oral Tablet)	1	
Carbamazepine ER (400MG Oral Tablet Extended Release 12 Hour)	3		Oxtellar XR (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	3	PA
Carbamazepine (Oral Suspension)	1		Oxtellar XR (600MG Oral Tablet Extended Release 24 Hour)	4	PA
Carbamazepine (Oral Tablet Immediate Release)	1		Peganone (Oral Tablet)	3	
Carbamazepine (Oral Tablet Chewable)	1		Phenytek (Oral Capsule)	1	
Carbatrol (Oral Capsule Extended Release 12 Hour)	3		Phenytoin (Oral Suspension)	1	
Dilantin INFATABS (Oral Tablet Chewable)	2		Phenytoin (Oral Tablet Chewable)	1	
Dilantin (Oral Capsule)	2		Phenytoin Sodium Extended (Oral Capsule)	1	
			Tegretol (Oral Suspension)	3	
			Tegretol (Oral Tablet Immediate Release)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Tegretol XR (Oral Tablet Extended Release 12 Hour)	3	
Trileptal (Oral Suspension)	4	
Trileptal (150MG Oral Tablet)	3	
Trileptal (300MG Oral Tablet, 600MG Oral Tablet)	4	
Vimpat (Oral Solution)	3	QL
Vimpat (Oral Tablet)	3	QL
Antidementia Agents		
Cholinesterase Inhibitors		
Aricept (Oral Tablet)	3	QL
Donepezil HCl (Oral Tablet)	1	QL
Donepezil HCl ODT (Oral Tablet Dispersible)	1	QL
Exelon (Transdermal Patch 24 Hour)	3	ST; QL
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	1	
Galantamine Hydrobromide (Oral Solution)	3	
Galantamine Hydrobromide (Oral Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Razadyne ER (Oral Capsule Extended Release 24 Hour)	3	
Razadyne (Oral Tablet)	3	
Rivastigmine Tartrate (Oral Capsule)	1	
Rivastigmine (Transdermal Patch 24 Hour)	3	ST; QL
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	3	PA; QL
Memantine HCl (Oral Solution)	3	PA; QL
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet)	1	PA; QL
Memantine HCl Titration Pak (Oral Tablet)	1	PA
Namenda (Oral Tablet)	3	PA; QL
Namenda Titration Pak (Oral Tablet)	3	PA
Namenda XR (Oral Capsule Extended Release 24 Hour)	3	PA; QL
Namenda XR Titration Pak (Oral Capsule Extended Release 24 Hour)	3	PA; QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Antidepressants			Symbyax (Oral Capsule)	3	
Antidepressants, Other			Wellbutrin SR (Oral Tablet Extended Release 12 Hour)	3	
Aplenzin (Oral Tablet Extended Release 24 Hour)	4		Wellbutrin XL (Oral Tablet Extended Release 24 Hour)	4	
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	1		Monoamine Oxidase Inhibitors		
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	1		Emsam (Transdermal Patch 24 Hour)	4	
Bupropion HCl ER (XL) (450MG Oral Tablet Extended Release 24 Hour)	3		Marplan (Oral Tablet)	3	
Bupropion HCl (Oral Tablet Immediate Release)	1		Nardil (Oral Tablet)	3	
Forfivo XL (Oral Tablet Extended Release 24 Hour)	3		Parnate (Oral Tablet)	4	
Mirtazapine (Oral Tablet)	1		Phenelzine Sulfate (Oral Tablet)	1	
Mirtazapine ODT (Oral Tablet Dispersible)	1		Tranylcypromine Sulfate (Oral Tablet)	3	
Olanzapine-Fluoxetine HCl (Oral Capsule)	3		SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
Remeron (Oral Tablet)	3		Celexa (Oral Tablet)	3	
Remeron SolTab (Oral Tablet Dispersible)	3		Citalopram Hydrobromide (Oral Solution)	1	
			Citalopram Hydrobromide (Oral Tablet)	1	
			Desvenlafaxine ER (Oral Tablet Extended Release 24 Hour) (Brand Equivalent Khedezla)	3	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	1		Fluvoxamine Maleate ER (Oral Capsule Extended Release 24 Hour)	3	
Effexor XR (Oral Capsule Extended Release 24 Hour)	3		Fluvoxamine Maleate (Oral Tablet)	1	
Escitalopram Oxalate (Oral Solution)	1		Khedezia (Oral Tablet Extended Release 24 Hour)	3	
Escitalopram Oxalate (Oral Tablet)	1		Lexapro (Oral Tablet)	3	
Fetzima (Oral Capsule Extended Release 24 Hour)	3	ST	Maprotiline HCl (Oral Tablet)	1	
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	3	ST	Nefazodone HCl (Oral Tablet)	1	
Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)	1		Paroxetine HCl (Oral Tablet Immediate Release)	1	PA; HRM
Fluoxetine HCl (90MG Oral Capsule Delayed Release)	1		Paxil (Oral Suspension)	3	PA; HRM
Fluoxetine HCl (20MG/5ML Oral Solution)	1		Paxil (Oral Tablet Immediate Release)	3	PA; HRM
Fluoxetine HCl (10MG Oral Tablet, 20MG Oral Tablet)	1		Pristiq (Oral Tablet Extended Release 24 Hour)	3	
Fluoxetine HCl (60MG Oral Tablet)	3		Prozac (10MG Oral Capsule)	3	
			Prozac (20MG Oral Capsule, 40MG Oral Capsule)	4	
			Sarafem (Oral Tablet)	3	
			Sertraline HCl (Oral Concentrate)	1	
			Sertraline HCl (Oral Tablet)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Trazodone HCl (Oral Tablet)	1		Doxepin HCl (Oral Capsule)	1	PA; HRM
Trintellix (Oral Tablet)	3		Doxepin HCl (Oral Concentrate)	1	PA; HRM
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	1		Imipramine HCl (Oral Tablet)	1	PA; HRM
Venlafaxine HCl ER (Oral Tablet Extended Release 24 Hour)	3		Imipramine Pamoate (Oral Capsule)	3	PA; HRM
Venlafaxine HCl (Oral Tablet Immediate Release)	1		Norpramin (Oral Tablet)	3	PA; HRM
Viibryd (Oral Tablet)	3		Nortriptyline HCl (Oral Capsule)	1	PA; HRM
Viibryd Starter Pack (Oral Kit)	3		Nortriptyline HCl (Oral Solution)	1	PA; HRM
Zoloft (Oral Tablet)	3		Pamelor (Oral Capsule)	4	PA; HRM
Tricyclics			Protriptyline HCl (Oral Tablet)	1	PA; HRM
Amitriptyline HCl (Oral Tablet)	1	HRM	Surmontil (100MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule)	3	PA; HRM
Amoxapine (Oral Tablet)	1	PA; HRM	Tofranil (Oral Tablet)	4	PA; HRM
Anafranil (Oral Capsule)	4	PA; HRM	Trimipramine Maleate (Oral Capsule)	3	PA; HRM
Clomipramine HCl (Oral Capsule)	3	PA; HRM	Antiemetics		
Desipramine HCl (100MG Oral Tablet, 150MG Oral Tablet)	3	PA; HRM	Antiemetics, Other		
Desipramine HCl (10MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	1	PA; HRM	Compro (Rectal Suppository)	1	
			Hydroxyzine Pamoate (Oral Capsule)	1	PA; HRM
			Meclizine HCl (12.5MG Oral Tablet)	1	HRM

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Metoclopramide HCl (5MG/5ML Oral Solution)	1		Emend (Oral Suspension Reconstituted)	3	PA
Metoclopramide HCl (Oral Tablet)	1		Emend Tri-Pack (Oral Capsule)	4	PA
Metoclopramide HCl ODT (Oral Tablet Dispersible)	3		Granisetron HCl (Oral Tablet)	1	B/D, PA
Perphenazine (Oral Tablet)	1		Marinol (10MG Oral Capsule, 5MG Oral Capsule)	4	PA
Prochlorperazine Maleate (Oral Tablet)	1		Marinol (2.5MG Oral Capsule)	3	PA
Prochlorperazine (Rectal Suppository)	1		Ondansetron HCl (Oral Solution)	1	B/D, PA
Reglan (Oral Tablet)	3		Ondansetron HCl (Oral Tablet)	1	B/D, PA
Scopolamine (Transdermal Patch 72 Hour)	1	PA; HRM	Ondansetron ODT (Oral Tablet Dispersible)	1	B/D, PA
Tigan (Oral Capsule)	3	B/D, PA	Sancuso (Transdermal Patch)	4	
Transderm-Scop (1.5MG) (Transdermal Patch 72 Hour)	3	PA; HRM	Syndros (Oral Solution)	4	PA
Trimethobenzamide HCl (Oral Capsule)	1	B/D, PA	Varubi (Oral Tablet)	3	B/D, PA
Vistaril (Oral Capsule)	3	PA; HRM	Zofran (8MG Oral Tablet)	4	B/D, PA
Emetogenic Therapy Adjuncts			Zuplenz (Oral Film)	4	B/D, PA
Aprepitant (Oral Therapy Pack, Oral Capsule)	3	PA	Antifungals		
Cesamet (Oral Capsule)	4	PA	Antifungals		
Dronabinol (Oral Capsule)	3	PA	Abelcet (Intravenous Suspension)	3	B/D, PA
Emend (Oral Capsule)	3	PA			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
AmBisome (Intravenous Suspension Reconstituted)	4	B/D, PA	Clotrimazole (External Solution)	1	
Amphotericin B (Intravenous Solution Reconstituted)	3	B/D, PA	Clotrimazole (Mouth/Throat Lozenge)	1	
Ancobon (Oral Capsule)	4		Cresemba (Oral Capsule)	4	PA
AVC Vaginal (Vaginal Cream)	3		Diflucan (Oral Suspension Reconstituted)	3	
Candida (Intravenous Solution Reconstituted)	4		Diflucan (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	3	
Caspofungin Acetate (50MG Intravenous Solution Reconstituted)	4		Diflucan (200MG Oral Tablet)	4	
Caspofungin Acetate (70MG Intravenous Solution Reconstituted)	3		Econazole Nitrate (External Cream)	1	QL
Ciclopirox (External Gel)	1		Eraxis (100MG Intravenous Solution Reconstituted)	4	
Ciclopirox (External Shampoo)	1		Eraxis (50MG Intravenous Solution Reconstituted)	3	
Ciclopirox (External Solution)	1		Ertaczo (External Cream)	4	
Ciclopirox Olamine (External Cream)	1		Exelderm (External Cream)	3	
Ciclopirox Olamine (External Suspension)	1		Exelderm (External Solution)	3	
Clotrimazole (External Cream)	1		Extina (External Foam)	4	QL
			Fluconazole in Sodium Chloride (Intravenous Solution)	1	

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Nystatin (Mouth/Throat Suspension)	1	
Nystatin (Oral Tablet)	1	
Nystatin-Triamcinolone (External Cream)	1	
Nystatin-Triamcinolone (External Ointment)	1	
Nystop (External Powder)	1	
Oravig (Buccal Tablet)	4	
Oxiconazole Nitrate (External Cream)	3	QL
Oxistat (External Cream)	4	QL
Oxistat (External Lotion)	4	QL
Sporanox (Oral Capsule)	4	PA
Sporanox (Oral Solution)	4	PA
Terbinafine HCl (Oral Tablet)	1	
Terconazole (Vaginal Cream)	1	
Terconazole (Vaginal Suppository)	1	
Tolsura (Oral Capsule)	4	PA
Vfend IV (Intravenous Solution Reconstituted)	4	

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

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

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	1	QL	Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Prefilled Syringe)	3	QL
Sumatriptan (Nasal Solution)	3	QL	Zembrace SymTouch (Subcutaneous Solution Auto-Injector)	4	QL
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	1	QL	Zolmitriptan (Oral Tablet)	1	QL
Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)	3	QL	Zolmitriptan ODT (Oral Tablet Dispersible)	1	QL
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	3	QL	Zomig (Nasal Solution)	3	QL
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector)	3	QL	Zomig (Oral Tablet)	4	QL
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex)	3	QL	Zomig ZMT (Oral Tablet Dispersible)	4	QL
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex STATdose)	3	QL	Antimyasthenic Agents		
			Parasympathomimetics		
			Guanidine HCl (Oral Tablet)	3	
			Mestinon (Oral Syrup)	4	
			Mestinon (Oral Tablet Immediate Release)	4	
			Mestinon (Oral Tablet Extended Release)	4	
			Pyridostigmine Bromide ER (Oral Tablet Extended Release)	3	
			Pyridostigmine Bromide (Oral Solution)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Pyridostigmine Bromide (30MG Oral Tablet Immediate Release)	4	
Pyridostigmine Bromide (60MG Oral Tablet Immediate Release)	1	
Antimycobacterials		
Antimycobacterials, Other		
Dapsone (Oral Tablet)	1	
Mycobutin (Oral Capsule)	4	
Rifabutin (Oral Capsule)	3	
Antituberculars		
Ethambutol HCl (Oral Tablet)	1	
Isoniazid (Oral Syrup)	3	
Isoniazid (Oral Tablet)	1	
Myambutol (400MG Oral Tablet)	3	
Paser (Oral Packet)	3	
Priftin (Oral Tablet)	3	
Pyrazinamide (Oral Tablet)	1	
Rifadin (150MG Oral Capsule)	3	
Rifamate (Oral Capsule)	3	
Rifampin (Intravenous Solution Reconstituted)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Rifampin (Oral Capsule)	1	
Rifater (Oral Tablet)	4	
Sirturo (Oral Tablet)	4	PA; LA
Trecator (Oral Tablet)	3	
Antineoplastics		
Alkylating Agents		
Cyclophosphamide (Oral Capsule)	1	B/D, PA
Gleostine (100MG Oral Capsule)	4	
Gleostine (10MG Oral Capsule)	2	
Gleostine (40MG Oral Capsule)	3	
Leukeran (Oral Tablet)	4	
Matulane (Oral Capsule)	4	LA
Valchlor (External Gel)	4	PA; LA
Antiandrogens		
Abiraterone Acetate (Oral Tablet)	4	PA
Bicalutamide (Oral Tablet)	1	
Casodex (Oral Tablet)	4	
Erleada (Oral Tablet)	4	PA; QL
Flutamide (Oral Capsule)	3	
Nilandron (Oral Tablet)	4	
Nilutamide (Oral Tablet)	4	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Xtandi (Oral Capsule)	4	PA; LA
Yonsa (Oral Tablet)	4	PA
Zytiga (Oral Tablet)	4	PA
Antiangiogenic Agents		
Pomalyst (Oral Capsule)	4	PA
Revlimid (Oral Capsule)	4	PA; LA
Thalomid (Oral Capsule)	4	PA; QL
Antiestrogens/Modifiers		
Emcyt (Oral Capsule)	4	
Fareston (Oral Tablet)	4	
Soltamox (Oral Solution)	4	
Tamoxifen Citrate (Oral Tablet)	1	
Toremifene Citrate (Oral Tablet)	4	
Antimetabolites		
Droxia (Oral Capsule)	3	
Hydrea (Oral Capsule)	3	
Hydroxyurea (Oral Capsule)	1	
Mercaptopurine (Oral Tablet)	1	
Purixan (Oral Suspension)	4	PA
Tabloid (Oral Tablet)	3	PA
Antineoplastics, Other		
Copiktra (Oral Capsule)	4	PA; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Kisqali (200MG Dose) (Oral Tablet)	4	PA
Kisqali (400MG Dose) (Oral Tablet)	4	PA
Kisqali (600MG Dose) (Oral Tablet)	4	PA
Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)	4	PA
Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)	4	PA
Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)	4	PA
Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet, 5MG Oral Tablet)	1	
Leucovorin Calcium (25MG Oral Tablet)	3	
Lonsurf (Oral Tablet)	4	PA; LA
Lorbrena (Oral Tablet)	4	PA; QL
Ninlaro (Oral Capsule)	4	PA; QL
Piqray (200 MG Daily Dose) (Oral Tablet Therapy Pack)	4	PA; QL
Piqray (250 MG Daily Dose) (Oral Tablet Therapy Pack)	4	PA; QL

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

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

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Stromectol (Oral Tablet)	3	
Antiprotozoals		
Alinia (Oral Suspension Reconstituted)	4	
Alinia (Oral Tablet)	4	
Atovaquone (Oral Suspension)	4	
Atovaquone-Proguanil HCl (Oral Tablet)	1	
Benznidazole (Oral Tablet)	3	
Chloroquine Phosphate (Oral Tablet)	1	
Coartem (Oral Tablet)	3	
DARAPRIM (Oral Tablet)	4	
Hydroxychloroquine Sulfate (Oral Tablet)	1	
Krintafel (Oral Tablet)	3	
Malarone (Oral Tablet)	3	
Mefloquine HCl (Oral Tablet)	1	
Mepron (Oral Suspension)	4	
Nebupent (Inhalation Solution Reconstituted)	3	B/D, PA; QL
PENTAM 300 (Injection Solution Reconstituted)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Plaquenil (Oral Tablet)	3		Amantadine HCl (Oral Capsule)	1	
Primaquine Phosphate (Oral Tablet)	1		Amantadine HCl (Oral Syrup)	1	
Qualaquin (Oral Capsule)	3	PA	Amantadine HCl (Oral Tablet)	1	
Quinine Sulfate (Oral Capsule)	1	PA	Comtan (Oral Tablet)	4	
Pediculicides/Scabicides			Entacapone (Oral Tablet)	3	
Elimite (External Cream)	3		Gocovri (Oral Capsule Extended Release 24 Hour)	4	PA
Eurax (External Cream)	3		Osmolex ER (Oral Tablet Extended Release 24 Hour)	3	PA
Eurax (External Lotion)	3		Tasmart (Oral Tablet)	4	QL
Lindane (External Shampoo)	1		Tolcapone (Oral Tablet)	4	QL
Malathion (External Lotion)	3		Dopamine Agonists		
Natroba (External Suspension)	3		Apokyn (Subcutaneous Solution Cartridge)	4	PA; LA; QL
Ovide (External Lotion)	3		Bromocriptine Mesylate (Oral Capsule)	3	
Permethrin (External Cream)	1		Bromocriptine Mesylate (Oral Tablet)	1	
Antiparkinson Agents			Inbrija (Inhalation Capsule)	4	PA
Anticholinergics			Mirapex ER (Oral Tablet Extended Release 24 Hour)	3	
Benzotropine Mesylate (Oral Tablet)	1	PA; HRM	Mirapex (Oral Tablet Immediate Release)	3	
Trihexyphenidyl HCl (Oral Elixir)	1	PA; HRM			
Trihexyphenidyl HCl (Oral Tablet)	1	PA; HRM			
Antiparkinson Agents, Other					

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Neupro (Transdermal Patch 24 Hour)	3		Ropinirole HCl ER (2MG Oral Tablet Extended Release 24 Hour, 4MG Oral Tablet Extended Release 24 Hour)	1	
Parlodel (Oral Capsule)	3		Ropinirole HCl (Oral Tablet Immediate Release)	1	
Parlodel (Oral Tablet)	3		Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
Pramipexole Dihydrochloride ER (Oral Tablet Extended Release 24 Hour)	3		Carbidopa (Oral Tablet)	3	
Pramipexole Dihydrochloride (Oral Tablet Immediate Release)	1		Carbidopa-Levodopa ER (Oral Tablet Extended Release)	1	
Requip XL (12MG Oral Tablet Extended Release 24 Hour, 8MG Oral Tablet Extended Release 24 Hour)	4		Carbidopa-Levodopa (Oral Tablet Immediate Release)	1	
Requip XL (4MG Oral Tablet Extended Release 24 Hour, 6MG Oral Tablet Extended Release 24 Hour)	3		Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	1	
Ropinirole HCl ER (12MG Oral Tablet Extended Release 24 Hour, 6MG Oral Tablet Extended Release 24 Hour, 8MG Oral Tablet Extended Release 24 Hour)	3		Carbidopa-Levodopa-Entacapone (Oral Tablet)	3	
			Duopa (Enteral Suspension)	4	PA
			Lodosyn (Oral Tablet)	4	
			Rytary (Oral Capsule Extended Release)	3	
			Sinemet CR (Oral Tablet Extended Release)	3	
			Sinemet (Oral Tablet Immediate Release)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Stalevo 100 (Oral Tablet)	4		Fluphenazine HCl (Oral Elixir)	1	
Stalevo 125 (Oral Tablet)	4		Fluphenazine HCl (Oral Tablet)	1	
Stalevo 150 (Oral Tablet)	4		Haldol Decanoate (Intramuscular Solution)	3	
Stalevo 200 (Oral Tablet)	4		Haldol (Injection Solution)	3	
Stalevo 50 (Oral Tablet)	4		Haloperidol Decanoate (Intramuscular Solution)	1	
Stalevo 75 (Oral Tablet)	4		Haloperidol Lactate (Injection Solution)	1	
Monoamine Oxidase B (MAO-B) Inhibitors			Haloperidol Lactate (Oral Concentrate)	1	
Azilect (Oral Tablet)	3		Haloperidol (Oral Tablet)	1	
Rasagiline Mesylate (Oral Tablet)	3		Loxapine Succinate (Oral Capsule)	1	
Selegiline HCl (Oral Capsule)	1		Molindone HCl (Oral Tablet)	3	
Selegiline HCl (Oral Tablet)	1		Pimozide (Oral Tablet)	1	
Zelapar (Oral Tablet Dispersible)	4		Thioridazine HCl (Oral Tablet)	1	
Antipsychotics			Thiothixene (Oral Capsule)	1	
1st Generation/Typical			Trifluoperazine HCl (Oral Tablet)	1	
Chlorpromazine HCl (Oral Tablet)	3		2nd Generation/Atypical		
Fluphenazine Decanoate (Injection Solution)	1		Abilify Maintena (Intramuscular Prefilled Syringe)	4	
Fluphenazine HCl (Injection Solution)	1				
Fluphenazine HCl (Oral Concentrate)	1				

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Abilify Maintena (Intramuscular Suspension Reconstituted ER)	4		Fanapt Titration Pack (Oral Tablet)	3	ST
Abilify (Oral Tablet)	4	QL	Geodon (Intramuscular Solution Reconstituted)	3	
Aripiprazole (1MG/ML Oral Solution)	3	QL	Geodon (Oral Capsule)	4	QL
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	1	QL	Invega (3MG Oral Tablet Extended Release 24 Hour, 6MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	4	PA; QL
Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	4	QL	Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe)	4	
Aristada Initio (Intramuscular Prefilled Syringe)	4		Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)	3	
Aristada (Intramuscular Prefilled Syringe)	4				
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	4	ST; QL			
Fanapt (1MG Oral Tablet, 2MG Oral Tablet)	3	ST; QL			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Invega Trinza (Intramuscular Suspension Prefilled Syringe)	4		Quetiapine Fumarate (Oral Tablet Immediate Release)	1	QL
Latuda (Oral Tablet)	4	QL	Rexulti (Oral Tablet)	4	QL
Nuplazid (Oral Capsule)	4	PA; QL	Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted)	3	
Nuplazid (Oral Tablet)	4	PA; QL	Risperdal Consta (25MG Intramuscular Suspension Reconstituted, 37.5MG Intramuscular Suspension Reconstituted, 50MG Intramuscular Suspension Reconstituted)	4	
Olanzapine (10MG Intramuscular Solution Reconstituted)	3		Risperdal (1MG/ML Oral Solution)	4	
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	1	QL	Risperdal (0.25MG Oral Tablet, 0.5MG Oral Tablet)	3	
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	1	QL	Risperdal (1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet)	4	
Paliperidone ER (Oral Tablet Extended Release 24 Hour)	3	QL	Risperidone (Oral Solution)	1	
Perseris (Subcutaneous Prefilled Syringe)	4		Risperidone (Oral Tablet)	1	
Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)	1	QL			

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Zyprexa Zydis (5MG Oral Tablet Dispersible)	3	QL
Treatment-Resistant		
Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	1	
Clozapine ODT (100MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible)	3	
Clozapine ODT (12.5MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)	1	
Clozapine ODT (200MG Oral Tablet Dispersible)	4	
Clozaril (100MG Oral Tablet)	4	
Clozaril (25MG Oral Tablet)	3	
FazaClo (100MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible)	4	
FazaClo (12.5MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Versacloz (Oral Suspension)	4	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
Prevymis (Oral Tablet)	4	PA; QL
Valcyte (Oral Solution Reconstituted)	4	QL
Valcyte (Oral Tablet)	4	QL
Valganciclovir HCl (Oral Solution Reconstituted)	4	QL
Valganciclovir HCl (Oral Tablet)	4	QL
Zirgan (Ophthalmic Gel)	3	
Anti-hepatitis B (HBV) Agents		
Adefovir Dipivoxil (Oral Tablet)	4	
Baraclude (Oral Solution)	3	
Baraclude (Oral Tablet)	4	
Entecavir (Oral Tablet)	3	
Epivir HBV (Oral Solution)	3	
Epivir HBV (Oral Tablet)	3	
Hepsera (Oral Tablet)	4	
Lamivudine (100MG Oral Tablet)	1	
Vemlidy (Oral Tablet)	4	QL
Anti-hepatitis C (HCV) Agents, Other		

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Intron A (Injection Solution)	4	PA; LA	Ledipasvir-Sofosbuvir (Oral Tablet)	4	PA; QL
Intron A (Injection Solution Reconstituted)	4	PA; LA	Mavyret (Oral Tablet)	4	PA; QL
Pegasys ProClick (Subcutaneous Solution)	4	PA	Sofosbuvir-Velpatasvir (Oral Tablet)	4	PA; QL
Pegasys (Subcutaneous Solution)	4	PA	Sovaldi (Oral Tablet)	4	PA; QL
Rebetol (Oral Solution)	3		Viekira Pak (Oral Tablet Therapy Pack)	4	PA; QL
Ribasphere (Oral Capsule)	1		Vosevi (Oral Tablet)	4	PA; QL
Ribasphere (600MG Oral Tablet)	4		Zepatier (Oral Tablet)	4	PA; QL
Ribasphere RibaPak (600MG Oral Tablet)	4		Antiherpetic Agents		
Ribasphere RibaPak (400 & 600MG Oral Tablet Therapy Pack)	4		Acyclovir (External Cream)	3	
Ribavirin (Oral Capsule)	1		Acyclovir (External Ointment)	1	
Ribavirin (Oral Tablet)	1		Acyclovir (Oral Capsule)	1	
Sylatron (Subcutaneous Kit)	4	PA	Acyclovir (Oral Suspension)	3	
Anti-hepatitis C (HCV) Direct Acting Agents			Acyclovir (Oral Tablet)	1	
Daklinza (30MG Oral Tablet, 60MG Oral Tablet)	4	PA; QL	Acyclovir Sodium (Intravenous Solution)	3	B/D, PA
Epclusa (Oral Tablet)	4	PA; QL	Denavir (External Cream)	4	
Harvoni (Oral Tablet)	4	PA; QL	Famciclovir (Oral Tablet)	1	
			Trifluridine (Ophthalmic Solution)	1	
			Valacyclovir HCl (Oral Tablet)	1	QL
			Valtrex (1GM Oral Tablet)	4	QL
			Valtrex (500MG Oral Tablet)	3	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Xerese (External Cream)	4	PA
Zovirax (External Cream)	4	
Zovirax (External Ointment)	4	
Zovirax (Oral Capsule)	3	
Zovirax (Oral Suspension)	3	
Zovirax (800MG Oral Tablet)	3	
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
Dovato (Oral Tablet)	4	QL
Genvoya (Oral Tablet)	4	QL
Isentress HD (Oral Tablet)	4	QL
Isentress (Oral Packet)	3	QL
Isentress (Oral Tablet)	4	QL
Isentress (100MG Oral Tablet Chewable)	4	QL
Isentress (25MG Oral Tablet Chewable)	2	QL
Stribild (Oral Tablet)	4	QL
Tivicay (10MG Oral Tablet)	3	QL
Tivicay (25MG Oral Tablet, 50MG Oral Tablet)	4	QL
Triumeq (Oral Tablet)	4	QL

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

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Symfi (Oral Tablet)	4	QL	Lamivudine (10MG/ML Oral Solution)	1	QL
Viramune (Oral Suspension)	4	QL	Lamivudine (150MG Oral Tablet, 300MG Oral Tablet)	1	QL
Viramune (Oral Tablet Immediate Release)	4	QL	Lamivudine-Zidovudine (Oral Tablet)	1	QL
Viramune XR (Oral Tablet Extended Release 24 Hour)	4	QL	Retrovir (Oral Capsule)	3	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)			Retrovir (Oral Syrup)	3	QL
Abacavir Sulfate (Oral Solution)	3	QL	Stavudine (Oral Capsule)	1	QL
Abacavir Sulfate (Oral Tablet)	1	QL	Tenofovir Disoproxil Fumarate (Oral Tablet)	3	QL
Abacavir Sulfate-Lamivudine (Oral Tablet)	3	QL	Trizivir (Oral Tablet)	4	QL
Abacavir-Lamivudine-Zidovudine (Oral Tablet)	4	QL	Truvada (Oral Tablet)	4	QL
Biktarvy (Oral Tablet)	4	QL	Videx EC (Oral Capsule Delayed Release)	3	QL
Cimduo (Oral Tablet)	4	QL	Videx (4GM Oral Solution Reconstituted)	3	QL
Combivir (Oral Tablet)	4	QL	Viread (Oral Powder)	4	QL
Descovy (Oral Tablet)	4	QL	Viread (Oral Tablet)	4	QL
Didanosine (Oral Capsule Delayed Release)	1	QL	Ziagen (Oral Solution)	3	QL
Emtriva (Oral Capsule)	3	QL	Ziagen (Oral Tablet)	3	QL
Emtriva (Oral Solution)	3	QL	Zidovudine (Oral Capsule)	1	QL
Epivir (Oral Solution)	3	QL	Zidovudine (Oral Syrup)	1	QL
Epivir (Oral Tablet)	3	QL	Zidovudine (Oral Tablet)	1	QL
Epzicom (Oral Tablet)	4	QL	Anti-HIV Agents, Other		

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Fuzeon (Subcutaneous Solution Reconstituted)	4	QL	Lopinavir-Ritonavir (Oral Solution)	3	QL
Selzentry (Oral Solution)	4	QL	Norvir (Oral Packet)	3	QL
Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet)	4	QL	Norvir (Oral Solution)	3	QL
Selzentry (25MG Oral Tablet)	2	QL	Norvir (Oral Tablet)	3	QL
Anti-HIV Agents, Protease Inhibitors			Prezcobix (Oral Tablet)	4	QL
Aptivus (Oral Capsule)	4	QL	Prezista (Oral Suspension)	4	QL
Aptivus (Oral Solution)	4	QL	Prezista (150MG Oral Tablet, 75MG Oral Tablet)	3	QL
Atazanavir Sulfate (Oral Capsule)	4	QL	Prezista (600MG Oral Tablet, 800MG Oral Tablet)	4	QL
Crixivan (Oral Capsule)	2	QL	Reyataz (Oral Capsule)	4	QL
Evotaz (Oral Tablet)	4	QL	Reyataz (Oral Packet)	4	QL
Fosamprenavir Calcium (Oral Tablet)	4	QL	Ritonavir (Oral Tablet)	1	QL
Invirase (Oral Tablet)	4	QL	Symtuza (Oral Tablet)	4	QL
Kaletra (Oral Solution)	3	QL	Viracept (Oral Tablet)	4	QL
Kaletra (100-25MG Oral Tablet)	3	QL	Anti-influenza Agents		
Kaletra (200-50MG Oral Tablet)	4	QL	Flumadine (Oral Tablet)	3	
Lexiva (Oral Suspension)	3	QL	Oseltamivir Phosphate (Oral Capsule)	1	
Lexiva (Oral Tablet)	4	QL	Oseltamivir Phosphate (Oral Suspension Reconstituted)	1	
			Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	2	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Rimantadine HCl (Oral Tablet)	1	
Tamiflu (Oral Capsule)	3	
Tamiflu (Oral Suspension Reconstituted)	3	
Xofluza (Oral Tablet Therapy Pack)	2	QL
Anxiolytics		
Anxiolytics, Other		
Buspirone HCl (Oral Tablet)	1	
Hydroxyzine HCl (Oral Syrup)	1	PA; HRM
Benzodiazepines		
Alprazolam ER (Oral Tablet Extended Release 24 Hour)	1	PA; QL
Alprazolam Intensol (Oral Concentrate)	1	QL
Alprazolam (Oral Tablet Immediate Release)	1	QL
Alprazolam ODT (Oral Tablet Dispersible)	1	QL
Ativan (Oral Tablet)	4	QL
Chlordiazepoxide HCl (Oral Capsule)	1	
Clonazepam (Oral Tablet)	1	QL
Clonazepam ODT (Oral Tablet Dispersible)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Clorazepate Dipotassium (Oral Tablet)	1	QL
Diazepam Intensol (5MG/ML Oral Concentrate)	1	QL
Diazepam (5MG/5ML Oral Solution)	1	
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	1	QL
Klonopin (Oral Tablet)	3	QL
Lorazepam (2MG/ML Oral Concentrate)	1	QL
Lorazepam (Oral Tablet)	1	QL
Oxazepam (Oral Capsule)	1	
Tranxene-T (Oral Tablet)	3	QL
Valium (Oral Tablet)	3	QL
Xanax (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	3	QL
Xanax (2MG Oral Tablet Immediate Release)	4	QL
Xanax XR (Oral Tablet Extended Release 24 Hour)	3	PA; QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Bipolar Agents		
Mood Stabilizers		
Depakote ER (Oral Tablet Extended Release 24 Hour)	3	
Depakote (Oral Tablet Delayed Release)	3	
Depakote Sprinkles (Oral Capsule Delayed Release Sprinkle)	3	
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	1	
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	1	
Divalproex Sodium (Oral Tablet Delayed Release)	1	
Equetro (Oral Capsule Extended Release 12 Hour)	3	
Lithium Carbonate ER (Oral Tablet Extended Release)	1	
Lithium Carbonate (Oral Capsule)	1	
Lithium Carbonate (Oral Tablet Immediate Release)	1	
Lithium (Oral Solution)	1	
Lithobid (Oral Tablet Extended Release)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Blood Glucose Regulators		
Antidiabetic Agents		
Acarbose (Oral Tablet)	1	
Actoplus Met (Oral Tablet Immediate Release)	3	QL
Actos (Oral Tablet)	3	QL
Adlyxin Starter Pack (Subcutaneous Pen-Injector Kit)	3	ST; QL
Adlyxin (Subcutaneous Solution Pen-Injector)	3	ST; QL
Alogliptin Benzoate (Oral Tablet)	3	ST; QL
Alogliptin-Metformin HCl (Oral Tablet)	3	ST; QL
Alogliptin-Pioglitazone (Oral Tablet)	3	ST; QL
Amaryl (Oral Tablet)	3	QL
Avandia (Oral Tablet)	3	PA; QL
Bydureon BCise (Subcutaneous Auto-Injector)	3	QL
Bydureon (Subcutaneous Pen-Injector)	3	QL
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	3	ST; QL
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	3	ST; QL
Cycloset (Oral Tablet)	3	PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Duetact (Oral Tablet)	3	QL
Farxiga (Oral Tablet)	3	ST; QL
Fortamet (Oral Tablet Extended Release 24 Hour)	4	PA; QL
Glimepiride (Oral Tablet)	1	QL
Glipizide ER (Oral Tablet Extended Release 24 Hour)	1	QL
Glipizide (Oral Tablet Immediate Release)	1	QL
Glipizide-Metformin HCl (Oral Tablet)	1	QL
Glucophage (Oral Tablet Immediate Release)	3	QL
Glucophage XR (Oral Tablet Extended Release 24 Hour)	3	QL
Glucotrol (Oral Tablet Immediate Release)	3	QL
Glucotrol XL (Oral Tablet Extended Release 24 Hour)	3	QL
Glumetza (Oral Tablet Extended Release 24 Hour)	4	PA; QL
Glyset (Oral Tablet)	3	
Glyxambi (Oral Tablet)	2	QL
Invokamet (Oral Tablet Immediate Release)	2	QL

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	3	PA; QL	Qtern (Oral Tablet)	3	ST; QL
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	1	QL	Repaglinide (Oral Tablet)	1	QL
Metformin HCl (Oral Tablet Immediate Release)	1	QL	Repaglinide-Metformin HCl (Oral Tablet)	3	QL
Miglitol (Oral Tablet)	1		Riomet (Oral Solution)	3	QL
Nateglinide (Oral Tablet)	1	QL	Segluromet (Oral Tablet)	3	ST; QL
Nesina (Oral Tablet)	3	ST; QL	Soliqua (Subcutaneous Solution Pen-Injector)	2	QL
Onglyza (Oral Tablet)	3	QL	Starlix (Oral Tablet)	3	QL
Oseni (Oral Tablet)	3	ST; QL	Steglatro (Oral Tablet)	3	ST; QL
Ozempic (Subcutaneous Solution Pen-Injector)	2	QL	Steglujan (Oral Tablet)	3	ST; QL
Pioglitazone HCl (Oral Tablet)	1	QL	SymlinPen 120 (Subcutaneous Solution Pen-Injector)	4	PA
Pioglitazone HCl-Glimepiride (Oral Tablet)	3	QL	SymlinPen 60 (Subcutaneous Solution Pen-Injector)	4	PA
Pioglitazone HCl-Metformin HCl (Oral Tablet)	1	QL	Synjardy (Oral Tablet Immediate Release)	2	QL
Prandin (1MG Oral Tablet)	3	QL	Synjardy XR (Oral Tablet Extended Release 24 Hour)	2	QL
Prandin (2MG Oral Tablet)	4	QL	Tolazamide (250MG Oral Tablet, 500MG Oral Tablet)	1	QL
Precose (Oral Tablet)	3		Tolbutamide (Oral Tablet)	1	QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Tradjenta (Oral Tablet)	2	QL	Basaglar KwikPen (Subcutaneous Solution Pen-Injector)	3	ST
Trulicity (Subcutaneous Solution Pen-Injector)	2	QL	Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)	2	
Victoza (Subcutaneous Solution Pen-Injector)	2	QL	Humalog KwikPen (Subcutaneous Solution Pen-Injector)	2	
Xigduo XR (Oral Tablet Extended Release 24 Hour)	3	ST; QL	Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)	2	
Xultophy (Subcutaneous Solution Pen-Injector)	3	ST; QL	Humalog Mix 50/50 (Subcutaneous Suspension)	2	
Glycemic Agents			Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)	2	
GlucaGen HypoKit (Injection Solution Reconstituted)	3		Humalog Mix 75/25 (Subcutaneous Suspension)	2	
Glucagon Emergency (Injection Kit)	2		Humalog (Subcutaneous Solution)	2	
Proglycem (Oral Suspension)	4		Humalog (Subcutaneous Solution Cartridge)	2	
Insulins					
Afrezza (12UNIT Inhalation Powder, 4 & 8 & 12UNIT Inhalation Powder, 4 & 8UNIT Inhalation Powder, 8 & 12UNIT Inhalation Powder)	4	PA			
Afrezza (4UNIT Inhalation Powder, 8UNIT Inhalation Powder)	3	PA			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)	2		Levemir (Subcutaneous Solution)	2	
Humulin 70/30 (Subcutaneous Suspension)	2		Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)	2	
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)	2		Toujeo SoloStar (Subcutaneous Solution Pen-Injector)	2	
Humulin N (Subcutaneous Suspension)	2		Tresiba FlexTouch (Subcutaneous Solution Pen-Injector)	2	
Humulin R (Injection Solution)	2		Tresiba (Subcutaneous Solution)	2	
Humulin R U-500 (Concentrated) (Subcutaneous Solution)	2		Blood Products/Modifiers/Volume Expanders		
Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)	2		Anticoagulants		
Lantus SoloStar (Subcutaneous Solution Pen-Injector)	2		Arixtra (Subcutaneous Solution)	4	
Lantus (Subcutaneous Solution)	2		Bevyxxa (Oral Capsule)	3	QL
Levemir FlexTouch (Subcutaneous Solution Pen-Injector)	2		Coumadin (Oral Tablet)	2	
			Eliquis (Oral Tablet)	2	QL
			Eliquis Starter Pack (Oral Tablet)	2	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Enoxaparin Sodium (100MG/ML Subcutaneous Solution, 120MG/0.8ML Subcutaneous Solution, 150MG/ML Subcutaneous Solution, 60MG/0.6ML Subcutaneous Solution, 80MG/0.8ML Subcutaneous Solution)	3	QL	Fragmin (10000UNIT/ML Subcutaneous Solution, 12500UNIT/0.5ML Subcutaneous Solution, 15000UNIT/0.6ML Subcutaneous Solution, 18000UNIT/0.72ML Subcutaneous Solution, 5000UNIT/0.2ML Subcutaneous Solution, 7500UNIT/0.3ML Subcutaneous Solution, 95000UNIT/3.8ML Subcutaneous Solution)	4	
Enoxaparin Sodium (30MG/0.3ML Subcutaneous Solution, 40MG/0.4ML Subcutaneous Solution)	1	QL	Fragmin (2500UNIT/0.2ML Subcutaneous Solution)	3	
Fondaparinux Sodium (10MG/0.8ML Subcutaneous Solution, 5MG/0.4ML Subcutaneous Solution, 7.5MG/0.6ML Subcutaneous Solution)	4		Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution)	1	
Fondaparinux Sodium (2.5MG/0.5ML Subcutaneous Solution)	3		Heparin Sodium (1000UNIT/ML Injection Solution)	1	B/D, PA
			Jantoven (Oral Tablet)	1	

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

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

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Retacrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	3	PA	Clopidogrel Bisulfate (75MG Oral Tablet)	1	QL
Retacrit (40000UNIT/ML Injection Solution)	4	PA	Effient (Oral Tablet)	3	
Udenyca (Subcutaneous Solution Prefilled Syringe)	4	PA	Plavix (Oral Tablet)	3	QL
Zarxio (Injection Solution Prefilled Syringe)	4		Prasugrel HCl (Oral Tablet)	1	
Hemostasis Agents			Cardiovascular Agents		
Lysteda (Oral Tablet)	3		Alpha-adrenergic Agonists		
Tavalisse (Oral Tablet)	4	PA; QL	Catapres (Oral Tablet)	3	
Tranexamic Acid (Oral Tablet)	1		Catapres-TTS-1 (Transdermal Patch Weekly)	3	
Platelet Modifying Agents			Catapres-TTS-2 (Transdermal Patch Weekly)	3	
Aggrenox (Oral Capsule Extended Release 12 Hour)	3	QL	Catapres-TTS-3 (Transdermal Patch Weekly)	3	
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	3	QL	Clonidine HCl (Oral Tablet Immediate Release)	1	
Brilinta (Oral Tablet)	2	QL	Clonidine (Transdermal Patch Weekly)	1	
Cablivi (Injection Kit)	4	PA; QL	Methyldopa (Oral Tablet)	1	PA; HRM
Cilostazol (Oral Tablet)	1		Midodrine HCl (Oral Tablet)	1	
			Northera (Oral Capsule)	4	PA; LA; QL
			Alpha-adrenergic Blocking Agents		
			Cardura (Oral Tablet Immediate Release)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Dibenzyliline (Oral Capsule)	4		Altace (Oral Capsule)	3	QL
Doxazosin Mesylate (Oral Tablet)	1		Benazepril HCl (Oral Tablet)	1	QL
Minipress (Oral Capsule)	3		Captopril (Oral Tablet)	1	QL
Phenoxybenzamine HCl (Oral Capsule)	4		Enalapril Maleate (Oral Tablet)	1	QL
Prazosin HCl (Oral Capsule)	1		Fosinopril Sodium (Oral Tablet)	1	QL
Angiotensin II Receptor Antagonists			Lisinopril (Oral Tablet)	1	QL
Atacand (Oral Tablet)	3	QL	Lotensin (Oral Tablet)	3	QL
Avapro (Oral Tablet)	3	QL	Moexipril HCl (Oral Tablet)	1	QL
Benicar (Oral Tablet)	3	QL	Perindopril Erbumine (Oral Tablet)	1	QL
Candesartan Cilexetil (Oral Tablet)	1	QL	Prinivil (Oral Tablet)	3	QL
Cozaar (Oral Tablet)	3	QL	Qbrelis (Oral Solution)	4	QL
Diovan (Oral Tablet)	3	QL	Quinapril HCl (Oral Tablet)	1	QL
Edarbi (Oral Tablet)	3	QL	Ramipril (Oral Capsule)	1	QL
Eprosartan Mesylate (Oral Tablet)	1	QL	Trandolapril (Oral Tablet)	1	QL
Irbesartan (Oral Tablet)	1	QL	Vasotec (10MG Oral Tablet, 20MG Oral Tablet)	4	QL
Losartan Potassium (Oral Tablet)	1	QL	Vasotec (2.5MG Oral Tablet, 5MG Oral Tablet)	3	QL
Micardis (Oral Tablet)	3	QL	Zestril (Oral Tablet)	3	QL
Olmesartan Medoxomil (Oral Tablet)	1	QL	Antiarrhythmics		
Telmisartan (Oral Tablet)	1	QL	Amiodarone HCl (Oral Tablet)	1	
Valsartan (Oral Tablet)	1	QL			
Angiotensin-converting Enzyme (ACE) Inhibitors					
Accupril (Oral Tablet)	3	QL			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Betapace AF (120MG Oral Tablet, 160MG Oral Tablet)	4		Sotalol HCl (Oral Tablet)	1	
Betapace AF (80MG Oral Tablet)	3		Sotylize (Oral Solution)	3	PA
Dofetilide (Oral Capsule)	3		Tikosyn (Oral Capsule)	3	
Flecainide Acetate (Oral Tablet)	1		Beta-adrenergic Blocking Agents		
Mexiletine HCl (Oral Capsule)	1		Acebutolol HCl (Oral Capsule)	1	
Multaq (Oral Tablet)	2		Atenolol (Oral Tablet)	1	
Pacerone (100MG Oral Tablet, 400MG Oral Tablet)	3		Betaxolol HCl (Oral Tablet)	1	
Pacerone (200MG Oral Tablet)	1		Bisoprolol Fumarate (Oral Tablet)	1	
Propafenone HCl ER (Oral Capsule Extended Release 12 Hour)	3		Bystolic (Oral Tablet)	2	QL
Propafenone HCl (Oral Tablet)	1		Carvedilol (Oral Tablet)	1	
Quinidine Gluconate ER (Oral Tablet Extended Release)	3		Carvedilol Phosphate ER (Oral Capsule Extended Release 24 Hour)	3	
Quinidine Sulfate (Oral Tablet)	1		Coreg CR (Oral Capsule Extended Release 24 Hour)	3	
Rythmol SR (Oral Capsule Extended Release 12 Hour)	4		Coreg (Oral Tablet)	3	
Sorine (Oral Tablet)	1		Corgard (Oral Tablet)	3	
Sotalol HCl (AF) (120MG Oral Tablet)	1		Inderal LA (Oral Capsule Extended Release 24 Hour)	4	
			InnoPran XL (Oral Capsule Extended Release 24 Hour)	4	
			Labetalol HCl (Oral Tablet)	1	

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

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

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

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Verapamil HCl (Oral Tablet Immediate Release)	1	
Verelan (Oral Capsule Extended Release 24 Hour)	3	
Verelan PM (Oral Capsule Extended Release 24 Hour)	3	
Cardiovascular Agents, Other		
Accuretic (Oral Tablet)	3	QL
Aldactazide (Oral Tablet)	3	
Aliskiren Fumarate (Oral Tablet)	3	QL
Amiloride-Hydrochlorothiazide (Oral Tablet)	1	
Amlodipine-Atorvastatin (Oral Tablet)	3	QL
Amlodipine-Benazepril (Oral Capsule)	1	QL
Amlodipine-Olmesartan (Oral Tablet)	1	QL
Amlodipine-Valsartan (Oral Tablet)	1	QL
Amlodipine-Valsartan-HCTZ (Oral Tablet)	1	
Atacand HCT (Oral Tablet)	3	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Atenolol-Chlorthalidone (Oral Tablet)	1	
Avalide (Oral Tablet)	3	QL
Azor (Oral Tablet)	3	QL
Benazepril-Hydrochlorothiazide (Oral Tablet)	1	QL
Benicar HCT (Oral Tablet)	3	QL
BiDil (Oral Tablet)	2	
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	1	QL
Caduet (Oral Tablet)	3	QL
Candesartan Cilexetil-HCTZ (Oral Tablet)	1	QL
Captopril-Hydrochlorothiazide (Oral Tablet)	1	QL
Corlanor (Oral Tablet)	3	PA; QL
Demser (Oral Capsule)	4	
Digitek (125MCG Oral Tablet)	1	HRM; QL
Digitek (250MCG Oral Tablet)	1	PA; HRM
Digox (125MCG Oral Tablet)	1	HRM; QL
Digox (250MCG Oral Tablet)	1	PA; HRM
Digoxin (Oral Solution)	1	PA; HRM; QL
Digoxin (125MCG Oral Tablet)	1	HRM; QL

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

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

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Spironolactone-HCTZ (Oral Tablet)	1	
Tarka (Oral Tablet Extended Release)	3	QL
Tekturna HCT (Oral Tablet)	3	QL
Tekturna (Oral Tablet)	3	QL
Telmisartan-Amlodipine (Oral Tablet)	1	QL
Telmisartan-HCTZ (Oral Tablet)	1	QL
Tenoretic 100 (Oral Tablet)	3	
Tenoretic 50 (Oral Tablet)	3	
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	1	QL
Triamterene-HCTZ (Oral Capsule)	1	
Triamterene-HCTZ (Oral Tablet)	1	
Tribenzor (Oral Tablet)	3	QL
Twynsta (40-10MG Oral Tablet, 40-5MG Oral Tablet, 80-5MG Oral Tablet)	3	QL
Valsartan-Hydrochlorothiazide (Oral Tablet)	1	QL
Vaseretic (Oral Tablet)	3	QL
Vecamyl (Oral Tablet)	4	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Zestoretic (Oral Tablet)	3	QL
Ziac (2.5-6.25MG Oral Tablet)	3	QL
Diuretics, Carbonic Anhydrase Inhibitors		
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	1	
Acetazolamide (Oral Tablet)	1	
Keveyis (Oral Tablet)	4	PA; QL
Methazolamide (Oral Tablet)	3	
Diuretics, Loop		
Bumetanide (Injection Solution)	1	
Bumetanide (Oral Tablet)	1	
Edecrin (Oral Tablet)	4	
Ethacrynic Acid (Oral Tablet)	3	
Furosemide (Injection Solution)	1	B/D, PA
Furosemide (Oral Solution)	1	
Furosemide (Oral Tablet)	1	
Lasix (Oral Tablet)	3	
Torsemide (Oral Tablet)	1	
Diuretics, Potassium-sparing		
Aldactone (Oral Tablet)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Amiloride HCl (Oral Tablet)	1		Fenofibrate (150MG Oral Capsule, 50MG Oral Capsule)	1	
CaroSpir (Oral Suspension)	3		Fenofibrate (120MG Oral Tablet, 40MG Oral Tablet)	3	
Dyrenium (Oral Capsule)	3		Fenofibrate (145MG Oral Tablet, 160MG Oral Tablet, 48MG Oral Tablet, 54MG Oral Tablet)	1	
Eplerenone (Oral Tablet)	1		Fenofibric Acid (Oral Capsule Delayed Release)	1	
Inspra (Oral Tablet)	3		Fenofibric Acid (105MG Oral Tablet)	1	
Spironolactone (Oral Tablet)	1		Fenofibric Acid (35MG Oral Tablet)	1	
Diuretics, Thiazide			Fenoglide (120MG Oral Tablet)	4	
Chlorothiazide (Oral Tablet)	1		Fenoglide (40MG Oral Tablet)	3	
Chlorthalidone (Oral Tablet)	1		Fibracor (Oral Tablet)	3	
Diuril (Oral Suspension)	3		Gemfibrozil (Oral Tablet)	1	
Hydrochlorothiazide (Oral Capsule)	1		Lipofen (Oral Capsule)	3	
Hydrochlorothiazide (Oral Tablet)	1		Lopid (Oral Tablet)	3	
Indapamide (Oral Tablet)	1		Tricor (Oral Tablet)	3	
Methyclothiazide (5MG Oral Tablet)	1		Triglide (Oral Tablet)	3	
Metolazone (Oral Tablet)	1		Trilipix (Oral Capsule Delayed Release)	3	
Dyslipidemics, Fibric Acid Derivatives			Dyslipidemics, HMG CoA Reductase Inhibitors		
Antara (Oral Capsule)	2				
Fenofibrate Micronized (Oral Capsule)	1				

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

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Vasodilators, Direct-acting Arterial/Venous		
GoNitro (Sublingual Packet)	3	
Isordil Titradoso (Oral Tablet)	4	
Isosorbide Dinitrate ER (Oral Tablet Extended Release)	1	
Isosorbide Dinitrate (Oral Tablet Immediate Release)	1	
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour)	1	
Isosorbide Mononitrate (Oral Tablet Immediate Release)	1	
Minitran (Transdermal Patch 24 Hour)	1	
Nitro-Bid (Transdermal Ointment)	2	
Nitro-Dur (Transdermal Patch 24 Hour)	3	
Nitroglycerin (Tablet Sublingual)	1	
Nitroglycerin (Transdermal Patch 24 Hour)	1	
Nitroglycerin (Translingual Solution)	1	
Nitrostat (Tablet Sublingual)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Dextroamphetamine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour, 15MG Oral Capsule Extended Release 24 Hour)	3	QL
Dextroamphetamine Sulfate ER (5MG Oral Capsule Extended Release 24 Hour)	1	QL
Dextroamphetamine Sulfate (Oral Tablet)	1	QL
Dyanavel XR (Oral Suspension Extended Release)	3	QL
Evekeo (Oral Tablet)	3	
Methamphetamine HCl (Oral Tablet)	3	PA
Mydayis (Oral Capsule Extended Release 24 Hour)	3	QL
ProCentra (Oral Solution)	3	
Vyvanse (Oral Capsule)	3	
Vyvanse (Oral Tablet Chewable)	3	
Zenzedi (Oral Tablet)	3	QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
Aptensio XR (Oral Capsule Extended Release 24 Hour)	3	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Atomoxetine HCl (Oral Capsule)	1		Methylphenidate HCl LA (Oral Capsule Extended Release 24 Hour)	3	
Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)	3	PA	Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release)	1	QL
Concerta (Oral Tablet Extended Release)	3	QL	Methylphenidate HCl ER Osmotic Release (18MG Oral Tablet Extended Release, 27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release, 54MG Oral Tablet Extended Release, 72MG Oral Tablet Extended Release)	3	QL
Cotempla XR-ODT (Oral Tablet Extended Release Dispersible)	3	QL	Methylphenidate HCl ER (Oral Tablet Extended Release 24 Hour)	3	QL
Daytrana (Transdermal Patch)	3	QL	Methylphenidate HCl (Oral Solution)	1	QL
Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour)	3		Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	1	QL
Dexmethylphenidate HCl (Oral Tablet)	1	QL	Methylphenidate HCl (Oral Tablet Chewable)	3	QL
Focalin (Oral Tablet)	3	QL	QuilliChew ER (Oral Tablet Chewable Extended Release)	3	QL
Focalin XR (Oral Capsule Extended Release 24 Hour)	3				
Kapvay (Oral Tablet Extended Release 12 Hour)	3	PA			
Metadate ER (Oral Tablet Extended Release)	1	QL			
Methylin (Oral Solution)	3	QL			
Methylphenidate HCl CD (Oral Capsule Extended Release)	1				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Quillivant XR (Oral Suspension Reconstituted)	3	
Relexxii (Oral Tablet Extended Release)	3	QL
Ritalin LA (Oral Capsule Extended Release 24 Hour)	3	
Ritalin (Oral Tablet)	3	QL
Strattera (Oral Capsule)	3	
Central Nervous System, Other		
Austedo (Oral Tablet)	4	PA; LA; QL
Gralise (Oral Tablet)	3	PA
Gralise Starter (Oral)	3	PA
Horizant (Oral Tablet Extended Release)	3	PA
Ingrezza (Oral Capsule)	4	PA; QL
Ingrezza (Oral Capsule Therapy Pack)	4	PA; QL
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	2	PA; QL
Namzaric (Oral Capsule Extended Release 24 Hour)	2	PA; QL
Nuedexta (Oral Capsule)	3	PA
Rilutek (Oral Tablet)	4	
Riluzole (Oral Tablet)	1	
Tetrabenazine (Oral Tablet)	4	PA; LA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tiglutik (Oral Suspension)	4	PA
Xenazine (Oral Tablet)	4	PA; LA
Fibromyalgia Agents		
Cymbalta (Oral Capsule Delayed Release Particles)	3	QL
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	1	QL
Duloxetine HCl (40MG Oral Capsule Delayed Release Particles)	3	QL
Lyrica CR (Oral Tablet Extended Release 24 Hour)	3	PA; QL
Lyrica (Oral Capsule)	2	QL
Lyrica (Oral Solution)	2	QL
Savella (Oral Tablet)	2	
Savella Titration Pack (Oral Tablet)	2	
Multiple Sclerosis Agents		
Ampyra (Oral Tablet Extended Release 12 Hour)	4	QL
Aubagio (Oral Tablet)	4	LA; QL
Avonex (30MCG Intramuscular Kit)	4	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Avonex Pen (Intramuscular Auto-Injector Kit)	4		Mavenclad (5 Tabs) (Oral Tablet Therapy Pack)	4	PA
Avonex Prefilled (Intramuscular Prefilled Syringe Kit)	4		Mavenclad (6 Tabs) (Oral Tablet Therapy Pack)	4	PA
Betaseron (Subcutaneous Kit)	4		Mavenclad (7 Tabs) (Oral Tablet Therapy Pack)	4	PA
Copaxone (Subcutaneous Solution Prefilled Syringe)	4		Mavenclad (8 Tabs) (Oral Tablet Therapy Pack)	4	PA
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	4	QL	Mavenclad (9 Tabs) (Oral Tablet Therapy Pack)	4	PA
Extavia (Subcutaneous Kit)	4		Mayzent (Oral Tablet)	4	QL
Gilenya (0.5MG Oral Capsule)	4	QL	Plegridy Starter Pack (Subcutaneous Solution Pen-Injector)	4	
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	4		Plegridy Starter Pack (Subcutaneous Solution Prefilled Syringe)	4	
Glatopa (Subcutaneous Solution Prefilled Syringe)	4		Plegridy (Subcutaneous Solution Pen-Injector)	4	
Mavenclad (10 Tabs) (Oral Tablet Therapy Pack)	4	PA	Plegridy (Subcutaneous Solution Prefilled Syringe)	4	
Mavenclad (4 Tabs) (Oral Tablet Therapy Pack)	4	PA	Rebif Rebidose (Subcutaneous Solution Auto-Injector)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)	4	
Rebif (Subcutaneous Solution Prefilled Syringe)	4	
Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)	4	
Tecfidera Starter Pack (Oral)	4	LA
Tecfidera (Oral Capsule Delayed Release)	4	LA; QL
Dental and Oral Agents		
Dental and Oral Agents		
Cevimeline HCl (Oral Capsule)	3	ST
Chlorhexidine Gluconate (Mouth Solution)	1	
Evoxac (Oral Capsule)	3	ST
Pilocarpine HCl (Oral Tablet)	1	
Salagen (Oral Tablet)	3	
Triamcinolone Acetonide (Dental Paste)	1	
Dermatological Agents		
Dermatological Agents		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Absorica (Oral Capsule)	4	PA
Acanya (External Gel)	3	ST
Acitretin (Oral Capsule)	3	
Aczone (5% External Gel)	3	
Adapalene (External Cream)	3	
Adapalene (0.1% External Gel)	1	
Adapalene (0.3% External Gel)	3	
Adapalene (External Pad)	3	
Adapalene (External Solution)	4	
Adapalene-Benzoyl Peroxide (External Gel)	3	ST
Aktipak (External Packet)	3	ST
Aldara (External Cream)	3	
Altreno (External Lotion)	3	PA
Ammonium Lactate (External Cream)	1	
Ammonium Lactate (External Lotion)	1	
Amnesteem (Oral Capsule)	3	PA
Atralin (External Gel)	3	PA
Avita (External Cream)	1	PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Avita (External Gel)	1	PA	Clindacin-P (External Swab)	1	
Azelaic Acid (External Gel)	3		Clindagel (External Gel)	4	
Azelex (External Cream)	3		Clindamycin Phosphate (External Foam)	3	
BenzaClin with Pump (External Gel)	3		Clindamycin Phosphate (External Gel)	1	
Benzamycin (External Gel)	3		Clindamycin Phosphate (External Lotion)	1	
Benzoyl Peroxide-Erythromycin (External Gel)	3		Clindamycin Phosphate (External Solution)	1	
Calcipotriene (External Cream)	3		Clindamycin Phosphate (External Swab)	1	
Calcipotriene (External Ointment)	3		Clindamycin Phosphate-Benzoyl Peroxide (1.2-2.5% External Gel)	3	ST
Calcipotriene (External Solution)	1		Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel, 1.2-5% External Gel)	1	
Calcipotriene-Betamethasone (External Ointment)	3		Clindamycin-Tretinoin (External Gel)	3	PA
Calcitriol (External Ointment)	3		Clotrimazole-Betamethasone (External Cream)	1	
Carac (External Cream)	4		Clotrimazole-Betamethasone (External Lotion)	1	
Claravis (10MG Oral Capsule, 20MG Oral Capsule, 40MG Oral Capsule)	3	PA			
Cleocin-T (External Gel)	3				
Cleocin-T (External Lotion)	3				
Cleocin-T (External Swab)	3				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Condylox (External Gel)	3		Efudex (External Cream)	3	
Cortisporin (External Cream)	3		Elidel (External Cream)	3	ST
Cortisporin (External Ointment)	3		Enstilar (External Foam)	4	PA
Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe)	4	PA; LA	Epiduo (External Gel)	3	ST
Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector)	4	PA; LA	Epiduo Forte (External Gel)	3	ST
Dapsone (External Gel)	3		Ery (External Pad)	1	
Diclofenac Sodium (3% Transdermal Gel)	3	PA	Erygel (External Gel)	3	
Differin (External Cream)	3		Erythromycin (External Gel)	1	
Differin (External Gel)	3		Erythromycin (External Solution)	1	
Differin (External Lotion)	3		Eucrisa (External Ointment)	3	PA; QL
Dovonex (External Cream)	4		Evoclin (External Foam)	4	
Doxepin HCl (External Cream)	3	PA; QL	Fabior (External Foam)	3	PA
Duac (External Gel)	3		Finacea (External Foam)	3	
Duobrii (External Lotion)	4	PA	Finacea (External Gel)	3	
Dupixent (300MG/2ML Subcutaneous Solution Prefilled Syringe)	4	PA	Fluorouracil (0.5% External Cream)	4	
			Fluorouracil (5% External Cream)	1	
			Fluorouracil (External Solution)	1	
			Ilumya (Subcutaneous Solution Prefilled Syringe)	4	PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Imiquimod (5% External Cream)	1	
Imiquimod Pump (3.75% External Cream)	4	PA
Isotretinoin (Oral Capsule)	3	PA
Klaron (External Lotion)	3	PA
Lotrisone (External Cream)	3	
Methoxsalen Rapid (Oral Capsule)	4	
Mirvaso (External Gel)	3	
Myorisan (Oral Capsule)	3	PA
Neo-Synalar (External Cream)	4	
Neuac (External Gel)	1	
Onexton (External Gel)	3	
Oxsoralen Ultra (Oral Capsule)	4	
Picato (External Gel)	2	
Pimecrolimus (External Cream)	3	ST
Podofilox (External Solution)	1	
Protopic (External Ointment)	3	ST
PRUDOXIN (External Cream)	3	PA; QL
Regranex (External Gel)	4	PA

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

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Taclonex (External Ointment)	4		Tretinoin (0.05% External Gel)	3	PA
Taclonex (External Suspension)	4		Tretinoin Microsphere (External Gel)	3	PA
Tacrolimus (External Ointment)	3	ST	Vectical (External Ointment)	4	
Taltz (Subcutaneous Solution Auto-Injector)	4	PA; LA	Veregen (External Ointment)	4	
Taltz (Subcutaneous Solution Prefilled Syringe)	4	PA; LA	Zenatane (Oral Capsule)	3	PA
Tazarotene (External Cream)	3	PA	Ziana (External Gel)	4	PA
Tazorac (External Cream)	3	PA	Zonalon (External Cream)	3	PA; QL
Tazorac (0.05% External Gel)	4	PA	Zyclara Pump (External Cream)	4	PA
Tazorac (0.1% External Gel)	3	PA	Electrolytes/Minerals/Metals/Vitamins		
Tolak (External Cream)	3		Electrolyte/Mineral Replacement		
Tremfya (Subcutaneous Solution Pen-Injector)	4	PA	Aminosyn II (Intravenous Solution)	3	B/D, PA
Tremfya (Subcutaneous Solution Prefilled Syringe)	4	PA	Aminosyn-PF (Intravenous Solution)	3	B/D, PA
Tretinoin (External Cream)	1	PA	Carbaglu (Oral Tablet)	4	LA
Tretinoin (0.01% External Gel, 0.025% External Gel)	1	PA	Carnitor (Oral Solution)	3	
			Carnitor (Oral Tablet)	3	
			Clinimix E/Dextrose (2.75/5) (Intravenous Solution)	3	B/D, PA
			Clinimix E/Dextrose (4.25/10) (Intravenous Solution)	3	B/D, PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Clinimix E/Dextrose (4.25/5) (Intravenous Solution)	3	B/D, PA	Dextrose-NaCl (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 2.5-0.45% Intravenous Solution, 5-0.2% Intravenous Solution, 5-0.225% Intravenous Solution, 5-0.33% Intravenous Solution, 5-0.45% Intravenous Solution)	1	
Clinimix E/Dextrose (5/15) (Intravenous Solution)	3	B/D, PA	Dextrose-NaCl (5-0.9% Intravenous Solution)	1	B/D, PA
Clinimix E/Dextrose (5/20) (Intravenous Solution)	3	B/D, PA	Endari (Oral Packet)	4	PA
Clinimix/Dextrose (4.25/10) (Intravenous Solution)	3	B/D, PA	FreAmine HBC (Intravenous Solution)	3	B/D, PA
Clinimix/Dextrose (4.25/5) (Intravenous Solution)	3	B/D, PA	HepatAmine (Intravenous Solution)	1	B/D, PA
Clinimix/Dextrose (5/15) (Intravenous Solution)	3	B/D, PA	Intralipid (20% Intravenous Emulsion)	1	B/D, PA
Clinimix/Dextrose (5/20) (Intravenous Solution)	3	B/D, PA	Intralipid (30% Intravenous Emulsion)	3	B/D, PA
Clinisol SF (Intravenous Solution)	3	B/D, PA	Ionosol-MB in D5W (Intravenous Solution)	3	
Dextrose (10% Intravenous Solution)	1		Isolyte-P in D5W (Intravenous Solution)	3	
Dextrose (5% Intravenous Solution)	1	B/D, PA	Isolyte-S (Intravenous Solution)	3	
			KCl in Dextrose-NaCl (Injection)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
KCI-Lactated Ringers-D5W (Intravenous Solution)	1		NephrAmine (Intravenous Solution)	3	B/D, PA
Klor-Con 10 (Oral Tablet Extended Release)	1		Normosol-M in D5W (Intravenous Solution)	1	
Klor-Con M10 (Oral Tablet Extended Release)	1		Normosol-R in D5W (Intravenous Solution)	1	
Klor-Con M15 (Oral Tablet Extended Release)	1		Normosol-R pH 7.4 (Intravenous Solution)	1	
Klor-Con M20 (Oral Tablet Extended Release)	1		Nutrilipid (Intravenous Emulsion)	1	B/D, PA
Klor-Con (Oral Packet)	3		Plasma-Lyte 148 (Intravenous Solution)	3	
Klor-Con 8 (Oral Tablet Extended Release)	1		Plasma-Lyte A (Intravenous Solution)	3	
Klor-Con Sprinkle (8MEQ Oral Capsule Extended Release)	1		Plenamaine (Intravenous Solution)	1	B/D, PA
K-Tab (Oral Tablet Extended Release)	3		Potassium Chloride CR (Oral Tablet Extended Release)	1	
Levocarnitine (1GM/10ML Oral Solution)	1		Potassium Chloride ER (Oral Capsule Extended Release)	1	
Levocarnitine (330MG Oral Tablet)	1		Potassium Chloride in Dextrose (Intravenous Solution)	1	B/D, PA
Magnesium Sulfate (50% Injection Solution)	1		Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution)	1	B/D, PA
Magnesium Sulfate (50% (10ML Syringe) Injection Solution)	1		Potassium Chloride in NaCl (20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)	1	B/D, PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 40MEQ/100ML Intravenous Solution)	1	B/D, PA	Sodium Chloride (3% Intravenous Solution, 5% Intravenous Solution)	1	B/D, PA
Potassium Chloride (2MEQ/ML Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution)	1	B/D, PA	Sodium Chloride (Irrigation Solution)	1	
Potassium Chloride (Oral Packet)	3		Sodium Fluoride (Oral Tablet)	1	
Potassium Chloride (Oral Solution)	3		Sodium Lactate (Intravenous Solution)	1	
Potassium Citrate ER (Oral Tablet Extended Release)	1		TPN Electrolytes (Intravenous Solution)	1	
Premasol (10% Intravenous Solution)	3	B/D, PA	Travasol (Intravenous Solution)	3	B/D, PA
Premasol (6% Intravenous Solution)	1	B/D, PA	TrophAmine (Intravenous Solution)	3	B/D, PA
Procalamine (Intravenous Solution)	3	B/D, PA	Urocit-K 10 (Oral Tablet Extended Release)	3	
Prosol (Intravenous Solution)	3	B/D, PA	Urocit-K 15 (Oral Tablet Extended Release)	3	
Sodium Chloride (0.45% Intravenous Solution)	1		Urocit-K 5 (Oral Tablet Extended Release)	3	
Sodium Chloride (0.9% Intravenous Solution)	1	B/D, PA	Electrolyte/Mineral/Metal Modifiers		
			Chemet (Oral Capsule)	4	
			Deferasirox (Oral Tablet Soluble)	4	PA
			Exjade (Oral Tablet Soluble)	4	PA
			Ferriprox (Oral Solution)	4	PA

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ferriprox (Oral Tablet)	4	PA	Fosrenol (Oral Packet)	4	
Jadenu (Oral Tablet)	4	PA	Fosrenol (Oral Tablet Chewable)	4	
Jadenu Sprinkle (Oral Packet)	4	PA	Lanthanum Carbonate (Oral Tablet Chewable)	4	
Jynarque (Oral Tablet)	4	PA	Phoslyra (Oral Solution)	2	
Jynarque (Oral Tablet Therapy Pack)	4	PA; QL	Renagel (Oral Tablet)	4	
Kionex (Oral Suspension)	1		Renvela (Oral Packet)	4	
Lokelma (Oral Packet)	3	QL	Renvela (Oral Tablet)	4	
Samsca (Oral Tablet)	4	PA	Sevelamer Carbonate (Oral Packet)	4	
Sodium Polystyrene Sulfonate (Oral Powder)	1		Sevelamer Carbonate (Oral Tablet) (Generic Renvela)	3	
Sodium Polystyrene Sulfonate (Oral Suspension)	1		Sevelamer HCl (Oral Tablet)	3	
SPS (Oral Suspension)	1		Velphoro (Oral Tablet Chewable)	4	
Syprine (Oral Capsule)	4	PA; QL	Vitamins		
Trientine HCl (Oral Capsule)	4	PA; QL	VP-PNV-DHA (Oral Capsule)	1	
Veltassa (Oral Packet)	4	QL	Gastrointestinal Agents		
Phosphate Binders			Antispasmodics, Gastrointestinal		
Auryxia (Oral Tablet)	4	PA	Cuvposa (Oral Solution)	3	PA
Calcium Acetate (Phosphate Binder) (Oral Capsule)	1		Dicyclomine HCl (Oral Capsule)	1	HRM
Calcium Acetate (Phosphate Binder) (Oral Tablet)	1		Dicyclomine HCl (Oral Solution)	1	HRM
			Dicyclomine HCl (Oral Tablet)	1	HRM

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Glycopyrrolate (1MG Oral Tablet, 2MG Oral Tablet)	1	PA
Methscopolamine Bromide (Oral Tablet)	1	
Propantheline Bromide (Oral Tablet)	1	PA; HRM
Gastrointestinal Agents, Other		
Actigall (Oral Capsule)	4	
Amoxicillin-Clarithromycin-Lansoprazole (Oral)	3	
Chenodal (Oral Tablet)	4	
Cromolyn Sodium (Oral Concentrate)	1	
Diphenoxylate-Atropine (Oral Liquid)	1	PA; HRM
Diphenoxylate-Atropine (Oral Tablet)	1	PA; HRM
Gastrocrom (Oral Concentrate)	4	
Gattex (Subcutaneous Kit)	4	PA; LA
Lomotil (Oral Tablet)	3	PA; HRM
Loperamide HCl (Oral Capsule)	1	
Motegrity (Oral Tablet)	3	ST; QL
Movantik (Oral Tablet)	3	PA; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Myalept (Subcutaneous Solution Reconstituted)	4	PA; LA
Mytesi (Oral Tablet Delayed Release)	4	PA
Omeclamox-Pak (Oral)	4	
Pylera (Oral Capsule)	4	
Relistor (Oral Tablet)	4	PA
Relistor (Subcutaneous Solution)	4	PA
Serostim (Subcutaneous Solution Reconstituted)	4	PA; LA
Symproic (Oral Tablet)	3	PA; QL
Trulance (Oral Tablet)	3	ST
Urso 250 (Oral Tablet)	3	
Urso Forte (Oral Tablet)	3	
Ursodiol (Oral Capsule)	1	
Ursodiol (Oral Tablet)	3	
Xermelo (Oral Tablet)	4	PA; LA; QL
Zorbive (Subcutaneous Solution Reconstituted)	4	PA; LA
Histamine2 (H2) Receptor Antagonists		

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Cimetidine HCl (Oral Solution)	1	
Cimetidine (Oral Tablet)	1	
Famotidine (Oral Suspension Reconstituted)	1	
Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	1	
Nizatidine (Oral Capsule)	1	
Nizatidine (Oral Solution)	3	
Pepcid (20MG Oral Tablet)	3	
Pepcid (40MG Oral Tablet)	4	
Ranitidine HCl (Oral Capsule)	1	
Ranitidine HCl (75MG/5ML Oral Syrup)	1	
Ranitidine HCl (150MG Oral Tablet, 300MG Oral Tablet)	1	
Irritable Bowel Syndrome Agents		
Alosetron HCl (Oral Tablet)	4	PA
Amitiza (Oral Capsule)	2	QL
Linzess (Oral Capsule)	2	QL
Lotronex (Oral Tablet)	4	PA
Viberzi (Oral Tablet)	4	PA; QL
Xifaxan (Oral Tablet)	4	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Laxatives		
Clenpiq (Oral Solution)	2	
Colyte with Flavor Packs (Oral Solution Reconstituted)	3	
Constulose (Oral Solution)	1	
Enulose (Oral Solution)	1	
GaviLyte-C (Oral Solution Reconstituted)	1	
GaviLyte-G (Oral Solution Reconstituted)	1	
GaviLyte-N with Flavor Pack (Oral Solution Reconstituted)	1	
Generlac (Oral Solution)	1	
GoLYTELY (Oral Solution Reconstituted)	3	
Kristalose (Oral Packet)	3	
Lactulose (Oral Packet)	3	
Lactulose (10GM/15ML Oral Solution)	1	
MoviPrep (Oral Solution Reconstituted)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
NuLYTELY with Flavor Packs (Oral Solution Reconstituted)	3		Aciphex (Oral Tablet Delayed Release)	3	
OsmoPrep (Oral Tablet)	3		Dexilant (Oral Capsule Delayed Release)	3	QL
PEG-3350-Electrolytes (Oral Solution Reconstituted) (Generic Colyte)	1		Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)	1	QL
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	1		Esomeprazole Strontium (Oral Capsule Delayed Release)	3	QL
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	1		Lansoprazole (Oral Capsule Delayed Release)	1	QL
Plenvu (Oral Solution Reconstituted)	3		Lansoprazole ODT (Oral Tablet Dispersible)	3	
Prepopik (Oral Packet)	3		Nexium (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	2	QL
Suprep Bowel Prep Kit (Oral Solution)	2		Nexium (10MG Oral Packet, 2.5MG Oral Packet, 20MG Oral Packet, 40MG Oral Packet, 5MG Oral Packet)	2	
TriLyte (Oral Solution Reconstituted)	1		Omeprazole (10MG Oral Capsule Delayed Release)	1	QL
Protectants					
Carafate (Oral Suspension)	3				
Carafate (Oral Tablet)	3				
Cytotec (Oral Tablet)	3				
Misoprostol (Oral Tablet)	1				
Sucralfate (Oral Tablet)	1				
Proton Pump Inhibitors					

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	1		Cerdelga (Oral Capsule)	4	PA
Pantoprazole Sodium (Oral Tablet Delayed Release)	1	QL	Cholbam (Oral Capsule)	4	PA
Prevacid (Oral Capsule Delayed Release)	3	QL	Creon (Oral Capsule Delayed Release Particles)	2	
Prevacid SoluTab (Oral Tablet Dispersible)	3		Cystadane (Oral Powder)	4	
Prilosec (Oral Packet)	3	PA	Cystagon (Oral Capsule)	3	LA
Protonix (Oral Packet)	3	ST	Galafold (Oral Capsule)	4	LA
Protonix (Oral Tablet Delayed Release)	3	QL	Glassia (Intravenous Solution)	4	PA; LA
Rabeprazole Sodium (Oral Tablet Delayed Release)	1		Kuvan (Oral Packet)	4	LA
Yosprala (Oral Tablet Delayed Release)	3		Kuvan (Oral Tablet Soluble)	4	LA
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment			Miglustat (Oral Capsule)	4	PA; LA
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment			Nityr (Oral Tablet)	4	LA
Aralast NP (1000MG Intravenous Solution Reconstituted)	4	PA; LA	Ocaliva (Oral Tablet)	4	PA; QL
Buphenyl (Oral Powder)	4		Orfadin (Oral Capsule)	4	LA
Buphenyl (Oral Tablet)	4		Orfadin (Oral Suspension)	4	LA
			Palynziq (Subcutaneous Solution Prefilled Syringe)	4	PA; QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Pancreaze (10500UNIT Oral Capsule Delayed Release Particles, 16800UNIT Oral Capsule Delayed Release Particles, 2600UNIT Oral Capsule Delayed Release Particles, 4200UNIT Oral Capsule Delayed Release Particles)	3	ST	Sodium Phenylbutyrate (Oral Tablet)	4	
Pancreaze (21000UNIT Oral Capsule Delayed Release Particles)	4	ST	Sucraid (Oral Solution)	4	LA
Pertzye (16000UNIT Oral Capsule Delayed Release Particles)	4	ST	Tegsedi (Subcutaneous Solution Prefilled Syringe)	4	PA; LA
Pertzye (4000UNIT Oral Capsule Delayed Release Particles, 8000UNIT Oral Capsule Delayed Release Particles)	3	ST	Viokace (10440UNIT Oral Tablet)	3	ST
Prolastin-C (Intravenous Solution Reconstituted)	4	PA; LA	Viokace (20880UNIT Oral Tablet)	4	ST
RAVICTI (Oral Liquid)	4	LA	Xuriden (Oral Packet)	4	PA; LA
Sodium Phenylbutyrate (Oral Powder)	4		Zavesca (Oral Capsule)	4	PA; LA
			Zemaira (Intravenous Solution Reconstituted)	4	PA; LA
			Zenpep (Oral Capsule Delayed Release Particles)	2	
			Genitourinary Agents		
			Antispasmodics, Urinary		
			Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour)	3	ST; QL
			Detrol LA (Oral Capsule Extended Release 24 Hour)	3	
			Detrol (Oral Tablet)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ditropan XL (Oral Tablet Extended Release 24 Hour)	3		Trospium Chloride ER (Oral Capsule Extended Release 24 Hour)	1	
Enablex (Oral Tablet Extended Release 24 Hour)	3	ST; QL	Trospium Chloride (Oral Tablet)	1	
Flavoxate HCl (Oral Tablet)	1		Vesicare (Oral Tablet)	3	ST; QL
Gelnique Pump (Transdermal Gel)	3		Benign Prostatic Hypertrophy Agents		
Myrbetriq (Oral Tablet Extended Release 24 Hour)	2		Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	1	
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	1		Avodart (Oral Capsule)	3	
Oxybutynin Chloride (Oral Syrup)	1		Cardura XL (Oral Tablet Extended Release 24 Hour)	3	QL
Oxybutynin Chloride (Oral Tablet Immediate Release)	1		Cialis (2.5MG Oral Tablet, 5MG Oral Tablet)	3	PA; QL
Oxytrol (Transdermal Patch Twice Weekly)	4		Dutasteride (Oral Capsule)	1	
Solifenacin Succinate (Oral Tablet)	1	QL	Dutasteride-Tamsulosin HCl (Oral Capsule)	1	
Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour)	1		Finasteride (5MG Oral Tablet) (Generic Proscar)	1	
Tolterodine Tartrate (Oral Tablet)	1		Flomax (Oral Capsule)	3	
Toviaz (Oral Tablet Extended Release 24 Hour)	3	ST; QL	Jalyn (Oral Capsule)	3	
			Proscar (Oral Tablet)	3	
			Rapaflo (Oral Capsule)	3	QL
			Silodosin (Oral Capsule)	1	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	3	PA; QL	Ala-Cort (External Cream)	1	
Tamsulosin HCl (Oral Capsule)	1		Alclometasone Dipropionate (External Cream)	1	
Terazosin HCl (Oral Capsule)	1		Alclometasone Dipropionate (External Ointment)	1	
Uroxatral (Oral Tablet Extended Release 24 Hour)	3		Amcinonide (External Cream)	3	
Genitourinary Agents, Other			Amcinonide (External Lotion)	3	
Bethanechol Chloride (Oral Tablet)	1		Amcinonide (External Ointment)	3	
Cuprimine (Oral Capsule)	4	PA	ApexiCon E (External Cream)	4	
Depen Titratabs (Oral Tablet)	4		Beser (External Lotion)	3	
Elmiron (Oral Capsule)	4		Betamethasone Dipropionate Aug (External Cream)	1	
Lithostat (Oral Tablet)	4		Betamethasone Dipropionate Aug (External Gel)	1	
Penicillamine (Oral Capsule)	4	PA	Betamethasone Dipropionate Aug (External Lotion)	1	
Thiola (Oral Tablet Immediate Release)	4	LA	Betamethasone Dipropionate Aug (External Ointment)	1	
Urecholine (Oral Tablet)	3		Betamethasone Dipropionate (External Cream)	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			Betamethasone Dipropionate (External Lotion)	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)					
Acthar (Injection Gel)	4	PA; LA			
Ala Scalp (External Lotion)	3				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Betamethasone Dipropionate (External Ointment)	1		Clobetasol Propionate (External Ointment)	1	
Betamethasone Valerate (External Cream)	1		Clobetasol Propionate (External Shampoo)	3	
Betamethasone Valerate (External Foam)	3		Clobetasol Propionate (External Solution)	1	
Betamethasone Valerate (External Lotion)	1		Clobex (External Lotion)	3	
Betamethasone Valerate (External Ointment)	1		Clobex (External Shampoo)	4	
Bryhali (External Lotion)	3		Clobex Spray (External Liquid)	4	
Capex (External Shampoo)	3		Clodan (External Shampoo)	3	
Clobetasol Propionate Emollient Base (External Cream)	1		Cordran (External Tape)	4	
Clobetasol Propionate Emulsion (External Foam)	3		Cortef (Oral Tablet)	3	
Clobetasol Propionate (External Cream)	1		Cortisone Acetate (Oral Tablet)	1	
Clobetasol Propionate (External Foam)	3		Cutivate (External Lotion)	4	
Clobetasol Propionate (External Gel)	1		Desonate (External Gel)	3	
Clobetasol Propionate (External Liquid)	3		Desonide (External Cream)	1	
Clobetasol Propionate (External Lotion)	3		Desonide (External Lotion)	3	
			Desonide (External Ointment)	1	
			DesOwen (External Cream)	3	
			DesOwen (0.05% External Lotion)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Desoximetasone (0.05% External Cream)	3		Emflaza (Oral Tablet)	4	PA; LA
Desoximetasone (0.25% External Cream)	1		Fludrocortisone Acetate (Oral Tablet)	1	
Desoximetasone (External Gel)	3		Fluocinolone Acetonide (External Cream)	1	
Desoximetasone (External Liquid)	3		Fluocinolone Acetonide (External Ointment)	1	
Desoximetasone (External Ointment)	3		Fluocinolone Acetonide (External Solution)	1	
Dexamethasone Intensol (Oral Concentrate)	1		Fluocinolone Acetonide Scalp (External Oil)	1	
Dexamethasone (Oral Elixir)	1		Fluocinonide Emulsified Base (External Cream)	1	
Dexamethasone (Oral Tablet)	1		Fluocinonide (0.1% External Cream)	3	
Dexamethasone (Oral Tablet Therapy Pack)	3		Fluocinonide (External Gel)	1	
DexPak 13 Day (Oral Tablet Therapy Pack)	3		Fluocinonide (External Ointment)	1	
Diflorasone Diacetate (External Cream)	3		Fluocinonide (External Solution)	1	
Diflorasone Diacetate (External Ointment)	3		Flurandrenolide (External Cream)	3	
Diprolene (External Ointment)	3		Flurandrenolide (External Lotion)	3	
Elocon (External Cream)	3		Flurandrenolide (External Ointment)	3	
Elocon (0.1% External Ointment)	3		Fluticasone Propionate (External Cream)	1	
Emflaza (Oral Suspension)	4	PA; LA			

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Fluticasone Propionate (External Lotion)	3		Hydrocortisone (1% External Ointment, 2.5% External Ointment)	1	
Fluticasone Propionate (External Ointment)	1		Hydrocortisone (Oral Tablet)	1	
Halobetasol Propionate (External Cream)	1		Hydrocortisone Valerate (External Cream)	1	
Halobetasol Propionate (External Foam)	4		Hydrocortisone Valerate (External Ointment)	1	
Halobetasol Propionate (External Ointment)	1		Impoyz (External Cream)	3	
Halog (External Cream)	4		Kenalog (External Aerosol Solution)	4	
Halog (External Ointment)	4		Lexette (External Foam)	4	
Hydrocortisone Butyrate (External Cream)	3		Locoid (External Lotion)	4	
Hydrocortisone Butyrate (External Lotion)	3		Locoid (External Solution)	3	
Hydrocortisone Butyrate (External Ointment)	1		Locoid Lipocream (External Cream)	3	
Hydrocortisone Butyrate (External Solution)	1		Luxiq (External Foam)	3	
Hydrocortisone (1% External Cream, 2.5% External Cream)	1		Medrol (Oral Tablet)	3	
Hydrocortisone (2.5% External Lotion)	1		Medrol (Oral Tablet Therapy Pack)	3	
			Methylprednisolone (Oral Tablet)	1	
			Methylprednisolone (Oral Tablet Therapy Pack)	1	
			MiCort-HC (External Cream)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Millipred (Oral Tablet)	3		Prednisolone Sodium Phosphate ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 30MG Oral Tablet Dispersible)	3	
Mometasone Furoate (External Cream)	1		Prednisone Intensol (Oral Concentrate)	3	
Mometasone Furoate (External Ointment)	1		Prednisone (5MG/5ML Oral Solution)	1	
Mometasone Furoate (External Solution)	1		Prednisone (Oral Tablet)	1	
Nolix (External Cream)	3		Prednisone (Oral Tablet Therapy Pack)	1	
Nolix (External Lotion)	3		Psorcon (External Cream)	3	
Olux (External Foam)	4		Rayos (Oral Tablet Delayed Release)	4	PA
Olux-E (External Foam)	4		Synalar (External Cream)	3	
Orapred ODT (Oral Tablet Dispersible)	3		TaperDex 12-Day (Oral Tablet Therapy Pack)	3	
Pandel (External Cream)	4		TaperDex 6-Day (Oral Tablet Therapy Pack)	3	
Prednicarbate (External Cream)	1		TaperDex 7-Day (Oral Tablet Therapy Pack)	3	
Prednicarbate (External Ointment)	1		Texacort (External Solution)	3	
Prednisolone (Oral Solution)	1		Topicort (External Cream)	3	
Prednisolone Sodium Phosphate (10MG/5ML Oral Solution, 20MG/5ML Oral Solution)	3		Topicort (External Gel)	3	
Prednisolone Sodium Phosphate (25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution)	1		Topicort (0.05% External Ointment)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Topicort (0.25% External Ointment)	3		DDAVP (Nasal Solution)	4	
Topicort Spray (External Liquid)	3		DDAVP (0.1MG Oral Tablet)	3	
Triamcinolone Acetonide (External Aerosol Solution) (Generic Kenalog)	3		DDAVP (0.2MG Oral Tablet)	4	
Triamcinolone Acetonide (External Cream)	1		DDAVP Rhinal Tube (Nasal Solution)	3	
Triamcinolone Acetonide (External Lotion)	1		Desmopressin Acetate (Oral Tablet)	1	
Triamcinolone Acetonide (External Ointment)	1		Desmopressin Acetate Spray (Nasal Solution)	3	
Trianex (External Ointment)	4		Genotropin MiniQuick (0.2MG Subcutaneous Solution Reconstituted)	3	PA
Triderm (0.1% External Cream)	1				
Tridesilon (External Cream)	1				
Ultravate (External Cream)	3				
Ultravate (External Lotion)	4				
Ultravate (External Ointment)	3				
Vanos (External Cream)	4				
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)					
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)					

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Genotropin MiniQuick (0.4MG Subcutaneous Solution Reconstituted, 0.6MG Subcutaneous Solution Reconstituted, 0.8MG Subcutaneous Solution Reconstituted, 1.2MG Subcutaneous Solution Reconstituted, 1.4MG Subcutaneous Solution Reconstituted, 1.6MG Subcutaneous Solution Reconstituted, 1.8MG Subcutaneous Solution Reconstituted, 1MG Subcutaneous Solution Reconstituted, 2MG Subcutaneous Solution Reconstituted)	4	PA	Humatrope (Injection Solution Renconstituted), Humatrope Combo Pack (Injection)	4	PA
			Increlex (Subcutaneous Solution)	4	PA; LA
			Nocdurna (Tablet Sublingual)	3	PA
			Norditropin FlexPro (Subcutaneous Solution)	4	PA
			Nutropin AQ NuSpin 10 (Subcutaneous Solution)	4	PA
			Nutropin AQ NuSpin 20 (Subcutaneous Solution)	4	PA
			Nutropin AQ NuSpin 5 (Subcutaneous Solution)	4	PA
			Omnitrope (Subcutaneous Solution)	4	PA
			Omnitrope (Subcutaneous Solution Reconstituted)	4	PA
Genotropin (Subcutaneous Solution Reconstituted)	4	PA	Saizen (Injection Solution Reconstituted)	4	PA; LA

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Saizenprep (Injection Solution Reconstituted)	4	PA; LA	AndroGel (20.25 MG/1.25GM 1.62% Transdermal Gel, 40.5 MG/2.5GM 1.62% Transdermal Gel, 50 MG/5GM 1% Transdermal Gel)	3	
Stimate (Nasal Solution)	4		AndroGel (25 MG/2.5GM 1% Transdermal Gel)	4	
Zomacton (10MG Subcutaneous Solution Reconstituted)	4	PA	Aveed (Intramuscular Solution)	3	PA
Zomacton (5MG Subcutaneous Solution Reconstituted)	3	PA	Danazol (100MG Oral Capsule, 200MG Oral Capsule)	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			Danazol (50MG Oral Capsule)	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			Depo-Testosterone (Intramuscular Solution)	3	
Korlym (Oral Tablet)	4	PA; LA	Fortesta (Transdermal Gel)	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)			Intrarosa (Vaginal Insert)	3	PA; QL
Androgens			Methitest (Oral Tablet)	4	PA
Anadrol-50 (Oral Tablet)	4	PA	Methyltestosterone (Oral Capsule)	4	PA
Androderm (Transdermal Patch 24 Hour)	2		Oxandrolone (10MG Oral Tablet)	3	PA
AndroGel Pump (Transdermal Gel)	3		Oxandrolone (2.5MG Oral Tablet)	1	PA
			Striant (Buccal)	4	PA
			Testim (Transdermal Gel)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Testosterone Cypionate (Intramuscular Solution)	1		Alyacen 1/35 (Oral Tablet)	1	
Testosterone Enanthate (Intramuscular Solution)	1		Amethia Lo (Oral Tablet)	1	
Testosterone (20.25 MG/1.25GM 1.62% Transdermal Gel, 25 MG/2.5GM 1% Transdermal Gel, 40.5 MG/2.5GM 1.62% Transdermal Gel, 50 MG/5GM 1% Transdermal Gel), Testosterone Pump (2% Transdermal Gel, 1% Transdermal Gel, 1.62% Transdermal Gel)	3		Amethia (Oral Tablet)	1	
Testosterone (Transdermal Solution)	3		Apri (Oral Tablet)	1	
Vogelxo Pump (Transdermal Gel)	3		Aranelle (Oral Tablet)	1	
Vogelxo (Transdermal Gel)	3		Ashlyna (Oral Tablet)	1	
Xyosted (Subcutaneous Solution Auto-Injector)	3	PA	Aubra (Oral Tablet)	1	
Estrogens			Aviane (Oral Tablet)	1	
Alora (Transdermal Patch Twice Weekly)	3	PA; HRM; QL	Balziva (Oral Tablet)	1	
Altavera (Oral Tablet)	1		Beyaz (Oral Tablet)	3	
			Blisovi 24 Fe (Oral Tablet)	1	
			Blisovi Fe 1.5/30 (Oral Tablet)	1	
			Briellyn (Oral Tablet)	1	
			Camrese Lo (Oral Tablet)	1	
			Caziant (Oral Tablet)	1	
			Climara Pro (Transdermal Patch Weekly)	3	PA; HRM
			Cryselle-28 (Oral Tablet)	1	
			Cyclafem 1/35 (Oral Tablet)	1	
			Cyclafem 7/7/7 (Oral Tablet)	1	
			Cyred (Oral Tablet)	1	
			Delestrogen (Intramuscular Oil)	3	
			Delyla (Oral Tablet)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Depo-Estradiol (Intramuscular Oil)	3		Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet)	1	
Desogestrel-Ethinyl Estradiol (Oral Tablet)	1		Falmina (Oral Tablet)	1	
Dotti (Transdermal Patch Twice Weekly)	1	PA; HRM; QL	Fayosim (Oral Tablet)	1	
Drospirenone-Ethinyl Estradiol (Oral Tablet)	1		Femring (Vaginal Ring)	3	
Drospirenone-Ethinyl Estradiol-Levomefolate (3-0.02-0.451MG Oral Tablet)	1		Femynor (Oral Tablet)	1	
Elestrin (Transdermal Gel)	3	PA; HRM	Fyavolv (Oral Tablet)	1	PA; HRM
Emoquette (Oral Tablet)	1		Generess Fe (Oral Tablet Chewable)	3	
Enpresse-28 (Oral Tablet)	1		Gianvi (Oral Tablet)	1	
Enskyce (Oral Tablet)	1		Hailey 24 Fe (Oral Tablet)	1	
Estarylla (Oral Tablet)	1		Imvexxy Maintenance Pack (Vaginal Insert)	2	PA; QL
Estrace (Oral Tablet)	3	PA; HRM	Imvexxy Starter Pack (Vaginal Insert)	2	PA; QL
Estrace (Vaginal Cream)	3		Introvale (Oral Tablet)	1	
Estradiol (Oral Tablet)	1	PA; HRM	Isibloom (Oral Tablet)	1	
Estradiol (Transdermal Patch Twice Weekly)	1	PA; HRM; QL	Jasmiel (Oral Tablet)	1	
Estradiol (Vaginal Cream)	1		Jinteli (Oral Tablet)	1	PA; HRM
Estradiol (Vaginal Tablet)	3		Juleber (Oral Tablet)	1	
Estradiol Valerate (Intramuscular Oil)	1		Junel 1.5/30 (Oral Tablet)	1	
Estring (Vaginal Ring)	3		Junel 1/20 (Oral Tablet)	1	
			Junel Fe 1.5/30 (Oral Tablet)	1	
			Junel Fe 1/20 (Oral Tablet)	1	
			Junel Fe 24 (Oral Tablet)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Kaitlib Fe (Oral Tablet Chewable)	1		Loestrin 1.5/30 (21) (Oral Tablet)	3	
Kariva (Oral Tablet)	1		Loestrin 1/20 (21) (Oral Tablet)	3	
Kelnor 1/35 (Oral Tablet)	1		Loestrin Fe 1.5/30 (Oral Tablet)	3	
Kelnor 1/50 (Oral Tablet)	1		Loestrin Fe 1/20 (Oral Tablet)	3	
Kurvelo (Oral Tablet)	1		Loryna (Oral Tablet)	1	
LARIN 1.5/30 (Oral Tablet)	1		LoSeasonique (Oral Tablet)	3	
LARIN 1/20 (Oral Tablet)	1		Low-Ogestrel (Oral Tablet)	1	
LARIN Fe 1.5/30 (Oral Tablet)	1		Lutera (Oral Tablet)	1	
LARIN Fe 1/20 (Oral Tablet)	1		Marlissa (Oral Tablet)	1	
Larissia (Oral Tablet)	1		Melodetta 24 Fe (Oral Tablet Chewable)	1	
Layolis Fe (Oral Tablet Chewable)	1		Menest (Oral Tablet)	3	PA; HRM
Leena (Oral Tablet)	1		Mibelas 24 Fe (Oral Tablet Chewable)	1	
Lessina (Oral Tablet)	1		Microgestin 1.5/30 (Oral Tablet)	1	
Levonest (Oral Tablet)	1		Microgestin 1/20 (Oral Tablet)	1	
Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet)	1		Microgestin Fe 1.5/30 (Oral Tablet)	1	
Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet)	1		Microgestin Fe 1/20 (Oral Tablet)	1	
Levonorgestrel-Ethinyl Estradiol (Oral Tablet)	1		Mili (Oral Tablet)	1	
Levora 0.15/30 (28) (Oral Tablet)	1		Minastrin 24 Fe (Oral Tablet Chewable)	3	
Lo Loestrin Fe (Oral Tablet)	3		Minivelle (Transdermal Patch Twice Weekly)	3	PA; HRM; QL

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
MonoNessa (Oral Tablet)	1		Nortrel 1/35 (21) (Oral Tablet)	1	
Natazia (Oral Tablet)	3		Nortrel 1/35 (28) (Oral Tablet)	1	
Necon 0.5/35 (28) (Oral Tablet)	1		Nortrel 7/7/7 (Oral Tablet)	1	
Nikki (Oral Tablet)	1		NuvaRing (Vaginal Ring)	3	
Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)	1	PA; HRM	Ocella (Oral Tablet)	1	
Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet)	1		Ogestrel (Oral Tablet)	1	
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG(24) Oral Tablet)	1		Orsythia (Oral Tablet)	1	
Norethindrone Acetate-Ethinyl Estradiol-Fe (0.4-35MG-MCG Oral Tablet Chewable, 0.8-25MG-MCG Oral Tablet Chewable, 1-20MG-MCG(24) Oral Tablet Chewable)	1		Ortho Tri-Cyclen Lo (Oral Tablet)	3	
Norgestimate-Ethinyl Estradiol (Oral Tablet)	1		Ortho-Novum 1/35 (28) (Oral Tablet)	3	
Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)	1		Ortho-Novum 7/7/7 (28) (Oral Tablet)	3	
Nortrel 0.5/35 (28) (Oral Tablet)	1		Pimtreea (Oral Tablet)	1	
			Pirmella 1/35 (Oral Tablet)	1	
			Portia-28 (Oral Tablet)	1	
			Premarin (Vaginal Cream)	2	
			Previfem (Oral Tablet)	1	
			Quartette (Oral Tablet)	3	
			Reclipsen (Oral Tablet)	1	
			Rivelsa (Oral Tablet)	1	
			Safyral (Oral Tablet)	3	
			Seasonique (Oral Tablet)	3	
			Setlakin (Oral Tablet)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Sprintec 28 (Oral Tablet)	1		Vivelle-Dot (Transdermal Patch Twice Weekly)	3	PA; HRM; QL
Sronyx (Oral Tablet)	1		Vyfemla (Oral Tablet)	1	
Syeda (Oral Tablet)	1		VyLibra (Oral Tablet)	1	
Tarina 24 Fe (Oral Tablet)	1		WYMZYA Fe (Oral Tablet Chewable)	1	
Tarina Fe 1/20 (Oral Tablet)	1		Xulane (Transdermal Patch Weekly)	1	
Tri-Estarylla (Oral Tablet)	1		Yasmin 28 (Oral Tablet)	3	
Tri-Legest Fe (Oral Tablet)	1		YAZ (Oral Tablet)	3	
Tri-Lo-Estarylla (Oral Tablet)	1		Yuvaferm (Vaginal Tablet)	3	
Tri-Lo-Sprintec (Oral Tablet)	1		Zarah (Oral Tablet)	1	
Tri-Mili (Oral Tablet)	1		Zovia 1/35E (28) (Oral Tablet)	1	
Tri-Previfem (Oral Tablet)	1		Progestins		
Tri-Sprintec (Oral Tablet)	1		Aygestin (Oral Tablet)	3	
Trivora (28) (Oral Tablet)	1		Camila (Oral Tablet)	1	
Tri-VyLibra Lo (Oral Tablet)	1		Crinone (Vaginal Gel)	3	PA
Tri-VyLibra (Oral Tablet)	1		Deblitane (Oral Tablet)	1	
Tydemy (Oral Tablet)	1		Depo-Provera (Intramuscular Suspension)	3	
Vagifem (Vaginal Tablet)	3		Depo-SubQ Provera 104 (Subcutaneous Suspension Prefilled Syringe)	3	
Velivet (Oral Tablet)	1		Errin (Oral Tablet)	1	
Vienna (Oral Tablet)	1		Incassia (Oral Tablet)	1	
			Jolivette (0.35MG Oral Tablet)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Lyza (Oral Tablet)	1	
Medroxyprogesterone Acetate (Intramuscular Suspension)	1	
Medroxyprogesterone Acetate (Intramuscular Suspension Prefilled Syringe)	1	
Medroxyprogesterone Acetate (Oral Tablet)	1	
Megestrol Acetate (40MG/ML Oral Suspension)	1	PA; HRM
Megestrol Acetate (625MG/5ML Oral Suspension)	3	PA; HRM
Megestrol Acetate (Oral Tablet)	1	PA; HRM
Nora-BE (Oral Tablet)	1	
Norethindrone Acetate (5MG Oral Tablet)	1	
Norethindrone (0.35MG Oral Tablet)	1	
Norlyroc (Oral Tablet)	1	
Ortho Micronor (Oral Tablet)	3	
Progesterone Micronized (Oral Capsule)	1	
Prometrium (Oral Capsule)	3	
Provera (Oral Tablet)	3	
Sharobel (Oral Tablet)	1	
Selective Estrogen Receptor Modifying Agents		

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

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Leuprolide Acetate (Injection Kit)	3	PA
Lupaneta Pack (Combination Kit)	4	PA
Lupron Depot (1-Month) (Intramuscular Kit)	4	PA
Lupron Depot (3-Month) (Intramuscular Kit)	4	PA
Lupron Depot (4-Month) (Intramuscular Kit)	4	PA
Lupron Depot (6-Month) (Intramuscular Kit)	4	PA
Octreotide Acetate (1000MCG/ML Injection Solution, 500MCG/ML Injection Solution)	4	PA
Octreotide Acetate (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 50MCG/ML Injection Solution)	3	PA
Orilissa (Oral Tablet)	4	PA; QL
Sandostatin (Injection Solution)	4	PA
Signifor (Subcutaneous Solution)	4	PA; LA

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Somatuline Depot (Subcutaneous Solution)	4		Ruconest (Intravenous Solution Reconstituted)	4	PA; LA
Somavert (Subcutaneous Solution Reconstituted)	4	PA; LA; QL	Takhzyro (Subcutaneous Solution)	4	PA
Synarel (Nasal Solution)	4		Immune Suppressants		
Trelstar Mixject (Intramuscular Suspension Reconstituted)	4	PA	Astagraf XL (0.5MG Oral Capsule Extended Release 24 Hour, 1MG Oral Capsule Extended Release 24 Hour)	3	B/D, PA
Hormonal Agents, Suppressant (Thyroid)			Astagraf XL (5MG Oral Capsule Extended Release 24 Hour)	4	B/D, PA
Antithyroid Agents			Azasan (100MG Oral Tablet)	3	B/D, PA
Methimazole (Oral Tablet)	1		Azasan (75MG Oral Tablet)	4	B/D, PA
Propylthiouracil (Oral Tablet)	1		Azathioprine (Oral Tablet)	1	B/D, PA
Tapazole (Oral Tablet)	3		Cellcept (Oral Capsule)	4	B/D, PA
Immunological Agents			Cellcept (Oral Suspension Reconstituted)	4	B/D, PA
Angioedema Agents			Cellcept (Oral Tablet)	4	B/D, PA
Berinert (Intravenous Kit)	4	PA; LA	Cimzia Prefilled (Subcutaneous Kit)	4	PA
Cinryze (Intravenous Solution Reconstituted)	4	PA; LA	Cimzia (Subcutaneous Kit)	4	PA
Firazyr (Subcutaneous Solution)	4	PA; LA; QL			
Haegarda (Subcutaneous Solution Reconstituted)	4	PA; LA			

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Cyclosporine Modified (Oral Capsule)	1	B/D, PA	Humira Pen (Subcutaneous Pen-Injector Kit)	4	PA
Cyclosporine Modified (Oral Solution)	1	B/D, PA	Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit)	4	PA
Cyclosporine (Oral Capsule)	3	B/D, PA	Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit)	4	PA
Dupixent (200MG/1.14ML Subcutaneous Solution Prefilled Syringe)	4	PA	Humira (Subcutaneous Prefilled Syringe Kit)	4	PA
Enbrel (Subcutaneous Solution Prefilled Syringe)	4	PA	Imuran (Oral Tablet)	3	B/D, PA
Enbrel (Subcutaneous Solution Reconstituted)	4	PA	Kineret (Subcutaneous Solution Prefilled Syringe)	4	PA
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	4	PA	Methotrexate (Oral Tablet)	1	
Envarsus XR (Oral Tablet Extended Release 24 Hour)	3	B/D, PA	Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	1	
Gengraf (Oral Capsule)	1	B/D, PA	Methotrexate Sodium (50MG/2ML Injection Solution)	1	
Gengraf (Oral Solution)	1	B/D, PA	Mycophenolate Mofetil (Oral Capsule)	1	B/D, PA
Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit)	4	PA	Mycophenolate Mofetil (Oral Suspension Reconstituted)	4	B/D, PA
			Mycophenolate Mofetil (Oral Tablet)	1	B/D, PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Mycophenolate Sodium (Oral Tablet Delayed Release)	3	B/D, PA	Rapamune (0.5MG Oral Tablet)	3	B/D, PA
Myfortic (180MG Oral Tablet Delayed Release)	3	B/D, PA	Rapamune (1MG Oral Tablet, 2MG Oral Tablet)	4	B/D, PA
Myfortic (360MG Oral Tablet Delayed Release)	4	B/D, PA	Rasuvo (Subcutaneous Solution Auto-Injector)	3	PA
Neoral (Oral Capsule)	3	B/D, PA	Sandimmune (100MG Oral Capsule)	4	B/D, PA
Neoral (Oral Solution)	3	B/D, PA	Sandimmune (25MG Oral Capsule)	3	B/D, PA
Olumiant (Oral Tablet)	4	PA; QL	Sandimmune (100MG/ML Oral Solution)	4	B/D, PA
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	4	PA	Simponi (Subcutaneous Solution Auto-Injector)	4	PA
Orencia (Subcutaneous Solution Prefilled Syringe)	4	PA	Simponi (Subcutaneous Solution Prefilled Syringe)	4	PA
Otrexup (Subcutaneous Solution Auto-Injector)	3	PA	Sirolimus (Oral Solution)	4	B/D, PA
Prograf (0.5MG Oral Capsule)	3	B/D, PA	Sirolimus (0.5MG Oral Tablet, 1MG Oral Tablet)	3	B/D, PA
Prograf (1MG Oral Capsule, 5MG Oral Capsule)	4	B/D, PA	Sirolimus (2MG Oral Tablet)	4	B/D, PA
Prograf (Oral Packet)	4	B/D, PA	Tacrolimus (Oral Capsule)	1	B/D, PA
Rapamune (Oral Solution)	4	B/D, PA	Trexall (Oral Tablet)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Xatmep (Oral Solution)	3	PA	Gamunex-C (1GM/10ML Injection Solution)	4	PA
Xeljanz (Oral Tablet Immediate Release)	4	PA; QL	Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)	4	PA
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	4	PA; QL	Panzyga (Intravenous Solution)	4	PA
Zortress (Oral Tablet)	4	B/D, PA	Privigen (20GM/200ML Intravenous Solution)	4	PA
Immunizing Agents, Passive			Varizig (Intramuscular Solution)	4	
BIVIGAM (10GM/100ML Intravenous Solution)	4	PA	Immunomodulators		
Flebogamma DIF (5GM/50ML Intravenous Solution)	4	PA	Actemra ACTPen (Subcutaneous Solution Auto-Injector)	4	PA
Gammagard (2.5GM/25ML Injection Solution)	4	PA	Actemra (Subcutaneous Solution Prefilled Syringe)	4	PA
Gammagard S/D Less IgA (Intravenous Solution Reconstituted)	4	PA	Actimmune (Subcutaneous Solution)	4	LA
Gammaked (1GM/10ML Injection Solution)	4	PA	Arava (Oral Tablet)	4	
Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)	4	PA	Arcalyst (Subcutaneous Solution Reconstituted)	4	PA; LA

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Benlysta (Subcutaneous Solution Auto-Injector)	4	PA	BCG Vaccine (Injection)	1	
Benlysta (Subcutaneous Solution Prefilled Syringe)	4	PA	Bexsero (Intramuscular Suspension Prefilled Syringe)	1	
Kevzara (Subcutaneous Solution Prefilled Syringe)	4	PA	Boostrix (5-2.5-18.5 Intramuscular Suspension, 5-2.5-18.5 (0.5ML Syringe) Intramuscular Suspension)	1	
Leflunomide (Oral Tablet)	1		Daptacel (Intramuscular Suspension)	1	
Otezla (Oral Tablet)	4	PA; LA	Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension)	1	
Otezla (Oral Tablet Therapy Pack)	4	PA; LA	Engerix-B (Injection Suspension)	1	B/D, PA
Ridaura (Oral Capsule)	4		Gardasil 9 (Intramuscular Suspension)	1	
Xolair (Subcutaneous Solution Prefilled Syringe)	4	PA; LA	Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	1	
Xolair (Subcutaneous Solution Reconstituted)	4	PA; LA	Havrix (Intramuscular Suspension)	1	PA
Vaccines			Hiberix (Injection Solution Reconstituted)	1	
ActHIB (Intramuscular Solution Reconstituted)	1				
Adacel (Intramuscular Suspension)	1				

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Imovax Rabies (Intramuscular Injectable)	1	B/D, PA	RabAvert (Intramuscular Suspension Reconstituted)	1	B/D, PA
Infanrix (Intramuscular Suspension)	1		Recombivax HB (Injection Suspension)	1	B/D, PA
IPOL (Injection)	1		Rotarix (Oral Suspension Reconstituted)	1	
Ixiaro (Intramuscular Suspension)	2		RotaTeq (Oral Solution)	1	
Kinrix (Intramuscular Suspension)	1		Shingrix (Intramuscular Suspension Reconstituted)	1	PA
Menactra (Intramuscular Injectable)	1		TDVAX (Intramuscular Suspension)	1	
Menveo (Intramuscular Solution Reconstituted)	1		Tenivac (Intramuscular Injectable)	1	
M-M-R II (Subcutaneous Injectable)	1		Trumenba (Intramuscular Suspension Prefilled Syringe)	1	
Pediarix (Intramuscular Suspension)	1		Twinrix (Intramuscular Suspension Prefilled Syringe)	1	
Pedvax HIB (Intramuscular Suspension)	1		Typhim Vi (Intramuscular Solution)	2	
ProQuad (Subcutaneous Suspension Reconstituted)	1				
Quadracel (Intramuscular Suspension)	1				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
VAQTA (Intramuscular Suspension)	1	PA	Mesalamine (Oral Capsule Delayed Release)	3	ST
Varivax (Subcutaneous Injectable)	1		Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	3	QL
YF-Vax (Subcutaneous Injectable)	2		Mesalamine (800MG Oral Tablet Delayed Release)	3	ST; QL
Zostavax (Subcutaneous Suspension Reconstituted)	3	PA	Mesalamine (Rectal Enema)	3	
Inflammatory Bowel Disease Agents			Mesalamine (Rectal Suppository)	4	
Aminosalicylates			Pentasa (Oral Capsule Extended Release)	3	QL
Apriso (Oral Capsule Extended Release 24 Hour)	2	QL	Rowasa (Rectal Kit)	4	
Asacol HD (Oral Tablet Delayed Release)	4	ST; QL	Glucocorticoids		
Balsalazide Disodium (Oral Capsule)	3		Anusol-HC (Rectal Cream)	3	
Canasa (Rectal Suppository)	4		Budesonide ER (Oral Tablet Extended Release 24 Hour)	4	ST
Colazal (Oral Capsule)	4		Budesonide (Oral Capsule Delayed Release Particles)	3	
Delzicol (Oral Capsule Delayed Release)	3	ST	Colocort (Rectal Enema)	1	
Dipentum (Oral Capsule)	4		Entocort EC (Oral Capsule Delayed Release Particles)	4	
Lialda (Oral Tablet Delayed Release)	4	QL	Hydrocortisone Acetate-Pramoxine (1-1% Rectal Cream)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Hydrocortisone (Rectal Enema)	1		Alendronate Sodium (Oral Tablet)	1	
Procto-Med HC (Rectal Cream)	1		Atelvia (Oral Tablet Delayed Release)	3	
Procto-Pak (Rectal Cream)	1		Binosto (Oral Tablet Effervescent)	3	
Proctosol HC (Rectal Cream)	1		Boniva (Oral Tablet)	3	
Proctozone-HC (Rectal Cream)	1		Calcitonin Salmon (Nasal Solution)	1	
Uceris (Oral Tablet Extended Release 24 Hour)	4	ST	Calcitriol (Oral Capsule)	1	B/D, PA
Uceris (Rectal Foam)	3		Calcitriol (Oral Solution)	1	B/D, PA
Sulfonamides			Cinacalcet HCl (30MG Oral Tablet)	3	B/D, PA; QL
Azulfidine EN-tabs (Oral Tablet Delayed Release)	3		Cinacalcet HCl (60MG Oral Tablet, 90MG Oral Tablet)	4	B/D, PA; QL
Azulfidine (Oral Tablet Immediate Release)	3		Doxercalciferol (Oral Capsule)	3	B/D, PA
Sulfasalazine (Oral Tablet Immediate Release)	1		Forteo (Subcutaneous Solution)	4	PA
Sulfasalazine (Oral Tablet Delayed Release)	1		Fosamax (Oral Tablet)	3	
Metabolic Bone Disease Agents			Fosamax Plus D (Oral Tablet)	3	
Metabolic Bone Disease Agents			Ibandronate Sodium (Oral Tablet)	1	
Actonel (150MG Oral Tablet, 35MG Oral Tablet, 5MG Oral Tablet)	3		Natpara (Subcutaneous Cartridge)	4	PA; LA
Alendronate Sodium (Oral Solution)	1		Paricalcitol (1MCG Oral Capsule)	1	B/D, PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Paricalcitol (2MCG Oral Capsule, 4MCG Oral Capsule)	3	B/D, PA	Gauze (Non-medicated 2X2 Pad)	1	
Prolia (Subcutaneous Solution Prefilled Syringe)	3	QL	Insulin Syringes, Needles	1	
Rayaldee (Oral Capsule Extended Release)	4	QL	Lucemyra (Oral Tablet)	4	QL
Risedronate Sodium (Oral Tablet Immediate Release)	1		Ophthalmic Agents		
Risedronate Sodium (Oral Tablet Delayed Release)	1		Ophthalmic Agents, Other		
Rocaltrol (Oral Capsule)	3	B/D, PA	Atropine Sulfate (Ophthalmic Solution)	1	
Rocaltrol (Oral Solution)	3	B/D, PA	Bacitracin-Polymyxin B (Ophthalmic Ointment)	1	
Sensipar (Oral Tablet)	4	B/D, PA; QL	Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	1	
Tymlos (Subcutaneous Solution Pen-Injector)	4	PA; QL	Blephamide (Ophthalmic Suspension)	3	
Xgeva (Subcutaneous Solution)	4	PA	Blephamide S.O.P. (Ophthalmic Ointment)	3	
Zemplar (1MCG Oral Capsule)	3	B/D, PA	Cystaran (Ophthalmic Solution)	4	LA
Zemplar (2MCG Oral Capsule)	4	B/D, PA	Lacrisert (Ophthalmic Insert)	3	
Miscellaneous Therapeutic Agents			Lastacft (Ophthalmic Solution)	2	
Miscellaneous Therapeutic Agents			Maxitrol (Ophthalmic Ointment)	3	
Alcohol Prep Pads	1		Maxitrol (Ophthalmic Suspension)	3	
Firdapse (Oral Tablet)	4	PA; LA; QL	Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	1		TobraDex (Ophthalmic Ointment)	2	
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	1		TobraDex (Ophthalmic Suspension)	3	
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	1		TobraDex ST (Ophthalmic Suspension)	3	
Neomycin-Polymyxin-HC (Ophthalmic Suspension)	1		Tobramycin-Dexamethasone (Ophthalmic Suspension)	1	
Oxervate (Ophthalmic Solution)	4	PA; LA; QL	Xiidra (Ophthalmic Solution)	3	QL
Polymyxin B-Trimethoprim (Ophthalmic Solution)	1		Zylet (Ophthalmic Suspension)	3	
Polytrim (Ophthalmic Solution)	3		Ophthalmic Anti-allergy Agents		
Pred-G (Ophthalmic Suspension)	3		Alocril (Ophthalmic Solution)	3	
Pred-G S.O.P. (Ophthalmic Ointment)	3		Alomide (Ophthalmic Solution)	3	
Proparacaine HCl (Ophthalmic Solution)	1		Azelastine HCl (Ophthalmic Solution)	1	
Restasis (Ophthalmic Emulsion)	2	QL	Bepreve (Ophthalmic Solution)	3	
Rhopressa (Ophthalmic Solution)	2	ST	Cromolyn Sodium (Ophthalmic Solution)	1	
Sulfacetamide-Prednisolone (Ophthalmic Solution)	1		Epinastine HCl (Ophthalmic Solution)	1	
			Olopatadine HCl (Ophthalmic Solution)	1	
			Pataday (Ophthalmic Solution)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Dorzolamide HCl (Ophthalmic Solution)	1	
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	1	
Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution)	1	
Ipidine (1% Ophthalmic Solution)	4	
Isopto Carpine (Ophthalmic Solution)	3	
Istalol (Ophthalmic Solution)	3	
Levobunolol HCl (Ophthalmic Solution)	1	
Phospholine Iodide (Ophthalmic Solution Reconstituted)	3	
Pilocarpine HCl (Ophthalmic Solution)	1	
Rocklatan (Ophthalmic Solution)	3	ST
Simbrinza (Ophthalmic Suspension)	2	
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic)	1		Durezol (Ophthalmic Emulsion)	2	
Timolol Maleate (0.5% (DAILY) Ophthalmic Solution)	3		Flarex (Ophthalmic Suspension)	3	
Timoptic Ocudose (Ophthalmic Solution)	3		Fluorometholone (Ophthalmic Suspension)	1	
Timoptic-XE (Ophthalmic Gel Forming Solution)	3		Flurbiprofen Sodium (Ophthalmic Solution)	1	
Trusopt (Ophthalmic Solution)	3		FML Forte (Ophthalmic Suspension)	3	
Ophthalmic Anti-inflammatories			FML Liquifilm (Ophthalmic Suspension)	3	
Acular LS (Ophthalmic Solution)	3		FML (Ophthalmic Ointment)	3	
Acular (Ophthalmic Solution)	3		Ilevro (Ophthalmic Suspension)	2	
Acuvail (Ophthalmic Solution)	3	ST	Inveltys (Ophthalmic Suspension)	3	ST
Alrex (Ophthalmic Suspension)	3		Ketorolac Tromethamine (Ophthalmic Solution)	1	
Bromfenac Sodium (Once-Daily) (Ophthalmic Solution)	1		Lotemax (Ophthalmic Gel)	3	
BromSite (Ophthalmic Solution)	3	ST	Lotemax (Ophthalmic Ointment)	3	
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	1		Lotemax (Ophthalmic Suspension)	3	
Diclofenac Sodium (Ophthalmic Solution)	1		Lotemax SM (Ophthalmic Gel)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Loteprednol Etabonate (Ophthalmic Suspension)	3		Vyzulta (Ophthalmic Solution)	3	
Maxidex (Ophthalmic Suspension)	3		Xalatan (Ophthalmic Solution)	3	
Nevanac (Ophthalmic Suspension)	3		Xelpros (Ophthalmic Emulsion)	3	ST
Omnipred (1% Ophthalmic Suspension)	3		Zioptan (Ophthalmic Solution)	3	
Pred Forte (Ophthalmic Suspension)	3		Otic Agents		
Pred Mild (Ophthalmic Suspension)	3		Otic Agents		
Prednisolone Acetate (Ophthalmic Suspension)	1		Acetic Acid (Otic Solution)	1	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	1		Cetraxal (Otic Solution)	3	
Prolensa (Ophthalmic Solution)	3		Cipro HC (Otic Suspension)	3	
Ophthalmic Prostaglandin and Prostaglandin Analogs			Ciprodex (Otic Suspension)	2	
Bimatoprost (Ophthalmic Solution)	1		Ciprofloxacin HCl (Otic Solution)	1	
Latanoprost (Ophthalmic Solution)	1		Flac (Otic Oil)	1	
Lumigan (Ophthalmic Solution)	2		Fluocinolone Acetonide (Otic Oil)	1	
Travatan Z (Ophthalmic Solution)	3		Hydrocortisone-Acetic Acid (Otic Solution)	1	
			Neomycin-Polymyxin-HC (1% Otic Solution)	1	
			Neomycin-Polymyxin-HC (Otic Suspension)	1	
			Otovel (Otic Solution)	3	ST
			Respiratory Tract/Pulmonary Agents		
			Antihistamines		
			Astepro (Nasal Solution)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution)	1		Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	2	QL
Cetirizine HCl (1MG/ML Oral Solution)	1		Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	3	ST; QL
Clarinet (Oral Syrup)	3		Asmanex (30 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	3	ST; QL
Clarinet (Oral Tablet)	3		Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	3	ST; QL
Cyproheptadine HCl (Oral Tablet)	1	PA; HRM	Asmanex HFA (Inhalation Aerosol)	3	ST; QL
Desloratadine (Oral Tablet)	1		Beconase AQ (Nasal Suspension)	3	ST
Desloratadine ODT (Oral Tablet Dispersible)	1		Budesonide (Inhalation Suspension)	3	B/D, PA
Levocetirizine Dihydrochloride (Oral Solution)	1		Flovent Diskus (Inhalation Aerosol Powder Breath Activated)	2	
Levocetirizine Dihydrochloride (Oral Tablet)	1		Flovent HFA (Inhalation Aerosol)	2	QL
Olopatadine HCl (Nasal Solution)	3		Flunisolide (Nasal Solution)	1	
Patanase (Nasal Solution)	3		Fluticasone Propionate (Nasal Suspension)	1	
Phenadoz (12.5MG Rectal Suppository)	1	PA; HRM	Mometasone Furoate (Nasal Suspension)	1	
Promethazine HCl (Oral Tablet)	1	PA; HRM			
Promethazine HCl (12.5MG Rectal Suppository)	1	PA; HRM			
Anti-inflammatories, Inhaled Corticosteroids					
Alvesco (Inhalation Aerosol Solution)	3	ST; QL			

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Nasonex (Nasal Suspension)	3		Singulair (Oral Tablet Chewable)	3	QL
Omnaris (Nasal Suspension)	3	ST	Zafirlukast (Oral Tablet)	1	
Pulmicort Flexhaler (Inhalation Aerosol Powder Breath Activated)	3	ST	Zileuton ER (Oral Tablet Extended Release 12 Hour)	4	ST
Pulmicort (Inhalation Suspension)	3	B/D, PA	Zyflo CR (600MG Oral Tablet Extended Release 12 Hour)	4	ST
Qnasl Childrens (Nasal Aerosol Solution)	3	ST	Zyflo (Oral Tablet Immediate Release)	4	ST
Qnasl (Nasal Aerosol Solution)	3	ST	Bronchodilators, Anticholinergic		
QVAR RediHaler (Inhalation Aerosol Breath Activated)	3	ST; QL	Atrovent HFA (Inhalation Aerosol Solution)	3	
Xhance (Nasal Exhaler Suspension)	3		Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	2	QL
Zetonna (Nasal Aerosol Solution)	3	ST	Ipratropium Bromide (Inhalation Solution)	1	B/D, PA
Antileukotrienes			Ipratropium Bromide (Nasal Solution)	1	
Accolate (Oral Tablet)	3		Lonhala Magnair Refill Kit (Inhalation Solution)	4	QL
Montelukast Sodium (Oral Packet)	1	QL	Seebri Neohaler (Inhalation Capsule)	3	ST
Montelukast Sodium (Oral Tablet)	1	QL	Spiriva HandiHaler (Inhalation Capsule)	2	QL
Montelukast Sodium (Oral Tablet Chewable)	1	QL	Spiriva Respimat (Inhalation Aerosol Solution)	2	QL
Singulair (Oral Packet)	3	QL			
Singulair (Oral Tablet)	3	QL			

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Tudorza Pressair (Inhalation Aerosol Powder Breath Activated)	3	ST	Brovana (Inhalation Nebulization Solution)	4	PA; QL
Yupelri (Inhalation Solution)	4	B/D, PA; QL	Epinephrine (0.3MG/0.3ML Injection Solution Auto-Injector) (Brand Equivalent Adrenaclick)	3	ST; QL
Bronchodilators, Sympathomimetic			Epinephrine (0.15MG/0.15ML Injection Solution Auto-Injector) (Brand Equivalent Adrenaclick)	3	ST; QL
Albuterol Sulfate ER (Oral Tablet Extended Release 12 Hour)	1		Epinephrine (0.15MG/0.3ML Injection Solution Auto-Injector, 0.3MG/0.3ML Injection Solution Auto-Injector) (Brand Equivalent EpiPen)	2	QL
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Brand Equivalent Proair)	3	ST	EpiPen 2-Pak (Injection Solution Auto-Injector)	3	ST; QL
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Brand Equivalent Proventil), Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Brand Equivalent Ventolin)	3	ST	EpiPen Jr 2-Pak (Injection Solution Auto-Injector)	3	ST; QL
Albuterol Sulfate (Inhalation Nebulization Solution)	1	B/D, PA	Levalbuterol HCl (0.31MG/3ML Inhalation Nebulization Solution, 0.63MG/3ML Inhalation Nebulization Solution, 1.25MG/3ML Inhalation Nebulization Solution)	1	B/D, PA
Albuterol Sulfate (Oral Syrup)	1				
Albuterol Sulfate (Oral Tablet Immediate Release)	3				
Arcapta Neohaler (Inhalation Capsule)	3	ST			

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Levalbuterol HCl (1.25MG/0.5ML Inhalation Nebulization Solution)	3	B/D, PA	Ventolin HFA (Inhalation Aerosol Solution)	3	ST
Levalbuterol Tartrate (Inhalation Aerosol)	3	ST	Xopenex Concentrate (Inhalation Nebulization Solution)	3	B/D, PA
Metaproterenol Sulfate (Oral Syrup)	1		Xopenex HFA (Inhalation Aerosol)	3	ST
Metaproterenol Sulfate (10MG Oral Tablet, 20MG Oral Tablet)	1		Xopenex (0.31MG/3ML Inhalation Nebulization Solution, 0.63MG/3ML Inhalation Nebulization Solution)	3	B/D, PA
Perforomist (Inhalation Nebulization Solution)	3	B/D, PA; QL	Xopenex (1.25MG/3ML Inhalation Nebulization Solution)	4	B/D, PA
ProAir HFA (Inhalation Aerosol Solution)	2		Cystic Fibrosis Agents		
ProAir RespiClick (Inhalation Aerosol Powder Breath Activated)	2		Bethkis (Inhalation Nebulization Solution)	4	B/D, PA; QL
Proventil HFA (Inhalation Aerosol Solution)	3	ST	Cayston (Inhalation Solution Reconstituted)	4	PA; LA
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	2	QL	Orkambi (Oral Packet)	4	PA; LA; QL
Striverdi Respimat (Inhalation Aerosol Solution)	3	ST	Orkambi (Oral Tablet)	4	PA; LA; QL
Terbutaline Sulfate (Oral Tablet)	3		Symdeko (Oral Tablet Therapy Pack)	4	PA; QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
TOBI (Inhalation Nebulization Solution)	4	B/D, PA; QL	Alyq (Oral Tablet)	4	PA
TOBI Podhaler (Inhalation Capsule)	4	PA; QL	Ambrisentan (Oral Tablet)	4	PA; LA; QL
Tobramycin (Inhalation Nebulization Solution)	4	B/D, PA; QL	Bosentan (Oral Tablet)	4	PA; LA; QL
Mast Cell Stabilizers			Letairis (Oral Tablet)	4	PA; LA; QL
Cromolyn Sodium (Inhalation Nebulization Solution)	1	B/D, PA	Opsumit (Oral Tablet)	4	PA; LA
Phosphodiesterase Inhibitors, Airways Disease			Orenitram (0.125MG Oral Tablet Extended Release)	3	PA; LA
Daliresp (Oral Tablet)	3	PA	Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release)	4	PA; LA
Theo-24 (Oral Capsule Extended Release 24 Hour)	3		Revatio (Oral Suspension Reconstituted)	4	PA
Theophylline ER (100MG Oral Tablet Extended Release 12 Hour, 200MG Oral Tablet Extended Release 12 Hour, 300MG Oral Tablet Extended Release 12 Hour)	1		Revatio (Oral Tablet)	4	PA
Theophylline ER (Oral Tablet Extended Release 24 Hour)	1		Sildenafil Citrate (Oral Suspension Reconstituted)	4	PA
Theophylline (Oral Solution)	1		Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	1	PA
Pulmonary Antihypertensives			Tadalafil (PAH) (20MG Oral Tablet)	4	PA
Adcirca (Oral Tablet)	4	PA	Tracleer (Oral Tablet)	4	PA; LA; QL
Adempas (Oral Tablet)	4	PA; LA	Tracleer (Oral Tablet Soluble)	4	PA; LA; QL
			Uptravi (Oral Tablet)	4	PA; LA; QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Uptravi (Oral Tablet Therapy Pack)	4	PA; LA	Bevespi Aerosphere (Inhalation Aerosol)	3	ST
Ventavis (Inhalation Solution)	4	PA; LA	Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	2	QL
Pulmonary Fibrosis Agents			Clarinox-D 12 Hour (Oral Tablet Extended Release 12 Hour)	3	
Esbriet (Oral Capsule)	4	PA; LA; QL	Combivent Respimat (Inhalation Aerosol Solution)	2	QL
Esbriet (Oral Tablet)	4	PA; LA; QL	Dulera (Inhalation Aerosol)	3	QL
Ofev (Oral Capsule)	4	PA; LA; QL	Dymista (Nasal Suspension)	3	
Respiratory Tract Agents, Other			Fasenra (Subcutaneous Solution Prefilled Syringe)	4	PA; LA
Acetylcysteine (Inhalation Solution)	1	B/D, PA	Fluticasone-Salmeterol (100-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 250-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 500-50MCG/DOSE Inhalation Aerosol Powder Breath Activated) (Generic Advair)	1	QL
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	1	QL			
Advair HFA (Inhalation Aerosol)	2	QL			
AirDuo RespiClick 113/14 (Inhalation Aerosol Powder Breath Activated)	3	ST; QL			
AirDuo RespiClick 232/14 (Inhalation Aerosol Powder Breath Activated)	3	ST; QL			
AirDuo RespiClick 55/14 (Inhalation Aerosol Powder Breath Activated)	3	ST; QL			
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	2	QL			

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

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

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

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Zanaflex (Oral Tablet)	3	
Sleep Disorder Agents		
GABA Receptor Modulators		
Ambien (Oral Tablet Immediate Release)	3	PA; HRM; QL
Restoril (22.5MG Oral Capsule)	4	HRM; QL
Temazepam (15MG Oral Capsule, 30MG Oral Capsule, 7.5MG Oral Capsule)	1	HRM; QL
Temazepam (22.5MG Oral Capsule)	3	HRM; QL
Zaleplon (Oral Capsule)	1	HRM; QL
Zolpidem Tartrate (Oral Tablet Immediate Release)	1	PA; HRM; QL

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

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

Covered drugs with a quantity limit (QL)

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

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

Drugs are listed in alphabetical order in the chart below.

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

Bold type = Brand name drug

Plain type = Generic drug

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

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Plain type = Generic drug

Drug Name	Quantity Limit
Alprazolam ODT (0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	Maximum of 4 tablets per day
Alprazolam ODT (2MG Oral Tablet Dispersible)	Maximum of 5 tablets per day
Altace (Oral Capsule)	Maximum of 2 capsules per day
Altoprev (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Alunbrig (180MG Oral Tablet, 90MG Oral Tablet)	Maximum of 1 tablet per day
Alunbrig (30MG Oral Tablet)	Maximum of 4 tablets per day
Alunbrig (Oral Tablet Therapy Pack)	Maximum of 1 pack (30 tablets) per 30 days
Alvesco (160MCG/ACT Inhalation Aerosol Solution)	Maximum of 2 inhalers (12.2 grams) per 30 days
Alvesco (80MCG/ACT Inhalation Aerosol Solution)	Maximum of 1 inhaler (6.1 grams) per 30 days
Amaryl (1MG Oral Tablet)	Maximum of 8 tablets per day
Amaryl (2MG Oral Tablet)	Maximum of 4 tablets per day
Amaryl (4MG Oral Tablet)	Maximum of 2 tablets per day
Ambien (Oral Tablet Immediate Release)	Maximum of 90 tablets per year
Ambrisentan (Oral Tablet)	Maximum of 1 tablet per day
Amerge (Oral Tablet)	Maximum of 12 tablets per 30 days
Amitiza (Oral Capsule)	Maximum of 2 capsules per day
Amlodipine-Atorvastatin (Oral Tablet)	Maximum of 1 tablet per day
Amlodipine-Benazepril (Oral Capsule)	Maximum of 1 capsule per day
Amlodipine-Olmesartan (Oral Tablet)	Maximum of 1 tablet per day
Amlodipine-Valsartan (Oral Tablet)	Maximum of 1 tablet per day
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	Maximum of 2 capsules per day
Amphetamine-Dextroamphetamine (10MG Oral Tablet, 12.5MG Oral Tablet, 15MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	Maximum of 2 tablets per day
Amphetamine-Dextroamphetamine (20MG Oral Tablet)	Maximum of 3 tablets per day
Ampyra (Oral Tablet Extended Release 12 Hour)	Maximum of 2 tablets per day
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (60 blisters) per 30 days
Apokyn (Subcutaneous Solution Cartridge)	Maximum of 3 ml per day

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Drug Name	Quantity Limit
Apriso (Oral Capsule Extended Release 24 Hour)	Maximum of 4 capsules per day
Aptensio XR (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Aptiom (200MG Oral Tablet, 400MG Oral Tablet)	Maximum of 1 tablet per day
Aptiom (600MG Oral Tablet, 800MG Oral Tablet)	Maximum of 2 tablets per day
Aptivus (Oral Capsule)	Maximum of 4 capsules per day
Aptivus (Oral Solution)	Maximum of 4 bottles (380 ml) per 30 days
Aricept (10MG Oral Tablet)	Maximum of 2 tablets per day
Aricept (23MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet per day
Aripiprazole (1MG/ML Oral Solution)	Maximum of 25 ml per day
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet per day
Aripiprazole ODT (10MG Oral Tablet Dispersible)	Maximum of 3 tablets per day
Aripiprazole ODT (15MG Oral Tablet Dispersible)	Maximum of 2 tablets per day
Armodafinil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	Maximum of 1 tablet per day
Armodafinil (50MG Oral Tablet)	Maximum of 2 tablets per day
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (30 blisters) per 30 days
Asacol HD (Oral Tablet Delayed Release)	Maximum of 6 tablets per day
Asmanex (120 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler per 30 days
Asmanex (30 Metered Doses) (110MCG/INH Inhalation Aerosol Powder Breath Activated)	Maximum of 2 inhalers per 30 days
Asmanex (30 Metered Doses) (220MCG/INH Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler per 30 days
Asmanex (60 Metered Doses) (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler per 30 days
Asmanex HFA (Inhalation Aerosol)	Maximum of 1 inhaler (13 grams) per 30 days
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	Maximum of 2 capsules per day
Atacand HCT (Oral Tablet)	Maximum of 1 tablet per day
Atacand (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Atacand (8MG Oral Tablet)	Maximum of 3 tablets per day
Atazanavir Sulfate (150MG Oral Capsule, 300MG Oral Capsule)	Maximum of 1 capsule per day
Atazanavir Sulfate (200MG Oral Capsule)	Maximum of 2 capsules per day
Ativan (0.5MG Oral Tablet, 1MG Oral Tablet)	Maximum of 4 tablets per day
Ativan (2MG Oral Tablet)	Maximum of 5 tablets per day
Atorvastatin Calcium (Oral Tablet)	Maximum of 1 tablet per day
Atripla (Oral Tablet)	Maximum of 1 tablet per day
Aubagio (Oral Tablet)	Maximum of 1 tablet per day
Austedo (Oral Tablet)	Maximum of 4 tablets per day
Avalide (Oral Tablet)	Maximum of 1 tablet per day
Avandia (2MG Oral Tablet)	Maximum of 4 tablets per day
Avandia (4MG Oral Tablet)	Maximum of 2 tablets per day
Avapro (150MG Oral Tablet, 300MG Oral Tablet)	Maximum of 1 tablet per day
Avapro (75MG Oral Tablet)	Maximum of 3 tablets per day
Azor (Oral Tablet)	Maximum of 1 tablet per day
Balversa (3MG Oral Tablet)	Maximum of 3 tablets per day
Balversa (4MG Oral Tablet)	Maximum of 2 tablets per day
Balversa (5MG Oral Tablet)	Maximum of 1 tablet per day
Belbuca (Buccal Film)	Maximum of 2 films per day
Belsomra (Oral Tablet)	Maximum of 1 tablet per day
Benazepril HCl (Oral Tablet)	Maximum of 2 tablets per day
Benazepril-Hydrochlorothiazide (Oral Tablet)	Maximum of 1 tablet per day
Benicar HCT (Oral Tablet)	Maximum of 1 tablet per day
Benicar (20MG Oral Tablet, 40MG Oral Tablet)	Maximum of 1 tablet per day
Benicar (5MG Oral Tablet)	Maximum of 2 tablets per day
Bethkis (Inhalation Nebulization Solution)	Maximum of 8 ml (2 ampules) per day
Bevyxxa (Oral Capsule)	Maximum of 31 capsules per 30 days
Biktarvy (Oral Tablet)	Maximum of 1 tablet per day
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	Maximum of 2 tablets per day
Bosentan (Oral Tablet)	Maximum of 2 tablets per day
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (60 blisters) per 30 days
Brilinta (Oral Tablet)	Maximum of 2 tablets per day
BRIVIACT (10MG/ML Oral Solution)	Maximum of 20 ml per day

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Drug Name	Quantity Limit
BRIVIACT (100MG Oral Tablet, 10MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	Maximum of 2 tablets per day
Brovana (Inhalation Nebulization Solution)	Maximum of 2 vials (4 ml) per day
Bunavail (Buccal Film)	Maximum of 2 films per day
Buprenorphine HCl (Tablet Sublingual)	Maximum of 3 tablets per day
Buprenorphine HCl-Naloxone HCl (12-3MG Sublingual Film, 4-1MG Sublingual Film)	Maximum of 2 films per day
Buprenorphine HCl-Naloxone HCl (2-0.5MG Sublingual Film, 8-2MG Sublingual Film)	Maximum of 3 films per day
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	Maximum of 3 tablets per day
Buprenorphine (Transdermal Patch Weekly)	Maximum of 4 patches per 28 days
Butorphanol Tartrate (Nasal Solution)	Maximum of 2 bottles (5 ml) per 30 days
Butrans (Transdermal Patch Weekly)	Maximum of 4 patches per 28 days
Bydureon BCise (Subcutaneous Auto-Injector)	Maximum of 4 pens (3.4 ml) per 28 days
Bydureon (Subcutaneous Pen-Injector)	Maximum of 4 pens per 28 days
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	Maximum of 1 pen (2.4 ml) per 30 days
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	Maximum of 1 pen (1.2 ml) per 30 days
Bystolic (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet per day
Bystolic (20MG Oral Tablet)	Maximum of 2 tablets per day
Cablivi (Injection Kit)	Maximum of 1 kit per day
Cabometyx (20MG Oral Tablet, 60MG Oral Tablet)	Maximum of 1 tablet per day
Cabometyx (40MG Oral Tablet)	Maximum of 2 tablets per day
Caduet (Oral Tablet)	Maximum of 1 tablet per day
Calquence (Oral Capsule)	Maximum of 2 capsules per day
Candesartan Cilexetil (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet)	Maximum of 1 tablet per day
Candesartan Cilexetil (8MG Oral Tablet)	Maximum of 3 tablets per day
Candesartan Cilexetil-HCTZ (Oral Tablet)	Maximum of 1 tablet per day
Captopril (100MG Oral Tablet)	Maximum of 4 tablets per day
Captopril (12.5MG Oral Tablet, 25MG Oral Tablet)	Maximum of 3 tablets per day
Captopril (50MG Oral Tablet)	Maximum of 9 tablets per day

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Drug Name	Quantity Limit
Captopril-Hydrochlorothiazide (25-15MG Oral Tablet, 50-15MG Oral Tablet)	Maximum of 3 tablets per day
Captopril-Hydrochlorothiazide (25-25MG Oral Tablet, 50-25MG Oral Tablet)	Maximum of 2 tablets per day
Cardura XL (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Celebrex (Oral Capsule)	Maximum of 2 capsules per day
Celecoxib (Oral Capsule)	Maximum of 2 capsules per day
Cialis (2.5MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet per day
Cimduo (Oral Tablet)	Maximum of 1 tablet per day
Cinacalcet HCl (30MG Oral Tablet, 60MG Oral Tablet)	Maximum of 2 tablets per day
Cinacalcet HCl (90MG Oral Tablet)	Maximum of 4 tablets per day
Clobazam (2.5MG/ML Oral Suspension)	Maximum of 16 ml per day
Clobazam (10MG Oral Tablet, 20MG Oral Tablet)	Maximum of 2 tablets per day
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	Maximum of 4 tablets per day
Clonazepam (2MG Oral Tablet)	Maximum of 10 tablets per day
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	Maximum of 4 tablets per day
Clonazepam ODT (2MG Oral Tablet Dispersible)	Maximum of 10 tablets per day
Clopidogrel Bisulfate (75MG Oral Tablet)	Maximum of 4 tablets per day
Clorazepate Dipotassium (15MG Oral Tablet)	Maximum of 6 tablets per day
Clorazepate Dipotassium (3.75MG Oral Tablet)	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5MG Oral Tablet)	Maximum of 12 tablets per day
Codeine Sulfate (Oral Tablet)	Maximum of 6 tablets per day
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	Maximum of 4 capsules per day
Colchicine (0.6MG Oral Tablet) (Brand Equivalent Colcrys)	Maximum of 4 tablets per day
Colcrys (Oral Tablet)	Maximum of 4 tablets per day
Combivent Respimat (Inhalation Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 20 days
Combivir (Oral Tablet)	Maximum of 2 tablets per day
Complera (Oral Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Concerta (18MG Oral Tablet Extended Release)	Maximum of 3 tablets per day
Concerta (27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release)	Maximum of 2 tablets per day
Concerta (54MG Oral Tablet Extended Release)	Maximum of 1 tablet per day
ConZip (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Copiktra (Oral Capsule)	Maximum of 2 capsules per day
Corlanor (Oral Tablet)	Maximum of 2 tablets per day
Cotempla XR-ODT (Oral Tablet Extended Release Dispersible)	Maximum of 2 tablets per day
Cozaar (100MG Oral Tablet)	Maximum of 1 tablet per day
Cozaar (25MG Oral Tablet, 50MG Oral Tablet)	Maximum of 2 tablets per day
Crestor (Oral Tablet)	Maximum of 1 tablet per day
Crixivan (200MG Oral Capsule)	Maximum of 9 capsules per day
Crixivan (400MG Oral Capsule)	Maximum of 6 capsules per day
Cymbalta (Oral Capsule Delayed Release Particles)	Maximum of 2 capsules per day
Daklinza (30MG Oral Tablet, 60MG Oral Tablet)	Maximum of 1 tablet per day
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	Maximum of 2 tablets per day
Darifenacin Hydrobromide ER (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Daurismo (100MG Oral Tablet)	Maximum of 1 tablet per day
Daurismo (25MG Oral Tablet)	Maximum of 2 tablets per day
Daytrana (Transdermal Patch)	Maximum of 1 patch per day
Delstrigo (Oral Tablet)	Maximum of 1 tablet per day
Descovy (Oral Tablet)	Maximum of 1 tablet per day
Dexedrine (10MG Oral Capsule Extended Release 24 Hour)	Maximum of 6 capsules per day
Dexedrine (15MG Oral Capsule Extended Release 24 Hour)	Maximum of 4 capsules per day
Dexedrine (5MG Oral Capsule Extended Release 24 Hour)	Maximum of 3 capsules per day
Dexilant (Oral Capsule Delayed Release)	Maximum of 1 capsule per day
Dexmethylphenidate HCl (Oral Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Dextroamphetamine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour)	Maximum of 6 capsules per day
Dextroamphetamine Sulfate ER (15MG Oral Capsule Extended Release 24 Hour)	Maximum of 4 capsules per day
Dextroamphetamine Sulfate ER (5MG Oral Capsule Extended Release 24 Hour)	Maximum of 3 capsules per day
Dextroamphetamine Sulfate (Oral Tablet)	Maximum of 6 tablets per day
Diazepam Intensol (5MG/ML Oral Concentrate)	Maximum of 8 ml per day
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	Maximum of 4 tablets per day
Diclofenac Epolamine (Transdermal Patch)	Maximum of 2 patches per day
Didanosine (200MG Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Didanosine (250MG Oral Capsule Delayed Release, 400MG Oral Capsule Delayed Release)	Maximum of 1 capsule per day
Digitek (125MCG Oral Tablet)	Maximum of 1 tablet per day
Digox (125MCG Oral Tablet)	Maximum of 1 tablet per day
Digoxin (Oral Solution)	Maximum of 5 ml per day
Digoxin (125MCG Oral Tablet)	Maximum of 1 tablet per day
Dilaudid (Oral Liquid)	Maximum of 50 ml per day
Dilaudid (2MG Oral Tablet, 4MG Oral Tablet)	Maximum of 8 tablets per day
Dilaudid (8MG Oral Tablet)	Maximum of 6 tablets per day
Diovan HCT (Oral Tablet)	Maximum of 1 tablet per day
Diovan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	Maximum of 2 tablets per day
Diovan (320MG Oral Tablet)	Maximum of 1 tablet per day
Dolophine (10MG Oral Tablet)	Maximum of 12 tablets per day
Dolophine (5MG Oral Tablet)	Maximum of 8 tablets per day
Donepezil HCl (10MG Oral Tablet)	Maximum of 2 tablets per day
Donepezil HCl (23MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet per day
Donepezil HCl ODT (10MG Oral Tablet Dispersible)	Maximum of 2 tablets per day
Donepezil HCl ODT (5MG Oral Tablet Dispersible)	Maximum of 1 tablet per day
Dotti (Transdermal Patch Twice Weekly)	Maximum of 8 patches per 28 days
Dovato (Oral Tablet)	Maximum of 1 tablet per day
Doxepin HCl (External Cream)	Maximum of 90 grams per 30 days

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

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

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Drug Name	Quantity Limit
Erlotinib HCl (100MG Oral Tablet, 150MG Oral Tablet)	Maximum of 1 tablet per day
Erlotinib HCl (25MG Oral Tablet)	Maximum of 3 tablets per day
Esbriet (Oral Capsule)	Maximum of 9 capsules per day
Esbriet (267MG Oral Tablet)	Maximum of 9 tablets per day
Esbriet (801MG Oral Tablet)	Maximum of 3 tablets per day
Esomeprazole Magnesium (20MG Oral Capsule Delayed Release) (Generic Nexium)	Maximum of 3 capsules per day
Esomeprazole Magnesium (40MG Oral Capsule Delayed Release) (Generic Nexium)	Maximum of 2 capsules per day
Esomeprazole Strontium (Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Estradiol (Transdermal Patch Twice Weekly)	Maximum of 8 patches per 28 days
Eucrisa (External Ointment)	Maximum of 60 grams per 30 days
Evotaz (Oral Tablet)	Maximum of 1 tablet per day
Exelon (Transdermal Patch 24 Hour)	Maximum of 1 patch per day
Exforge (Oral Tablet)	Maximum of 1 tablet per day
Extina (External Foam)	Maximum of 100 grams per 28 days
Ezallor Sprinkle (Oral Capsule Sprinkle)	Maximum of 1 capsule per day
Ezetimibe-Simvastatin (Oral Tablet)	Maximum of 1 tablet per day
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	Maximum of 2 tablets per day
Farxiga (Oral Tablet)	Maximum of 1 tablet per day
Fentanyl Citrate (1200MCG Buccal Lozenge On A Handle, 1600MCG Buccal Lozenge On A Handle, 200MCG Buccal Lozenge On A Handle, 400MCG Buccal Lozenge On A Handle, 600MCG Buccal Lozenge On A Handle, 800MCG Buccal Lozenge On A Handle)	Maximum of 4 lozenges per day
Fentanyl Citrate (100MCG Buccal Tablet, 200MCG Buccal Tablet, 400MCG Buccal Tablet, 600MCG Buccal Tablet, 800MCG Buccal Tablet)	Maximum of 4 tablets per day
Fentanyl (Transdermal Patch 72 Hour)	Maximum of 15 patches per 30 days
Fentora (Buccal Tablet)	Maximum of 4 tablets per day
Firazyr (Subcutaneous Solution)	Maximum of 9 ml per day
Firdapse (Oral Tablet)	Maximum of 8 tablets per day
Flector (Transdermal Patch)	Maximum of 2 patches per day

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Plain type = Generic drug

Drug Name	Quantity Limit
FloLipid (20MG/5ML Oral Suspension)	Maximum of 5 ml per day
FloLipid (40MG/5ML Oral Suspension)	Maximum of 10 ml per day
Flovent HFA (110MCG/ACT Inhalation Aerosol)	Maximum of 1 inhaler (12 grams) per 30 days
Flovent HFA (220MCG/ACT Inhalation Aerosol)	Maximum of 2 inhalers (24 grams) per 30 days
Flovent HFA (44MCG/ACT Inhalation Aerosol)	Maximum of 1 inhaler (10.6 grams) per 30 days
Fluticasone-Salmeterol (100-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 250-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 500-50MCG/DOSE Inhalation Aerosol Powder Breath Activated) (Generic Advair)	Maximum of 1 inhaler (60 blisters) per 30 days
Fluticasone-Salmeterol (113-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 232-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 55-14MCG/ACT Inhalation Aerosol Powder Breath Activated) (Brand Equivalent AirDuo)	Maximum of 1 inhaler per 30 days
Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Fluvastatin Sodium (20MG Oral Capsule)	Maximum of 1 capsule per day
Fluvastatin Sodium (40MG Oral Capsule)	Maximum of 2 capsules per day
Focalin (Oral Tablet)	Maximum of 2 tablets per day
Fortamet (1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Fortamet (500MG Oral Tablet Extended Release 24 Hour)	Maximum of 5 tablets per day
Fosamprenavir Calcium (Oral Tablet)	Maximum of 4 tablets per day
Fosinopril Sodium (Oral Tablet)	Maximum of 2 tablets per day
Fosinopril Sodium-HCTZ (Oral Tablet)	Maximum of 4 tablets per day
Frova (Oral Tablet)	Maximum of 12 tablets per 30 days
Frovatriptan Succinate (Oral Tablet)	Maximum of 12 tablets per 30 days
Fuzeon (Subcutaneous Solution Reconstituted)	Maximum of 2 vials per day
Genvoya (Oral Tablet)	Maximum of 1 tablet per day
Geodon (Oral Capsule)	Maximum of 2 capsules per day
Gilenya (0.5MG Oral Capsule)	Maximum of 1 pack (30 capsules) per 30 days
Gleevec (Oral Tablet)	Maximum of 3 tablets per day

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

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

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Drug Name	Quantity Limit
Increase Ellipta (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (30 blisters) per 30 days
Ingrezza (Oral Capsule)	Maximum of 1 capsule per day
Ingrezza (Oral Capsule Therapy Pack)	Maximum of 28 capsules (1 pack) per 28 days
Inlyta (Oral Tablet)	Maximum of 4 tablets per day
Intence (100MG Oral Tablet, 200MG Oral Tablet)	Maximum of 2 tablets per day
Intence (25MG Oral Tablet)	Maximum of 4 tablets per day
Intrarosa (Vaginal Insert)	Maximum of 1 vaginal insert per day
Invega (3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Invega (6MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Invirase (Oral Tablet)	Maximum of 4 tablets per day
Invokamet (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Invokamet XR (Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Invokana (Oral Tablet)	Maximum of 1 tablet per day
Irbesartan (150MG Oral Tablet, 300MG Oral Tablet)	Maximum of 1 tablet per day
Irbesartan (75MG Oral Tablet)	Maximum of 3 tablets per day
Irbesartan-Hydrochlorothiazide (Oral Tablet)	Maximum of 1 tablet per day
Iressa (Oral Tablet)	Maximum of 2 tablets per day
Isentress HD (Oral Tablet)	Maximum of 2 tablets per day
Isentress (Oral Packet)	Maximum of 2 packets per day
Isentress (Oral Tablet)	Maximum of 2 tablets per day
Isentress (Oral Tablet Chewable)	Maximum of 6 tablets per day
Jakafi (Oral Tablet)	Maximum of 2 tablets per day
Janumet (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Janumet XR (100-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Janumet XR (50-1000MG Oral Tablet Extended Release 24 Hour, 50-500MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Januvia (Oral Tablet)	Maximum of 1 tablet per day
Jardiance (Oral Tablet)	Maximum of 1 tablet per day
Jentadueto (Oral Tablet Immediate Release)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Jentaduetto XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Jentaduetto XR (5-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Juluca (Oral Tablet)	Maximum of 1 tablet per day
Jynarque (Oral Tablet Therapy Pack)	Maximum of 2 tablets per day
Kadian (100MG Oral Capsule Extended Release 24 Hour, 60MG Oral Capsule Extended Release 24 Hour, 80MG Oral Capsule Extended Release 24 Hour)	Maximum of 3 capsules per day
Kadian (10MG Oral Capsule Extended Release 24 Hour, 20MG Oral Capsule Extended Release 24 Hour, 30MG Oral Capsule Extended Release 24 Hour, 40MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	Maximum of 2 capsules per day
Kadian (200MG Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Kaletra (Oral Solution)	Maximum of 2 bottles (320 ml) per 30 days
Kaletra (100-25MG Oral Tablet)	Maximum of 2 tablets per day
Kaletra (200-50MG Oral Tablet)	Maximum of 4 tablets per day
Kazano (Oral Tablet)	Maximum of 2 tablets per day
Ketoconazole (External Cream)	Maximum of 90 grams per 30 days
Ketoconazole (External Foam)	Maximum of 100 grams per 28 days
Keveyis (Oral Tablet)	Maximum of 4 tablets per day
Klonopin (0.5MG Oral Tablet, 1MG Oral Tablet)	Maximum of 4 tablets per day
Klonopin (2MG Oral Tablet)	Maximum of 10 tablets per day
Kombiglyze XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Kombiglyze XR (5-1000MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Lamivudine (10MG/ML Oral Solution)	Maximum of 32 ml per day
Lamivudine (150MG Oral Tablet)	Maximum of 2 tablets per day
Lamivudine (300MG Oral Tablet)	Maximum of 1 tablet per day
Lamivudine-Zidovudine (Oral Tablet)	Maximum of 2 tablets per day
Lanoxin (125MCG Oral Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Lanoxin (62.5MCG Oral Tablet)	Maximum of 2 tablets per day
Lansoprazole (Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Latuda (120MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 60MG Oral Tablet)	Maximum of 1 tablet per day
Latuda (80MG Oral Tablet)	Maximum of 2 tablets per day
Lazanda (Nasal Solution)	Maximum of 15 bottles (79.5 ml) per 30 days
Ledipasvir-Sofosbuvir (Oral Tablet)	Maximum of 1 tablet per day
Lescol XL (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Letairis (Oral Tablet)	Maximum of 1 tablet per day
Levorphanol Tartrate (Oral Tablet)	Maximum of 6 tablets per day
Lexiva (Oral Suspension)	Maximum of 60 ml per day
Lexiva (Oral Tablet)	Maximum of 4 tablets per day
Lialda (Oral Tablet Delayed Release)	Maximum of 4 tablets per day
Lidocaine (5% External Ointment)	Maximum of 152 grams per 30 days
Lidocaine (5% External Patch)	Maximum of 3 patches per day
Lidoderm (External Patch)	Maximum of 3 patches per day
Linzess (Oral Capsule)	Maximum of 1 capsule per day
Lipitor (Oral Tablet)	Maximum of 1 tablet per day
Lisinopril (Oral Tablet)	Maximum of 2 tablets per day
Lisinopril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	Maximum of 1 tablet per day
Lisinopril-Hydrochlorothiazide (20-12.5MG Oral Tablet)	Maximum of 4 tablets per day
Lisinopril-Hydrochlorothiazide (20-25MG Oral Tablet)	Maximum of 2 tablets per day
Livalo (Oral Tablet)	Maximum of 1 tablet per day
Lokelma (Oral Packet)	Maximum of 90 packets per 30 days
Lonhala Magnair Refill Kit (Inhalation Solution)	Maximum of 2 vials (2 ml) per day
Lopinavir-Ritonavir (Oral Solution)	Maximum of 2 bottles (320 ml) per 30 days
Lorazepam (2MG/ML Oral Concentrate)	Maximum of 5 ml per day
Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	Maximum of 4 tablets per day
Lorazepam (2MG Oral Tablet)	Maximum of 5 tablets per day
Lorbrena (100MG Oral Tablet)	Maximum of 1 tablet per day
Lorbrena (25MG Oral Tablet)	Maximum of 3 tablets per day
Lorcet HD (Oral Tablet)	Maximum of 12 tablets per day

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Drug Name	Quantity Limit
Lorcet (Oral Tablet)	Maximum of 12 tablets per day
Lorcet Plus (Oral Tablet)	Maximum of 12 tablets per day
Losartan Potassium (100MG Oral Tablet)	Maximum of 1 tablet per day
Losartan Potassium (25MG Oral Tablet, 50MG Oral Tablet)	Maximum of 2 tablets per day
Losartan Potassium-HCTZ (100-12.5MG Oral Tablet, 100-25MG Oral Tablet)	Maximum of 1 tablet per day
Losartan Potassium-HCTZ (50-12.5MG Oral Tablet)	Maximum of 2 tablets per day
Lotensin (Oral Tablet)	Maximum of 2 tablets per day
Lotrel (Oral Capsule)	Maximum of 1 capsule per day
Lovastatin (10MG Oral Tablet, 20MG Oral Tablet)	Maximum of 1 tablet per day
Lovastatin (40MG Oral Tablet)	Maximum of 2 tablets per day
Lovenox (100MG/ML Subcutaneous Solution, 150MG/ML Subcutaneous Solution)	Maximum of 2 syringes (2 ml) per day
Lovenox (120MG/0.8ML Subcutaneous Solution, 80MG/0.8ML Subcutaneous Solution)	Maximum of 2 syringes (1.6 ml) per day
Lovenox (30MG/0.3ML Subcutaneous Solution)	Maximum of 2 syringes (0.6 ml) per day
Lovenox (40MG/0.4ML Subcutaneous Solution)	Maximum of 2 syringes (0.8 ml) per day
Lovenox (60MG/0.6ML Subcutaneous Solution)	Maximum of 2 syringes (1.2 ml) per day
Lucemyra (Oral Tablet)	Maximum of 16 tablets per day
Luliconazole (External Cream)	Maximum of 60 grams per 28 days
Luzu (External Cream)	Maximum of 60 grams per 28 days
Lyrica CR (165MG Oral Tablet Extended Release 24 Hour, 82.5MG Oral Tablet Extended Release 24 Hour)	Maximum of 3 tablets per day
Lyrica CR (330MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Lyrica (100MG Oral Capsule, 150MG Oral Capsule, 200MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	Maximum of 3 capsules per day
Lyrica (225MG Oral Capsule, 300MG Oral Capsule)	Maximum of 2 capsules per day
Lyrica (Oral Solution)	Maximum of 30 ml per day

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Drug Name	Quantity Limit
Mavyret (Oral Tablet)	Maximum of 3 tablets per day
Maxalt (Oral Tablet)	Maximum of 12 tablets per 30 days
Maxalt-MLT (Oral Tablet Dispersible)	Maximum of 12 tablets per 30 days
Mayzent (0.25MG Oral Tablet)	Maximum of 8 tablets per day
Mayzent (2MG Oral Tablet)	Maximum of 1 tablet per day
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Memantine HCl (Oral Solution)	Maximum of 10 ml per day
Memantine HCl (10MG Oral Tablet)	Maximum of 2 tablets per day
Memantine HCl (5MG Oral Tablet)	Maximum of 3 tablets per day
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	Maximum of 4 tablets per day
Mesalamine (800MG Oral Tablet Delayed Release)	Maximum of 6 tablets per day
Metadate ER (Oral Tablet Extended Release)	Maximum of 3 tablets per day
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	Maximum of 2 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glumetza)	Maximum of 4 tablets per day
Metformin HCl ER (1000MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	Maximum of 2 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Fortamet)	Maximum of 5 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	Maximum of 4 tablets per day
Metformin HCl ER (750MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	Maximum of 2 tablets per day
Metformin HCl (1000MG Oral Tablet Immediate Release)	Maximum of 2.5 tablets per day
Metformin HCl (500MG Oral Tablet Immediate Release)	Maximum of 5 tablets per day
Metformin HCl (850MG Oral Tablet Immediate Release)	Maximum of 3 tablets per day
Methadone HCl (10MG/5ML Oral Solution)	Maximum of 60 ml per day
Methadone HCl (5MG/5ML Oral Solution)	Maximum of 120 ml per day
Methadone HCl (10MG Oral Tablet)	Maximum of 12 tablets per day
Methadone HCl (5MG Oral Tablet)	Maximum of 8 tablets per day

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Drug Name	Quantity Limit
Methylin (10MG/5ML Oral Solution)	Maximum of 30 ml per day
Methylin (5MG/5ML Oral Solution)	Maximum of 60 ml per day
Methylphenidate HCl ER Osmotic Release (10MG Oral Tablet Extended Release)	Maximum of 4 tablets per day
Methylphenidate HCl ER Osmotic Release (18MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release)	Maximum of 3 tablets per day
Methylphenidate HCl ER (18MG Oral Tablet Extended Release 24 Hour)	Maximum of 3 tablets per day
Methylphenidate HCl ER (27MG Oral Tablet Extended Release 24 Hour, 36MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Methylphenidate HCl ER (54MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Methylphenidate HCl ER Osmotic Release (27MG Oral Tablet Extended Release, 36MG Oral Tablet Extended Release)	Maximum of 2 tablets per day
Methylphenidate HCl ER Osmotic Release (54MG Oral Tablet Extended Release, 72MG Oral Tablet Extended Release)	Maximum of 1 tablet per day
Methylphenidate HCl (10MG/5ML Oral Solution)	Maximum of 30 ml per day
Methylphenidate HCl (5MG/5ML Oral Solution)	Maximum of 60 ml per day
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	Maximum of 3 tablets per day
Methylphenidate HCl (10MG Oral Tablet Chewable)	Maximum of 6 tablets per day
Methylphenidate HCl (2.5MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	Maximum of 3 tablets per day
Micardis HCT (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)	Maximum of 1 tablet per day
Micardis HCT (80-12.5MG Oral Tablet)	Maximum of 2 tablets per day
Micardis (Oral Tablet)	Maximum of 1 tablet per day
Minivelle (Transdermal Patch Twice Weekly)	Maximum of 8 patches per 28 days
Minocycline HCl ER (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Mitigare (Oral Capsule)	Maximum of 4 capsules per day
Modafinil (100MG Oral Tablet)	Maximum of 1 tablet per day
Modafinil (200MG Oral Tablet)	Maximum of 2 tablets per day
Moexipril HCl (Oral Tablet)	Maximum of 2 tablets per day

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

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Drug Name	Quantity Limit
Morphine Sulfate (20MG/5ML Oral Solution)	Maximum of 50 ml per day
Morphine Sulfate (15MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Morphine Sulfate (30MG Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Motegrity (Oral Tablet)	Maximum of 1 tablet per day
Movantik (Oral Tablet)	Maximum of 1 tablet per day
MS Contin (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release)	Maximum of 3 tablets per day
MS Contin (200MG Oral Tablet Extended Release)	Maximum of 2 tablets per day
MS Contin (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release)	Maximum of 4 tablets per day
Mydayis (12.5MG Oral Capsule Extended Release 24 Hour, 25MG Oral Capsule Extended Release 24 Hour)	Maximum of 2 capsules per day
Mydayis (37.5MG Oral Capsule Extended Release 24 Hour, 50MG Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Namenda (10MG Oral Tablet)	Maximum of 2 tablets per day
Namenda (5MG Oral Tablet)	Maximum of 3 tablets per day
Namenda XR (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Namenda XR Titration Pack (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	Maximum of 1 capsule per day
Namzaric (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Naratriptan HCl (Oral Tablet)	Maximum of 12 tablets per 30 days
Nateglinide (120MG Oral Tablet)	Maximum of 3 tablets per day
Nateglinide (60MG Oral Tablet)	Maximum of 6 tablets per day
Nebupent (Inhalation Solution Reconstituted)	Maximum of 300 mg (1 vial) per 28 days
Nerlynx (Oral Tablet)	Maximum of 6 tablets per day
Nesina (Oral Tablet)	Maximum of 1 tablet per day
Nevirapine ER (100MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Nevirapine (Oral Suspension)	Maximum of 40 ml per day
Nevirapine (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Nexium (20MG Oral Capsule Delayed Release)	Maximum of 3 capsules per day
Nexium (40MG Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Ninlaro (Oral Capsule)	Maximum of 3 capsules per 28 days
Norco (Oral Tablet)	Maximum of 12 tablets per day
Northera (100MG Oral Capsule)	Maximum of 3 capsules per day
Northera (200MG Oral Capsule, 300MG Oral Capsule)	Maximum of 6 capsules per day
Norvir (Oral Packet)	Maximum of 12 packets per day
Norvir (Oral Solution)	Maximum of 16 ml per day
Norvir (Oral Tablet)	Maximum of 12 tablets per day
Noxafil (Oral Suspension)	Maximum of 20 ml per day
Noxafil (Oral Tablet Delayed Release)	Maximum of 6 tablets per day
Nucala (Subcutaneous Solution Auto-Injector)	Maximum of 3 ml per 28 days
Nucala (Subcutaneous Solution Prefilled Syringe)	Maximum of 3 ml per 28 days
Nucala (Subcutaneous Solution Reconstituted)	Maximum of 3 vials per 28 days
Nucynta ER (Oral Tablet Extended Release 12 Hour)	Maximum of 2 tablets per day
Nucynta (Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Nuplazid (Oral Capsule)	Maximum of 1 capsule per day
Nuplazid (10MG Oral Tablet)	Maximum of 1 tablet per day
Nuvigil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	Maximum of 1 tablet per day
Nuvigil (50MG Oral Tablet)	Maximum of 2 tablets per day
Nuzyra (Oral Tablet)	Maximum of 2 tablets per day
Ocaliva (Oral Tablet)	Maximum of 1 tablet per day
Odefsey (Oral Tablet)	Maximum of 1 tablet per day
Odomzo (Oral Capsule)	Maximum of 1 capsule per day
Ofev (Oral Capsule)	Maximum of 2 capsules per day
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	Maximum of 1 tablet per day
Olmesartan Medoxomil (20MG Oral Tablet, 40MG Oral Tablet)	Maximum of 1 tablet per day
Olmesartan Medoxomil (5MG Oral Tablet)	Maximum of 2 tablets per day
Olmesartan Medoxomil-HCTZ (Oral Tablet)	Maximum of 1 tablet per day
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	Maximum of 1 tablet per day
Olumiant (Oral Tablet)	Maximum of 1 tablet per day
Omeprazole (10MG Oral Capsule Delayed Release)	Maximum of 3 capsules per day
Onfi (Oral Suspension)	Maximum of 16 ml per day
Onfi (Oral Tablet)	Maximum of 2 tablets per day
Onglyza (Oral Tablet)	Maximum of 1 tablet per day
Onzetra Xsail (Nasal Exhaler Powder)	Maximum of 1 kit (16 exhalers) per 30 days
Opana (Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Orilissa (150MG Oral Tablet)	Maximum of 1 tablet per day
Orilissa (200MG Oral Tablet)	Maximum of 2 tablets per day
Orkambi (Oral Packet)	Maximum of 56 packets per 28 days
Orkambi (Oral Tablet)	Maximum of 112 tablets per 28 days
Oseni (Oral Tablet)	Maximum of 1 tablet per day
Osphena (Oral Tablet)	Maximum of 1 tablet per day
Oxervate (Ophthalmic Solution)	Maximum of 2 ml (2 vials) per day
Oxiconazole Nitrate (External Cream)	Maximum of 90 grams per 30 days
Oxistat (External Cream)	Maximum of 90 grams per 30 days
Oxistat (External Lotion)	Maximum of 60 ml per 30 days
Oxycodone HCl ER (Oral Tablet ER 12 Hour Abuse-Deterrent)	Maximum of 3 tablets per day
Oxycodone HCl (5MG Oral Capsule)	Maximum of 12 capsules per day
Oxycodone HCl (100MG/5ML Oral Concentrate)	Maximum of 6 ml per day
Oxycodone HCl (5MG/5ML Oral Solution)	Maximum of 130 ml per day
Oxycodone HCl (10MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	Maximum of 12 tablets per day
Oxycodone HCl (15MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day

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Drug Name	Quantity Limit
Oxycodone HCl (20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Oxycodone-Acetaminophen (Oral Tablet)	Maximum of 12 tablets per day
Oxycodone-Aspirin (Oral Tablet)	Maximum of 12 tablets per day
Oxycodone-Ibuprofen (Oral Tablet)	Maximum of 4 tablets per day
OxyContin (Oral Tablet ER 12 Hour Abuse-Deterrent)	Maximum of 3 tablets per day
Oxymorphone HCl ER (10MG Oral Tablet Extended Release 12 Hour, 15MG Oral Tablet Extended Release 12 Hour, 20MG Oral Tablet Extended Release 12 Hour, 5MG Oral Tablet Extended Release 12 Hour, 7.5MG Oral Tablet Extended Release 12 Hour)	Maximum of 2 tablets per day
Oxymorphone HCl ER (30MG Oral Tablet Extended Release 12 Hour)	Maximum of 4 tablets per day
Oxymorphone HCl ER (40MG Oral Tablet Extended Release 12 Hour)	Maximum of 3 tablets per day
Oxymorphone HCl (Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Ozempic (0.25 or 0.5MG/DOSE Subcutaneous Solution Pen-Injector)	Maximum of 1 pen (1.5 ml) per 28 days
Ozempic (1MG/DOSE Subcutaneous Solution Pen-Injector)	Maximum of 2 pens (3 ml) per 28 days
Paliperidone ER (1.5MG Oral Tablet Extended Release 24 Hour, 3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Paliperidone ER (6MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Palyngiq (10MG/0.5ML Subcutaneous Solution Prefilled Syringe)	Maximum of 28 syringes per 28 days
Palyngiq (2.5MG/0.5ML Subcutaneous Solution Prefilled Syringe)	Maximum of 8 syringes per 28 days
Palyngiq (20MG/ML Subcutaneous Solution Prefilled Syringe)	Maximum of 56 syringes per 28 days
Pantoprazole Sodium (20MG Oral Tablet Delayed Release)	Maximum of 3 tablets per day
Pantoprazole Sodium (40MG Oral Tablet Delayed Release)	Maximum of 2 tablets per day
Pentasa (250MG Oral Capsule Extended Release)	Maximum of 12 capsules per day

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Drug Name	Quantity Limit
Pentasa (500MG Oral Capsule Extended Release)	Maximum of 8 capsules per day
Percocet (Oral Tablet)	Maximum of 12 tablets per day
Perforomist (Inhalation Nebulization Solution)	Maximum of 2 vials (4 ml) per day
Perindopril Erbumine (Oral Tablet)	Maximum of 2 tablets per day
Pifeltro (Oral Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl (15MG Oral Tablet)	Maximum of 3 tablets per day
Pioglitazone HCl (30MG Oral Tablet, 45MG Oral Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl-Glimepiride (Oral Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl-Metformin HCl (Oral Tablet)	Maximum of 3 tablets per day
Piqray (200 MG Daily Dose) (Oral Tablet Therapy Pack)	Maximum of 1 tablet per day
Piqray (250 MG Daily Dose) (Oral Tablet Therapy Pack)	Maximum of 2 tablets per day
Piqray (300 MG Daily Dose) (Oral Tablet Therapy Pack)	Maximum of 2 tablets per day
Plavix (Oral Tablet)	Maximum of 4 tablets per day
Pradaxa (Oral Capsule)	Maximum of 2 capsules per day
Praluent (Subcutaneous Solution Pen-Injector)	Maximum of 2 pens (2 ml) per 28 days
Prandin (1MG Oral Tablet)	Maximum of 16 tablets per day
Prandin (2MG Oral Tablet)	Maximum of 8 tablets per day
Pravachol (Oral Tablet)	Maximum of 1 tablet per day
Pravastatin Sodium (Oral Tablet)	Maximum of 1 tablet per day
Prevacid (Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Prevymis (Oral Tablet)	Maximum of 1 tablet per day
Prezcobix (Oral Tablet)	Maximum of 1 tablet per day
Prezista (Oral Suspension)	Maximum of 2 bottles (400 ml) per 30 days
Prezista (150MG Oral Tablet)	Maximum of 6 tablets per day
Prezista (600MG Oral Tablet, 75MG Oral Tablet)	Maximum of 2 tablets per day
Prezista (800MG Oral Tablet)	Maximum of 1 tablet per day
Primlev (Oral Tablet)	Maximum of 13 tablets per day
Prinivil (Oral Tablet)	Maximum of 2 tablets per day
Prolia (Subcutaneous Solution Prefilled Syringe)	Maximum of 1 syringe per 180 days
Promacta (Oral Packet)	Maximum of 6 packets per day

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Drug Name	Quantity Limit
Promacta (12.5MG Oral Tablet, 25MG Oral Tablet)	Maximum of 1 tablet per day
Promacta (50MG Oral Tablet, 75MG Oral Tablet)	Maximum of 2 tablets per day
Protonix (20MG Oral Tablet Delayed Release)	Maximum of 3 tablets per day
Protonix (40MG Oral Tablet Delayed Release)	Maximum of 2 tablets per day
Provigil (100MG Oral Tablet)	Maximum of 1 tablet per day
Provigil (200MG Oral Tablet)	Maximum of 2 tablets per day
PRUDOXIN (External Cream)	Maximum of 90 grams per 30 days
Pulmozyme (Inhalation Solution)	Maximum of 5 ml (2 ampules) per day
Qbrelis (Oral Solution)	Maximum of 80 ml per day
Qtern (Oral Tablet)	Maximum of 1 tablet per day
Quetiapine Fumarate ER (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Quetiapine Fumarate ER (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Quetiapine Fumarate (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	Maximum of 3 tablets per day
Quetiapine Fumarate (25MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day
Quetiapine Fumarate (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	Maximum of 2 tablets per day
QuilliChew ER (20MG Oral Tablet Chewable Extended Release, 40MG Oral Tablet Chewable Extended Release)	Maximum of 1 tablet per day
QuilliChew ER (30MG Oral Tablet Chewable Extended Release)	Maximum of 2 tablets per day
Quinapril HCl (Oral Tablet)	Maximum of 2 tablets per day
Quinapril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	Maximum of 1 tablet per day
Quinapril-Hydrochlorothiazide (20-12.5MG Oral Tablet, 20-25MG Oral Tablet)	Maximum of 2 tablets per day
QVAR RediHaler (Inhalation Aerosol Breath Activated)	Maximum of 2 inhalers (21.2 grams) per 30 days

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Drug Name	Quantity Limit
Ramipril (Oral Capsule)	Maximum of 2 capsules per day
Rapaflo (Oral Capsule)	Maximum of 1 capsule per day
Rayaldee (Oral Capsule Extended Release)	Maximum of 2 capsules per day
Relexxii (Oral Tablet Extended Release)	Maximum of 1 tablet per day
Relpax (Oral Tablet)	Maximum of 12 tablets per 30 days
Repaglinide (0.5MG Oral Tablet)	Maximum of 32 tablets per day
Repaglinide (1MG Oral Tablet)	Maximum of 16 tablets per day
Repaglinide (2MG Oral Tablet)	Maximum of 8 tablets per day
Repaglinide-Metformin HCl (Oral Tablet)	Maximum of 5 tablets per day
Repatha Pushttronex System (Subcutaneous Solution Cartridge)	Maximum of 1 cartridge (3.5 ml) per 28 days
Repatha (Subcutaneous Solution Prefilled Syringe)	Maximum of 3 syringes (3 ml) per 28 days
Repatha SureClick (Subcutaneous Solution Auto-Injector)	Maximum of 3 pens (3 ml) per 28 days
Rescriptor (Oral Tablet)	Maximum of 6 tablets per day
Restasis (Ophthalmic Emulsion)	Maximum of 2 vials per day
Restoril (22.5MG Oral Capsule)	Maximum of 1 capsule per day
Retrovir (Oral Capsule)	Maximum of 6 capsules per day
Retrovir (Oral Syrup)	Maximum of 64 ml per day
Rexulti (Oral Tablet)	Maximum of 1 tablet per day
Reyataz (150MG Oral Capsule, 300MG Oral Capsule)	Maximum of 1 capsule per day
Reyataz (200MG Oral Capsule)	Maximum of 2 capsules per day
Reyataz (Oral Packet)	Maximum of 6 packets per day
Riomet (Oral Solution)	Maximum of 25.5 ml per day
Ritalin (Oral Tablet)	Maximum of 3 tablets per day
Ritonavir (Oral Tablet)	Maximum of 12 tablets per day
Rivastigmine (Transdermal Patch 24 Hour)	Maximum of 1 patch per day
Rizatriptan Benzoate (Oral Tablet)	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	Maximum of 12 tablets per 30 days
Rosuvastatin Calcium (Oral Tablet)	Maximum of 1 tablet per day
Roxicodone (15MG Oral Tablet)	Maximum of 8 tablets per day
Roxicodone (30MG Oral Tablet)	Maximum of 6 tablets per day
Roxicodone (5MG Oral Tablet)	Maximum of 12 tablets per day
Rydapt (Oral Capsule)	Maximum of 8 capsules per day
Sabril (Oral Packet)	Maximum of 6 packets per day

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Drug Name	Quantity Limit
Sabril (Oral Tablet)	Maximum of 6 tablets per day
Savaysa (Oral Tablet)	Maximum of 1 tablet per day
Segluromet (2.5-1000MG Oral Tablet, 7.5-1000MG Oral Tablet, 7.5-500MG Oral Tablet)	Maximum of 2 tablets per day
Segluromet (2.5-500MG Oral Tablet)	Maximum of 4 tablets per day
Selzentry (Oral Solution)	Maximum of 8 bottles (1840 ml) per 30 days
Selzentry (150MG Oral Tablet, 75MG Oral Tablet)	Maximum of 2 tablets per day
Selzentry (25MG Oral Tablet, 300MG Oral Tablet)	Maximum of 4 tablets per day
Sensipar (30MG Oral Tablet, 60MG Oral Tablet)	Maximum of 2 tablets per day
Sensipar (90MG Oral Tablet)	Maximum of 4 tablets per day
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (60 inhalations) per 30 days
Seroquel (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	Maximum of 3 tablets per day
Seroquel (25MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day
Seroquel (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Seroquel XR (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Seroquel XR (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Silodosin (Oral Capsule)	Maximum of 1 capsule per day
Simvastatin (Oral Tablet)	Maximum of 1 tablet per day
Singulair (Oral Packet)	Maximum of 1 packet per day
Singulair (Oral Tablet)	Maximum of 1 tablet per day
Singulair (Oral Tablet Chewable)	Maximum of 1 tablet per day
Sofosbuvir-Velpatasvir (Oral Tablet)	Maximum of 1 tablet per day
Solifenacin Succinate (Oral Tablet)	Maximum of 1 tablet per day
Soliqua (Subcutaneous Solution Pen-Injector)	Maximum of 18 ml (6 pens) per 30 days

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Drug Name	Quantity Limit
Solodyn (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Somavert (Subcutaneous Solution Reconstituted)	Maximum of 1 vial per day
Sovaldi (Oral Tablet)	Maximum of 1 tablet per day
Spiriva HandiHaler (Inhalation Capsule)	Maximum of 1 capsule per day
Spiriva Respimat (Inhalation Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
Starlix (120MG Oral Tablet)	Maximum of 3 tablets per day
Starlix (60MG Oral Tablet)	Maximum of 6 tablets per day
Stavudine (Oral Capsule)	Maximum of 2 capsules per day
Steglatro (15MG Oral Tablet)	Maximum of 1 tablet per day
Steglatro (5MG Oral Tablet)	Maximum of 2 tablets per day
Steglujan (Oral Tablet)	Maximum of 1 tablet per day
Stivarga (Oral Tablet)	Maximum of 4 tablets per day
Stribild (Oral Tablet)	Maximum of 1 tablet per day
Suboxone (12-3MG Sublingual Film, 4-1MG Sublingual Film)	Maximum of 2 films per day
Suboxone (2-0.5MG Sublingual Film, 8-2MG Sublingual Film)	Maximum of 3 films per day
Subsys (100MCG Sublingual Liquid, 200MCG Sublingual Liquid, 400MCG Sublingual Liquid, 600MCG Sublingual Liquid, 800MCG Sublingual Liquid)	Maximum of 4 sprays per day
Sumatriptan (Nasal Solution)	Maximum of 12 devices per 30 days
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	Maximum of 12 tablets per 30 days
Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex STATdose)	Maximum of 12 injections (6 ml) per 30 days

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Drug Name	Quantity Limit
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Prefilled Syringe)	Maximum of 12 injections (6 ml) per 30 days
Sustiva (Oral Capsule)	Maximum of 3 capsules per day
Sustiva (Oral Tablet)	Maximum of 1 tablet per day
Symbicort (Inhalation Aerosol)	Maximum of 1 inhaler (10.2 grams) per 30 days
Symdeko (Oral Tablet Therapy Pack)	Maximum of 1 pack (56 tablets) per 28 days
Symfi Lo (Oral Tablet)	Maximum of 1 tablet per day
Symfi (Oral Tablet)	Maximum of 1 tablet per day
Sympazan (Oral Film)	Maximum of 2 films per day
Symproic (Oral Tablet)	Maximum of 1 tablet per day
Symtuza (Oral Tablet)	Maximum of 1 tablet per day
Synjardy (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Synjardy XR (10-1000MG Oral Tablet Extended Release 24 Hour, 25-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Synjardy XR (12.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Syprine (Oral Capsule)	Maximum of 8 capsules per day
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet per day
Talzenna (0.25MG Oral Capsule)	Maximum of 3 capsules per day
Talzenna (1MG Oral Capsule)	Maximum of 1 capsule per day
Tarceva (100MG Oral Tablet, 150MG Oral Tablet)	Maximum of 1 tablet per day
Tarceva (25MG Oral Tablet)	Maximum of 3 tablets per day
Tarka (Oral Tablet Extended Release)	Maximum of 1 tablet per day
Tasmar (Oral Tablet)	Maximum of 6 tablets per day
Tavalisse (Oral Tablet)	Maximum of 2 tablets per day
Tecfidera (Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Tekturna HCT (Oral Tablet)	Maximum of 1 tablet per day
Tekturna (Oral Tablet)	Maximum of 1 tablet per day
Telmisartan (Oral Tablet)	Maximum of 1 tablet per day
Telmisartan-Amlodipine (Oral Tablet)	Maximum of 1 tablet per day
Telmisartan-HCTZ (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)	Maximum of 1 tablet per day
Telmisartan-HCTZ (80-12.5MG Oral Tablet)	Maximum of 2 tablets per day
Temazepam (Oral Capsule)	Maximum of 1 capsule per day
Tenofovir Disoproxil Fumarate (Oral Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Thalomid (100MG Oral Capsule, 50MG Oral Capsule)	Maximum of 1 capsule per day
Thalomid (150MG Oral Capsule, 200MG Oral Capsule)	Maximum of 2 capsules per day
Tibsovo (Oral Tablet)	Maximum of 2 tablets per day
Tivicay (10MG Oral Tablet, 25MG Oral Tablet)	Maximum of 1 tablet per day
Tivicay (50MG Oral Tablet)	Maximum of 2 tablets per day
TOBI (Inhalation Nebulization Solution)	Maximum of 10 ml (2 ampules) per day
TOBI Podhaler (Inhalation Capsule)	Maximum of 8 capsules per day
Tobramycin (Inhalation Nebulization Solution)	Maximum of 10 ml (2 ampules) per day
Tolazamide (250MG Oral Tablet)	Maximum of 4 tablets per day
Tolazamide (500MG Oral Tablet)	Maximum of 2 tablets per day
Tolbutamide (Oral Tablet)	Maximum of 6 tablets per day
Tolcapone (Oral Tablet)	Maximum of 6 tablets per day
Toviaz (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Tracleer (Oral Tablet)	Maximum of 2 tablets per day
Tracleer (Oral Tablet Soluble)	Maximum of 8 tablets per day
Tradjenta (Oral Tablet)	Maximum of 1 tablet per day
Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Tramadol HCl ER (100MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Tramadol HCl ER (100MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Tramadol HCl (Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Tramadol-Acetaminophen (Oral Tablet)	Maximum of 8 tablets per day
Trandolapril (1MG Oral Tablet, 2MG Oral Tablet)	Maximum of 1 tablet per day
Trandolapril (4MG Oral Tablet)	Maximum of 2 tablets per day
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	Maximum of 1 tablet per day
Tranxene-T (Oral Tablet)	Maximum of 12 tablets per day
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (60 blisters) per 30 days

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Drug Name	Quantity Limit
Trezip (Oral Capsule)	Maximum of 10 capsules per day
Tribenzor (Oral Tablet)	Maximum of 1 tablet per day
Trientine HCl (Oral Capsule)	Maximum of 8 capsules per day
Triumeq (Oral Tablet)	Maximum of 1 tablet per day
Trizivir (Oral Tablet)	Maximum of 2 tablets per day
Trulicity (Subcutaneous Solution Pen-Injector)	Maximum of 4 pens (2 ml) per 28 days
Truvada (Oral Tablet)	Maximum of 1 tablet per day
Twynsta (40-10MG Oral Tablet, 40-5MG Oral Tablet, 80-5MG Oral Tablet)	Maximum of 1 tablet per day
Tybost (Oral Tablet)	Maximum of 1 tablet per day
Tylenol with Codeine #3 (Oral Tablet)	Maximum of 13 tablets per day
Tylenol with Codeine #4 (Oral Tablet)	Maximum of 13 tablets per day
Tymlos (Subcutaneous Solution Pen-Injector)	Maximum of 1.56 ml per 30 days
Ultracet (Oral Tablet)	Maximum of 8 tablets per day
Ultram (Oral Tablet)	Maximum of 8 tablets per day
Uptravi (1000MCG Oral Tablet, 1200MCG Oral Tablet, 1400MCG Oral Tablet, 1600MCG Oral Tablet, 400MCG Oral Tablet, 600MCG Oral Tablet, 800MCG Oral Tablet)	Maximum of 2 tablets per day
Uptravi (200MCG Oral Tablet)	Maximum of 5 tablets per day
Valacyclovir HCl (1GM Oral Tablet)	Maximum of 4 tablets per day
Valacyclovir HCl (500MG Oral Tablet)	Maximum of 2 tablets per day
Valcyte (Oral Solution Reconstituted)	Maximum of 36 ml per day
Valcyte (Oral Tablet)	Maximum of 4 tablets per day
Valganciclovir HCl (50MG/ML Oral Solution Reconstituted)	Maximum of 36 ml per day
Valganciclovir HCl (450MG Oral Tablet)	Maximum of 4 tablets per day
Valium (Oral Tablet)	Maximum of 4 tablets per day
Valsartan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	Maximum of 2 tablets per day
Valsartan (320MG Oral Tablet)	Maximum of 1 tablet per day
Valsartan-Hydrochlorothiazide (Oral Tablet)	Maximum of 1 tablet per day
Valtrex (1GM Oral Tablet)	Maximum of 4 tablets per day
Valtrex (500MG Oral Tablet)	Maximum of 2 tablets per day
Vancocin HCl (125MG Oral Capsule)	Maximum of 4 capsules per day
Vancocin HCl (250MG Oral Capsule)	Maximum of 8 capsules per day
Vancomycin HCl (125MG Oral Capsule)	Maximum of 4 capsules per day

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Drug Name	Quantity Limit
Vancomycin HCl (250MG Oral Capsule)	Maximum of 8 capsules per day
Vaseretic (Oral Tablet)	Maximum of 2 tablets per day
Vasotec (Oral Tablet)	Maximum of 2 tablets per day
Veltassa (Oral Packet)	Maximum of 1 packet per day
Vemlidy (Oral Tablet)	Maximum of 1 tablet per day
Vesicare (Oral Tablet)	Maximum of 1 tablet per day
Viberzi (Oral Tablet)	Maximum of 2 tablets per day
Vicodin ES (Oral Tablet)	Maximum of 13 tablets per day
Vicodin HP (Oral Tablet)	Maximum of 13 tablets per day
Vicodin (Oral Tablet)	Maximum of 13 tablets per day
Victoza (Subcutaneous Solution Pen-Injector)	Maximum of 3 pens (9 ml) per 30 days
Videx EC (125MG Oral Capsule Delayed Release, 250MG Oral Capsule Delayed Release, 400MG Oral Capsule Delayed Release)	Maximum of 1 capsule per day
Videx EC (200MG Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Videx (4GM Oral Solution Reconstituted)	Maximum of 40 ml per day
Viekira Pak (Oral Tablet Therapy Pack)	Maximum of 1 pack (112 tablets) per 28 days
Vigabatrin (Oral Packet)	Maximum of 6 packets per day
Vigabatrin (Oral Tablet)	Maximum of 6 tablets per day
Vigadrone (Oral Packet)	Maximum of 6 packets per day
Vimpat (Oral Solution)	Maximum of 40 ml per day
Vimpat (Oral Tablet)	Maximum of 2 tablets per day
Viracept (250MG Oral Tablet)	Maximum of 10 tablets per day
Viracept (625MG Oral Tablet)	Maximum of 4 tablets per day
Viramune (Oral Suspension)	Maximum of 40 ml per day
Viramune (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Viramune XR (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Viread (Oral Powder)	Maximum of 4 bottles (240 grams) per 30 days
Viread (Oral Tablet)	Maximum of 1 tablet per day
Vitrakvi (100MG Oral Capsule)	Maximum of 4 capsules per day
Vitrakvi (25MG Oral Capsule)	Maximum of 6 capsules per day
Vitrakvi (Oral Solution)	Maximum of 20 ml per day
Vivelle-Dot (Transdermal Patch Twice Weekly)	Maximum of 8 patches per 28 days
Vivlodex (Oral Capsule)	Maximum of 1 capsule per day

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Drug Name	Quantity Limit
Vosevi (Oral Tablet)	Maximum of 1 tablet per day
Votrient (Oral Tablet)	Maximum of 4 tablets per day
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	Maximum of 1 capsule per day
Vytorin (Oral Tablet)	Maximum of 1 tablet per day
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	Maximum of 1 inhaler (60 blisters) per 30 days
Xanax (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day
Xanax (2MG Oral Tablet Immediate Release)	Maximum of 5 tablets per day
Xanax XR (0.5MG Oral Tablet Extended Release 24 Hour, 1MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Xanax XR (2MG Oral Tablet Extended Release 24 Hour)	Maximum of 5 tablets per day
Xanax XR (3MG Oral Tablet Extended Release 24 Hour)	Maximum of 3 tablets per day
Xarelto (10MG Oral Tablet, 20MG Oral Tablet)	Maximum of 1 tablet per day
Xarelto (15MG Oral Tablet, 2.5MG Oral Tablet)	Maximum of 2 tablets per day
Xarelto Starter Pack (Oral Tablet Therapy Pack)	Maximum of 1 pack (51 tablets) per 30 days
Xeljanz (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Xermelo (Oral Tablet)	Maximum of 3 tablets per day
Xigduo XR (10-1000MG Oral Tablet Extended Release 24 Hour, 10-500MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Xigduo XR (2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Xiidra (Ophthalmic Solution)	Maximum of 2 vials per day
Ximino (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Xofluza (Oral Tablet Therapy Pack)	Maximum of 2 tablets per 30 days

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Drug Name	Quantity Limit
Xospata (Oral Tablet)	Maximum of 3 tablets per day
Xtampza ER (13.5MG Oral Capsule ER 12 Hour Abuse-Deterrent, 18MG Oral Capsule ER 12 Hour Abuse-Deterrent, 9MG Oral Capsule ER 12 Hour Abuse-Deterrent)	Maximum of 3 capsules per day
Xtampza ER (27MG Oral Capsule ER 12 Hour Abuse-Deterrent, 36MG Oral Capsule ER 12 Hour Abuse-Deterrent)	Maximum of 6 capsules per day
Xultophy (Subcutaneous Solution Pen-Injector)	Maximum of 5 pens (15 ml) per 30 days
Xyrem (Oral Solution)	Maximum of 18 ml per day
Yupelri (Inhalation Solution)	Maximum of 1 vial (3 ml) per day
Zaleplon (Oral Capsule)	Maximum of 90 capsules per year
Zejula (Oral Capsule)	Maximum of 3 capsules per day
Zelboraf (Oral Tablet)	Maximum of 8 tablets per day
Zembrace SymTouch (Subcutaneous Solution Auto-Injector)	Maximum of 8 ml (16 syringes) per 30 days
Zenzedi (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	Maximum of 6 tablets per day
Zenzedi (15MG Oral Tablet, 20MG Oral Tablet)	Maximum of 3 tablets per day
Zenzedi (30MG Oral Tablet)	Maximum of 2 tablets per day
Zepatier (Oral Tablet)	Maximum of 1 tablet per day
Zestoretic (10-12.5MG Oral Tablet)	Maximum of 1 tablet per day
Zestoretic (20-12.5MG Oral Tablet)	Maximum of 4 tablets per day
Zestoretic (20-25MG Oral Tablet)	Maximum of 2 tablets per day
Zestril (Oral Tablet)	Maximum of 2 tablets per day
Ziac (2.5-6.25MG Oral Tablet)	Maximum of 2 tablets per day
Ziagen (Oral Solution)	Maximum of 32 ml per day
Ziagen (Oral Tablet)	Maximum of 2 tablets per day
Zidovudine (Oral Capsule)	Maximum of 6 capsules per day
Zidovudine (Oral Syrup)	Maximum of 64 ml per day
Zidovudine (Oral Tablet)	Maximum of 2 tablets per day
Ziprasidone HCl (Oral Capsule)	Maximum of 2 capsules per day
Zocor (10MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	Maximum of 1 tablet per day
Zohydro ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	Maximum of 2 capsules per day
Zolmitriptan (Oral Tablet)	Maximum of 12 tablets per 30 days

Bold type = Brand name drug

Plain type = Generic drug

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

Bold type = Brand name drug

Plain type = Generic drug

Required information

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

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

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



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

Toll-free **1-866-747-1014**, TTY **711**
8 a.m. - 8 p.m. ET, Monday - Friday

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