# Complete Drug List (Formulary) 2027

**AARP Medicare Advantage CareFlex from UHC TX-44 (HMO-POS)**
**AARP Medicare Advantage CareFlex from UHC TX-47 (HMO-POS)**

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

Visit **myAARPMedicare.com**

Call **1-866-550-4736,** TTY **711**
7 a.m.-10 p.m. CT, 7 days Oct-Mar, M-F Apr-Sept

AARP® | Medicare Advantage from UnitedHealthcare®

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## Questions?

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

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## What is a Drug List?

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

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

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

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

## Note to existing members:

This **complete** list of prescription drugs covered by your plan is current as of October 1, 2026.

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

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

When this Drug List refers to “we,” “us,” or “our,” it means UnitedHealthcare. When it refers to “plan,” “our plan,” or “your plan,” it means AARP Medicare Advantage CareFlex from UHC.

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

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

## How can I find a drug on the Drug List?

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

1. **By name**. Turn to the section "Covered drugs by name **(Drug index)**" on pages 12-29 to see the list of drug names in alphabetical order. Find the name of your drug. The page number where you can find the drug will be next to it.
2. **By medical condition**. Turn to the section "Covered drugs by category" on pages 30-94. The drugs in this Drug List are grouped into categories depending on the type of medical condition they are used to treat. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. This is where you will find drugs that treat heart conditions.

### Can't find your drug?

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

## What are generic drugs?

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

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

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

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

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

For more information about drug types, please review your Evidence of Coverage, Chapter 5, Section 3.1. The Drug List tells which Part D drugs are covered.

## What is a compounded drug?

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

## Drug payment stage and drug tiers

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

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

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

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

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

In addition, your plan has added coverage of some prescription drugs that are not normally covered under Medicare Part D. Please see the section "Additional covered drugs" on page 132 for a list of these 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 (also called a Low Income Subsidy (LIS) Rider). Please read it to learn about your costs. You can also call UnitedHealthcare Customer Service. Our contact information is on the cover.

## Are there any rules or limits on my drug coverage?

Yes, some drugs may have coverage rules or have limits on the amount you can get. If your drug has any coverage rules or limits, there will be a code(s) in the “Coverage rules or limits on use” column of the “Covered drugs by category” chart starting on page 30. The codes and what they mean are shown below and on the next page.

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

**Coverage rules and limits**

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

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

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

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

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

## Other special coverage rules

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

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

**MME - Morphine milligram equivalent**
Additional quantity limits may apply to all opioid drugs used to treat pain. This additional limit is called a cumulative morphine milligram equivalent (MME). It's designed to monitor safe dosing levels of opioids for people who may be taking more than 1 opioid drug for pain management. If your doctor or prescriber prescribes more than this amount or thinks the limit is not right for your situation, you or your doctor or prescriber can ask the plan to cover the additional quantity.

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

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

## What if my drug is not on this list?

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

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

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

## How can I get an exception?

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

### Types of exceptions you can ask for

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

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

### Who can ask for an exception?

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

### How long does it take to get an exception?

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

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

As a new or continuing member in our plan, we may cover a temporary supply of your drug if it's not on our Drug List or if it has rules or limits. For example, you may need a prior authorization from us before you can fill your prescription. During the time when you are getting a temporary supply, you should talk with your doctor or prescriber to decide if there is a similar drug on the Drug List you can take instead. If you and your doctor or prescriber decide this is the only drug that will work for you, you will need to ask for an exception. For more information about exceptions, please review your Evidence of Coverage.

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

| If you... | And you are... | We may cover... |
|---|---|---|
| are a new member in the first 90 days of your membership<br>**OR**<br>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 days supply listed in the chart above. Note: The long-term care pharmacy may provide the drug in smaller amounts at a time to prevent waste.

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

## Can the Drug List change?

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

### Changes that can affect you this year

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

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

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

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

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

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the Drug List when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product or move it to a different cost-sharing tier or both. We may make changes based on new clinical guidelines. If we remove drugs from our Drug List, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Or, when a member requests a refill of the drug, they may receive at least a 30-day supply of the drug and notice of the change.

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

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

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

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

## Drugs with dosages other than a 1-month supply

### Drugs packaged in an extended day supply

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

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

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

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

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

## For more information

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

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

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

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## Covered drugs by category

The list below has information about the drugs covered by this plan. If you have trouble finding your drug, turn to the "Covered drugs by name **(Drug index)**" on pages 12-29.

The first column lists the drug name, which may include the dosage form and strength. **Brand name (B)** drugs are listed in **bold** type (for example, **Humalog**) and generic (G) drugs are listed in plain type (for example, Simvastatin). The **(B)** or (G) identifier is listed in the "Brand or Generic" column. The information in the "Coverage rules or limits on use" column lists any special requirements for coverage of your drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 95-131.

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| **Analgesics** | | | |
| **Nonsteroidal Anti-inflammatory Drugs** | | | |
| Celecoxib (Oral Capsule) | G | 2 | QL |
| Diclofenac Potassium (50MG Oral Tablet) | G | 2 | |
| Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour) | G | 2 | |
| Diclofenac Sodium (1.5% External Solution) | G | 3 | PA |
| Diclofenac Sodium (Oral Tablet Delayed Release) | G | 2 | |
| Diflunisal (Oral Tablet) | G | 3 | |
| Etodolac ER (Oral Tablet Extended Release 24 Hour) | G | 4 | DL |
| Etodolac (Oral Capsule) | G | 3 | |
| Etodolac (Oral Tablet Immediate Release) | G | 3 | |
| Flurbiprofen (100MG Oral Tablet) | G | 2 | |
| Ibu (600MG Oral Tablet, 800MG Oral Tablet) | G | 1 | |
| Ibuprofen (100MG/5ML Oral Suspension) | G | 1 | |
| Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet) | G | 1 | |
| Indomethacin (Oral Capsule Immediate Release) | G | 3 | |
| Meloxicam (Oral Tablet) | G | 1 | |
| Nabumetone (Oral Tablet) | G | 2 | |
| Naproxen DR (Oral Tablet Delayed Release) | G | 2 | |
| Naproxen (Oral Tablet Immediate Release) | G | 1 | |
| Naproxen (375MG Oral Tablet Delayed Release) (Generic EC-Naprosyn) | G | 2 | |
| Piroxicam (Oral Capsule) | G | 3 | |
| Sulindac (Oral Tablet) | G | 2 | |
| **Opioid Analgesics, Long-acting** | | | |
| Buprenorphine (Transdermal Patch Weekly) | G | 4 | 7D; DL; QL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour) | G | 4 | 7D; MME; DL; QL |
| Methadone HCl (Oral Solution) | G | 3 | 7D; MME; DL; QL |
| Methadone HCl (Oral Tablet) | G | 3 | 7D; MME; DL; QL |
| Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin) | G | 3 | 7D; MME; DL; QL |
| Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin) | G | 4 | 7D; MME; DL; QL |
| **Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)** | B | 4 | 7D; MME; DL; QL |
| **Opioid Analgesics, Short-acting** | | | |
| Acetaminophen-Codeine (120-12MG/5ML Oral Solution) | G | 3 | 7D; MME; DL; QL |
| Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet) | G | 3 | 7D; MME; DL; QL |
| Butalbital-Acetaminophen-Caffeine (Oral Tablet) | G | 3 | QL |
| Butalbital-Aspirin-Caffeine (Oral Capsule) | G | 3 | QL |
| Hydrocodone-Acetaminophen (10-300MG/15ML Oral Solution, 7.5-325MG/15ML Oral Solution) | G | 4 | 7D; MME; DL; QL |
| Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet) | G | 3 | 7D; MME; DL; QL |
| Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet) | G | 3 | 7D; MME; DL; QL |
| Hydromorphone HCl (Oral Tablet Immediate Release) | G | 3 | 7D; MME; DL; QL |
| Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution) | G | 4 | 7D; DL |
| Morphine Sulfate (Concentrate) (20MG/ML Oral Solution) | G | 3 | 7D; MME; DL; QL |
| Morphine Sulfate (10MG/5ML Oral Solution, 20MG/5ML Oral Solution) | G | 3 | 7D; MME; DL; QL |
| Morphine Sulfate (Oral Tablet Immediate Release) | G | 3 | 7D; MME; DL; QL |
| Oxycodone HCl (100MG/5ML Oral Concentrate) | G | 4 | 7D; MME; DL; QL |
| Oxycodone HCl (5MG/5ML Oral Solution) | G | 4 | 7D; MME; DL; QL |
| Oxycodone HCl (10MG Oral Tablet Immediate Release, 15MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release) | G | 3 | 7D; MME; DL; QL |
| Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet) | G | 3 | 7D; MME; DL; QL |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Tramadol HCl (50MG Oral Tablet Immediate Release) | G | 2 | 7D; MME; DL; QL |
| **Anesthetics** | | | |
| **Local Anesthetics** | | | |
| Lidocaine (5% External Ointment) | G | 3 | QL |
| Lidocaine (5% External Patch) | G | 4 | PA; DL; QL |
| Lidocaine HCl (4% External Solution) | G | 4 | DL |
| Lidocaine Viscous (2% Mouth/Throat Solution) | G | 1 | |
| Lidocaine-Prilocaine (External Cream) | G | 3 | |
| **Anti-Addiction/Substance Abuse Treatment Agents** | | | |
| **Alcohol Deterrents/Anti-craving** | | | |
| Acamprosate Calcium (Oral Tablet Delayed Release) | G | 4 | DL |
| Disulfiram (Oral Tablet) | G | 3 | |
| Naltrexone HCl (Oral Tablet) | G | 3 | |
| **Vivitrol (Intramuscular Suspension Reconstituted)** | B | 5 | DL |
| **Opioid Dependence** | | | |
| Buprenorphine HCl (Tablet Sublingual) | G | 2 | |
| Buprenorphine HCl-Naloxone HCl (Sublingual Film) | G | 4 | DL |
| Buprenorphine HCl-Naloxone HCl (Tablet Sublingual) | G | 2 | |
| **Suboxone (Sublingual Film)** | B | 4 | DL |
| **Opioid Reversal Agents** | | | |
| **Kloxxado (Nasal Liquid)** | B | 3 | |
| Naloxone HCl (0.4MG/ML Injection Solution) | G | 2 | |
| Naloxone HCl (Injection Solution Cartridge) | G | 2 | |
| Naloxone HCl (Injection Solution Prefilled Syringe) | G | 2 | |
| **Opvee (Nasal Solution)** | B | 4 | DL |
| **Smoking Cessation Agents** | | | |
| Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent) | G | 2 | |
| **Nicotrol NS (Nasal Solution)** | B | 4 | DL |
| Varenicline Tartrate (Starter) (Oral Tablet Therapy Pack) | G | 3 | |
| Varenicline Tartrate (Oral Tablet) | G | 3 | |
| Varenicline Tartrate (Continuing Month Box) (Oral Tablet) | G | 3 | |
| **Antibacterials** | | | |
| **Aminoglycosides** | | | |
| Amikacin Sulfate (500MG/2ML Injection Solution) | G | 4 | DL |
| **Arikayce (Inhalation Suspension)** | B | 5 | PA; DL |
| Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution) | G | 4 | DL |
| Gentamicin Sulfate (40MG/ML Injection Solution) | G | 4 | DL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| **Humatin (Oral Capsule)** | B | 5 | DL |
| Neomycin Sulfate (Oral Tablet) | G | 2 | |
| Streptomycin Sulfate (Intramuscular Solution Reconstituted) | G | 5 | DL |
| Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution) | G | 4 | DL |
| **Antibacterials, Other** | | | |
| Aztreonam (Injection Solution Reconstituted) | G | 4 | DL |
| **Blujepa (Oral Tablet)** | B | 5 | DL |
| Clindamycin HCl (Oral Capsule) | G | 2 | |
| Clindamycin Palmitate HCl (Oral Solution Reconstituted) | G | 4 | DL |
| Clindamycin Phosphate in D5W (Intravenous Solution) | G | 4 | DL |
| Clindamycin Phosphate (Injection Solution) | G | 4 | DL |
| Clindamycin Phosphate (Vaginal Cream) | G | 3 | |
| Colistimethate Sodium (CBA) (Injection Solution Reconstituted) | G | 4 | DL |
| Daptomycin (Intravenous Solution Reconstituted) | G | 4 | DL |
| Fosfomycin Tromethamine (Oral Packet) | G | 4 | DL |
| Linezolid (Intravenous Solution) | G | 4 | DL |
| Linezolid (Oral Suspension Reconstituted) | G | 5 | DL; QL |
| Linezolid (Oral Tablet) | G | 4 | DL; QL |
| Methenamine Hippurate (Oral Tablet) | G | 3 | |
| Metronidazole (0.75% External Cream) | G | 3 | |
| Metronidazole (0.75% External Gel) | G | 3 | |
| Metronidazole (1% External Gel) | G | 4 | DL |
| Metronidazole (0.75% External Lotion) | G | 4 | DL |
| Metronidazole (500MG/100ML Intravenous Solution) | G | 4 | DL |
| Metronidazole (250MG Oral Tablet, 500MG Oral Tablet) | G | 2 | |
| Metronidazole (0.75% Vaginal Gel) | G | 3 | |
| Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrodantin) | G | 3 | |
| Nitrofurantoin Monohydrate (Generic Macrobid) | G | 3 | |
| Polymyxin B Sulfate (Injection Solution Reconstituted) | G | 4 | DL |
| Tigecycline (Intravenous Solution Reconstituted) | G | 4 | DL |
| Tinidazole (Oral Tablet) | G | 4 | DL |
| Trimethoprim (Oral Tablet) | G | 2 | |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted) | G | 4 | DL |
| Vancomycin HCl (Oral Capsule) | G | 4 | DL; QL |
| **Xifaxan (Oral Tablet)** | B | 3 | PA |
| **Beta-lactam, Cephalosporins** | | | |
| Cefaclor (Oral Capsule) | G | 3 | |
| Cefadroxil (Oral Capsule) | G | 2 | |
| Cefadroxil (Oral Suspension Reconstituted) | G | 2 | |
| Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted) | G | 4 | DL |
| Cefdinir (Oral Capsule) | G | 3 | |
| Cefdinir (Oral Suspension Reconstituted) | G | 3 | |
| Cefepime HCl (Injection Solution Reconstituted) | G | 4 | DL |
| Cefepime HCl (2GM Intravenous Solution Reconstituted) | G | 4 | DL |
| Cefixime (Oral Capsule) | G | 3 | |
| Cefixime (Oral Suspension Reconstituted) | G | 4 | DL |
| **Cefixime (Oral Tablet)** | B | 4 | DL |
| Cefotetan Disodium (Injection Solution Reconstituted) | G | 4 | DL |
| Cefoxitin Sodium (Intravenous Solution Reconstituted) | G | 4 | DL |
| Cefpodoxime Proxetil (Oral Tablet) | G | 4 | DL |
| Cefprozil (Oral Suspension Reconstituted) | G | 3 | |
| Cefprozil (Oral Tablet) | G | 3 | |
| Ceftaroline Fosamil (Intravenous Solution Reconstituted) | G | 5 | DL |
| Ceftazidime (Injection Solution Reconstituted) | G | 4 | DL |
| Ceftazidime (Intravenous Solution Reconstituted) | G | 4 | DL |
| Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted) | G | 4 | DL |
| Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted) | G | 4 | DL |
| Cefuroxime Axetil (Oral Tablet) | G | 2 | |
| Cefuroxime Sodium (Injection Solution Reconstituted) | G | 4 | DL |
| Cefuroxime Sodium (Intravenous Solution Reconstituted) | G | 4 | DL |
| Cephalexin (250MG Oral Capsule, 500MG Oral Capsule) | G | 1 | |
| Cephalexin (750MG Oral Capsule) | G | 3 | |
| Cephalexin (Oral Suspension Reconstituted) | G | 2 | |
| Tazicef (Injection Solution Reconstituted) | G | 4 | DL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Tazicef (2GM Intravenous Solution Reconstituted, 6GM Intravenous Solution Reconstituted) | G | 4 | DL |
| **Beta-lactam, Penicillins** | | | |
| Amoxicillin (Oral Capsule) | G | 1 | |
| Amoxicillin (Oral Suspension Reconstituted) | G | 1 | |
| Amoxicillin (Oral Tablet Immediate Release) | G | 1 | |
| Amoxicillin (Oral Tablet Chewable) | G | 1 | |
| Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour) | G | 4 | DL |
| Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted) | G | 2 | |
| Amoxicillin-Potassium Clavulanate (Oral Tablet Immediate Release) | G | 2 | |
| Ampicillin (Oral Capsule) | G | 2 | |
| Ampicillin Sodium (1GM Injection Solution Reconstituted, 2GM Injection Solution Reconstituted) | G | 4 | DL |
| Ampicillin Sodium (10GM Intravenous Solution Reconstituted) | G | 4 | DL |
| Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted) | G | 4 | DL |
| Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted) | G | 4 | DL |
| **Bicillin C-R 900/300 (Intramuscular Suspension)** | B | 4 | DL |
| **Bicillin C-R (Intramuscular Suspension)** | B | 4 | DL |
| **Bicillin L-A (Intramuscular Suspension Prefilled Syringe)** | B | 4 | DL |
| Dicloxacillin Sodium (Oral Capsule) | G | 2 | |
| Nafcillin Sodium (Injection Solution Reconstituted) | G | 4 | DL |
| Nafcillin Sodium (Intravenous Solution Reconstituted) | G | 4 | DL |
| **Oxacillin Sodium in Dextrose (Intravenous Solution)** | B | 4 | DL |
| Oxacillin Sodium (Injection Solution Reconstituted) | G | 4 | DL |
| Oxacillin Sodium (Intravenous Solution Reconstituted) | G | 4 | DL |
| Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted) | G | 4 | DL |
| Penicillin G Sodium (Injection Solution Reconstituted) | G | 4 | DL |
| Penicillin V Potassium (Oral Solution Reconstituted) | G | 2 | |
| Penicillin V Potassium (Oral Tablet) | G | 1 | |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Piperacillin-Tazobactam (2.25 (2-0.25)GM Intravenous Solution Reconstituted, 3.375 (3-0.375)GM Intravenous Solution Reconstituted, 4.5 (4-0.5)GM Intravenous Solution Reconstituted, 40.5 (36-4.5)GM Intravenous Solution Reconstituted) | G | 4 | DL |
| **Carbapenems** | | | |
| Ertapenem Sodium (Injection Solution Reconstituted) | G | 4 | DL |
| Imipenem-Cilastatin (Intravenous Solution Reconstituted) | G | 4 | DL |
| Meropenem (1GM Intravenous Solution Reconstituted) | G | 4 | DL |
| Meropenem (500MG Intravenous Solution Reconstituted) | G | 3 | |
| **Macrolides** | | | |
| Azithromycin (Intravenous Solution Reconstituted) | G | 4 | DL |
| Azithromycin (Oral Suspension Reconstituted) | G | 1 | |
| Azithromycin (Oral Tablet) | G | 1 | |
| Clarithromycin ER (Oral Tablet Extended Release 24 Hour) | G | 4 | DL |
| Clarithromycin (Oral Suspension Reconstituted) | G | 4 | DL |
| Clarithromycin (Oral Tablet Immediate Release) | G | 3 | |
| Erythromycin Base (Oral Capsule Delayed Release Particles) | G | 4 | DL |
| Erythromycin Base (Oral Tablet Immediate Release) | G | 4 | DL |
| Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted) | G | 4 | DL |
| Erythromycin (Oral Tablet Delayed Release) | G | 4 | DL |
| Fidaxomicin (Oral Tablet) | G | 5 | DL |
| **Quinolones** | | | |
| Ciprofloxacin HCl (Oral Tablet Immediate Release) | G | 1 | |
| Ciprofloxacin in D5W (200MG/100ML Intravenous Solution) | G | 4 | DL |
| Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution) | G | 4 | DL |
| Levofloxacin (Oral Solution) | G | 4 | DL |
| Levofloxacin (Oral Tablet) | G | 1 | |
| Moxifloxacin HCl in NaCl (Intravenous Solution) | G | 4 | DL |
| Moxifloxacin HCl (Oral Tablet) | G | 3 | |
| Ofloxacin (Oral Tablet) | G | 3 | |
| **Sulfonamides** | | | |
| Sulfadiazine (Oral Tablet) | G | 5 | DL |
| Sulfamethoxazole-Trimethoprim (200-40MG/5ML Oral Suspension) | G | 3 | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Sulfamethoxazole-Trimethoprim (Oral Tablet) | G | 1 | |
| **Tetracyclines** | | | |
| Demeclocycline HCl (Oral Tablet) | G | 4 | DL |
| Doxy 100 (Intravenous Solution Reconstituted) | G | 4 | DL |
| Doxycycline Hyclate (Intravenous Solution Reconstituted) | G | 4 | DL |
| Doxycycline Hyclate (100MG Oral Capsule, 50MG Oral Capsule) | G | 3 | |
| Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release) | G | 3 | |
| Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule) | G | 3 | |
| Doxycycline Monohydrate (Oral Suspension Reconstituted) | G | 4 | DL |
| Doxycycline Monohydrate (100MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet) | G | 3 | |
| Minocycline HCl (Oral Capsule) | G | 2 | |
| Minocycline HCl (Oral Tablet Immediate Release) | G | 4 | DL |
| **Nuzyra (Intravenous Solution Reconstituted)** | B | 5 | PA; DL |
| **Nuzyra (Oral Tablet)** | B | 5 | PA; DL; QL |
| Tetracycline HCl (Oral Capsule) | G | 4 | DL |
| **Anticonvulsants** | | | |
| **Anticonvulsants, Other** | | | |
| Brivaracetam (Oral Solution) | G | 5 | PA; DL; QL |
| Brivaracetam (Oral Tablet) | G | 5 | PA; DL; QL |
| **Epidiolex (Oral Solution)** | B | 5 | PA; DL |
| Felbamate (Oral Suspension) | G | 4 | DL |
| Felbamate (Oral Tablet) | G | 4 | DL |
| **Fintepla (Oral Solution)** | B | 5 | PA; DL; QL |
| Lamotrigine (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release) | G | 2 | |
| Lamotrigine (25MG Oral Tablet Chewable, 5MG Oral Tablet Chewable) | G | 3 | |
| Levetiracetam ER (Oral Tablet Extended Release 24 Hour) | G | 3 | |
| Levetiracetam (100MG/ML Oral Solution) | G | 2 | |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Levetiracetam (1000MG Oral Tablet Immediate Release, 250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release) | G | 2 | |
| **Levetiracetam ODT (250MG Oral Tablet Disintegrating Soluble, 500MG Oral Tablet Disintegrating Soluble)** | B | 4 | DL; QL |
| Perampanel (Oral Suspension) | G | 5 | DL; QL |
| Perampanel (Oral Tablet) | G | 4 | DL; QL |
| Roweepra (Oral Tablet Immediate Release) | G | 2 | |
| **Spritam ODT (250MG Oral Tablet Disintegrating Soluble, 500MG Oral Tablet Disintegrating Soluble)** | B | 4 | DL; QL |
| **Subvenite (Oral Suspension)** | B | 4 | DL |
| Subvenite (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet) | G | 2 | |
| Topiramate (Oral Capsule Sprinkle Immediate Release) | G | 1 | |
| Topiramate (25MG/ML Oral Solution) | G | 4 | ST; DL |
| Topiramate (Oral Tablet) | G | 1 | |
| Valproic Acid (Oral Capsule) | G | 2 | |
| Valproic Acid (250MG/5ML Oral Solution) | G | 2 | |
| **Calcium Channel Modifying Agents** | | | |
| Ethosuximide (Oral Capsule) | G | 3 | |
| Ethosuximide (Oral Solution) | G | 3 | |
| Methsuximide (Oral Capsule) | G | 4 | DL |
| **Gamma-aminobutyric Acid (GABA) Modulating Agents** | | | |
| Clobazam (2.5MG/ML Oral Suspension) | G | 4 | PA; DL; QL |
| Clobazam (Oral Tablet) | G | 4 | PA; DL; QL |
| **Diacomit (Oral Capsule)** | B | 5 | PA; DL; QL |
| **Diacomit (Oral Packet)** | B | 5 | PA; DL; QL |
| Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel) | G | 4 | DL; QL |
| Gabapentin (100MG Oral Capsule, 300MG Oral Capsule, 400MG Oral Capsule) | G | 2 | |
| Gabapentin (250MG/5ML Oral Solution) | G | 3 | |
| Gabapentin (600MG Oral Tablet, 800MG Oral Tablet) | G | 2 | |
| **Nayzilam (Nasal Solution)** | B | 4 | PA; DL; QL |
| Phenobarbital (20MG/5ML Oral Elixir) | G | 2 | |
| Phenobarbital (Oral Tablet) | G | 2 | |
| Primidone (Oral Tablet) | G | 2 | |
| **Sympazan (10MG Oral Film, 20MG Oral Film)** | B | 5 | PA; DL; QL |
| **Sympazan (5MG Oral Film)** | B | 4 | PA; DL; QL |
| Tiagabine HCl (Oral Tablet) | G | 4 | DL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| **Valtoco 10MG Dose (Nasal Liquid)** | B | 5 | PA; DL; QL |
| **Valtoco 15MG Dose (Nasal Liquid Therapy Pack)** | B | 5 | PA; DL; QL |
| **Valtoco 20MG Dose (Nasal Liquid Therapy Pack)** | B | 5 | PA; DL; QL |
| **Valtoco 5MG Dose (Nasal Liquid)** | B | 5 | PA; DL; QL |
| Vigabatrin (Oral Packet) | G | 5 | PA; DL; QL |
| Vigabatrin (Oral Tablet) | G | 5 | PA; DL; QL |
| **Vigafyde (Oral Solution)** | B | 5 | PA; DL |
| **Ztalmy (Oral Suspension)** | B | 5 | PA; DL |
| **Sodium Channel Agents** | | | |
| Carbamazepine ER (Oral Capsule Extended Release 12 Hour) | G | 3 | |
| Carbamazepine ER (Oral Tablet Extended Release 12 Hour) | G | 3 | |
| Carbamazepine (100MG/5ML Oral Suspension) | G | 3 | |
| Carbamazepine (Oral Tablet Immediate Release) | G | 3 | |
| Carbamazepine (Oral Tablet Chewable) | G | 3 | |
| **Dilantin (30MG Oral Capsule)** | B | 3 | |
| Eslicarbazepine Acetate (Oral Tablet) | G | 4 | DL; QL |
| Lacosamide (10MG/ML Oral Solution) | G | 4 | DL; QL |
| Lacosamide (Oral Tablet) | G | 4 | DL; QL |
| Oxcarbazepine (Oral Suspension) | G | 4 | DL |
| Oxcarbazepine (Oral Tablet Immediate Release) | G | 3 | |
| Phenytek (Oral Capsule) | G | 2 | |
| Phenytoin (125MG/5ML Oral Suspension) | G | 2 | |
| Phenytoin (Oral Tablet Chewable) | G | 2 | |
| Phenytoin Sodium Extended (100MG Oral Capsule) | G | 2 | |
| Rufinamide (40MG/ML Oral Suspension) | G | 4 | PA; DL |
| Rufinamide (Oral Tablet) | G | 4 | PA; DL |
| **Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)** | B | 5 | DL; QL |
| **Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack)** | B | 5 | DL; QL |
| **Xcopri (Oral Tablet)** | B | 5 | DL; QL |
| **Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack)** | B | 4 | DL; QL |
| **Xcopri (14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack)** | B | 5 | DL; QL |
| **Zonisade (Oral Suspension)** | B | 4 | ST; DL |
| Zonisamide (Oral Capsule) | G | 2 | |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| **Antidementia Agents** | | | |
| **Antidementia Agents, Other** | | | |
| **Leqembi IQLIK (360MG/1.8ML Subcutaneous Solution Auto-Injector)** | B | 5 | PA; DL; QL |
| Memantine HCl-Donepezil HCl ER (Oral Capsule Extended Release 24 Hour) | G | 3 | PA; QL |
| **Cholinesterase Inhibitors** | | | |
| Donepezil HCl (10MG Oral Tablet, 5MG Oral Tablet) | G | 1 | QL |
| Donepezil HCl (23MG Oral Tablet) | G | 3 | QL |
| Donepezil HCl ODT (Oral Tablet Dispersible) | G | 2 | QL |
| Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour) | G | 4 | DL; QL |
| Galantamine Hydrobromide (Oral Solution) | G | 4 | DL; QL |
| Galantamine Hydrobromide (Oral Tablet) | G | 4 | DL; QL |
| Rivastigmine Tartrate (Oral Capsule) | G | 3 | QL |
| Rivastigmine (Transdermal Patch 24 Hour) | G | 4 | ST; DL; QL |
| **N-methyl-D-aspartate (NMDA) Receptor Antagonist** | | | |
| Memantine HCl ER (Oral Capsule Extended Release 24 Hour) | G | 3 | PA; QL |
| Memantine HCl (2MG/ML Oral Solution) | G | 4 | PA; DL; QL |
| Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet) | G | 2 | PA; QL |
| **Antidepressants** | | | |
| **Antidepressants, Other** | | | |
| **Auvelity (Oral Tablet Extended Release)** | B | 5 | DL |
| Bupropion HCl SR (Oral Tablet Extended Release 12 Hour) | G | 2 | |
| Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour) | G | 2 | |
| Bupropion HCl (Oral Tablet Immediate Release) | G | 2 | |
| Mirtazapine (Oral Tablet) | G | 1 | |
| Mirtazapine ODT (Oral Tablet Dispersible) | G | 2 | |
| **Zurzuvae (Oral Capsule)** | B | 5 | PA; DL; QL |
| **Monoamine Oxidase Inhibitors** | | | |
| **Emsam (Transdermal Patch 24 Hour)** | B | 5 | PA; DL; QL |
| **Marplan (Oral Tablet)** | B | 4 | DL |
| Phenelzine Sulfate (Oral Tablet) | G | 3 | |
| Tranylcypromine Sulfate (Oral Tablet) | G | 4 | DL |
| **SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)** | | | |
| Citalopram Hydrobromide (10MG/5ML Oral Solution) | G | 3 | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Citalopram Hydrobromide (Oral Tablet) | G | 1 | |
| Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq) | G | 3 | QL |
| Escitalopram Oxalate (Oral Solution) | G | 2 | |
| Escitalopram Oxalate (Oral Tablet) | G | 1 | |
| **Exxua (Oral Tablet Extended Release 24 Hour)** | B | 5 | DL; QL |
| **Exxua Titration Pack (Oral Tablet Extended Release 24 Hour)** | B | 5 | DL |
| **Fetzima (Oral Capsule Extended Release 24 Hour)** | B | 4 | ST; DL; QL |
| **Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)** | B | 4 | ST; DL; QL |
| Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release) | G | 1 | |
| Fluoxetine HCl (20MG/5ML Oral Solution) | G | 2 | |
| Fluoxetine HCl (10MG Oral Tablet, 20MG Oral Tablet, 60MG Oral Tablet) | G | 3 | |
| Fluvoxamine Maleate (Oral Tablet) | G | 3 | |
| Nefazodone HCl (Oral Tablet) | G | 4 | DL |
| Paroxetine HCl (10MG/5ML Oral Suspension) | G | 4 | PA; DL |
| Paroxetine HCl (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 40MG Oral Tablet Immediate Release) | G | 2 | PA |
| **Raldesy (Oral Solution)** | B | 4 | DL |
| Sertraline HCl (Oral Concentrate) | G | 4 | DL |
| Sertraline HCl (Oral Tablet) | G | 1 | |
| Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet) | G | 1 | |
| Trazodone HCl (300MG Oral Tablet) | G | 3 | |
| **Trintellix (Oral Tablet)** | B | 3 | QL |
| Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour) | G | 2 | |
| Venlafaxine HCl (Oral Tablet Immediate Release) | G | 3 | |
| Vilazodone HCl (Oral Tablet) | G | 4 | PA; DL; QL |
| **Tricyclics** | | | |
| Amitriptyline HCl (Oral Tablet) | G | 3 | PA |
| Amoxapine (Oral Tablet) | G | 3 | PA |
| Clomipramine HCl (Oral Capsule) | G | 4 | PA; DL |
| Desipramine HCl (Oral Tablet) | G | 4 | PA; DL |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Doxepin HCl (Oral Capsule) | G | 4 | PA; DL |
| Doxepin HCl (Oral Concentrate) | G | 4 | PA; DL |
| Imipramine HCl (Oral Tablet) | G | 4 | PA; DL |
| Nortriptyline HCl (Oral Capsule) | G | 4 | PA; DL |
| Nortriptyline HCl (Oral Solution) | G | 4 | PA; DL |
| Protriptyline HCl (Oral Tablet) | G | 4 | DL |
| Trimipramine Maleate (Oral Capsule) | G | 4 | DL |
| **Antiemetics** | | | |
| **Antiemetics, Other** | | | |
| Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet) | G | 3 | PA |
| Metoclopramide HCl (5MG/5ML Oral Solution) | G | 3 | |
| Metoclopramide HCl (Oral Tablet) | G | 1 | |
| Perphenazine (Oral Tablet) | G | 4 | PA; DL |
| Prochlorperazine Maleate (Oral Tablet) | G | 2 | PA |
| Prochlorperazine (Rectal Suppository) | G | 4 | PA; DL |
| Promethazine HCl (Oral Tablet) | G | 3 | PA |
| Scopolamine (Transdermal Patch 72 Hour) | G | 4 | PA; DL |
| **Emetogenic Therapy Adjuncts** | | | |
| Aprepitant (Oral Capsule) | G | 4 | PA; DL; QL |
| Aprepitant (Oral Capsule Therapy Pack) | G | 4 | PA; DL; QL |
| Dronabinol (Oral Capsule) | G | 4 | PA; DL |
| Granisetron HCl (Oral Tablet) | G | 4 | B/D,PA; DL; QL |
| Ondansetron HCl (4MG/5ML Oral Solution) | G | 4 | B/D,PA; DL; QL |
| Ondansetron HCl (4MG Oral Tablet, 8MG Oral Tablet) | G | 2 | B/D,PA; QL |
| Ondansetron ODT (4MG Oral Tablet Dispersible, 8MG Oral Tablet Dispersible) | G | 2 | B/D,PA; QL |
| **Sancuso (Transdermal Patch)** | B | 5 | DL; QL |
| **Antifungals** | | | |
| **Antifungals** | | | |
| Amphotericin B (Intravenous Solution Reconstituted) | G | 4 | B/D,PA; DL |
| Amphotericin B Liposome (Intravenous Suspension Reconstituted) | G | 5 | B/D,PA; DL |
| Clotrimazole (Mouth/Throat Troche) | G | 2 | |
| **Cresemba (Oral Capsule)** | B | 5 | PA; DL |
| Fluconazole in Sodium Chloride (200-0.9MG/100ML-% Intravenous Solution, 400-0.9MG/200ML-% Intravenous Solution) | G | 4 | DL |
| Fluconazole (Oral Suspension Reconstituted) | G | 2 | |
| Fluconazole (Oral Tablet) | G | 1 | |
| Flucytosine (Oral Capsule) | G | 5 | PA; DL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Griseofulvin Microsize (Oral Suspension) | G | 4 | DL |
| Griseofulvin Microsize (Oral Tablet) | G | 4 | DL |
| Griseofulvin Ultramicrosize (125MG Oral Tablet, 250MG Oral Tablet) | G | 4 | DL |
| Itraconazole (Oral Capsule) | G | 4 | PA; DL; QL |
| Ketoconazole (Oral Tablet) | G | 2 | |
| Micafungin Sodium (Intravenous Solution Reconstituted) | G | 4 | DL |
| Miconazole 3 (Vaginal Suppository) | G | 3 | |
| Nystatin (100000UNIT/ML Mouth/Throat Suspension) | G | 2 | |
| Nystatin (Oral Tablet) | G | 2 | |
| Posaconazole (Oral Suspension) | G | 4 | DL; QL |
| Posaconazole (Oral Tablet Delayed Release) | G | 4 | PA; DL; QL |
| Terbinafine HCl (Oral Tablet) | G | 2 | QL |
| Terconazole (Vaginal Cream) | G | 3 | |
| Terconazole (Vaginal Suppository) | G | 3 | |
| Voriconazole (Intravenous Solution Reconstituted) | G | 4 | PA; DL |
| Voriconazole (Oral Suspension Reconstituted) | G | 5 | DL; QL |
| Voriconazole (Oral Tablet) | G | 4 | DL; QL |
| **Antigout Agents** | | | |
| **Antigout Agents** | | | |
| Allopurinol (100MG Oral Tablet, 300MG Oral Tablet) | G | 1 | |
| Colchicine (0.6MG Oral Tablet) (Generic Colcrys) | G | 3 | QL |
| Colchicine-Probenecid (Oral Tablet) | G | 3 | |
| Febuxostat (Oral Tablet) | G | 3 | ST |
| Probenecid (Oral Tablet) | G | 3 | |
| **Antimigraine Agents** | | | |
| **Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists** | | | |
| **Aimovig (Subcutaneous Solution Auto-Injector)** | B | 3 | PA; QL |
| **Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)** | B | 4 | PA; DL; QL |
| **Emgality (Subcutaneous Solution Auto-Injector)** | B | 3 | PA; QL |
| **Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)** | B | 3 | PA; QL |
| **Nurtec ODT (Oral Tablet Dispersible)** | B | 5 | PA; DL; QL |
| **Ergot Alkaloids** | | | |
| Dihydroergotamine Mesylate (Nasal Solution) | G | 4 | DL; QL |
| Ergotamine-Caffeine (Oral Tablet) | G | 3 | PA |
| **Serotonin (5-HT) Receptor Agonist** | | | |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Naratriptan HCl (Oral Tablet) | G | 3 | QL |
| Rizatriptan Benzoate (Oral Tablet) | G | 3 | QL |
| Rizatriptan Benzoate ODT (Oral Tablet Dispersible) | G | 3 | QL |
| Sumatriptan (Nasal Solution) | G | 4 | DL; QL |
| Sumatriptan Succinate (Oral Tablet) | G | 2 | QL |
| Sumatriptan Succinate (Subcutaneous Solution) | G | 4 | DL; QL |
| Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) | G | 4 | DL; QL |
| **Antimyasthenic Agents** | | | |
| **Parasympathomimetics** | | | |
| Pyridostigmine Bromide ER (Oral Tablet Extended Release) | G | 4 | DL |
| Pyridostigmine Bromide (60MG Oral Tablet Immediate Release) | G | 3 | |
| **Vyvgart Hytrulo (Subcutaneous Solution Prefilled Syringe)** | B | 5 | PA; DL; QL |
| **Antimycobacterials** | | | |
| **Antimycobacterials, Other** | | | |
| Dapsone (Oral Tablet) | G | 3 | |
| Rifabutin (Oral Capsule) | G | 4 | DL |
| **Antituberculars** | | | |
| Cycloserine (Oral Capsule) | G | 4 | DL |
| Ethambutol HCl (Oral Tablet) | G | 3 | |
| Isoniazid (Oral Syrup) | G | 4 | DL |
| Isoniazid (Oral Tablet) | G | 1 | |
| **Priftin (Oral Tablet)** | B | 4 | DL |
| Pyrazinamide (Oral Tablet) | G | 4 | DL |
| Rifampin (Intravenous Solution Reconstituted) | G | 4 | DL |
| Rifampin (Oral Capsule) | G | 3 | |
| **Sirturo (Oral Tablet)** | B | 5 | PA; DL |
| **Antineoplastics** | | | |
| **Alkylating Agents** | | | |
| Cyclophosphamide (25MG Oral Capsule, 50MG Oral Capsule) | G | 3 | B/D,PA |
| **Cyclophosphamide (50MG Oral Tablet)** | B | 3 | B/D,PA |
| **Leukeran (Oral Tablet)** | B | 5 | DL |
| Lomustine (100MG Oral Capsule) | G | 5 | DL |
| Lomustine (10MG Oral Capsule, 40MG Oral Capsule) | G | 4 | DL |
| **Matulane (Oral Capsule)** | B | 5 | DL |
| **Valchlor (External Gel)** | B | 5 | PA; DL; QL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| **Antiandrogens** | | | |
| Abiraterone Acetate (250MG Oral Tablet) | G | 4 | DL; QL |
| Abiraterone Acetate (500MG Oral Tablet) | G | 5 | DL; QL |
| Abirtega (Oral Tablet) | G | 4 | DL; QL |
| Bicalutamide (Oral Tablet) | G | 2 | |
| **Erleada (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Eulexin (Oral Capsule)** | B | 4 | DL |
| Nilutamide (Oral Tablet) | G | 5 | DL |
| **Nubeqa (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Xtandi (Oral Capsule)** | B | 5 | PA; DL; QL |
| **Xtandi (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Antiangiogenic Agents** | | | |
| Lenalidomide (Oral Capsule) | G | 5 | PA; DL; QL |
| **Pomalyst (Oral Capsule)** | B | 5 | PA; DL; QL |
| **Thalomid (Oral Capsule)** | B | 5 | PA; DL; QL |
| **Antiestrogens/Modifiers** | | | |
| **Inluriyo (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Orserdu (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Soltamox (Oral Solution)** | B | 5 | DL |
| Tamoxifen Citrate (Oral Tablet) | G | 2 | |
| Toremifene Citrate (Oral Tablet) | G | 4 | DL |
| **Antimetabolites** | | | |
| Hydroxyurea (Oral Capsule) | G | 2 | |
| Mercaptopurine (Oral Suspension) | G | 5 | PA; DL |
| Mercaptopurine (Oral Tablet) | G | 3 | |
| **Onureg (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Tabloid (Oral Tablet)** | B | 5 | PA; DL |
| **Antineoplastics, Other** | | | |
| **Akeega (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Inqovi (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Iwilfin (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Komzifti (Oral Capsule)** | B | 5 | PA; DL; QL |
| **Lazcluze (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Lonsurf (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Lysodren (Oral Tablet)** | B | 5 | DL |
| **Modeyso (Oral Capsule)** | B | 5 | PA; DL; QL |
| **Ogsiveo (100MG Oral Tablet, 150MG Oral Tablet)** | B | 5 | PA; DL; QL |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| **Orgovyx (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Revuforj (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Vonjo (Oral Capsule)** | B | 5 | PA; DL; QL |
| **Zolinza (Oral Capsule)** | B | 5 | PA; DL |
| **Aromatase Inhibitors, 3rd Generation** | | | |
| Anastrozole (Oral Tablet) | G | 1 | |
| Exemestane (Oral Tablet) | G | 4 | DL |
| Letrozole (Oral Tablet) | G | 2 | |
| **Enzyme Inhibitors** | | | |
| **Avmapki Fakzynja Co-Pack (Oral Therapy Pack)** | B | 5 | PA; DL; QL |
| **Molecular Target Inhibitors** | | | |
| **Alecensa (Oral Capsule)** | B | 5 | PA; DL; QL |
| **Alunbrig (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Alunbrig (Oral Tablet Therapy Pack)** | B | 5 | PA; DL; QL |
| **Augtyro (Oral Capsule)** | B | 5 | PA; DL; QL |
| **Ayvakit (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Balversa (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Bosulif (Oral Capsule)** | B | 5 | PA; DL; QL |
| **Bosulif (100MG Oral Tablet, 500MG Oral Tablet)** | B | 5 | PA; DL; QL |
| Bosutinib (400MG Oral Tablet) | G | 5 | PA; DL; QL |
| **Braftovi (Oral Capsule)** | B | 5 | PA; DL |
| **Brukinsa (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Cabometyx (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Calquence (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Caprelsa (Oral Tablet)** | B | 5 | PA; DL |
| **Cometriq (100MG Daily Dose) (Oral Kit)** | B | 5 | PA; DL; QL |
| **Cometriq (140MG Daily Dose) (Oral Kit)** | B | 5 | PA; DL; QL |
| **Cometriq (60MG Daily Dose) (Oral Kit)** | B | 5 | PA; DL; QL |
| **Copiktra (Oral Capsule)** | B | 5 | PA; DL; QL |
| **Cotellic (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Danziten (Oral Tablet)** | B | 5 | PA; DL; QL |
| Dasatinib (Oral Tablet) | G | 5 | PA; DL; QL |
| **Daurismo (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Ensacove (Oral Capsule)** | B | 5 | PA; DL; QL |
| **Erivedge (Oral Capsule)** | B | 5 | PA; DL |
| Erlotinib HCl (Oral Tablet) | G | 4 | PA; DL; QL |
| Everolimus (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet) | G | 5 | PA; DL |
| Everolimus (Oral Tablet Soluble) | G | 5 | PA; DL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| **Fotivda (Oral Capsule)** | B | 5 | PA; DL; QL |
| **Fruzaqla (Oral Capsule)** | B | 5 | PA; DL; QL |
| **Gavreto (Oral Capsule)** | B | 5 | PA; DL; QL |
| Gefitinib (Oral Tablet) | G | 5 | PA; DL; QL |
| **Gilotrif (Oral Tablet)** | B | 5 | PA; DL |
| **Gomekli (Oral Capsule)** | B | 5 | PA; DL; QL |
| **Gomekli (Oral Tablet Soluble)** | B | 5 | PA; DL; QL |
| **Hernexeos (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Hyrnuo (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Ibrance (125MG Oral Capsule)** | B | 5 | PA; DL; QL |
| **Ibrance (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Ibtrozi (Oral Capsule)** | B | 5 | PA; DL; QL |
| **Iclusig (Oral Tablet)** | B | 5 | PA; DL; QL |
| **IDHIFA (Oral Tablet)** | B | 5 | PA; DL; QL |
| Imatinib Mesylate (Oral Tablet) | G | 3 | QL |
| **Imbruvica (Oral Capsule)** | B | 5 | PA; DL; QL |
| **Imbruvica (Oral Suspension)** | B | 5 | PA; DL; QL |
| **Imbruvica (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Imkeldi (Oral Solution)** | B | 5 | PA; DL; QL |
| **Inlyta (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Inrebic (Oral Capsule)** | B | 5 | PA; DL; QL |
| **Itovebi (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Jakafi (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Jakafi XR (Oral Tablet Extended Release 24 Hour)** | B | 5 | PA; DL; QL |
| **Jaypirca (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Kisqali (200MG Dose) (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Kisqali (400MG Dose) (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Kisqali (600MG Dose) (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Koselugo (Oral Capsule)** | B | 5 | PA; DL; QL |
| **Koselugo (Oral Capsule Sprinkle)** | B | 5 | PA; DL; QL |
| **Krazati (Oral Tablet)** | B | 5 | PA; DL; QL |
| Lapatinib Ditosylate (Oral Tablet) | G | 5 | PA; DL |
| **Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)** | B | 5 | PA; DL |
| **Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)** | B | 5 | PA; DL |
| **Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)** | B | 5 | PA; DL |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| **Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)** | B | 5 | PA; DL |
| **Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)** | B | 5 | PA; DL |
| **Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)** | B | 5 | PA; DL |
| **Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)** | B | 5 | PA; DL |
| **Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)** | B | 5 | PA; DL |
| **Lifyorli (125MG Dose) (Oral Capsule Therapy Pack)** | B | 5 | PA; DL; QL |
| **Lifyorli (150MG Dose) (Oral Capsule Therapy Pack)** | B | 5 | PA; DL; QL |
| **Lorbrena (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Lumakras (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Lynparza (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Lytgobi (12MG Daily Dose) (Oral Tablet Therapy Pack)** | B | 5 | PA; DL; QL |
| **Lytgobi (16MG Daily Dose) (Oral Tablet Therapy Pack)** | B | 5 | PA; DL; QL |
| **Lytgobi (20MG Daily Dose) (Oral Tablet Therapy Pack)** | B | 5 | PA; DL; QL |
| **Mekinist (Oral Solution Reconstituted)** | B | 5 | PA; DL |
| **Mekinist (Oral Tablet)** | B | 5 | PA; DL |
| **Mektovi (Oral Tablet)** | B | 5 | PA; DL |
| **Nerlynx (Oral Tablet)** | B | 5 | PA; DL; QL |
| Nilotinib HCl (Oral Capsule) (Generic Tasigna) | G | 5 | PA; DL; QL |
| **Ninlaro (Oral Capsule)** | B | 5 | PA; DL; QL |
| **Odomzo (Oral Capsule)** | B | 5 | PA; DL |
| **Ojemda (Oral Suspension Reconstituted)** | B | 5 | PA; DL; QL |
| **Ojemda (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Ojjaara (Oral Tablet)** | B | 5 | PA; DL; QL |
| Pazopanib HCl (200MG Oral Tablet) | G | 5 | PA; DL; QL |
| **Pemazyre (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)** | B | 5 | PA; DL; QL |
| **Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)** | B | 5 | PA; DL; QL |
| **Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)** | B | 5 | PA; DL; QL |
| **Qinlock (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Retevmo (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Rezlidhia (Oral Capsule)** | B | 5 | PA; DL; QL |
| **Romvimza (Oral Capsule)** | B | 5 | PA; DL; QL |
| **Rozlytrek (Oral Capsule)** | B | 5 | PA; DL; QL |
| **Rozlytrek (Oral Packet)** | B | 5 | PA; DL; QL |
| **Rubraca (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Rydapt (Oral Capsule)** | B | 5 | PA; DL; QL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| **Scemblix (Oral Tablet)** | B | 5 | PA; DL; QL |
| Sorafenib Tosylate (Oral Tablet) | G | 5 | PA; DL |
| **Stivarga (Oral Tablet)** | B | 5 | PA; DL; QL |
| Sunitinib Malate (Oral Capsule) | G | 5 | PA; DL; QL |
| **Tabrecta (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Tafinlar (Oral Capsule)** | B | 5 | PA; DL |
| **Tafinlar (Oral Tablet Soluble)** | B | 5 | PA; DL |
| **Tagrisso (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Talzenna (Oral Capsule)** | B | 5 | PA; DL; QL |
| **Tepmetko (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Tibsovo (Oral Tablet)** | B | 5 | PA; DL; QL |
| Torpenz (Oral Tablet) | G | 5 | PA; DL |
| **Truqap (200MG Oral Tablet)** | B | 5 | PA; DL; QL |
| **Truqap (160MG Oral Tablet Therapy Pack)** | B | 5 | PA; DL; QL |
| **Tukysa (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Turalio (Oral Capsule)** | B | 5 | PA; DL; QL |
| **Vanflyta (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Venclexta (100MG Oral Tablet, 50MG Oral Tablet)** | B | 5 | PA; DL; QL |
| **Venclexta (10MG Oral Tablet)** | B | 4 | PA; DL; QL |
| **Venclexta Starting Pack (Oral Tablet Therapy Pack)** | B | 5 | PA; DL; QL |
| **Verzenio (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Vitrakvi (Oral Capsule)** | B | 5 | PA; DL; QL |
| **Vitrakvi (Oral Solution)** | B | 5 | PA; DL; QL |
| **Voranigo (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Xalkori (Oral Capsule)** | B | 5 | PA; DL |
| **Xalkori (Oral Capsule Sprinkle)** | B | 5 | PA; DL |
| **Xospata (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)** | B | 5 | PA; DL; QL |
| **Xpovio (40MG Once Weekly) (40MG Oral Tablet Therapy Pack)** | B | 5 | PA; DL; QL |
| **Xpovio (40MG Twice Weekly) (40MG Oral Tablet Therapy Pack)** | B | 5 | PA; DL; QL |
| **Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)** | B | 5 | PA; DL; QL |
| **Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)** | B | 5 | PA; DL; QL |
| **Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)** | B | 5 | PA; DL; QL |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| **Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)** | B | 5 | PA; DL; QL |
| **Zejula (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Zelboraf (Oral Tablet)** | B | 5 | PA; DL |
| **Zykadia (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Retinoids** | | | |
| Bexarotene (External Gel) | G | 5 | PA; DL; QL |
| Bexarotene (Oral Capsule) | G | 5 | PA; DL |
| **Panretin (External Gel)** | B | 5 | PA; DL |
| Tretinoin (Oral Capsule) | G | 5 | DL |
| **Treatment Adjuncts** | | | |
| Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet, 5MG Oral Tablet) | G | 3 | |
| Leucovorin Calcium (25MG Oral Tablet) | G | 4 | DL |
| Mesna (Oral Tablet) | G | 4 | DL |
| **Antiparasitics** | | | |
| **Anthelmintics** | | | |
| Albendazole (Oral Tablet) | G | 4 | DL; QL |
| Ivermectin (3MG Oral Tablet) | G | 3 | PA |
| Praziquantel (Oral Tablet) | G | 4 | DL |
| **Antiprotozoals** | | | |
| Atovaquone (Oral Suspension) | G | 4 | PA; DL; QL |
| Atovaquone-Proguanil HCl (Oral Tablet) | G | 3 | |
| Chloroquine Phosphate (Oral Tablet) | G | 4 | DL; QL |
| **Coartem (Oral Tablet)** | B | 4 | DL |
| Hydroxychloroquine Sulfate (200MG Oral Tablet) | G | 2 | QL |
| Mefloquine HCl (Oral Tablet) | G | 2 | |
| Nitazoxanide (Oral Tablet) | G | 5 | DL; QL |
| Pentamidine Isethionate (Inhalation Solution Reconstituted) | G | 4 | B/D,PA; DL; QL |
| Pentamidine Isethionate (Injection Solution Reconstituted) | G | 4 | DL |
| Primaquine Phosphate (Oral Tablet) | G | 4 | DL |
| Pyrimethamine (Oral Tablet) | G | 5 | PA; DL |
| Quinine Sulfate (Oral Capsule) | G | 4 | PA; DL |
| **Antiparkinson Agents** | | | |
| **Anticholinergics** | | | |
| Benztropine Mesylate (Oral Tablet) | G | 2 | PA |
| Trihexyphenidyl HCl (Oral Tablet) | G | 2 | PA |
| **Antiparkinson Agents, Other** | | | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Amantadine HCl (Oral Capsule) | G | 3 | |
| Amantadine HCl (50MG/5ML Oral Solution) | G | 2 | |
| Amantadine HCl (Oral Tablet) | G | 3 | |
| Carbidopa-Levodopa-Entacapone (Oral Tablet) | G | 4 | DL |
| Entacapone (Oral Tablet) | G | 4 | DL |
| **Dopamine Agonists** | | | |
| **Neupro (Transdermal Patch 24 Hour)** | B | 4 | DL |
| Pramipexole Dihydrochloride (Oral Tablet Immediate Release) | G | 2 | |
| Ropinirole HCl (Oral Tablet Immediate Release) | G | 2 | |
| **Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors** | | | |
| Carbidopa (Oral Tablet) | G | 4 | DL |
| Carbidopa-Levodopa ER (Oral Tablet Extended Release) | G | 1 | |
| Carbidopa-Levodopa (Oral Tablet Immediate Release) | G | 1 | |
| Carbidopa-Levodopa ODT (Oral Tablet Dispersible) | G | 2 | |
| **Inbrija (Inhalation Capsule)** | B | 5 | PA; DL |
| **Monoamine Oxidase B (MAO-B) Inhibitors** | | | |
| Rasagiline Mesylate (Oral Tablet) | G | 4 | DL |
| Selegiline HCl (Oral Capsule) | G | 3 | |
| Selegiline HCl (Oral Tablet) | G | 3 | |
| **Antipsychotics** | | | |
| **1st Generation/Typical** | | | |
| Chlorpromazine HCl (Oral Concentrate) | G | 4 | PA; DL |
| Chlorpromazine HCl (Oral Tablet) | G | 4 | PA; DL |
| Fluphenazine Decanoate (Injection Solution) | G | 4 | DL |
| Fluphenazine HCl (2.5MG/ML Injection Solution) | G | 4 | DL |
| Fluphenazine HCl (5MG/ML Oral Concentrate) | G | 3 | |
| Fluphenazine HCl (2.5MG/5ML Oral Elixir) | G | 4 | DL |
| Fluphenazine HCl (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet) | G | 2 | |
| Haloperidol Decanoate (Intramuscular Solution) | G | 4 | DL |
| Haloperidol Lactate (Injection Solution) | G | 4 | DL |
| Haloperidol Lactate (2MG/ML Oral Concentrate) | G | 2 | |
| Haloperidol (Oral Tablet) | G | 2 | |
| Loxapine Succinate (Oral Capsule) | G | 2 | |
| Molindone HCl (Oral Tablet) | G | 4 | DL |
| Pimozide (Oral Tablet) | G | 4 | DL |
| Thioridazine HCl (Oral Tablet) | G | 3 | |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Thiothixene (Oral Capsule) | G | 3 | |
| Trifluoperazine HCl (Oral Tablet) | G | 3 | |
| **2nd Generation/Atypical** | | | |
| **Caplyta (Oral Capsule)** | B | 5 | DL; QL |
| **Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)** | B | 5 | ST; DL; QL |
| **Fanapt Titration Pack A (Oral Tablet)** | B | 4 | ST; DL; QL |
| **Fanapt Titration Pack B (Oral Tablet)** | B | 4 | ST; DL; QL |
| **Fanapt Titration Pack C (Oral Tablet)** | B | 4 | ST; DL; QL |
| **Invega Hafyera (Intramuscular Suspension Prefilled Syringe)** | B | 5 | DL |
| **Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe)** | B | 5 | DL; QL |
| **Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)** | B | 4 | DL; QL |
| **Invega Trinza (Intramuscular Suspension Prefilled Syringe)** | B | 5 | DL |
| **Nuplazid (Oral Capsule)** | B | 5 | PA; DL; QL |
| **Nuplazid (Oral Tablet)** | B | 5 | PA; DL; QL |
| Paliperidone ER (Oral Tablet Extended Release 24 Hour) | G | 4 | DL; QL |
| **Rexulti (Oral Tablet)** | B | 5 | DL; QL |
| **Vraylar (Oral Capsule)** | B | 3 | QL |
| **Treatment-Resistant** | | | |
| Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet) | G | 3 | PA |
| Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible) | G | 4 | PA; DL; QL |
| **Versacloz (Oral Suspension)** | B | 5 | PA; ST; DL |
| **Antispasticity Agents** | | | |
| **Antispasticity Agents** | | | |
| Baclofen (10MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet) | G | 2 | |
| Dantrolene Sodium (Oral Capsule) | G | 4 | DL |
| Tizanidine HCl (Oral Tablet) | G | 2 | |
| **Antivirals** | | | |
| **Anti-cytomegalovirus (CMV) Agents** | | | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| **Livtencity (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Prevymis (Oral Packet)** | B | 5 | PA; DL; QL |
| **Prevymis (Oral Tablet)** | B | 5 | PA; DL; QL |
| Valganciclovir HCl (Oral Solution Reconstituted) | G | 4 | DL; QL |
| Valganciclovir HCl (Oral Tablet) | G | 3 | QL |
| **Zirgan (Ophthalmic Gel)** | B | 4 | DL |
| **Anti-hepatitis B (HBV) Agents** | | | |
| Adefovir Dipivoxil (Oral Tablet) | G | 4 | DL |
| **Baraclude (Oral Solution)** | B | 4 | DL |
| Entecavir (Oral Tablet) | G | 4 | DL |
| Lamivudine (100MG Oral Tablet) | G | 3 | |
| **Vemlidy (Oral Tablet)** | B | 5 | DL; QL |
| **Anti-hepatitis C (HCV) Agents** | | | |
| **Mavyret (Oral Packet)** | B | 5 | PA; DL; QL |
| **Mavyret (Oral Tablet)** | B | 5 | PA; DL; QL |
| Ribavirin (Oral Tablet) | G | 3 | |
| **Sofosbuvir-Velpatasvir (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Vosevi (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Antiherpetic Agents** | | | |
| Acyclovir (External Ointment) | G | 4 | DL; QL |
| Acyclovir (Oral Capsule) | G | 2 | |
| Acyclovir (200MG/5ML Oral Suspension) | G | 3 | |
| Acyclovir (Oral Tablet) | G | 1 | |
| Acyclovir Sodium (Intravenous Solution) | G | 4 | B/D,PA; DL |
| Famciclovir (Oral Tablet) | G | 3 | QL |
| Valacyclovir HCl (Oral Tablet) | G | 3 | QL |
| **Anti-HIV Agents, Integrase Inhibitors (INSTI)** | | | |
| **Biktarvy (Oral Tablet)** | B | 5 | DL; QL |
| **Dovato (Oral Tablet)** | B | 5 | DL; QL |
| **Genvoya (Oral Tablet)** | B | 5 | DL; QL |
| **Isentress HD (Oral Tablet)** | B | 5 | DL; QL |
| **Isentress (Oral Packet)** | B | 4 | DL; QL |
| **Isentress (Oral Tablet)** | B | 5 | DL; QL |
| **Isentress (100MG Oral Tablet Chewable)** | B | 4 | DL; QL |
| **Isentress (25MG Oral Tablet Chewable)** | B | 3 | QL |
| **Juluca (Oral Tablet)** | B | 5 | DL; QL |
| **Stribild (Oral Tablet)** | B | 5 | DL; QL |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| **Tivicay (Oral Tablet)** | B | 5 | DL; QL |
| **Tivicay PD (Oral Tablet Soluble)** | B | 5 | DL; QL |
| **Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)** | | | |
| **Delstrigo (Oral Tablet)** | B | 5 | DL; QL |
| **Edurant PED (Oral Tablet Soluble)** | B | 5 | DL; QL |
| Efavirenz (Oral Tablet) | G | 4 | DL; QL |
| Efavirenz-Emtricitabine-Tenofovir (Oral Tablet) | G | 4 | DL; QL |
| Efavirenz-Lamivudine-Tenofovir (Oral Tablet) | G | 5 | DL; QL |
| Emtricitabine-Rilpivirine-Tenofovir DF (Oral Tablet) | G | 5 | DL; QL |
| Etravirine (Oral Tablet) | G | 4 | DL; QL |
| **Intelence (25MG Oral Tablet)** | B | 4 | DL; QL |
| Nevirapine ER (Oral Tablet Extended Release 24 Hour) | G | 4 | DL; QL |
| Nevirapine (Oral Suspension) | G | 4 | DL; QL |
| Nevirapine (Oral Tablet Immediate Release) | G | 3 | QL |
| **Pifeltro (Oral Tablet)** | B | 5 | DL; QL |
| Rilpivirine HCl (Oral Tablet) | G | 5 | DL; QL |
| **Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)** | | | |
| Abacavir Sulfate (Oral Solution) | G | 4 | DL; QL |
| Abacavir Sulfate (Oral Tablet) | G | 4 | DL; QL |
| Abacavir Sulfate-Lamivudine (Oral Tablet) | G | 4 | DL; QL |
| **Cimduo (Oral Tablet)** | B | 5 | DL; QL |
| **Descovy (Oral Tablet)** | B | 5 | DL; QL |
| Emtricitabine (Oral Capsule) | G | 4 | DL; QL |
| Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet) | G | 4 | DL; QL |
| **Emtriva (Oral Solution)** | B | 4 | DL; QL |
| Lamivudine (10MG/ML Oral Solution) | G | 3 | QL |
| Lamivudine (150MG Oral Tablet, 300MG Oral Tablet) | G | 3 | QL |
| Lamivudine-Zidovudine (Oral Tablet) | G | 4 | DL; QL |
| **Odefsey (Oral Tablet)** | B | 5 | DL; QL |
| Tenofovir Disoproxil Fumarate (Oral Tablet) | G | 4 | DL; QL |
| **Triumeq (Oral Tablet)** | B | 5 | DL; QL |
| **Triumeq PD (Oral Tablet Soluble)** | B | 4 | DL; QL |
| **Viread (Oral Powder)** | B | 5 | DL; QL |
| **Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)** | B | 5 | DL; QL |
| Zidovudine (Oral Capsule) | G | 3 | QL |
| Zidovudine (Oral Syrup) | G | 3 | QL |
| Zidovudine (Oral Tablet) | G | 3 | QL |
| **Anti-HIV Agents, Other** | | | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| **Idvynso (Oral Tablet)** | B | 5 | DL; QL |
| Maraviroc (Oral Tablet) | G | 5 | DL; QL |
| **Rukobia (Oral Tablet Extended Release 12 Hour)** | B | 5 | DL; QL |
| **Selzentry (20MG/ML Oral Solution)** | B | 5 | DL; QL |
| **Sunlenca (Oral Tablet)** | B | 5 | DL; QL |
| **Sunlenca (Oral Tablet Therapy Pack)** | B | 5 | DL; QL |
| **Anti-HIV Agents, Protease Inhibitors** | | | |
| **Aptivus (Oral Capsule)** | B | 5 | DL; QL |
| Atazanavir Sulfate (Oral Capsule) | G | 4 | DL; QL |
| Darunavir (Oral Tablet) | G | 4 | DL; QL |
| **Evotaz (Oral Tablet)** | B | 5 | DL; QL |
| Fosamprenavir Calcium (Oral Tablet) | G | 5 | DL; QL |
| **Kaletra (Oral Solution)** | B | 4 | DL; QL |
| Lopinavir-Ritonavir (Oral Tablet) | G | 4 | DL; QL |
| **Norvir (Oral Packet)** | B | 4 | DL; QL |
| **Prezcobix (Oral Tablet)** | B | 5 | DL; QL |
| **Prezista (Oral Suspension)** | B | 5 | DL; QL |
| **Prezista (150MG Oral Tablet)** | B | 5 | DL; QL |
| **Prezista (75MG Oral Tablet)** | B | 4 | DL; QL |
| **Reyataz (Oral Packet)** | B | 5 | DL; QL |
| Ritonavir (Oral Tablet) | G | 3 | QL |
| **Symtuza (Oral Tablet)** | B | 5 | DL; QL |
| **Viracept (250MG Oral Tablet)** | B | 4 | DL; QL |
| **Viracept (625MG Oral Tablet)** | B | 5 | DL; QL |
| **Anti-influenza Agents** | | | |
| Oseltamivir Phosphate (Oral Capsule) | G | 3 | QL |
| Oseltamivir Phosphate (Oral Suspension Reconstituted) | G | 3 | QL |
| **Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)** | B | 3 | QL |
| Rimantadine HCl (Oral Tablet) | G | 4 | DL |
| **Xofluza (40MG Dose) (Oral Tablet Therapy Pack)** | B | 3 | QL |
| **Xofluza (80MG Dose) (Oral Tablet Therapy Pack)** | B | 3 | QL |
| **Antiviral, Coronavirus Agents** | | | |
| **Paxlovid (150/100MG) (Oral Tablet Therapy Pack)** | B | 5 | DL; QL |
| **Paxlovid (300/100MG) (Oral Tablet Therapy Pack)** | B | 5 | DL; QL |
| **Paxlovid (300/100MG & 150/100MG) (Oral Tablet Therapy Pack)** | B | 5 | DL; QL |
| **Anxiolytics** | | | |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| **Anxiolytics, Other** | | | |
| Buspirone HCl (10MG Oral Tablet, 15MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet) | G | 2 | |
| Hydroxyzine HCl (Oral Tablet) | G | 4 | PA; DL |
| Hydroxyzine Pamoate (Oral Capsule) | G | 4 | PA; DL |
| **Benzodiazepines** | | | |
| Alprazolam (Oral Tablet Immediate Release) | G | 2 | PA; QL |
| Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet) | G | 3 | PA; QL |
| Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible) | G | 4 | PA; DL; QL |
| Clorazepate Dipotassium (Oral Tablet) | G | 4 | PA; DL; QL |
| Diazepam Intensol (Oral Concentrate) | G | 4 | PA; DL; QL |
| Diazepam (5MG/5ML Oral Solution) | G | 4 | PA; DL |
| Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet) | G | 2 | PA; QL |
| Lorazepam (Oral Tablet) | G | 2 | PA; QL |
| **Bipolar Agents** | | | |
| **Bipolar Agents, Other** | | | |
| **Abilify Asimtufii (Intramuscular Prefilled Syringe)** | B | 5 | DL; QL |
| **Abilify Maintena (Intramuscular Prefilled Syringe)** | B | 5 | DL |
| **Abilify Maintena (Intramuscular Suspension Reconstituted ER)** | B | 5 | DL |
| Aripiprazole (1MG/ML Oral Solution) | G | 4 | DL; QL |
| Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet) | G | 3 | QL |
| Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible) | G | 4 | DL; QL |
| **Aristada Initio (Intramuscular Prefilled Syringe)** | B | 5 | DL |
| **Aristada (Intramuscular Prefilled Syringe)** | B | 5 | DL |
| Asenapine Maleate (Tablet Sublingual) | G | 4 | DL; QL |
| Lurasidone HCl (Oral Tablet) | G | 3 | QL |
| **Lybalvi (Oral Tablet)** | B | 5 | PA; ST; DL; QL |
| Olanzapine (10MG Intramuscular Solution Reconstituted) | G | 4 | DL |
| Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet) | G | 2 | PA; QL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible) | G | 4 | PA; DL; QL |
| **Opipza (Oral Film)** | B | 5 | PA; DL; QL |
| Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour) | G | 3 | PA; QL |
| Quetiapine Fumarate (Oral Tablet Immediate Release) | G | 2 | QL |
| Risperidone Microspheres ER (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER, 37.5MG Intramuscular Suspension Reconstituted ER) | G | 4 | DL |
| Risperidone Microspheres ER (50MG Intramuscular Suspension Reconstituted ER) | G | 5 | DL |
| Risperidone (Oral Solution) | G | 4 | DL |
| Risperidone (Oral Tablet) | G | 2 | |
| Risperidone ODT (Oral Tablet Dispersible) | G | 4 | ST; DL |
| **Secuado (Transdermal Patch 24 Hour)** | B | 5 | ST; DL; QL |
| Ziprasidone HCl (Oral Capsule) | G | 3 | QL |
| Ziprasidone Mesylate (Intramuscular Solution Reconstituted) | G | 4 | DL |
| **Mood Stabilizers** | | | |
| Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour) | G | 2 | |
| Divalproex Sodium (Oral Capsule Delayed Release Sprinkle) | G | 2 | |
| Divalproex Sodium (Oral Tablet Delayed Release) | G | 2 | |
| Lithium Carbonate ER (Oral Tablet Extended Release) | G | 2 | |
| Lithium Carbonate (Oral Capsule) | G | 2 | |
| Lithium Carbonate (Oral Tablet Immediate Release) | G | 2 | |
| Lithium (Oral Solution) | G | 3 | |
| **Blood Glucose Regulators** | | | |
| **Antidiabetic Agents** | | | |
| Acarbose (Oral Tablet) | G | 1 | QL |
| Glimepiride (1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet) | G | 1 | QL |
| Glipizide ER (Oral Tablet Extended Release 24 Hour) | G | 1 | QL |
| Glipizide (10MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release) | G | 1 | QL |
| Glipizide-Metformin HCl (Oral Tablet) | G | 1 | QL |
| **Glyxambi (Oral Tablet)** | B | 3 | QL |
| **Janumet XR (Oral Tablet Extended Release 24 Hour)** | B | 3 | QL |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| **Jentadueto (2.5-1000MG Oral Tablet Immediate Release, 2.5-500MG Oral Tablet Immediate Release)** | B | 3 | QL |
| **Jentadueto XR (Oral Tablet Extended Release 24 Hour)** | B | 3 | QL |
| Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR) | G | 1 | QL |
| Metformin HCl (Oral Solution) | G | 1 | QL |
| Metformin HCl (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 850MG Oral Tablet Immediate Release) | G | 1 | QL |
| **Mounjaro (Subcutaneous Solution Auto-Injector)** | B | 3 | PA; QL |
| Nateglinide (Oral Tablet) | G | 1 | QL |
| **Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector)** | B | 3 | PA; QL |
| **Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector)** | B | 3 | PA; QL |
| **Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector)** | B | 3 | PA; QL |
| **Ozempic (Oral Tablet)** | B | 3 | PA; QL |
| Pioglitazone HCl (Oral Tablet) | G | 1 | QL |
| Pioglitazone HCl-Glimepiride (Oral Tablet) | G | 1 | QL |
| Pioglitazone HCl-Metformin HCl (Oral Tablet) | G | 1 | QL |
| Repaglinide (Oral Tablet) | G | 1 | QL |
| Sitagliptin Phosphate-Metformin HCl (Oral Tablet) | G | 3 | QL |
| Sitagliptin Phosphate (Oral Tablet) | G | 3 | QL |
| **Soliqua (Subcutaneous Solution Pen-Injector)** | B | 3 | QL |
| **Synjardy (Oral Tablet Immediate Release)** | B | 3 | QL |
| **Synjardy XR (Oral Tablet Extended Release 24 Hour)** | B | 3 | QL |
| **Tradjenta (Oral Tablet)** | B | 3 | QL |
| **Trijardy XR (Oral Tablet Extended Release 24 Hour)** | B | 3 | QL |
| **Trulicity (Subcutaneous Solution Auto-Injector)** | B | 3 | PA; QL |
| **Xigduo XR (Oral Tablet Extended Release 24 Hour)** | B | 3 | QL |
| **Glycemic Agents** | | | |
| **Baqsimi One Pack (Nasal Powder)** | B | 3 | QL |
| Diazoxide (Oral Suspension) | G | 4 | DL |
| Glucagon Emergency (1MG Injection Solution Reconstituted) | G | 3 | QL |
| **Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector)** | B | 3 | QL |
| **Gvoke Kit (Subcutaneous Solution)** | B | 3 | QL |
| **Gvoke PFS (Subcutaneous Solution Prefilled Syringe)** | B | 3 | QL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| **Insulins** | | | |
| **Fiasp FlexTouch (Subcutaneous Solution Pen-Injector)** | B | 3 | |
| **Fiasp (Injection Solution)** | B | 3 | |
| **Fiasp PenFill (Subcutaneous Solution Cartridge)** | B | 3 | |
| **Humalog (Injection Solution)** | B | 3 | |
| **Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)** | B | 3 | |
| **Humalog KwikPen (Subcutaneous Solution Pen-Injector)** | B | 3 | |
| **Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)** | B | 3 | |
| **Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)** | B | 3 | |
| **Humalog Mix 75/25 (Subcutaneous Suspension)** | B | 3 | |
| **Humalog (Subcutaneous Solution Cartridge)** | B | 3 | |
| **Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)** | B | 3 | |
| **Humulin 70/30 (Subcutaneous Suspension)** | B | 3 | |
| **Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)** | B | 3 | |
| **Humulin N (Subcutaneous Suspension)** | B | 3 | |
| **Humulin R (Injection Solution)** | B | 3 | |
| **Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)** | B | 3 | |
| **Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)** | B | 3 | |
| **Insulin Lispro (Injection Solution) (Brand Equivalent Humalog)** | B | 3 | |
| **Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)** | B | 3 | |
| **Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog)** | B | 3 | |
| **Lantus SoloStar (Subcutaneous Solution Pen-Injector)** | B | 3 | |
| **Lantus (Subcutaneous Solution)** | B | 3 | |
| **Lyumjev (Injection Solution)** | B | 3 | |
| **Lyumjev KwikPen (Subcutaneous Solution Pen-Injector)** | B | 3 | |
| **Novolin R FlexPen (Injection Solution Pen-Injector)** | B | 3 | |
| **NovoLog FlexPen (Subcutaneous Solution Pen-Injector)** | B | 3 | |
| **NovoLog (Injection Solution)** | B | 3 | |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| **NovoLog PenFill (Subcutaneous Solution Cartridge)** | B | 3 | |
| **Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)** | B | 3 | |
| **Toujeo SoloStar (Subcutaneous Solution Pen-Injector)** | B | 3 | |
| **Blood Products and Modifiers** | | | |
| **Anticoagulants** | | | |
| Dabigatran Etexilate Mesylate (Oral Capsule) | G | 4 | DL; QL |
| **Eliquis (Oral Tablet)** | B | 3 | QL |
| **Eliquis Starter Pack (Oral Tablet)** | B | 3 | QL |
| Enoxaparin Sodium (Injection Solution Prefilled Syringe) | G | 4 | DL; QL |
| Fondaparinux Sodium (Subcutaneous Solution) | G | 4 | DL |
| Heparin Sodium (Porcine) (Injection Solution) | G | 3 | B/D,PA |
| Jantoven (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet, 5MG Oral Tablet, 6MG Oral Tablet, 7.5MG Oral Tablet) | G | 1 | |
| Rivaroxaban (Oral Tablet) | G | 3 | QL |
| Warfarin Sodium (Oral Tablet) | G | 1 | |
| **Blood Products and Modifiers, Other** | | | |
| Anagrelide HCl (Oral Capsule) | G | 3 | |
| **Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution)** | B | 5 | PA; DL |
| **Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution)** | B | 4 | PA; DL |
| **Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe)** | B | 5 | PA; DL |
| **Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe)** | B | 4 | PA; DL |
| **Droxia (Oral Capsule)** | B | 4 | DL |
| Eltrombopag Olamine (Oral Packet) | G | 5 | PA; DL; QL |
| Eltrombopag Olamine (Oral Tablet) | G | 5 | PA; DL; QL |
| **Leukine (Injection Solution Reconstituted)** | B | 5 | PA; DL |
| **Neulasta (Subcutaneous Solution Prefilled Syringe)** | B | 5 | PA; DL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| **Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)** | B | 4 | PA; DL |
| **Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution)** | B | 5 | PA; DL |
| **Udenyca (Subcutaneous Solution Auto-Injector)** | B | 5 | PA; DL |
| **Udenyca (Subcutaneous Solution Prefilled Syringe)** | B | 5 | PA; DL |
| **Xolremdi (Oral Capsule)** | B | 5 | PA; DL; QL |
| **Zarxio (Injection Solution Prefilled Syringe)** | B | 5 | DL |
| **Hemostasis Agents** | | | |
| Tranexamic Acid (Oral Tablet) | G | 3 | |
| **Platelet Modifying Agents** | | | |
| Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour) | G | 3 | QL |
| **Cablivi (Injection Kit)** | B | 5 | PA; DL; QL |
| Cilostazol (Oral Tablet) | G | 2 | |
| Clopidogrel Bisulfate (75MG Oral Tablet) | G | 1 | QL |
| **Doptelet (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Doptelet Sprinkle (Oral Capsule Sprinkle)** | B | 5 | PA; DL; QL |
| Prasugrel HCl (Oral Tablet) | G | 3 | QL |
| Ticagrelor (Oral Tablet) | G | 3 | QL |
| **Cardiovascular Agents** | | | |
| **Alpha-adrenergic Agonists** | | | |
| Clonidine HCl (0.1MG Oral Tablet Immediate Release, 0.2MG Oral Tablet Immediate Release, 0.3MG Oral Tablet Immediate Release) | G | 1 | |
| Clonidine (Transdermal Patch Weekly) | G | 4 | DL |
| Droxidopa (Oral Capsule) | G | 4 | PA; DL; QL |
| Midodrine HCl (Oral Tablet) | G | 3 | |
| **Alpha-adrenergic Blocking Agents** | | | |
| Doxazosin Mesylate (Oral Tablet) | G | 1 | |
| Prazosin HCl (Oral Capsule) | G | 2 | |
| **Angiotensin II Receptor Antagonists** | | | |
| **Azilsartan Medoxomil (Oral Tablet)** | B | 4 | DL; QL |
| Candesartan Cilexetil (Oral Tablet) | G | 1 | QL |
| Irbesartan (Oral Tablet) | G | 1 | QL |
| Losartan Potassium (Oral Tablet) | G | 1 | QL |
| Olmesartan Medoxomil (Oral Tablet) | G | 1 | QL |
| Telmisartan (Oral Tablet) | G | 1 | QL |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Valsartan (Oral Tablet) | G | 1 | QL |
| **Angiotensin-converting Enzyme (ACE) Inhibitors** | | | |
| Benazepril HCl (Oral Tablet) | G | 1 | QL |
| Captopril (Oral Tablet) | G | 1 | QL |
| Enalapril Maleate (Oral Tablet) | G | 1 | QL |
| Fosinopril Sodium (Oral Tablet) | G | 1 | QL |
| Lisinopril (Oral Tablet) | G | 1 | QL |
| Moexipril HCl (Oral Tablet) | G | 1 | QL |
| Perindopril Erbumine (Oral Tablet) | G | 1 | QL |
| Quinapril HCl (Oral Tablet) | G | 1 | QL |
| Ramipril (Oral Capsule) | G | 1 | QL |
| Trandolapril (Oral Tablet) | G | 1 | QL |
| **Antiarrhythmics** | | | |
| Amiodarone HCl (200MG Oral Tablet) | G | 1 | |
| Dofetilide (Oral Capsule) | G | 3 | QL |
| Flecainide Acetate (Oral Tablet) | G | 2 | |
| Mexiletine HCl (Oral Capsule) | G | 3 | |
| **Multaq (Oral Tablet)** | B | 3 | QL |
| Propafenone HCl ER (Oral Capsule Extended Release 12 Hour) | G | 4 | DL |
| Propafenone HCl (Oral Tablet) | G | 2 | |
| Quinidine Sulfate (Oral Tablet) | G | 2 | |
| Sotalol HCl (AF) (Oral Tablet) | G | 2 | |
| Sotalol HCl (Oral Tablet) | G | 2 | |
| **Beta-adrenergic Blocking Agents** | | | |
| Acebutolol HCl (Oral Capsule) | G | 2 | |
| Atenolol (Oral Tablet) | G | 1 | |
| Betaxolol HCl (Oral Tablet) | G | 3 | |
| Bisoprolol Fumarate (Oral Tablet) | G | 2 | |
| Carvedilol (Oral Tablet) | G | 1 | |
| Labetalol HCl (Oral Tablet) | G | 1 | |
| Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour) | G | 1 | |
| Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 37.5MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet) | G | 1 | |
| Nadolol (Oral Tablet) | G | 4 | DL |
| Nebivolol HCl (Oral Tablet) | G | 3 | QL |
| Pindolol (Oral Tablet) | G | 3 | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Propranolol HCl ER (Oral Capsule Extended Release 24 Hour) | G | 2 | |
| Propranolol HCl (Oral Solution) | G | 3 | |
| Propranolol HCl (Oral Tablet) | G | 1 | |
| Timolol Maleate (Oral Tablet) | G | 3 | |
| **Calcium Channel Blocking Agents, Dihydropyridines** | | | |
| Amlodipine Besylate (Oral Tablet) | G | 1 | |
| Felodipine ER (Oral Tablet Extended Release 24 Hour) | G | 2 | |
| Nicardipine HCl (Oral Capsule) | G | 4 | DL |
| Nifedipine ER (Oral Tablet Extended Release 24 Hour) | G | 1 | QL |
| Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour) | G | 1 | QL |
| Nimodipine (Oral Capsule) | G | 4 | DL |
| **Calcium Channel Blocking Agents, Nondihydropyridines** | | | |
| Cartia XT (Oral Capsule Extended Release 24 Hour) | G | 2 | |
| Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour) | G | 2 | |
| Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour) | G | 2 | |
| Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour) | G | 2 | |
| Diltiazem HCl (Oral Tablet Immediate Release) | G | 2 | |
| Dilt-XR (Oral Capsule Extended Release 24 Hour) | G | 2 | |
| Tiadylt ER (Oral Capsule Extended Release 24 Hour) | G | 2 | |
| Verapamil HCl ER (Oral Capsule Extended Release 24 Hour) | G | 3 | |
| Verapamil HCl ER (Oral Tablet Extended Release) | G | 2 | |
| Verapamil HCl (Oral Tablet Immediate Release) | G | 1 | |
| **Cardiovascular Agents, Other** | | | |
| Acetazolamide ER (Oral Capsule Extended Release 12 Hour) | G | 4 | DL |
| Acetazolamide (Oral Tablet) | G | 3 | |
| Aliskiren Fumarate (Oral Tablet) | G | 1 | QL |
| Amiloride-Hydrochlorothiazide (Oral Tablet) | G | 2 | |
| Amlodipine-Atorvastatin (Oral Tablet) | G | 1 | QL |
| Amlodipine-Benazepril (Oral Capsule) | G | 1 | QL |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Amlodipine-Olmesartan (Oral Tablet) | G | 1 | QL |
| Amlodipine-Valsartan (Oral Tablet) | G | 1 | QL |
| Amlodipine-Valsartan-HCTZ (Oral Tablet) | G | 1 | QL |
| Atenolol-Chlorthalidone (Oral Tablet) | G | 1 | |
| Benazepril-Hydrochlorothiazide (Oral Tablet) | G | 1 | QL |
| Bisoprolol-Hydrochlorothiazide (Oral Tablet) | G | 2 | QL |
| Candesartan Cilexetil-HCTZ (Oral Tablet) | G | 1 | QL |
| Digoxin (Oral Solution) | G | 3 | |
| Digoxin (125MCG Oral Tablet, 250MCG Oral Tablet) | G | 2 | |
| Digoxin (62.5MCG Oral Tablet) | G | 4 | DL |
| **Edarbyclor (Oral Tablet)** | B | 4 | DL; QL |
| Enalapril-Hydrochlorothiazide (Oral Tablet) | G | 1 | QL |
| **Filspari (Oral Tablet)** | B | 5 | PA; DL; QL |
| Fosinopril Sodium-HCTZ (Oral Tablet) | G | 1 | QL |
| Irbesartan-Hydrochlorothiazide (Oral Tablet) | G | 1 | QL |
| Isosorbide Dinitrate-Hydralazine (Oral Tablet) | G | 3 | QL |
| Ivabradine HCl (Oral Tablet) | G | 4 | PA; DL; QL |
| Lisinopril-Hydrochlorothiazide (Oral Tablet) | G | 1 | QL |
| Losartan Potassium-HCTZ (Oral Tablet) | G | 1 | QL |
| Metoprolol-Hydrochlorothiazide (Oral Tablet) | G | 2 | |
| Metyrosine (Oral Capsule) | G | 5 | PA; DL |
| Olmesartan Medoxomil-HCTZ (Oral Tablet) | G | 1 | QL |
| Olmesartan-Amlodipine-HCTZ (Oral Tablet) | G | 1 | QL |
| Pentoxifylline ER (Oral Tablet Extended Release) | G | 2 | |
| Quinapril-Hydrochlorothiazide (Oral Tablet) | G | 1 | QL |
| Ranolazine ER (Oral Tablet Extended Release 12 Hour) | G | 3 | QL |
| Sacubitril-Valsartan (Oral Tablet) | G | 3 | QL |
| Spironolactone-HCTZ (Oral Tablet) | G | 2 | |
| Telmisartan-Amlodipine (Oral Tablet) | G | 1 | QL |
| Telmisartan-HCTZ (Oral Tablet) | G | 1 | QL |
| Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release) | G | 1 | QL |
| Triamterene-HCTZ (Oral Capsule) | G | 1 | |
| Triamterene-HCTZ (Oral Tablet) | G | 1 | |
| Valsartan-Hydrochlorothiazide (Oral Tablet) | G | 1 | QL |
| **Diuretics, Loop** | | | |
| Bumetanide (Injection Solution) | G | 4 | DL |
| Bumetanide (Oral Tablet) | G | 1 | |
| Ethacrynic Acid (Oral Tablet) | G | 4 | DL; QL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Furosemide (Injection Solution) | G | 4 | DL |
| Furosemide (Oral Solution) | G | 1 | |
| Furosemide (Oral Tablet) | G | 1 | |
| Torsemide (Oral Tablet) | G | 2 | |
| **Diuretics, Potassium-sparing** | | | |
| Amiloride HCl (Oral Tablet) | G | 2 | |
| Triamterene (Oral Capsule) | G | 4 | DL |
| **Diuretics, Thiazide** | | | |
| Chlorthalidone (Oral Tablet) | G | 2 | |
| Hydrochlorothiazide (Oral Capsule) | G | 1 | |
| Hydrochlorothiazide (Oral Tablet) | G | 1 | |
| Indapamide (Oral Tablet) | G | 1 | |
| Metolazone (Oral Tablet) | G | 1 | |
| **Dyslipidemics, Fibric Acid Derivatives** | | | |
| Fenofibrate Micronized (134MG Oral Capsule, 200MG Oral Capsule, 43MG Oral Capsule, 67MG Oral Capsule) | G | 2 | |
| Fenofibrate (50MG Oral Capsule) | G | 2 | |
| Fenofibrate (145MG Oral Tablet, 48MG Oral Tablet) | G | 2 | |
| Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet) | G | 1 | |
| Fenofibric Acid (Oral Capsule Delayed Release) | G | 3 | |
| Gemfibrozil (Oral Tablet) | G | 2 | |
| **Dyslipidemics, HMG CoA Reductase Inhibitors** | | | |
| Atorvastatin Calcium (Oral Tablet) | G | 1 | QL |
| Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour) | G | 1 | ST; QL |
| Fluvastatin Sodium (Oral Capsule) | G | 1 | ST; QL |
| **Livalo (Oral Tablet)** | B | 3 | QL |
| Lovastatin (Oral Tablet) | G | 1 | QL |
| Pravastatin Sodium (Oral Tablet) | G | 1 | QL |
| Rosuvastatin Calcium (Oral Tablet) | G | 1 | QL |
| Simvastatin (Oral Tablet) | G | 1 | QL |
| **Dyslipidemics, Other** | | | |
| Cholestyramine Light (Oral Packet) | G | 4 | DL |
| Cholestyramine (Oral Packet) | G | 4 | DL |
| Colesevelam HCl (Oral Packet) | G | 3 | |
| Colesevelam HCl (Oral Tablet) | G | 3 | |
| Colestipol HCl (Oral Packet) | G | 4 | DL |
| Colestipol HCl (Oral Tablet) | G | 3 | |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Ezetimibe (Oral Tablet) | G | 1 | QL |
| Ezetimibe-Simvastatin (Oral Tablet) | G | 1 | QL |
| **Nexletol (Oral Tablet)** | B | 3 | PA; QL |
| **Nexlizet (Oral Tablet)** | B | 3 | PA; QL |
| Niacin (Antihyperlipidemic) (Oral Tablet Immediate Release) | G | 4 | DL |
| Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release) | G | 3 | |
| Niacor (Oral Tablet) | G | 4 | DL |
| Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza) | G | 4 | DL; QL |
| Prevalite (Oral Packet) | G | 4 | DL |
| **Repatha (140MG/ML Subcutaneous Solution Prefilled Syringe)** | B | 3 | QL |
| **Repatha SureClick (Subcutaneous Solution Auto-Injector)** | B | 3 | QL |
| **Vascepa (Oral Capsule)** | B | 3 | |
| **Mineralocorticoid Receptor Antagonists** | | | |
| Eplerenone (Oral Tablet) | G | 3 | |
| **Kerendia (Oral Tablet)** | B | 4 | PA; DL; QL |
| Spironolactone (Oral Tablet) | G | 1 | |
| **Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)** | | | |
| **Dapagliflozin (Oral Tablet)** | B | 3 | QL |
| **Farxiga (Oral Tablet)** | B | 3 | ST; QL |
| **Jardiance (Oral Tablet)** | B | 3 | QL |
| **Vasodilators, Direct-acting Arterial** | | | |
| Hydralazine HCl (Oral Tablet) | G | 1 | |
| Minoxidil (Oral Tablet) | G | 2 | |
| **Vasodilators, Direct-acting Arterial/Venous** | | | |
| Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release) | G | 2 | |
| Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour) | G | 1 | |
| Isosorbide Mononitrate (Oral Tablet Immediate Release) | G | 1 | |
| **Nitro-Bid (Transdermal Ointment)** | B | 4 | DL |
| Nitroglycerin (Rectal Ointment) | G | 4 | DL; QL |
| Nitroglycerin (Tablet Sublingual) | G | 2 | |
| Nitroglycerin (Transdermal Patch 24 Hour) | G | 2 | |
| Nitroglycerin (Translingual Solution) | G | 3 | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| **Verquvo (Oral Tablet)** | B | 3 | PA; QL |
| **Central Nervous System Agents** | | | |
| **Attention Deficit Hyperactivity Disorder Agents, Amphetamines** | | | |
| Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour) | G | 4 | DL; QL |
| Amphetamine-Dextroamphetamine (Oral Tablet) | G | 3 | QL |
| Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour) | G | 4 | DL; QL |
| Dextroamphetamine Sulfate (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet) | G | 4 | DL; QL |
| Lisdexamfetamine Dimesylate (Oral Capsule) | G | 4 | DL |
| Lisdexamfetamine Dimesylate (Oral Tablet Chewable) | G | 4 | DL |
| **Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines** | | | |
| Atomoxetine HCl (Oral Capsule) | G | 4 | DL; QL |
| Clonidine HCl ER (Oral Tablet Extended Release 12 Hour) | G | 3 | PA |
| Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour) | G | 4 | DL |
| Dexmethylphenidate HCl (Oral Tablet) | G | 3 | QL |
| Guanfacine HCl ER (Oral Tablet Extended Release 24 Hour) | G | 4 | DL |
| Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release) | G | 4 | DL; QL |
| Methylphenidate HCl (Oral Solution) | G | 4 | DL; QL |
| Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin) | G | 3 | QL |
| **Central Nervous System, Other** | | | |
| **Austedo (Oral Tablet Immediate Release)** | B | 5 | PA; DL; QL |
| **Austedo XR (Oral Tablet Extended Release 24 Hour)** | B | 5 | PA; DL; QL |
| **Austedo XR Patient Titration (Oral Tablet Extended Release Therapy Pack)** | B | 5 | PA; DL; QL |
| **Cobenfy (Oral Capsule)** | B | 5 | PA; DL; QL |
| **Cobenfy Starter Pack (Oral Capsule Therapy Pack)** | B | 5 | PA; DL; QL |
| **Ingrezza (Oral Capsule)** | B | 5 | PA; DL; QL |
| **Ingrezza (Oral Capsule Sprinkle)** | B | 5 | PA; DL; QL |
| **Ingrezza (Oral Capsule Therapy Pack)** | B | 5 | PA; DL; QL |
| **Lynkuet (Oral Capsule)** | B | 4 | PA; DL; QL |
| **Radicava ORS Starter Kit (Oral Suspension)** | B | 5 | PA; DL; QL |
| Riluzole (Oral Tablet) | G | 3 | |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| **Skyclarys (Oral Capsule)** | B | 5 | PA; DL; QL |
| Tetrabenazine (Oral Tablet) | G | 4 | PA; DL; QL |
| **Fibromyalgia Agents** | | | |
| **Drizalma Sprinkle (Oral Capsule Delayed Release Sprinkle)** | B | 4 | ST; DL; QL |
| Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles) | G | 2 | QL |
| Milnacipran HCl (Oral Tablet) | G | 3 | |
| Pregabalin (Oral Capsule) | G | 3 | PA; QL |
| Pregabalin (Oral Solution) | G | 3 | PA; QL |
| **Multiple Sclerosis Agents** | | | |
| **Bafiertam (Oral Capsule Delayed Release)** | B | 5 | ST; DL; QL |
| **Betaseron (Subcutaneous Kit)** | B | 5 | DL; QL |
| Dalfampridine ER (Oral Tablet Extended Release 12 Hour) | G | 3 | QL |
| Dimethyl Fumarate (Oral Capsule Delayed Release) | G | 4 | DL; QL |
| Dimethyl Fumarate Starter Pack (Oral Capsule Delayed Release Therapy Pack) | G | 4 | DL; QL |
| Fingolimod HCl (Oral Capsule) | G | 4 | DL; QL |
| Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe) | G | 5 | DL; QL |
| Glatopa (Subcutaneous Solution Prefilled Syringe) | G | 5 | DL; QL |
| **Kesimpta (Subcutaneous Solution Auto-Injector)** | B | 5 | DL |
| Teriflunomide (Oral Tablet) | G | 4 | DL; QL |
| **Dental and Oral Agents** | | | |
| **Dental and Oral Agents** | | | |
| Chlorhexidine Gluconate (Mouth Solution) | G | 1 | |
| Periogard (Mouth Solution) | G | 1 | |
| Pilocarpine HCl (Oral Tablet) | G | 4 | DL |
| Triamcinolone Acetonide (Dental Paste) | G | 3 | |
| **Dermatological Agents** | | | |
| **Acne and Rosacea Agents** | | | |
| Accutane (10MG Oral Capsule, 20MG Oral Capsule, 40MG Oral Capsule) | G | 4 | PA; DL |
| Acitretin (Oral Capsule) | G | 4 | PA; DL |
| Adapalene (0.3% External Gel) | G | 3 | |
| Amnesteem (Oral Capsule) | G | 4 | PA; DL |
| Azelaic Acid (External Gel) | G | 4 | DL; QL |
| Benzoyl Peroxide-Erythromycin (External Gel) | G | 3 | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Claravis (Oral Capsule) | G | 4 | PA; DL |
| Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel, 1.2-5% External Gel) | G | 4 | DL |
| Isotretinoin (Oral Capsule) | G | 4 | PA; DL |
| Neuac (External Gel) | G | 4 | DL |
| Tazarotene (0.1% External Cream) | G | 4 | PA; DL; QL |
| Tretinoin (External Cream) | G | 4 | PA; DL |
| Tretinoin (0.01% External Gel, 0.025% External Gel) | G | 4 | PA; DL |
| Tretinoin Microsphere (0.1% External Gel) | G | 4 | PA; DL |
| Zenatane (Oral Capsule) | G | 4 | PA; DL |
| **Dermatitis and Pruritus Agents** | | | |
| Ala-Cort (External Cream) | G | 2 | |
| Alclometasone Dipropionate (External Cream) | G | 3 | |
| Alclometasone Dipropionate (External Ointment) | G | 3 | |
| Ammonium Lactate (External Cream) | G | 2 | |
| Ammonium Lactate (External Lotion) | G | 2 | |
| Betamethasone Dipropionate Aug (External Cream) | G | 3 | |
| Betamethasone Dipropionate Aug (External Gel) | G | 3 | |
| Betamethasone Dipropionate Aug (External Lotion) | G | 3 | |
| Betamethasone Dipropionate Aug (External Ointment) | G | 3 | |
| Betamethasone Dipropionate (External Cream) | G | 3 | |
| Betamethasone Dipropionate (External Lotion) | G | 3 | |
| Betamethasone Dipropionate (External Ointment) | G | 3 | |
| Betamethasone Valerate (External Cream) | G | 3 | |
| Betamethasone Valerate (External Lotion) | G | 3 | |
| Betamethasone Valerate (External Ointment) | G | 3 | |
| Clobetasol Propionate Emollient Base (External Cream) | G | 4 | DL; QL |
| Clobetasol Propionate (0.05% External Cream) | G | 4 | DL; QL |
| Clobetasol Propionate (External Gel) | G | 4 | DL; QL |
| Clobetasol Propionate (External Ointment) | G | 4 | DL; QL |
| Clobetasol Propionate (External Shampoo) | G | 4 | DL; QL |
| Clobetasol Propionate (External Solution) | G | 3 | QL |
| Clodan (External Shampoo) | G | 4 | DL; QL |
| Desonide (External Ointment) | G | 4 | DL; QL |
| Desoximetasone (0.25% External Cream) | G | 4 | DL; QL |
| Fluocinolone Acetonide (External Cream) | G | 3 | |
| Fluocinolone Acetonide (External Ointment) | G | 3 | |
| Fluocinolone Acetonide (External Solution) | G | 3 | |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Fluocinolone Acetonide Scalp (External Oil) | G | 4 | DL |
| Fluocinonide Emulsified Base (External Cream) | G | 3 | QL |
| Fluocinonide (0.05% External Cream) | G | 3 | QL |
| Fluocinonide (External Gel) | G | 3 | QL |
| Fluocinonide (External Ointment) | G | 3 | QL |
| Fluocinonide (External Solution) | G | 3 | QL |
| Fluticasone Propionate (External Cream) | G | 3 | |
| Fluticasone Propionate (External Ointment) | G | 3 | |
| Halobetasol Propionate (External Cream) | G | 4 | DL |
| Halobetasol Propionate (External Ointment) | G | 4 | DL |
| Hydrocortisone Butyrate (External Ointment) | G | 3 | |
| Hydrocortisone (1% External Cream) | G | 2 | |
| Hydrocortisone (2.5% External Lotion) | G | 3 | |
| Hydrocortisone (1% External Ointment, 2.5% External Ointment) | G | 2 | |
| Hydrocortisone Valerate (External Cream) | G | 4 | DL |
| Hydrocortisone Valerate (External Ointment) | G | 4 | DL |
| Mometasone Furoate (External Cream) | G | 2 | |
| Mometasone Furoate (External Ointment) | G | 2 | |
| Mometasone Furoate (External Solution) | G | 2 | |
| Pimecrolimus (External Cream) | G | 4 | ST; DL; QL |
| Selenium Sulfide (External Lotion) | G | 2 | |
| Tacrolimus (External Ointment) | G | 4 | ST; DL |
| Triamcinolone Acetonide (External Cream) | G | 2 | |
| Triamcinolone Acetonide (External Lotion) | G | 2 | |
| Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment) | G | 2 | |
| **Dermatological Agents, Other** | | | |
| Calcipotriene (External Cream) | G | 4 | DL; QL |
| Calcipotriene (External Ointment) | G | 4 | DL; QL |
| Calcipotriene (External Solution) | G | 3 | |
| Clotrimazole-Betamethasone (External Cream) | G | 3 | QL |
| Clotrimazole-Betamethasone (External Lotion) | G | 4 | DL |
| Diclofenac Sodium (3% External Gel) | G | 4 | PA; DL; QL |
| Fluorouracil (5% External Cream) | G | 4 | DL; QL |
| Fluorouracil (External Solution) | G | 3 | |
| Imiquimod (5% External Cream) | G | 4 | DL; QL |
| Methoxsalen Rapid (Oral Capsule) | G | 5 | DL |
| Podofilox (External Solution) | G | 3 | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| **Santyl (External Ointment)** | B | 4 | DL; QL |
| Silver Sulfadiazine (External Cream) | G | 3 | |
| SSD (External Cream) | G | 3 | |
| **Zoryve (External Cream)** | B | 4 | PA; DL |
| **Zoryve (External Foam)** | B | 4 | PA; DL |
| **Pediculicides/Scabicides** | | | |
| Malathion (External Lotion) | G | 4 | DL |
| Permethrin (External Cream) | G | 3 | |
| **Topical Anti-infectives** | | | |
| Ciclopirox (External Gel) | G | 3 | QL |
| Ciclopirox (External Shampoo) | G | 3 | QL |
| Ciclopirox (External Solution) | G | 3 | QL |
| Ciclopirox Olamine (External Cream) | G | 3 | QL |
| Ciclopirox Olamine (External Suspension) | G | 3 | QL |
| Clindacin ETZ (External Swab) | G | 3 | QL |
| Clindamycin Phosphate (Once-Daily) (External Gel) | G | 3 | QL |
| Clindamycin Phosphate (Twice-Daily) (External Gel) | G | 3 | QL |
| Clindamycin Phosphate (External Lotion) | G | 3 | QL |
| Clindamycin Phosphate (External Solution) | G | 3 | QL |
| Clindamycin Phosphate (External Swab) | G | 3 | QL |
| Clotrimazole (External Cream) | G | 2 | |
| Clotrimazole (External Solution) | G | 2 | |
| Econazole Nitrate (External Cream) | G | 4 | DL; QL |
| **Ery (External Pad)** | B | 3 | |
| Erythromycin (External Gel) | G | 4 | DL |
| Erythromycin (External Solution) | G | 2 | |
| Gentamicin Sulfate (External Cream) | G | 3 | |
| Gentamicin Sulfate (External Ointment) | G | 3 | |
| **Jublia (External Solution)** | B | 4 | DL |
| Ketoconazole (External Cream) | G | 2 | QL |
| Ketoconazole (External Shampoo) | G | 2 | |
| Mupirocin Calcium (External Cream) | G | 4 | DL |
| Mupirocin (External Ointment) | G | 2 | QL |
| Nyamyc (100000UNIT/GM External Powder) | G | 2 | QL |
| Nystatin (External Cream) | G | 2 | |
| Nystatin (External Ointment) | G | 2 | |
| Nystatin (External Powder) | G | 2 | QL |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Nystop (External Powder) | G | 2 | QL |
| **Electrolytes/Minerals/Metals/Vitamins** | | | |
| **Electrolyte/Mineral Replacement** | | | |
| Carglumic Acid (Oral Tablet Soluble) | G | 5 | PA; DL |
| **Clinolipid (Intravenous Emulsion)** | B | 4 | B/D,PA; DL |
| Dextrose (10% Intravenous Solution, 5% Intravenous Solution) | G | 4 | DL |
| Dextrose-Sodium Chloride (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 2.5-0.45% Intravenous Solution, 5-0.2% Intravenous Solution, 5-0.45% Intravenous Solution, 5-0.9% Intravenous Solution) | G | 4 | DL |
| **Intralipid (Intravenous Emulsion)** | B | 4 | B/D,PA; DL |
| **Isolyte-P in D5W (Intravenous Solution)** | B | 4 | DL |
| **Isolyte-S pH 7.4 (Intravenous Solution)** | B | 4 | DL |
| KCl in Dextrose-NaCl (10-5-0.45MEQ/L-%-% Intravenous Solution, 20-5-0.45MEQ/L-%-% Intravenous Solution, 40-5-0.45MEQ/L-%-% Intravenous Solution) | G | 4 | DL |
| Klor-Con 10 (Oral Tablet Extended Release) | G | 2 | |
| Klor-Con M10 (Oral Tablet Extended Release) | G | 2 | |
| Klor-Con M15 (Oral Tablet Extended Release) | G | 2 | |
| Klor-Con M20 (Oral Tablet Extended Release) | G | 2 | |
| Klor-Con (Oral Packet) | G | 3 | |
| Klor-Con 8 (Oral Tablet Extended Release) | G | 2 | |
| L-Glutamine (Oral Packet) | G | 5 | PA; DL |
| Magnesium Sulfate (Injection Solution) | G | 4 | DL |
| Multiple Electrolytes Type 1 pH 7.4 (Intravenous Solution) | G | 4 | DL |
| **Nutrilipid (Intravenous Emulsion)** | B | 4 | B/D,PA; DL |
| **Plenamine (Intravenous Solution)** | B | 4 | B/D,PA; DL |
| Potassium Chloride Microencapsulated ER (Oral Tablet Extended Release) | G | 1 | |
| Potassium Chloride ER (Oral Capsule Extended Release) | G | 1 | |
| Potassium Chloride ER (Oral Tablet Extended Release) | G | 1 | |
| Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution, 20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution) | G | 4 | DL |
| Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 2MEQ/ML Intravenous Solution, 2MEQ/ML (20 ML) Intravenous Solution) | G | 4 | DL |
| Potassium Chloride (20MEQ Oral Packet) | G | 3 | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Potassium Chloride (20MEQ/15ML(10%) Oral Solution, 40MEQ/15ML(20%) Oral Solution) | G | 3 | |
| Potassium Citrate ER (Oral Tablet Extended Release) | G | 3 | |
| **Premasol (Intravenous Solution)** | B | 5 | B/D,PA; DL |
| **Prosol (Intravenous Solution)** | B | 4 | B/D,PA; DL |
| Sodium Chloride (0.45% Intravenous Solution, 0.9% Intravenous Solution, 3% Intravenous Solution, 5% Intravenous Solution) | G | 4 | DL |
| Sodium Chloride (Irrigation Solution) | G | 3 | |
| Sodium Fluoride (Oral Tablet) | G | 1 | |
| **TPN Electrolytes (Intravenous Concentrate)** | B | 4 | DL |
| **Travasol (Intravenous Solution)** | B | 4 | B/D,PA; DL |
| **TrophAmine (Intravenous Solution)** | B | 4 | B/D,PA; DL |
| **Electrolyte/Mineral/Metal Modifiers** | | | |
| Deferasirox (Oral Tablet) (Generic Jadenu) | G | 3 | PA |
| Deferasirox (Oral Tablet Soluble) (Generic Exjade) | G | 4 | PA; DL |
| Tolvaptan (15MG Oral Tablet, 30MG Oral Tablet) (Generic Samsca) | G | 5 | PA; DL; QL |
| Tolvaptan (15MG Oral Tablet, 30MG Oral Tablet) (Generic Jynarque) | G | 5 | PA; DL; QL |
| Trientine HCl (Oral Capsule) | G | 4 | PA; DL; QL |
| **Phosphate Binders** | | | |
| Calcium Acetate (Phosphate Binder) (Oral Capsule) | G | 3 | B/D,PA |
| Calcium Acetate (Phosphate Binder) (Oral Tablet) | G | 3 | B/D,PA |
| Sevelamer Carbonate (Oral Packet) | G | 4 | B/D,PA; DL |
| Sevelamer Carbonate (Oral Tablet) (Generic Renvela) | G | 4 | B/D,PA; DL |
| **Potassium Binders** | | | |
| **Lokelma (Oral Packet)** | B | 4 | DL; QL |
| Sodium Polystyrene Sulfonate (Combination Suspension) | G | 4 | DL |
| Sodium Polystyrene Sulfonate (Oral Powder) | G | 3 | |
| **SPS (Sodium Polystyrene Sulfate) (Combination Suspension)** | B | 4 | DL |
| **Vitamins** | | | |
| Prenatal (27-1MG Oral Tablet) | G | 3 | |
| **Gastrointestinal Agents** | | | |
| **Anti-Constipation Agents** | | | |
| Constulose (Oral Solution) | G | 2 | |
| Enulose (Oral Solution) | G | 2 | |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Generlac (Oral Solution) | G | 2 | |
| Lactulose (10GM/15ML Oral Solution) | G | 2 | |
| **Linzess (Oral Capsule)** | B | 3 | QL |
| Lubiprostone (Oral Capsule) | G | 3 | QL |
| **Movantik (Oral Tablet)** | B | 3 | QL |
| **Trulance (Oral Tablet)** | B | 3 | QL |
| **Anti-Diarrheal Agents** | | | |
| Alosetron HCl (Oral Tablet) | G | 4 | PA; DL |
| Diphenoxylate-Atropine (Oral Tablet) | G | 4 | PA; DL |
| Loperamide HCl (Oral Capsule) | G | 2 | |
| **Xermelo (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Antispasmodics, Gastrointestinal** | | | |
| Dicyclomine HCl (Oral Capsule) | G | 4 | PA; DL |
| Dicyclomine HCl (10MG/5ML Oral Solution) | G | 4 | PA; DL |
| Dicyclomine HCl (20MG Oral Tablet) | G | 4 | PA; DL |
| Glycopyrrolate (1MG Oral Tablet, 2MG Oral Tablet) | G | 2 | |
| Methscopolamine Bromide (Oral Tablet) | G | 4 | DL |
| **Gastrointestinal Agents, Other** | | | |
| **Bylvay (Pellets) (Oral Capsule Sprinkle)** | B | 5 | PA; DL |
| **Bylvay (Oral Capsule)** | B | 5 | PA; DL |
| **Clenpiq (Oral Solution)** | B | 3 | QL |
| **Ctexli (Oral Tablet)** | B | 5 | PA; DL |
| GaviLyte-C (Oral Solution Reconstituted) | G | 2 | QL |
| GaviLyte-G (Oral Solution Reconstituted) | G | 2 | QL |
| GaviLyte-N with Flavor Pack (Oral Solution Reconstituted) | G | 2 | QL |
| Sodium Sulfate-Potassium Sulfate-Magnesium Sulfate (Oral Solution) | G | 3 | QL |
| PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY) | G | 2 | QL |
| PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY) | G | 2 | QL |
| **Pylera (Oral Capsule)** | B | 4 | DL |
| **Suflave (Oral Solution Reconstituted)** | B | 4 | DL; QL |
| **Sutab (Oral Tablet)** | B | 3 | QL |
| Ursodiol (300MG Oral Capsule) | G | 3 | |
| Ursodiol (Oral Tablet) | G | 4 | DL |
| **Vowst (Oral Capsule)** | B | 5 | PA; DL |
| **Histamine2 (H2) Receptor Antagonists** | | | |
| Cimetidine HCl (Oral Solution) | G | 3 | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Cimetidine (Oral Tablet) | G | 3 | |
| Famotidine (Oral Suspension Reconstituted) | G | 4 | DL |
| Famotidine (20MG Oral Tablet, 40MG Oral Tablet) | G | 1 | |
| Nizatidine (Oral Capsule) | G | 3 | |
| **Protectants** | | | |
| Misoprostol (Oral Tablet) | G | 3 | |
| Sucralfate (Oral Suspension) | G | 4 | DL |
| Sucralfate (Oral Tablet) | G | 2 | |
| **Proton Pump Inhibitors** | | | |
| Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium) | G | 3 | QL |
| Lansoprazole (Oral Capsule Delayed Release) | G | 2 | QL |
| Omeprazole (10MG Oral Capsule Delayed Release) | G | 1 | QL |
| Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release) | G | 1 | |
| Pantoprazole Sodium (Oral Tablet Delayed Release) | G | 1 | QL |
| Rabeprazole Sodium (Oral Tablet Delayed Release) | G | 3 | |
| **Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment** | | | |
| **Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment** | | | |
| Betaine (Oral Powder) | G | 5 | DL |
| **Cholbam (Oral Capsule)** | B | 5 | PA; DL |
| **Creon (Oral Capsule Delayed Release Particles)** | B | 3 | |
| Cromolyn Sodium (Oral Concentrate) | G | 3 | |
| **Cystagon (Oral Capsule)** | B | 4 | DL |
| Levocarnitine (Oral Solution) | G | 3 | |
| Levocarnitine (Oral Tablet) | G | 3 | |
| Miglustat (Oral Capsule) | G | 5 | PA; DL |
| Nitisinone (Oral Capsule) | G | 5 | DL |
| **Prolastin-C (Intravenous Solution)** | B | 5 | PA; DL |
| **Pyrukynd (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Pyrukynd Taper Pack (Oral Tablet Therapy Pack)** | B | 5 | PA; DL; QL |
| **Revcovi (Intramuscular Solution)** | B | 5 | PA; DL |
| Sapropterin Dihydrochloride (Oral Packet) | G | 5 | DL |
| Sapropterin Dihydrochloride (Oral Tablet) | G | 5 | DL |
| Sodium Phenylbutyrate (Oral Powder) | G | 5 | DL |
| Sodium Phenylbutyrate (Oral Tablet) | G | 5 | DL |
| **Sucraid (Oral Solution)** | B | 5 | DL |
| **Vyndamax (Oral Capsule)** | B | 5 | PA; DL; QL |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| **Welireg (Oral Tablet)** | B | 5 | PA; DL; QL |
| Yargesa (Oral Capsule) | G | 5 | PA; DL |
| Zelvysia (Oral Packet) | G | 5 | DL |
| **Zenpep (Oral Capsule Delayed Release Particles)** | B | 3 | |
| **Zokinvy (Oral Capsule)** | B | 5 | PA; DL; QL |
| **Genitourinary Agents** | | | |
| **Antispasmodics, Urinary** | | | |
| **Gemtesa (Oral Tablet)** | B | 4 | DL |
| **Myrbetriq (Oral Suspension Reconstituted ER)** | B | 3 | |
| **Myrbetriq (Oral Tablet Extended Release 24 Hour)** | B | 3 | |
| Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour) | G | 3 | PA; QL |
| Oxybutynin Chloride (Oral Solution) | G | 3 | PA |
| Oxybutynin Chloride (5MG Oral Tablet Immediate Release) | G | 3 | PA |
| Solifenacin Succinate (Oral Tablet) | G | 3 | PA; QL |
| Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour) | G | 4 | PA; DL |
| Tolterodine Tartrate (Oral Tablet) | G | 4 | PA; DL |
| **Benign Prostatic Hypertrophy Agents** | | | |
| Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour) | G | 2 | |
| Dutasteride (Oral Capsule) | G | 2 | QL |
| Finasteride (5MG Oral Tablet) (Generic Proscar) | G | 1 | |
| Silodosin (Oral Capsule) | G | 3 | QL |
| Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet) | G | 4 | PA; DL; QL |
| Tamsulosin HCl (Oral Capsule) | G | 1 | |
| Terazosin HCl (Oral Capsule) | G | 1 | |
| **Genitourinary Agents, Other** | | | |
| Bethanechol Chloride (Oral Tablet) | G | 2 | |
| Penicillamine (Oral Tablet) | G | 5 | DL |
| **Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)** | | | |
| **Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)** | | | |
| Deflazacort (Oral Suspension) | G | 5 | PA; DL |
| Deflazacort (Oral Tablet) | G | 5 | PA; DL |
| Dexamethasone (Oral Solution) | G | 2 | |
| Dexamethasone (Oral Tablet) | G | 2 | |
| Fludrocortisone Acetate (Oral Tablet) | G | 2 | |
| Hydrocortisone (Oral Tablet) | G | 3 | |
| Jaythari (Oral Suspension) | G | 5 | PA; DL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Jaythari (Oral Tablet) | G | 5 | PA; DL |
| Kymbee (Oral Tablet) | G | 5 | PA; DL |
| Methylprednisolone (Oral Tablet) | G | 2 | |
| Methylprednisolone (Oral Tablet Therapy Pack) | G | 2 | |
| Prednisolone (Oral Solution) | G | 2 | |
| Prednisolone Sodium Phosphate (25MG/5ML Oral Solution) | G | 2 | |
| Prednisolone Sodium Phosphate (5MG/5ML Oral Solution) | G | 3 | |
| Prednisone Intensol (Oral Concentrate) | G | 4 | DL |
| Prednisone (5MG/5ML Oral Solution) | G | 4 | DL |
| Prednisone (Oral Tablet) | G | 1 | |
| Prednisone (Oral Tablet Therapy Pack) | G | 1 | |
| Pyquvi (Oral Suspension) | G | 5 | PA; DL |
| **Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)** | | | |
| **Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)** | | | |
| Desmopressin Acetate (Oral Tablet) | G | 3 | |
| Desmopressin Acetate Spray (Nasal Solution) | G | 4 | DL |
| **Genotropin MiniQuick (0.2MG Subcutaneous Prefilled Syringe)** | B | 4 | PA; DL |
| **Genotropin MiniQuick (0.4MG Subcutaneous Prefilled Syringe, 0.6MG Subcutaneous Prefilled Syringe, 0.8MG Subcutaneous Prefilled Syringe, 1.2MG Subcutaneous Prefilled Syringe, 1.4MG Subcutaneous Prefilled Syringe, 1.6MG Subcutaneous Prefilled Syringe, 1.8MG Subcutaneous Prefilled Syringe, 1MG Subcutaneous Prefilled Syringe, 2MG Subcutaneous Prefilled Syringe)** | B | 5 | PA; DL |
| **Genotropin (Subcutaneous Cartridge)** | B | 5 | PA; DL |
| **Increlex (Subcutaneous Solution)** | B | 5 | PA; DL |
| **Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)** | | | |
| **Androgens** | | | |
| Danazol (Oral Capsule) | G | 4 | DL |
| Testosterone Cypionate (Intramuscular Solution) | G | 2 | PA |
| Testosterone Enanthate (Intramuscular Solution) | G | 3 | PA |
| Testosterone (25MG/2.5GM 1% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel) | G | 3 | |
| Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel), Testosterone Pump (1.62% Transdermal Gel) | G | 4 | DL |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| **Estrogens** | | | |
| Altavera (Oral Tablet) | G | 3 | |
| Alyacen 1/35 (Oral Tablet) | G | 3 | |
| Apri (Oral Tablet) | G | 3 | |
| Ashlyna (Oral Tablet) | G | 3 | |
| Aubra EQ (Oral Tablet) | G | 3 | |
| Aviane (Oral Tablet) | G | 3 | |
| Azurette (Oral Tablet) | G | 3 | |
| Balziva (Oral Tablet) | G | 3 | |
| Blisovi 24 Fe (Oral Tablet) | G | 3 | |
| Blisovi Fe 1.5/30 (Oral Tablet) | G | 3 | |
| Briellyn (Oral Tablet) | G | 3 | |
| Camrese Lo (Oral Tablet) | G | 3 | |
| **Climara Pro (Transdermal Patch Weekly)** | B | 4 | DL |
| Cryselle (Oral Tablet) | G | 3 | |
| Cyred EQ (Oral Tablet) | G | 3 | |
| Dolishale (Oral Tablet) | G | 3 | |
| Drospirenone-Ethinyl Estradiol (Oral Tablet) | G | 3 | |
| **Duavee (Oral Tablet)** | B | 4 | DL |
| EluRyng (Vaginal Ring) | G | 3 | |
| EnilloRing (Vaginal Ring) | G | 3 | |
| Enskyce (Oral Tablet) | G | 3 | |
| Estarylla (Oral Tablet) | G | 3 | |
| Estradiol (Oral Tablet) | G | 1 | |
| Estradiol (0.75MG/1.25GM(0.06%) Transdermal Gel) | G | 4 | DL |
| Estradiol (Transdermal Patch Twice Weekly) | G | 3 | QL |
| Estradiol (Transdermal Patch Weekly) | G | 3 | QL |
| Estradiol (Vaginal Cream) | G | 3 | |
| Estradiol (Vaginal Tablet) | G | 4 | DL; QL |
| Estradiol Valerate (Intramuscular Oil) | G | 4 | DL |
| **Estring (Vaginal Ring)** | B | 4 | DL |
| Etonogestrel-Ethinyl Estradiol (Vaginal Ring) | G | 3 | |
| Falmina (Oral Tablet) | G | 3 | |
| Feirza 1.5/30 (Oral Tablet) | G | 3 | |
| Feirza 1/20 (Oral Tablet) | G | 3 | |
| Finzala (Oral Tablet Chewable) | G | 3 | |
| Fyavolv (Oral Tablet) | G | 4 | DL |
| Galbriela (Oral Tablet Chewable) | G | 3 | |
| Hailey 24 Fe (Oral Tablet) | G | 3 | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Hailey Fe 1/20 (Oral Tablet) | G | 3 | |
| Iclevia (Oral Tablet) | G | 3 | |
| Introvale (Oral Tablet) | G | 3 | |
| Isibloom (Oral Tablet) | G | 3 | |
| Jaimiess (Oral Tablet) | G | 3 | |
| Jasmiel (Oral Tablet) | G | 3 | |
| Jinteli (Oral Tablet) | G | 4 | DL |
| Juleber (Oral Tablet) | G | 3 | |
| Junel 1.5/30 (Oral Tablet) | G | 3 | |
| Junel 1/20 (Oral Tablet) | G | 3 | |
| Junel Fe 1.5/30 (Oral Tablet) | G | 3 | |
| Junel Fe 1/20 (Oral Tablet) | G | 3 | |
| Junel Fe 24 (Oral Tablet) | G | 3 | |
| Kaitlib Fe (Oral Tablet Chewable) | G | 3 | |
| Kariva (Oral Tablet) | G | 3 | |
| Kelnor 1/35 (Oral Tablet) | G | 3 | |
| Kurvelo (Oral Tablet) | G | 3 | |
| LARIN 1.5/30 (Oral Tablet) | G | 3 | |
| LARIN 1/20 (Oral Tablet) | G | 3 | |
| LARIN Fe 1.5/30 (Oral Tablet) | G | 3 | |
| LARIN Fe 1/20 (Oral Tablet) | G | 3 | |
| Lessina (Oral Tablet) | G | 3 | |
| Levonest (Oral Tablet) | G | 3 | |
| Levonorgestrel-Ethinyl Estradiol 91-Day (0.1-0.02 & 0.01MG Oral Tablet, 0.15-0.03MG Oral Tablet) | G | 3 | |
| Levonorgestrel-Ethinyl Estradiol (0.1-20MG-MCG Oral Tablet, 90-20MCG Oral Tablet) | G | 3 | |
| Levonorgestrel-Ethinyl Estradiol Triphasic (Oral Tablet) | G | 3 | |
| LoJaimiess (Oral Tablet) | G | 3 | |
| Loryna (Oral Tablet) | G | 3 | |
| Low-Ogestrel (Oral Tablet) | G | 3 | |
| Luizza 1.5/30 (Oral Tablet) | G | 3 | |
| Luizza 1/20 (Oral Tablet) | G | 3 | |
| Marlissa (Oral Tablet) | G | 3 | |
| Mibelas 24 Fe (Oral Tablet Chewable) | G | 3 | |
| Microgestin 1.5/30 (Oral Tablet) | G | 3 | |
| Microgestin 1/20 (Oral Tablet) | G | 3 | |
| Microgestin Fe 1.5/30 (Oral Tablet) | G | 3 | |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Microgestin Fe 1/20 (Oral Tablet) | G | 3 | |
| Mili (Oral Tablet) | G | 3 | |
| Necon 0.5/35 (28) (Oral Tablet) | G | 3 | |
| Nikki (Oral Tablet) | G | 3 | |
| Norelgestromin-Ethinyl Estradiol (Transdermal Patch Weekly) | G | 3 | |
| Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG Oral Tablet Chewable) | G | 3 | |
| Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet) | G | 3 | |
| Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet) | G | 4 | DL |
| Norgestimate-Ethinyl Estradiol (0.25-35MG-MCG Oral Tablet) | G | 3 | |
| Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet) | G | 3 | |
| Nortrel 0.5/35 (28) (Oral Tablet) | G | 3 | |
| Nortrel 1/35 (21) (Oral Tablet) | G | 3 | |
| Nortrel 1/35 (28) (Oral Tablet) | G | 3 | |
| Nortrel 7/7/7 (Oral Tablet) | G | 3 | |
| Nylia 1/35 (Oral Tablet) | G | 3 | |
| Nylia 7/7/7 (Oral Tablet) | G | 3 | |
| Pimtrea (Oral Tablet) | G | 3 | |
| Portia-28 (Oral Tablet) | G | 3 | |
| **Premarin (Oral Tablet)** | B | 4 | DL; QL |
| **Premarin (Vaginal Cream)** | B | 3 | |
| **Premphase (Oral Tablet)** | B | 4 | DL; QL |
| **Prempro (Oral Tablet)** | B | 4 | DL; QL |
| Reclipsen (Oral Tablet) | G | 3 | |
| Rivelsa (Oral Tablet) | G | 3 | |
| Rosyrah (Oral Tablet) | G | 3 | |
| Setlakin (Oral Tablet) | G | 3 | |
| Sprintec 28 (Oral Tablet) | G | 3 | |
| Syeda (Oral Tablet) | G | 3 | |
| Tarina 24 Fe (Oral Tablet) | G | 3 | |
| Tarina Fe 1/20 EQ (Oral Tablet) | G | 3 | |
| Tilia Fe (Oral Tablet) | G | 3 | |
| Tri-Estarylla (Oral Tablet) | G | 3 | |
| Tri-Legest Fe (Oral Tablet) | G | 3 | |
| Tri-Lo-Estarylla (Oral Tablet) | G | 3 | |
| Tri-Lo-Sprintec (Oral Tablet) | G | 3 | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Tri-Mili (Oral Tablet) | G | 3 | |
| Tri-Sprintec (Oral Tablet) | G | 3 | |
| Tri-VyLibra Lo (Oral Tablet) | G | 3 | |
| Tri-VyLibra (Oral Tablet) | G | 3 | |
| Turqoz (Oral Tablet) | G | 3 | |
| Valtya 1/35 (Oral Tablet) | G | 3 | |
| Valtya 1/50 (Oral Tablet) | G | 3 | |
| Vestura (Oral Tablet) | G | 3 | |
| Vienva (Oral Tablet) | G | 3 | |
| Viorele (Oral Tablet) | G | 3 | |
| Vyfemla (Oral Tablet) | G | 3 | |
| VyLibra (Oral Tablet) | G | 3 | |
| Wymzya Fe (Oral Tablet Chewable) | G | 3 | |
| Xarah Fe (Oral Tablet) | G | 3 | |
| Xelria Fe (Oral Tablet Chewable) | G | 3 | |
| Xulane (Transdermal Patch Weekly) | G | 3 | |
| Yuvafem (Vaginal Tablet) | G | 4 | DL; QL |
| Zafemy (Transdermal Patch Weekly) | G | 3 | |
| Zovia 1/35 (28) (Oral Tablet) | G | 3 | |
| **Progestins** | | | |
| Camila (Oral Tablet) | G | 3 | |
| **Crinone (8% Vaginal Gel)** | B | 4 | PA; DL |
| Deblitane (Oral Tablet) | G | 3 | |
| **Depo-SubQ Provera 104 (Subcutaneous Suspension Prefilled Syringe)** | B | 3 | |
| Errin (Oral Tablet) | G | 3 | |
| Gallifrey (Oral Tablet) | G | 2 | |
| Heather (Oral Tablet) | G | 3 | |
| Incassia (Oral Tablet) | G | 3 | |
| **Liletta (52MG) (Intrauterine Device)** | B | 3 | |
| Lyleq (Oral Tablet) | G | 3 | |
| Lyza (Oral Tablet) | G | 3 | |
| Medroxyprogesterone Acetate (Intramuscular Suspension) | G | 3 | |
| Medroxyprogesterone Acetate (Intramuscular Suspension Prefilled Syringe) | G | 3 | |
| Medroxyprogesterone Acetate (Oral Tablet) | G | 1 | |
| Megestrol Acetate (40MG/ML Oral Suspension) | G | 3 | |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Megestrol Acetate (Oral Tablet) | G | 3 | |
| Meleya (Oral Tablet) | G | 3 | |
| **Nexplanon (Subcutaneous Implant)** | B | 3 | |
| Nora-BE (Oral Tablet) | G | 3 | |
| Norethindrone Acetate (5MG Oral Tablet) | G | 2 | |
| Norethindrone (0.35MG Oral Tablet) | G | 3 | |
| Orquidea (Oral Tablet) | G | 3 | |
| Progesterone (Oral Capsule) | G | 2 | |
| Sharobel (Oral Tablet) | G | 3 | |
| **Selective Estrogen Receptor Modifying Agents** | | | |
| **Osphena (Oral Tablet)** | B | 3 | PA; QL |
| Raloxifene HCl (Oral Tablet) | G | 2 | QL |
| **Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)** | | | |
| **Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)** | | | |
| Levothyroxine Sodium (Oral Tablet) | G | 1 | |
| Levoxyl (Oral Tablet) | G | 3 | |
| Liomny (Oral Tablet) | G | 2 | |
| Liothyronine Sodium (Oral Tablet) | G | 2 | |
| **Synthroid (Oral Tablet)** | B | 3 | |
| Unithroid (Oral Tablet) | G | 3 | |
| **Hormonal Agents, Suppressant (Adrenal or Pituitary)** | | | |
| **Hormonal Agents, Suppressant (Adrenal or Pituitary)** | | | |
| Bromocriptine Mesylate (Oral Capsule) | G | 3 | |
| Bromocriptine Mesylate (Oral Tablet) | G | 3 | |
| Cabergoline (Oral Tablet) | G | 3 | |
| **Eligard (Subcutaneous Kit)** | B | 4 | PA; DL; QL |
| **Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)** | B | 5 | PA; DL; QL |
| **Firmagon (80MG Subcutaneous Solution Reconstituted)** | B | 4 | PA; DL; QL |
| Leuprolide Acetate (Subcutaneous Injection Kit) | G | 4 | PA; DL; QL |
| **Lupron Depot (1-Month) (Intramuscular Kit)** | B | 5 | PA; DL; QL |
| **Lupron Depot (3-Month) (Intramuscular Kit)** | B | 5 | PA; DL; QL |
| **Lupron Depot (4-Month) (Intramuscular Kit)** | B | 5 | PA; DL; QL |
| **Lupron Depot (6-Month) (Intramuscular Kit)** | B | 5 | PA; DL; QL |
| Mifepristone (300MG Oral Tablet) | G | 5 | PA; DL; QL |
| Octreotide Acetate (Injection Solution) | G | 4 | PA; DL |
| **Signifor (Subcutaneous Solution)** | B | 5 | PA; DL |
| **Somavert (Subcutaneous Solution Reconstituted)** | B | 5 | PA; DL; QL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| **Hormonal Agents, Suppressant (Thyroid)** | | | |
| **Antithyroid Agents** | | | |
| Methimazole (Oral Tablet) | G | 1 | |
| Propylthiouracil (Oral Tablet) | G | 2 | |
| **Immunological Agents** | | | |
| **Angioedema Agents** | | | |
| **Haegarda (Subcutaneous Solution Reconstituted)** | B | 5 | PA; DL |
| Icatibant Acetate (Subcutaneous Solution Prefilled Syringe) | G | 5 | PA; DL; QL |
| **Immunoglobulins** | | | |
| **Gamunex-C (1GM/10ML Injection Solution)** | B | 5 | PA; DL |
| **Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)** | B | 5 | PA; DL |
| **Immunological Agents, Other** | | | |
| **Arcalyst (Subcutaneous Solution Reconstituted)** | B | 5 | PA; DL |
| **Benlysta (Subcutaneous Solution Auto-Injector)** | B | 5 | PA; DL |
| **Benlysta (Subcutaneous Solution Prefilled Syringe)** | B | 5 | PA; DL |
| **Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)** | B | 5 | PA; DL; QL |
| **Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)** | B | 5 | PA; DL; QL |
| **Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)** | B | 5 | PA; DL; QL |
| **Cosentyx UnoReady (Subcutaneous Solution Auto-Injector)** | B | 5 | PA; DL; QL |
| **Dupixent (Subcutaneous Solution Auto-Injector)** | B | 5 | PA; DL; QL |
| **Dupixent (Subcutaneous Solution Prefilled Syringe)** | B | 5 | PA; DL; QL |
| **Ebglyss (Subcutaneous Solution Auto-Injector)** | B | 5 | PA; DL |
| **Ebglyss (Subcutaneous Solution Prefilled Syringe)** | B | 5 | PA; DL |
| **Entyvio Pen (Subcutaneous Solution Auto-Injector)** | B | 5 | PA; DL; QL |
| **Kineret (Subcutaneous Solution Prefilled Syringe)** | B | 5 | PA; DL |
| **Otezla (Oral Tablet Immediate Release)** | B | 5 | PA; DL; QL |
| **Otezla (Oral Tablet Therapy Pack)** | B | 5 | PA; DL; QL |
| **Otezla XR (Oral Tablet Extended Release 24 Hour)** | B | 5 | PA; DL; QL |
| **Otezla/Otezla XR Initiation Pack (Oral Tablet Therapy Pack)** | B | 5 | PA; DL; QL |
| **Rinvoq LQ (Oral Solution)** | B | 5 | PA; DL; QL |
| **Rinvoq (Oral Tablet Extended Release 24 Hour)** | B | 5 | PA; DL; QL |
| **Skyrizi Pen (Subcutaneous Solution Auto-Injector)** | B | 5 | PA; DL; QL |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| **Skyrizi (Subcutaneous Solution Cartridge)** | B | 5 | PA; DL; QL |
| **Skyrizi (150MG/ML Subcutaneous Solution Prefilled Syringe)** | B | 5 | PA; DL; QL |
| **Starjemza (Subcutaneous Solution)** | B | 4 | PA; DL; QL |
| **Starjemza (Subcutaneous Solution Prefilled Syringe)** | B | 4 | PA; DL; QL |
| **Steqeyma (Subcutaneous Solution)** | B | 3 | PA; QL |
| **Steqeyma (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)** | B | 3 | PA; QL |
| **Steqeyma (90MG/ML Subcutaneous Solution Prefilled Syringe)** | B | 5 | PA; DL; QL |
| **Tezspire (Subcutaneous Solution Auto-Injector)** | B | 5 | PA; DL; QL |
| Tofacitinib Citrate ER (Oral Tablet Extended Release 24 Hour) | G | 5 | PA; DL; QL |
| Tofacitinib Citrate (Oral Solution) | G | 5 | PA; DL; QL |
| Tofacitinib Citrate (Oral Tablet) | G | 5 | PA; DL; QL |
| **Tremfya One-Press (100MG/ML Subcutaneous Solution Pen-Injector)** | B | 5 | PA; DL; QL |
| **Tremfya Pen (200MG/2ML Subcutaneous Solution Auto-Injector)** | B | 5 | PA; DL; QL |
| **Tremfya (Subcutaneous Solution Prefilled Syringe)** | B | 5 | PA; DL; QL |
| **Tremfya-Crohn's Disease/Ulcerative Colitis Induction (Subcutaneous Solution Auto-Injector)** | B | 5 | PA; DL |
| **Tyenne (Subcutaneous Solution Auto-Injector)** | B | 5 | PA; DL; QL |
| **Tyenne (Subcutaneous Solution Prefilled Syringe)** | B | 5 | PA; DL; QL |
| **Velsipity (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Xolair (Subcutaneous Solution Auto-Injector)** | B | 5 | PA; DL |
| **Xolair (Subcutaneous Solution Prefilled Syringe)** | B | 5 | PA; DL |
| **Xolair (Subcutaneous Solution Reconstituted)** | B | 5 | PA; DL |
| **Yesintek (Subcutaneous Solution)** | B | 3 | PA; QL |
| **Yesintek (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)** | B | 3 | PA; QL |
| **Yesintek (90MG/ML Subcutaneous Solution Prefilled Syringe)** | B | 5 | PA; DL; QL |
| **Immunostimulants** | | | |
| **Actimmune (Subcutaneous Solution)** | B | 5 | PA; DL |
| **Besremi (Subcutaneous Solution Prefilled Syringe)** | B | 5 | PA; DL |
| **Pegasys (Subcutaneous Solution)** | B | 5 | PA; DL |
| **Pegasys (Subcutaneous Solution Prefilled Syringe)** | B | 5 | PA; DL |
| **Immunosuppressants** | | | |
| **Adalimumab-aaty (1 Pen) (80MG/0.8ML Subcutaneous Auto-Injector Kit)** | B | 5 | PA; DL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| **Adalimumab-aaty (2 Pen) (Subcutaneous Auto-Injector Kit)** | B | 5 | PA; DL |
| **Adalimumab-aaty (2 Syringe) (Subcutaneous Prefilled Syringe Kit)** | B | 5 | PA; DL |
| **Adalimumab-aaty (Crohn's Disease/Ulcerative Colitis/Hidradenitis Suppurativa Starter) (Subcutaneous Auto-Injector Kit)** | B | 5 | PA; DL |
| **Adalimumab-adbm (2 Pen) (Subcutaneous Auto-Injector Kit) (Boehringer Ingelheim)** | B | 5 | PA; DL; QL |
| **Adalimumab-adbm (2 Syringe) (Subcutaneous Prefilled Syringe Kit) (Boehringer Ingelheim)** | B | 5 | PA; DL; QL |
| **Astagraf XL (Oral Capsule Extended Release 24 Hour)** | B | 4 | B/D,PA; DL |
| Azathioprine (50MG Oral Tablet) | G | 2 | B/D,PA |
| Cyclosporine Modified (Oral Capsule) | G | 3 | B/D,PA |
| Cyclosporine Modified (Oral Solution) | G | 3 | B/D,PA |
| Cyclosporine (Oral Capsule) | G | 3 | B/D,PA |
| **Enbrel Mini (Subcutaneous Solution Cartridge)** | B | 5 | PA; DL; QL |
| **Enbrel (Subcutaneous Solution)** | B | 5 | PA; DL; QL |
| **Enbrel (Subcutaneous Solution Prefilled Syringe)** | B | 5 | PA; DL; QL |
| **Enbrel SureClick (Subcutaneous Solution Auto-Injector)** | B | 5 | PA; DL; QL |
| **Envarsus XR (Oral Tablet Extended Release 24 Hour)** | B | 4 | B/D,PA; DL |
| Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet) | G | 4 | B/D,PA; DL |
| Everolimus (0.75MG Oral Tablet, 1MG Oral Tablet) | G | 5 | B/D,PA; DL |
| Gengraf (Oral Capsule) | G | 3 | B/D,PA |
| Leflunomide (Oral Tablet) | G | 2 | |
| Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe) | G | 2 | |
| Methotrexate Sodium (50MG/2ML Injection Solution) | G | 2 | |
| Methotrexate Sodium (Oral Tablet) | G | 1 | |
| Mycophenolate Mofetil (Oral Capsule) | G | 3 | B/D,PA |
| Mycophenolate Mofetil (Oral Suspension Reconstituted) | G | 4 | B/D,PA; DL |
| Mycophenolate Mofetil (Oral Tablet) | G | 3 | B/D,PA |
| Mycophenolate Sodium (Oral Tablet Delayed Release) | G | 4 | B/D,PA; DL |
| **Prograf (Oral Packet)** | B | 4 | B/D,PA; DL |
| Sirolimus (Oral Solution) | G | 4 | B/D,PA; DL |
| Sirolimus (Oral Tablet) | G | 4 | B/D,PA; DL |
| Tacrolimus (Oral Capsule) | G | 3 | B/D,PA |
| **Xatmep (Oral Solution)** | B | 4 | PA; DL |
| **Zymfentra (2 Pen) (Subcutaneous Auto-Injector Kit)** | B | 5 | PA; DL |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| **Zymfentra (2 Syringe) (Subcutaneous Prefilled Syringe Kit)** | B | 5 | PA; DL |
| **Vaccines** | | | |
| **Abrysvo (Intramuscular Solution Reconstituted)** | B | 3 | PA; QL |
| **ActHIB (Intramuscular Solution Reconstituted)** | B | 3 | QL |
| **Adacel (Intramuscular Suspension)** | B | 3 | QL |
| **Adacel (Intramuscular Suspension Prefilled Syringe)** | B | 3 | QL |
| **Arexvy (Intramuscular Suspension Reconstituted)** | B | 3 | PA; QL |
| **BCG Vaccine (Injection Solution Reconstituted)** | B | 3 | QL |
| **Bexsero (Intramuscular Suspension Prefilled Syringe)** | B | 3 | QL |
| **Boostrix (5LF-2.5LF-18.5MCG/0.5ML Intramuscular Suspension)** | B | 3 | QL |
| **Boostrix (Intramuscular Suspension Prefilled Syringe)** | B | 3 | QL |
| **Daptacel (Intramuscular Suspension)** | B | 3 | QL |
| **Engerix-B (Injection Suspension)** | B | 3 | B/D,PA; QL |
| **Engerix-B (Injection Suspension Prefilled Syringe)** | B | 3 | B/D,PA; QL |
| **Gardasil 9 (Intramuscular Suspension)** | B | 3 | QL |
| **Gardasil 9 (Intramuscular Suspension Prefilled Syringe)** | B | 3 | QL |
| **Havrix (Intramuscular Suspension Prefilled Syringe)** | B | 3 | QL |
| **Heplisav-B (Intramuscular Solution Prefilled Syringe)** | B | 3 | B/D,PA; QL |
| **Hiberix (Injection Solution Reconstituted)** | B | 3 | QL |
| **Imovax Rabies (Intramuscular Suspension Reconstituted)** | B | 3 | B/D,PA; QL |
| **Infanrix (Intramuscular Suspension)** | B | 3 | QL |
| **IPOL (Injection Suspension)** | B | 3 | QL |
| **Ixiaro (Intramuscular Suspension)** | B | 3 | QL |
| **Jynneos (Subcutaneous Suspension)** | B | 3 | QL |
| **Kinrix (Intramuscular Suspension Prefilled Syringe)** | B | 3 | QL |
| **MenQuadfi (Intramuscular Solution)** | B | 3 | QL |
| **Menveo (Intramuscular Solution Reconstituted)** | B | 3 | QL |
| **M-M-R II (Injection Solution Reconstituted)** | B | 3 | QL |
| **MResvia (Intramuscular Suspension Prefilled Syringe)** | B | 3 | PA; QL |
| **Pediarix (Intramuscular Suspension Prefilled Syringe)** | B | 3 | QL |
| **Pedvax HIB (7.5MCG/0.5ML Intramuscular Suspension)** | B | 3 | QL |
| **Penbraya (Intramuscular Suspension Reconstituted)** | B | 3 | QL |
| **Penmenvy (Intramuscular Suspension Reconstituted)** | B | 3 | QL |
| **Pentacel (Intramuscular Suspension Reconstituted)** | B | 3 | QL |
| **Priorix (Subcutaneous Suspension Reconstituted)** | B | 3 | QL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| **ProQuad (Subcutaneous Suspension Reconstituted)** | B | 3 | QL |
| **Quadracel (Intramuscular Suspension)** | B | 3 | QL |
| **Quadracel (Intramuscular Suspension Prefilled Syringe)** | B | 3 | QL |
| **RabAvert (Intramuscular Suspension Reconstituted)** | B | 3 | B/D,PA; QL |
| **Recombivax HB (Injection Suspension)** | B | 3 | B/D,PA; QL |
| **Recombivax HB (Injection Suspension Prefilled Syringe)** | B | 3 | B/D,PA; QL |
| **Rotarix (Oral Suspension)** | B | 3 | QL |
| **RotaTeq (Oral Solution)** | B | 3 | QL |
| **Shingrix (Intramuscular Suspension Prefilled Syringe)** | B | 3 | QL |
| **Shingrix (50MCG/0.5ML Intramuscular Suspension Reconstituted)** | B | 3 | QL |
| **Tenivac (Intramuscular Injectable)** | B | 3 | QL |
| **Ticovac (Intramuscular Suspension Prefilled Syringe)** | B | 3 | QL |
| **Trumenba (Intramuscular Suspension Prefilled Syringe)** | B | 3 | QL |
| **Twinrix (Intramuscular Suspension Prefilled Syringe)** | B | 3 | QL |
| **Typhim VI (Intramuscular Solution Prefilled Syringe)** | B | 3 | QL |
| **Vaqta (Intramuscular Suspension)** | B | 3 | QL |
| **Vaqta (Intramuscular Suspension Prefilled Syringe)** | B | 3 | QL |
| **Varivax (Injection Suspension Reconstituted)** | B | 3 | QL |
| **Vaxchora (Oral Suspension Reconstituted)** | B | 3 | PA; QL |
| **Vimkunya (Intramuscular Suspension Prefilled Syringe)** | B | 3 | QL |
| **Vivotif (Oral Capsule Delayed Release)** | B | 3 | QL |
| **YF-VAX (Subcutaneous Suspension Reconstituted)** | B | 3 | QL |
| **Inflammatory Bowel Disease Agents** | | | |
| **Aminosalicylates** | | | |
| Balsalazide Disodium (Oral Capsule) | G | 4 | DL |
| Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso) | G | 3 | QL |
| Mesalamine ER (500MG Oral Capsule Extended Release) (Generic Pentasa) | G | 4 | DL; QL |
| Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda) | G | 3 | QL |
| Mesalamine (Rectal Enema) | G | 4 | DL; QL |
| Mesalamine (Rectal Suppository) | G | 4 | DL; QL |
| **Pentasa (Oral Capsule Extended Release)** | B | 4 | DL; QL |
| Sulfasalazine (Oral Tablet Immediate Release) | G | 2 | |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Sulfasalazine (Oral Tablet Delayed Release) | G | 2 | |
| **Glucocorticoids** | | | |
| Budesonide ER (Oral Tablet Extended Release 24 Hour) | G | 4 | ST; DL |
| Budesonide (Oral Capsule Delayed Release Particles) | G | 4 | DL |
| Hydrocortisone (Perianal) (2.5% External Cream) | G | 2 | |
| Hydrocortisone (Rectal Enema) | G | 4 | DL |
| Procto-Med HC (External Cream) | G | 2 | |
| **Tarpeyo (Oral Capsule Delayed Release)** | B | 5 | PA; DL; QL |
| **Metabolic Bone Disease Agents** | | | |
| **Metabolic Bone Disease Agents** | | | |
| Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet) | G | 1 | QL |
| **Bomyntra (Subcutaneous Solution)** | B | 5 | DL |
| **Bomyntra (Subcutaneous Solution Prefilled Syringe)** | B | 5 | DL |
| **Bonsity (Subcutaneous Solution Pen-Injector)** | B | 5 | PA; DL; QL |
| Calcitonin Salmon (Nasal Solution) | G | 3 | QL |
| Calcitriol (Oral Capsule) | G | 2 | B/D,PA |
| Calcitriol (Oral Solution) | G | 4 | B/D,PA; DL |
| Cinacalcet HCl (Oral Tablet) | G | 4 | B/D,PA; DL; QL |
| **Conexxence (Subcutaneous Solution Prefilled Syringe)** | B | 4 | DL; QL |
| Ibandronate Sodium (Oral Tablet) | G | 2 | QL |
| **Osenvelt (Subcutaneous Solution)** | B | 5 | DL |
| Paricalcitol (Oral Capsule) | G | 4 | B/D,PA; DL |
| **Rayaldee (Oral Capsule Extended Release)** | B | 5 | DL; QL |
| Risedronate Sodium (Oral Tablet Immediate Release) | G | 3 | QL |
| **Stoboclo (Subcutaneous Solution Prefilled Syringe)** | B | 4 | DL; QL |
| Teriparatide (Subcutaneous Solution Pen-Injector) | G | 5 | PA; DL; QL |
| **Tymlos (Subcutaneous Solution Pen-Injector)** | B | 5 | PA; DL; QL |
| **Miscellaneous Therapeutic Agents** | | | |
| **Miscellaneous Therapeutic Agents** | | | |
| **Alcohol Prep Pads** | B | 3 | |
| **Gauze (Non-medicated 2X2 Pad)** | B | 3 | |
| **Insulin Syringes, Needles** | B | 3 | |
| **Journavx (Oral Tablet)** | B | 3 | |
| **Rezdiffra (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Wegovy (Oral Tablet)** | B | 3 | PA; QL |
| **Wegovy (Subcutaneous Solution Auto-Injector)** | B | 3 | PA; QL |
| **Ophthalmic Agents** | | | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| **Ophthalmic Agents, Other** | | | |
| Atropine Sulfate (1% Ophthalmic Solution) | G | 3 | |
| Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment) | G | 3 | |
| Brimonidine Tartrate-Timolol (Ophthalmic Solution) | G | 3 | |
| **Cystaran (Ophthalmic Solution)** | B | 5 | DL |
| Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution) | G | 1 | |
| Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution) | G | 4 | DL |
| **Miebo (Ophthalmic Solution)** | B | 4 | DL; QL |
| Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment) | G | 2 | |
| Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension) | G | 2 | |
| Neomycin-Polymyxin-HC (Ophthalmic Suspension) | G | 4 | DL |
| **Restasis MultiDose (Ophthalmic Emulsion)** | B | 3 | QL |
| **Restasis Single-Use Vials (Ophthalmic Emulsion)** | B | 3 | QL |
| **Rocklatan (Ophthalmic Solution)** | B | 3 | ST |
| Sulfacetamide-Prednisolone (Ophthalmic Solution) | G | 2 | |
| **TobraDex (Ophthalmic Ointment)** | B | 3 | |
| Tobramycin-Dexamethasone (Ophthalmic Suspension) | G | 3 | |
| **Tyrvaya (Nasal Solution)** | B | 4 | DL; QL |
| **Xiidra (Ophthalmic Solution)** | B | 4 | DL; QL |
| **Ophthalmic Anti-allergy Agents** | | | |
| Azelastine HCl (Ophthalmic Solution) | G | 3 | |
| Cromolyn Sodium (Ophthalmic Solution) | G | 2 | |
| Epinastine HCl (Ophthalmic Solution) | G | 3 | |
| **Ophthalmic Anti-Infectives** | | | |
| Bacitracin-Polymyxin B (Ophthalmic Ointment) | G | 2 | |
| **Besivance (Ophthalmic Suspension)** | B | 4 | DL |
| Ciprofloxacin HCl (Ophthalmic Solution) | G | 2 | |
| Erythromycin (Ophthalmic Ointment) | G | 2 | |
| Gatifloxacin (Ophthalmic Solution) | G | 3 | |
| Gentamicin Sulfate (Ophthalmic Solution) | G | 2 | |
| Levofloxacin (0.5% Ophthalmic Solution) | G | 3 | |
| Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox) | G | 4 | DL |
| **Natacyn (Ophthalmic Suspension)** | B | 4 | DL |
| Neomycin-Bacitracin-Polymyxin (Ophthalmic Ointment) | G | 3 | |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution) | G | 3 | |
| Ofloxacin (Ophthalmic Solution) | G | 2 | |
| Polymyxin B-Trimethoprim (Ophthalmic Solution) | G | 2 | |
| Sulfacetamide Sodium (Ophthalmic Solution) | G | 2 | |
| Tobramycin (Ophthalmic Solution) | G | 2 | |
| Trifluridine (Ophthalmic Solution) | G | 3 | |
| **Xdemvy (Ophthalmic Solution)** | B | 5 | DL; QL |
| **Ophthalmic Anti-inflammatories** | | | |
| Dexamethasone Sodium Phosphate (Ophthalmic Solution) | G | 2 | |
| Diclofenac Sodium (Ophthalmic Solution) | G | 2 | |
| **Flarex (Ophthalmic Suspension)** | B | 4 | DL |
| Fluorometholone (Ophthalmic Suspension) | G | 3 | |
| Flurbiprofen Sodium (Ophthalmic Solution) | G | 2 | |
| **Ilevro (Ophthalmic Suspension)** | B | 3 | |
| Ketorolac Tromethamine (Ophthalmic Solution) | G | 2 | |
| **Lotemax (Ophthalmic Ointment)** | B | 4 | DL |
| Loteprednol Etabonate (Ophthalmic Gel) | G | 4 | DL |
| Loteprednol Etabonate (0.5% Ophthalmic Suspension) | G | 4 | DL |
| **Pred Mild (Ophthalmic Suspension)** | B | 4 | DL |
| Prednisolone Acetate (Ophthalmic Suspension) | G | 3 | |
| Prednisolone Sodium Phosphate (1% Ophthalmic Solution) | G | 2 | |
| **Ophthalmic Beta-Adrenergic Blocking Agents** | | | |
| Betaxolol HCl (Ophthalmic Solution) | G | 3 | |
| Carteolol HCl (Ophthalmic Solution) | G | 2 | |
| Levobunolol HCl (Ophthalmic Solution) | G | 1 | |
| Timolol Hemihydrate (Ophthalmic Solution) | G | 4 | DL |
| Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE) | G | 3 | |
| Timolol Maleate (Ophthalmic Solution) (Generic Timoptic) | G | 1 | |
| **Ophthalmic Intraocular Pressure Lowering Agents, Other** | | | |
| Apraclonidine HCl (Ophthalmic Solution) | G | 3 | |
| Brimonidine Tartrate (0.1% Ophthalmic Solution) | G | 3 | |
| Brimonidine Tartrate (0.15% Ophthalmic Solution) | G | 4 | DL |
| Brimonidine Tartrate (0.2% Ophthalmic Solution) | G | 1 | |
| Brinzolamide (Ophthalmic Suspension) | G | 3 | |
| Dorzolamide HCl (Ophthalmic Solution) | G | 2 | |
| Methazolamide (Oral Tablet) | G | 4 | DL |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Pilocarpine HCl (1% Ophthalmic Solution, 2% Ophthalmic Solution, 4% Ophthalmic Solution) | G | 3 | |
| **Rhopressa (Ophthalmic Solution)** | B | 3 | ST |
| **Simbrinza (Ophthalmic Suspension)** | B | 3 | |
| **Ophthalmic Prostaglandin and Prostamide Analogs** | | | |
| Latanoprost (Ophthalmic Solution) | G | 1 | |
| **Lumigan (Ophthalmic Solution)** | B | 3 | |
| Travoprost (BAK Free) (Ophthalmic Solution) | G | 3 | |
| **Vyzulta (Ophthalmic Solution)** | B | 4 | DL |
| **Otic Agents** | | | |
| **Otic Agents** | | | |
| Acetic Acid (Otic Solution) | G | 2 | |
| Ciprofloxacin-Dexamethasone (Otic Suspension) | G | 4 | DL |
| Ciprofloxacin-Hydrocortisone (Otic Suspension) | G | 4 | DL |
| Fluocinolone Acetonide (Otic Oil) | G | 4 | DL |
| Hydrocortisone-Acetic Acid (Otic Solution) | G | 3 | |
| Neomycin-Polymyxin-HC (1% Otic Solution) | G | 3 | |
| Neomycin-Polymyxin-HC (Otic Suspension) | G | 3 | |
| Ofloxacin (Otic Solution) | G | 3 | |
| **Respiratory Tract/Pulmonary Agents** | | | |
| **Antihistamines** | | | |
| Azelastine HCl (0.1% Nasal Solution) | G | 3 | |
| Cetirizine HCl (5MG/5ML Oral Solution) | G | 2 | |
| Desloratadine (Oral Tablet) | G | 3 | |
| Levocetirizine Dihydrochloride (Oral Tablet) | G | 1 | QL |
| **Anti-inflammatories, Inhaled Corticosteroids** | | | |
| **Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)** | B | 3 | QL |
| Budesonide (Inhalation Suspension) | G | 4 | B/D,PA; DL |
| Flunisolide (Nasal Solution) | G | 1 | |
| Fluticasone Propionate (Nasal Suspension) | G | 1 | |
| Mometasone Furoate (Nasal Suspension) | G | 4 | DL |
| **Qvar RediHaler (Inhalation Aerosol Breath Activated)** | B | 3 | QL |
| **Antileukotrienes** | | | |
| Montelukast Sodium (Oral Packet) | G | 2 | QL |
| Montelukast Sodium (Oral Tablet) | G | 1 | QL |
| Montelukast Sodium (Oral Tablet Chewable) | G | 1 | QL |
| Zafirlukast (Oral Tablet) | G | 3 | QL |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| **Bronchodilators, Anticholinergic** | | | |
| **Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)** | B | 3 | QL |
| Ipratropium Bromide HFA (Inhalation Aerosol Solution) | G | 4 | DL |
| Ipratropium Bromide (Inhalation Solution) | G | 2 | B/D,PA |
| Ipratropium Bromide (Nasal Solution) | G | 2 | |
| **Spiriva HandiHaler (Inhalation Capsule)** | B | 3 | QL |
| **Spiriva Respimat (Inhalation Aerosol Solution)** | B | 3 | QL |
| **Bronchodilators, Sympathomimetic** | | | |
| Albuterol Sulfate HFA (Inhalation Aerosol Solution) | G | 2 | |
| Albuterol Sulfate (Inhalation Nebulization Solution) | G | 2 | B/D,PA |
| Albuterol Sulfate (2MG/5ML Oral Syrup) | G | 4 | DL |
| Albuterol Sulfate (Oral Tablet Immediate Release) | G | 4 | DL |
| Arformoterol Tartrate (Inhalation Nebulization Solution) | G | 4 | B/D,PA; DL; QL |
| Epinephrine (Injection Solution Auto-Injector) | G | 3 | QL |
| Levalbuterol HCl (Inhalation Nebulization Solution) | G | 4 | B/D,PA; DL |
| **Levalbuterol Tartrate (Inhalation Aerosol)** | B | 3 | ST |
| **Serevent Diskus (Inhalation Aerosol Powder Breath Activated)** | B | 3 | QL |
| **Cystic Fibrosis Agents** | | | |
| **Cayston (Inhalation Solution Reconstituted)** | B | 5 | PA; DL |
| **Kalydeco (Oral Packet)** | B | 5 | PA; DL; QL |
| **Kalydeco (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Orkambi (Oral Packet)** | B | 5 | PA; DL; QL |
| **Orkambi (Oral Tablet)** | B | 5 | PA; DL; QL |
| **Pulmozyme (Inhalation Solution)** | B | 5 | B/D,PA; DL; QL |
| **Tobi Podhaler (Inhalation Capsule)** | B | 5 | PA; DL; QL |
| Tobramycin (300MG/5ML Inhalation Nebulization Solution) | G | 3 | B/D,PA; QL |
| **Trikafta (Oral Tablet Therapy Pack)** | B | 5 | PA; DL; QL |
| **Trikafta (Oral Granule Therapy Pack)** | B | 5 | PA; DL; QL |
| **Mast Cell Stabilizers** | | | |
| Cromolyn Sodium (Inhalation Nebulization Solution) | G | 3 | B/D,PA |
| **Phosphodiesterase Inhibitors, Airways Disease** | | | |
| Roflumilast (Oral Tablet) | G | 4 | PA; DL; QL |
| Theophylline ER (Oral Tablet Extended Release 12 Hour) | G | 2 | |
| Theophylline ER (Oral Tablet Extended Release 24 Hour) | G | 2 | |
| Theophylline (Oral Solution) | G | 3 | |
| **Pulmonary Antihypertensives** | | | |

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| **Adempas (Oral Tablet)** | B | 5 | PA; DL |
| Alyq (Oral Tablet) | G | 4 | PA; DL; QL |
| Ambrisentan (Oral Tablet) | G | 5 | PA; DL; QL |
| Bosentan (Oral Tablet) | G | 5 | PA; DL; QL |
| Macitentan (Oral Tablet) | G | 5 | PA; DL |
| **Orenitram Month 1 (Oral Tablet Extended Release Therapy Pack)** | B | 5 | PA; DL; QL |
| **Orenitram Month 2 (Oral Tablet Extended Release Therapy Pack)** | B | 5 | PA; DL; QL |
| **Orenitram Month 3 (Oral Tablet Extended Release Therapy Pack)** | B | 5 | PA; DL; QL |
| **Orenitram (0.125MG Oral Tablet Extended Release)** | B | 4 | PA; DL |
| **Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release)** | B | 5 | PA; DL |
| Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio) | G | 3 | PA; QL |
| Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca) | G | 4 | PA; DL; QL |
| **Winrevair (Subcutaneous Kit)** | B | 5 | PA; DL; QL |
| **Pulmonary Fibrosis Agents** | | | |
| Nintedanib Esylate (Oral Capsule) | G | 5 | PA; DL; QL |
| **Ofev (Oral Capsule)** | B | 5 | PA; DL; QL |
| Pirfenidone (Oral Capsule) | G | 3 | PA; QL |
| Pirfenidone (267MG Oral Tablet, 801MG Oral Tablet) | G | 3 | PA; QL |
| **Respiratory Tract Agents, Other** | | | |
| Acetylcysteine (Inhalation Solution) | G | 2 | B/D,PA |
| **Airsupra (Inhalation Aerosol)** | B | 3 | QL |
| **Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)** | B | 3 | QL |
| **Breo Ellipta (Inhalation Aerosol Powder Breath Activated)** | B | 3 | QL |
| **Breztri Aerosphere (Inhalation Aerosol)** | B | 3 | QL |
| **Combivent Respimat (Inhalation Aerosol Solution)** | B | 3 | QL |
| **Dulera (Inhalation Aerosol)** | B | 4 | DL; QL |
| **Fasenra Pen (Subcutaneous Solution Auto-Injector)** | B | 5 | PA; DL |
| **Fasenra (Subcutaneous Solution Prefilled Syringe)** | B | 5 | PA; DL |
| **Fluticasone Furoate-Vilanterol (Inhalation Aerosol Powder Breath Activated)** | B | 3 | QL |

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

| Drug name | Brand or Generic | Drug tier | Coverage rules or limits on use |
|---|---|---|---|
| Fluticasone-Salmeterol (100-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 250-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 500-50MCG/ACT Inhalation Aerosol Powder Breath Activated) (Generic Advair) | G | 3 | QL |
| Ipratropium-Albuterol (Inhalation Solution) | G | 1 | B/D,PA |
| **Nucala (Subcutaneous Solution Auto-Injector)** | B | 5 | PA; DL; QL |
| **Nucala (Subcutaneous Solution Prefilled Syringe)** | B | 5 | PA; DL; QL |
| **Nucala (Subcutaneous Solution Reconstituted)** | B | 5 | PA; DL; QL |
| **Stiolto Respimat (Inhalation Aerosol Solution)** | B | 3 | QL |
| **Symbicort (Inhalation Aerosol)** | B | 3 | QL |
| **Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)** | B | 3 | QL |
| Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair) | G | 3 | QL |
| **Skeletal Muscle Relaxants** | | | |
| **Skeletal Muscle Relaxants** | | | |
| Chlorzoxazone (500MG Oral Tablet) | G | 3 | |
| Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet) | G | 2 | PA |
| Methocarbamol (500MG Oral Tablet, 750MG Oral Tablet) | G | 3 | |
| **Sleep Disorder Agents** | | | |
| **Sleep Promoting Agents** | | | |
| **Belsomra (Oral Tablet)** | B | 3 | QL |
| Eszopiclone (Oral Tablet) | G | 3 | QL |
| **Quviviq (Oral Tablet)** | B | 4 | DL; QL |
| Ramelteon (Oral Tablet) | G | 4 | DL; QL |
| Tasimelteon (Oral Capsule) | G | 5 | PA; DL; QL |
| Temazepam (15MG Oral Capsule, 30MG Oral Capsule) | G | 3 | PA; QL |
| Zaleplon (Oral Capsule) | G | 3 | QL |
| Zolpidem Tartrate (Oral Tablet Immediate Release) | G | 2 | QL |
| **Wakefulness Promoting Agents** | | | |
| Armodafinil (Oral Tablet) | G | 4 | PA; DL; QL |
| **Lumryz (Oral Packet)** | B | 5 | PA; DL; QL |
| **Lumryz Starter Pack (Oral Therapy Pack)** | B | 5 | PA; DL; QL |
| Modafinil (Oral Tablet) | G | 3 | PA; QL |

## Covered drugs with a quantity limit (QL)

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

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

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

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| Abacavir Sulfate (Oral Solution) | G | Maximum of 32 ml per day |
| Abacavir Sulfate (Oral Tablet) | G | Maximum of 2 tablets per day |
| Abacavir Sulfate-Lamivudine (Oral Tablet) | G | Maximum of 1 tablet per day |
| **Abilify Asimtufii (720MG/2.4ML Intramuscular Prefilled Syringe)** | **B** | Maximum of 1 syringe (2.4 ml) per 56 days |
| **Abilify Asimtufii (960MG/3.2ML Intramuscular Prefilled Syringe)** | **B** | Maximum of 1 syringe (3.2 ml) per 56 days |
| Abiraterone Acetate (250MG Oral Tablet) | G | Maximum of 4 tablets per day |
| Abiraterone Acetate (500MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Abirtega (Oral Tablet) | G | Maximum of 4 tablets per day |
| **Abrysvo (Intramuscular Solution Reconstituted)** | **B** | 1 vaccination dose (0.5 ml) per day |
| Acarbose (100MG Oral Tablet) | G | Maximum of 3 tablets per day |
| Acarbose (25MG Oral Tablet) | G | Maximum of 12 tablets per day |
| Acarbose (50MG Oral Tablet) | G | Maximum of 6 tablets per day |
| Acetaminophen-Codeine (120-12MG/5ML Oral Solution) | G | Maximum of 150 ml per day |
| Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet) | G | Maximum of 13 tablets per day |
| **ActHIB (Intramuscular Solution Reconstituted)** | **B** | 1 vaccination dose (1 injection) per day |
| Acyclovir (External Ointment) | G | Maximum of 30 grams per 30 days |
| **Adacel (Intramuscular Suspension)** | **B** | 1 vaccination dose (0.5 ml) per day |
| **Adacel (Intramuscular Suspension Prefilled Syringe)** | **B** | 1 vaccination dose (0.5 ml) per day |
| **Adalimumab-adbm (2 Pen) (Subcutaneous Auto-Injector Kit) (Boehringer Ingelheim)** | **B** | Maximum of 4 pens per 28 days |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| **Adalimumab-adbm (2 Syringe) (10MG/0.2ML Subcutaneous Prefilled Syringe Kit, 20MG/0.4ML Subcutaneous Prefilled Syringe Kit) (Boehringer Ingelheim)** | **B** | Maximum of 2 syringes per 28 days |
| **Adalimumab-adbm (2 Syringe) (40MG/0.4ML Subcutaneous Prefilled Syringe Kit, 40MG/0.8ML Subcutaneous Prefilled Syringe Kit) (Boehringer Ingelheim)** | **B** | Maximum of 4 syringes per 28 days |
| **Aimovig (Subcutaneous Solution Auto-Injector)** | **B** | Maximum of 1 pen (1 ml) per 28 days |
| **Airsupra (Inhalation Aerosol)** | **B** | Maximum of 3 inhalers (32.1 grams) per 30 days |
| **Akeega (Oral Tablet)** | **B** | Maximum of 2 tablets per day |
| Albendazole (Oral Tablet) | G | Maximum of 16 tablets per day |
| **Alecensa (Oral Capsule)** | **B** | Maximum of 8 capsules per day |
| Alendronate Sodium (10MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Alendronate Sodium (35MG Oral Tablet) | G | Maximum of 8 tablets per 28 days |
| Alendronate Sodium (70MG Oral Tablet) | G | Maximum of 4 tablets per 28 days |
| Aliskiren Fumarate (Oral Tablet) | G | Maximum of 1 tablet per day |
| Alprazolam (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release) | G | Maximum of 4 tablets per day |
| Alprazolam (2MG Oral Tablet Immediate Release) | G | Maximum of 5 tablets per day |
| **Alunbrig (180MG Oral Tablet, 90MG Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Alunbrig (30MG Oral Tablet)** | **B** | Maximum of 4 tablets per day |
| **Alunbrig (Oral Tablet Therapy Pack)** | **B** | Maximum of 2 packs (60 tablets) per year |
| Alyq (Oral Tablet) | G | Maximum of 2 tablets per day |
| Ambrisentan (Oral Tablet) | G | Maximum of 1 tablet per day |
| Amlodipine-Atorvastatin (Oral Tablet) | G | Maximum of 1 tablet per day |
| Amlodipine-Benazepril (Oral Capsule) | G | Maximum of 1 capsule per day |
| Amlodipine-Olmesartan (Oral Tablet) | G | Maximum of 1 tablet per day |
| Amlodipine-Valsartan (Oral Tablet) | G | Maximum of 1 tablet per day |
| Amlodipine-Valsartan-HCTZ (Oral Tablet) | G | Maximum of 1 tablet per day |
| Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour) | G | Maximum of 2 capsules per day |
| Amphetamine-Dextroamphetamine (10MG Oral Tablet, 12.5MG Oral Tablet, 15MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Amphetamine-Dextroamphetamine (20MG Oral Tablet) | G | Maximum of 3 tablets per day |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| **Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)** | **B** | Maximum of 1 inhaler (60 blisters) per 30 days |
| Aprepitant (125MG Oral Capsule) | G | Maximum of 2 capsules per 28 days |
| Aprepitant (40MG Oral Capsule, 80MG Oral Capsule) | G | Maximum of 4 capsules per 28 days |
| Aprepitant (Oral Capsule Therapy Pack) | G | Maximum of 6 capsules (2 packs) per 28 days |
| **Aptivus (Oral Capsule)** | **B** | Maximum of 4 capsules per day |
| **Arexvy (Intramuscular Suspension Reconstituted)** | **B** | 1 vaccination dose (0.5 ml) per day |
| Arformoterol Tartrate (Inhalation Nebulization Solution) | G | Maximum of 2 vials (4 ml) per day |
| Aripiprazole (1MG/ML Oral Solution) | G | Maximum of 25 ml per day |
| Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible) | G | Maximum of 2 tablets per day |
| Armodafinil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Armodafinil (50MG Oral Tablet) | G | Maximum of 2 tablets per day |
| **Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)** | **B** | Maximum of 1 inhaler (30 blisters) per 30 days |
| Asenapine Maleate (Tablet Sublingual) | G | Maximum of 2 tablets per day |
| Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour) | G | Maximum of 2 capsules per day |
| Atazanavir Sulfate (150MG Oral Capsule, 300MG Oral Capsule) | G | Maximum of 1 capsule per day |
| Atazanavir Sulfate (200MG Oral Capsule) | G | Maximum of 2 capsules per day |
| Atomoxetine HCl (100MG Oral Capsule, 60MG Oral Capsule, 80MG Oral Capsule) | G | Maximum of 1 capsule per day |
| Atomoxetine HCl (10MG Oral Capsule, 18MG Oral Capsule, 25MG Oral Capsule, 40MG Oral Capsule) | G | Maximum of 2 capsules per day |
| Atorvastatin Calcium (Oral Tablet) | G | Maximum of 1 tablet per day |
| Atovaquone (Oral Suspension) | G | Maximum of 14 ml per day |
| **Augtyro (160MG Oral Capsule)** | **B** | Maximum of 2 capsules per day |
| **Augtyro (40MG Oral Capsule)** | **B** | Maximum of 8 capsules per day |
| **Austedo (Oral Tablet Immediate Release)** | **B** | Maximum of 4 tablets per day |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| **Austedo XR (12MG Oral Tablet Extended Release 24 Hour, 18MG Oral Tablet Extended Release 24 Hour, 30MG Oral Tablet Extended Release 24 Hour, 36MG Oral Tablet Extended Release 24 Hour, 42MG Oral Tablet Extended Release 24 Hour, 48MG Oral Tablet Extended Release 24 Hour, 6MG Oral Tablet Extended Release 24 Hour)** | **B** | Maximum of 1 tablet per day |
| **Austedo XR (24MG Oral Tablet Extended Release 24 Hour)** | **B** | Maximum of 2 tablets per day |
| **Austedo XR Patient Titration (Oral Tablet Extended Release Therapy Pack)** | **B** | Maximum of 2 kits (56 tablets) per year |
| **Avmapki Fakzynja Co-Pack (Oral Therapy Pack)** | **B** | Maximum of 66 capsules per 28 days |
| **Ayvakit (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| Azelaic Acid (External Gel) | G | Maximum of 50 grams per 30 days |
| **Azilsartan Medoxomil (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Bafiertam (Oral Capsule Delayed Release)** | **B** | Maximum of 4 capsules per day |
| **Balversa (3MG Oral Tablet)** | **B** | Maximum of 3 tablets per day |
| **Balversa (4MG Oral Tablet)** | **B** | Maximum of 2 tablets per day |
| **Balversa (5MG Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Baqsimi One Pack (Nasal Powder)** | **B** | Maximum 4 boxes (4 devices) per 30 days |
| **BCG Vaccine (Injection Solution Reconstituted)** | **B** | 1 vaccination dose (1 vial) per day |
| **Belsomra (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| Benazepril HCl (Oral Tablet) | G | Maximum of 2 tablets per day |
| Benazepril-Hydrochlorothiazide (Oral Tablet) | G | Maximum of 1 tablet per day |
| **Betaseron (Subcutaneous Kit)** | **B** | Maximum of 1 kit (15 vials) per 30 days |
| Bexarotene (External Gel) | G | Maximum of 60 grams per 30 days |
| **Bexsero (Intramuscular Suspension Prefilled Syringe)** | **B** | 1 vaccination dose (0.5 ml) per day |
| **Biktarvy (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| Bisoprolol-Hydrochlorothiazide (Oral Tablet) | G | Maximum of 2 tablets per day |
| **Bonsity (Subcutaneous Solution Pen-Injector)** | **B** | Maximum of 1 pen (2.24 ml) per 28 days |
| **Boostrix (5LF-2.5LF-18.5MCG/0.5ML Intramuscular Suspension)** | **B** | 1 vaccination dose (0.5 ml) per day |
| **Boostrix (Intramuscular Suspension Prefilled Syringe)** | **B** | 1 vaccination dose (0.5 ml) per day |
| Bosentan (Oral Tablet) | G | Maximum of 2 tablets per day |
| **Bosulif (100MG Oral Capsule)** | **B** | Maximum of 6 capsules per day |
| **Bosulif (50MG Oral Capsule)** | **B** | Maximum of 11 capsules per day |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| **Bosulif (100MG Oral Tablet)** | **B** | Maximum of 6 tablets per day |
| **Bosulif (500MG Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| Bosutinib (400MG Oral Tablet) | G | Maximum of 1 tablet per day |
| **Breo Ellipta (Inhalation Aerosol Powder Breath Activated)** | **B** | Maximum of 1 inhaler (60 blisters) per 30 days |
| **Breztri Aerosphere (120 Inhalation Aerosol)** | **B** | Maximum of 1 inhaler (10.7 grams) per 30 days |
| Brivaracetam (Oral Solution) | G | Maximum of 20 ml per day |
| Brivaracetam (Oral Tablet) | G | Maximum of 2 tablets per day |
| **Brukinsa (Oral Tablet)** | **B** | Maximum of 2 tablets per day |
| Buprenorphine (Transdermal Patch Weekly) | G | Maximum of 4 patches per 28 days |
| Butalbital-Acetaminophen-Caffeine (Oral Tablet) | G | Maximum of 6 tablets per day |
| Butalbital-Aspirin-Caffeine (Oral Capsule) | G | Maximum of 6 capsules per day |
| **Cablivi (Injection Kit)** | **B** | Maximum of 1 kit per day |
| **Cabometyx (20MG Oral Tablet, 60MG Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Cabometyx (40MG Oral Tablet)** | **B** | Maximum of 2 tablets per day |
| Calcipotriene (External Cream) | G | Maximum of 120 grams per 30 days |
| Calcipotriene (External Ointment) | G | Maximum of 120 grams per 30 days |
| Calcitonin Salmon (Nasal Solution) | G | Maximum of 1 bottle (3.7 ml) per 28 days |
| **Calquence (Oral Tablet)** | **B** | Maximum of 2 tablets per day |
| Candesartan Cilexetil (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Candesartan Cilexetil (8MG Oral Tablet) | G | Maximum of 3 tablets per day |
| Candesartan Cilexetil-HCTZ (Oral Tablet) | G | Maximum of 1 tablet per day |
| **Caplyta (Oral Capsule)** | **B** | Maximum of 1 capsule per day |
| Captopril (100MG Oral Tablet) | G | Maximum of 4 tablets per day |
| Captopril (12.5MG Oral Tablet, 25MG Oral Tablet) | G | Maximum of 3 tablets per day |
| Captopril (50MG Oral Tablet) | G | Maximum of 9 tablets per day |
| Celecoxib (Oral Capsule) | G | Maximum of 2 capsules per day |
| Chloroquine Phosphate (Oral Tablet) | G | Maximum of 2 tablets per day |
| Ciclopirox (External Gel) | G | Maximum of 100 grams per 30 days |
| Ciclopirox (External Shampoo) | G | Maximum of 120 ml per 30 days |
| Ciclopirox (External Solution) | G | Maximum of 6.6 ml per 30 days |
| Ciclopirox Olamine (External Cream) | G | Maximum of 90 grams per 30 days |
| Ciclopirox Olamine (External Suspension) | G | Maximum of 60 ml per 30 days |
| **Cimduo (Oral Tablet)** | **B** | Maximum of 1 tablet per day |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| Cinacalcet HCl (30MG Oral Tablet, 60MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Cinacalcet HCl (90MG Oral Tablet) | G | Maximum of 4 tablets per day |
| **Clenpiq (Oral Solution)** | **B** | Maximum 2 bottles (350 ML) per 30 days |
| Clindacin ETZ (External Swab) | G | Maximum of 69 pads per 30 days |
| Clindamycin Phosphate (Once-Daily) (External Gel) | G | Maximum of 75 ml per 30 days |
| Clindamycin Phosphate (Twice-Daily) (External Gel) | G | Maximum of 75 grams per 30 days |
| Clindamycin Phosphate (External Lotion) | G | Maximum of 60 ml per 30 days |
| Clindamycin Phosphate (External Solution) | G | Maximum of 60 ml per 30 days |
| Clindamycin Phosphate (External Swab) | G | Maximum of 69 pads per 30 days |
| Clobazam (2.5MG/ML Oral Suspension) | G | Maximum of 16 ml per day |
| Clobazam (10MG Oral Tablet, 20MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Clobetasol Propionate Emollient Base (External Cream) | G | Maximum of 120 grams per 30 days |
| Clobetasol Propionate (0.05% External Cream) | G | Maximum of 120 grams per 30 days |
| Clobetasol Propionate (External Gel) | G | Maximum of 120 grams per 30 days |
| Clobetasol Propionate (External Ointment) | G | Maximum of 120 grams per 30 days |
| Clobetasol Propionate (External Shampoo) | G | Maximum of 236 ml per 30 days |
| Clobetasol Propionate (External Solution) | G | Maximum of 100 ml per 30 days |
| Clodan (External Shampoo) | G | Maximum of 236 ml per 30 days |
| Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet) | G | Maximum of 4 tablets per day |
| Clonazepam (2MG Oral Tablet) | G | Maximum of 10 tablets per day |
| Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible) | G | Maximum of 4 tablets per day |
| Clonazepam ODT (2MG Oral Tablet Dispersible) | G | Maximum of 10 tablets per day |
| Clopidogrel Bisulfate (75MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Clorazepate Dipotassium (15MG Oral Tablet) | G | Maximum of 6 tablets per day |
| Clorazepate Dipotassium (3.75MG Oral Tablet) | G | Maximum of 24 tablets per day |
| Clorazepate Dipotassium (7.5MG Oral Tablet) | G | Maximum of 12 tablets per day |
| Clotrimazole-Betamethasone (External Cream) | G | Maximum of 90 grams per 30 days |
| Clozapine ODT (100MG Oral Tablet Dispersible) | G | Maximum of 9 tablets per day |
| Clozapine ODT (12.5MG Oral Tablet Dispersible) | G | Maximum of 2 tablets per day |
| Clozapine ODT (150MG Oral Tablet Dispersible) | G | Maximum of 6 tablets per day |
| Clozapine ODT (200MG Oral Tablet Dispersible) | G | Maximum of 4 tablets per day |
| Clozapine ODT (25MG Oral Tablet Dispersible) | G | Maximum of 3 tablets per day |
| **Cobenfy (Oral Capsule)** | **B** | Maximum of 2 capsules per day |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| **Cobenfy Starter Pack (Oral Capsule Therapy Pack)** | **B** | Maximum of 2 packs (112 capsules) per year |
| Colchicine (0.6MG Oral Tablet) (Generic Colcrys) | G | Maximum of 4 tablets per day |
| **Combivent Respimat (Inhalation Aerosol Solution)** | **B** | Maximum of 1 inhaler (4 grams) per 20 days |
| **Cometriq (100MG Daily Dose) (Oral Kit)** | **B** | Maximum of 1 carton (56 capsules) per 28 days |
| **Cometriq (140MG Daily Dose) (Oral Kit)** | **B** | Maximum of 1 carton (112 capsules) per 28 days |
| **Cometriq (60MG Daily Dose) (Oral Kit)** | **B** | Maximum of 1 carton (84 capsules) per 28 days |
| **Conexxence (Subcutaneous Solution Prefilled Syringe)** | **B** | Maximum of 1 syringe (1 ml) per 180 days |
| **Copiktra (Oral Capsule)** | **B** | Maximum of 2 capsules per day |
| **Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)** | **B** | Maximum of 10 syringes (10 ml) per 30 days |
| **Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)** | **B** | Maximum of 10 pens (10 ml) per 30 days |
| **Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)** | **B** | Maximum of 20 syringes (10 ml) per 30 days |
| **Cosentyx UnoReady (Subcutaneous Solution Auto-Injector)** | **B** | Maximum of 5 pens (10 ml) per 30 days |
| **Cotellic (Oral Tablet)** | **B** | Maximum of 3 tablets per day |
| Dabigatran Etexilate Mesylate (Oral Capsule) | G | Maximum of 2 capsules per day |
| Dalfampridine ER (Oral Tablet Extended Release 12 Hour) | G | Maximum of 2 tablets per day |
| **Danziten (Oral Tablet)** | **B** | Maximum of 4 tablets per day |
| **Dapagliflozin (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Daptacel (Intramuscular Suspension)** | **B** | 1 vaccination dose (0.5 ml) per day |
| Darunavir (600MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Darunavir (800MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Dasatinib (100MG Oral Tablet, 140MG Oral Tablet, 70MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Dasatinib (20MG Oral Tablet, 50MG Oral Tablet) | G | Maximum of 3 tablets per day |
| Dasatinib (80MG Oral Tablet) | G | Maximum of 2 tablets per day |
| **Daurismo (100MG Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Daurismo (25MG Oral Tablet)** | **B** | Maximum of 2 tablets per day |
| **Delstrigo (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Descovy (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| Desonide (External Ointment) | G | Maximum of 120 grams per 30 days |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| Desoximetasone (0.25% External Cream) | G | Maximum of 100 grams per 30 days |
| Desvenlafaxine Succinate ER (100MG Oral Tablet Extended Release 24 Hour) (Generic Pristiq) | G | Maximum of 4 tablets per day |
| Desvenlafaxine Succinate ER (25MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour) (Generic Pristiq) | G | Maximum of 1 tablet per day |
| Dexmethylphenidate HCl (Oral Tablet) | G | Maximum of 2 tablets per day |
| Dextroamphetamine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour) | G | Maximum of 6 capsules per day |
| Dextroamphetamine Sulfate ER (15MG Oral Capsule Extended Release 24 Hour) | G | Maximum of 4 capsules per day |
| Dextroamphetamine Sulfate ER (5MG Oral Capsule Extended Release 24 Hour) | G | Maximum of 3 capsules per day |
| Dextroamphetamine Sulfate (10MG Oral Tablet, 5MG Oral Tablet) | G | Maximum of 6 tablets per day |
| Dextroamphetamine Sulfate (15MG Oral Tablet, 20MG Oral Tablet) | G | Maximum of 3 tablets per day |
| Dextroamphetamine Sulfate (30MG Oral Tablet) | G | Maximum of 2 tablets per day |
| **Diacomit (250MG Oral Capsule)** | **B** | Maximum of 12 capsules per day |
| **Diacomit (500MG Oral Capsule)** | **B** | Maximum of 6 capsules per day |
| **Diacomit (250MG Oral Packet)** | **B** | Maximum of 12 packets per day |
| **Diacomit (500MG Oral Packet)** | **B** | Maximum of 6 packets per day |
| Diazepam Intensol (Oral Concentrate) | G | Maximum of 8 ml per day |
| Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet) | G | Maximum of 4 tablets per day |
| Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel) | G | Maximum of 5 packages per 30 days |
| Diclofenac Sodium (3% External Gel) | G | Maximum of 100 grams per 30 days |
| Dihydroergotamine Mesylate (Nasal Solution) | G | Maximum of 16 vials (16 ml) per 28 days |
| Dimethyl Fumarate (120MG Oral Capsule Delayed Release) | G | Maximum of 2 capsules per day |
| Dimethyl Fumarate (240MG Oral Capsule Delayed Release) | G | Maximum of 2 capsules per day |
| Dimethyl Fumarate Starter Pack (Oral Capsule Delayed Release Therapy Pack) | G | Maximum of 2 packs (120 capsules) per year |
| Dofetilide (125MCG Oral Capsule) | G | Maximum of 6 capsules per day |
| Dofetilide (250MCG Oral Capsule, 500MCG Oral Capsule) | G | Maximum of 2 capsules per day |
| Donepezil HCl (10MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Donepezil HCl (23MG Oral Tablet, 5MG Oral Tablet) | G | Maximum of 1 tablet per day |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| Donepezil HCl ODT (10MG Oral Tablet Dispersible) | G | Maximum of 2 tablets per day |
| Donepezil HCl ODT (5MG Oral Tablet Dispersible) | G | Maximum of 1 tablet per day |
| **Doptelet (Oral Tablet)** | **B** | Maximum of 3 tablets per day |
| **Doptelet Sprinkle (Oral Capsule Sprinkle)** | **B** | Maximum of 2 capsules per day |
| **Dovato (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Drizalma Sprinkle (20MG Oral Capsule Delayed Release Sprinkle, 40MG Oral Capsule Delayed Release Sprinkle, 60MG Oral Capsule Delayed Release Sprinkle)** | **B** | Maximum of 2 capsules per day |
| **Drizalma Sprinkle (30MG Oral Capsule Delayed Release Sprinkle)** | **B** | Maximum of 3 capsules per day |
| Droxidopa (100MG Oral Capsule) | G | Maximum of 3 capsules per day |
| Droxidopa (200MG Oral Capsule, 300MG Oral Capsule) | G | Maximum of 6 capsules per day |
| **Dulera (120 Inhalation Aerosol)** | **B** | Maximum of 1 inhaler (13 grams) per 30 days |
| Duloxetine HCl (20MG Oral Capsule Delayed Release Particles) | G | Maximum of 4 capsules per day |
| Duloxetine HCl (30MG Oral Capsule Delayed Release Particles) | G | Maximum of 3 capsules per day |
| Duloxetine HCl (60MG Oral Capsule Delayed Release Particles) | G | Maximum of 2 capsules per day |
| **Dupixent (200MG/1.14ML Subcutaneous Solution Auto-Injector)** | **B** | Maximum of 4 pens (4.56 ml) per 28 days |
| **Dupixent (300MG/2ML Subcutaneous Solution Auto-Injector)** | **B** | Maximum of 4 pens (8 ml) per 28 days |
| **Dupixent (200MG/1.14ML Subcutaneous Solution Prefilled Syringe)** | **B** | Maximum of 4 syringes (4.56 ml) per 28 days |
| **Dupixent (300MG/2ML Subcutaneous Solution Prefilled Syringe)** | **B** | Maximum of 4 syringes (8 ml) per 28 days |
| Dutasteride (Oral Capsule) | G | Maximum of 1 capsule per day |
| Econazole Nitrate (External Cream) | G | Maximum of 90 grams per 30 days |
| **Edarbyclor (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Edurant PED (Oral Tablet Soluble)** | **B** | Maximum of 6 tablets per day |
| Efavirenz (Oral Tablet) | G | Maximum of 1 tablet per day |
| Efavirenz-Emtricitabine-Tenofovir (Oral Tablet) | G | Maximum of 1 tablet per day |
| Efavirenz-Lamivudine-Tenofovir (Oral Tablet) | G | Maximum of 1 tablet per day |
| **Eligard (22.5MG Subcutaneous Kit)** | **B** | Maximum of 1 kit per 84 days |
| **Eligard (30MG Subcutaneous Kit)** | **B** | Maximum of 1 kit per 112 days |
| **Eligard (45MG Subcutaneous Kit)** | **B** | Maximum of 1 kit per 168 days |
| **Eligard (7.5MG Subcutaneous Kit)** | **B** | Maximum of 1 kit per 28 days |
| **Eliquis (Oral Tablet)** | **B** | Maximum of 2 tablets per day |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| **Eliquis Starter Pack (Oral Tablet)** | **B** | Maximum of 2 packs (148 tablets) per year |
| Eltrombopag Olamine (Oral Packet) | G | Maximum of 6 packets per day |
| Eltrombopag Olamine (12.5MG Oral Tablet, 25MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Eltrombopag Olamine (50MG Oral Tablet, 75MG Oral Tablet) | G | Maximum of 2 tablets per day |
| **Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)** | **B** | Maximum of 3 syringes or pens (3 ml) per 28 days |
| **Emgality (Subcutaneous Solution Auto-Injector)** | **B** | Maximum of 2 syringes or pens (2 ml) per 28 days |
| **Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)** | **B** | Maximum of 2 syringes or pens (2 ml) per 28 days |
| **Emsam (Transdermal Patch 24 Hour)** | **B** | Maximum of 1 patch per day |
| Emtricitabine (Oral Capsule) | G | Maximum of 1 capsule per day |
| Emtricitabine-Rilpivirine-Tenofovir DF (Oral Tablet) | G | Maximum of 1 tablet per day |
| Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet) | G | Maximum of 1 tablet per day |
| **Emtriva (Oral Solution)** | **B** | Maximum of 5 bottles (850 ml) per 30 days |
| Enalapril Maleate (Oral Tablet) | G | Maximum of 2 tablets per day |
| Enalapril-Hydrochlorothiazide (10-25MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Enalapril-Hydrochlorothiazide (5-12.5MG Oral Tablet) | G | Maximum of 1 tablet per day |
| **Enbrel Mini (Subcutaneous Solution Cartridge)** | **B** | Maximum of 8 cartridges per 28 days |
| **Enbrel (Subcutaneous Solution)** | **B** | Maximum of 8 vials (4 ml) per 28 days |
| **Enbrel (25MG/0.5ML Subcutaneous Solution Prefilled Syringe)** | **B** | Maximum of 8 syringes (4 ml) per 28 days |
| **Enbrel (50MG/ML Subcutaneous Solution Prefilled Syringe)** | **B** | Maximum of 8 syringes (8 ml) per 28 days |
| **Enbrel SureClick (Subcutaneous Solution Auto-Injector)** | **B** | Maximum of 8 pens per 28 days |
| **Engerix-B (Injection Suspension)** | **B** | 1 vaccination dose (1 ml) per day |
| **Engerix-B (10MCG/0.5ML Injection Suspension Prefilled Syringe)** | **B** | 1 vaccination dose (0.5 ml) per day |
| **Engerix-B (20MCG/ML Injection Suspension Prefilled Syringe)** | **B** | 1 vaccination dose (1 ml) per day |
| Enoxaparin Sodium (100MG/ML Injection Solution Prefilled Syringe, 150MG/ML Injection Solution Prefilled Syringe) | G | Maximum of 2 syringes (2 ml) per day |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| Enoxaparin Sodium (120MG/0.8ML Injection Solution Prefilled Syringe, 80MG/0.8ML Injection Solution Prefilled Syringe) | G | Maximum of 2 syringes (1.6 ml) per day |
| Enoxaparin Sodium (30MG/0.3ML Injection Solution Prefilled Syringe) | G | Maximum of 2 syringes (0.6 ml) per day |
| Enoxaparin Sodium (40MG/0.4ML Injection Solution Prefilled Syringe) | G | Maximum of 2 syringes (0.8 ml) per day |
| Enoxaparin Sodium (60MG/0.6ML Injection Solution Prefilled Syringe) | G | Maximum of 2 syringes (1.2 ml) per day |
| **Ensacove (100MG Oral Capsule)** | **B** | Maximum of 2 capsules per day |
| **Ensacove (25MG Oral Capsule)** | **B** | Maximum of 9 capsules per day |
| **Entyvio Pen (Subcutaneous Solution Auto-Injector)** | **B** | Maximum of 2 pens (1.36 ml) per 28 days |
| Epinephrine (Injection Solution Auto-Injector) | G | Maximum of 4 pens (2 boxes) per 30 days |
| **Erleada (240MG Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Erleada (60MG Oral Tablet)** | **B** | Maximum of 4 tablets per day |
| Erlotinib HCl (100MG Oral Tablet, 150MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Erlotinib HCl (25MG Oral Tablet) | G | Maximum of 3 tablets per day |
| Eslicarbazepine Acetate (200MG Oral Tablet, 400MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Eslicarbazepine Acetate (600MG Oral Tablet, 800MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Esomeprazole Magnesium (20MG Oral Capsule Delayed Release) (Generic Nexium) | G | Maximum of 3 capsules per day |
| Esomeprazole Magnesium (40MG Oral Capsule Delayed Release) (Generic Nexium) | G | Maximum of 2 capsules per day |
| Estradiol (Transdermal Patch Twice Weekly) | G | Maximum of 8 patches per 28 days |
| Estradiol (Transdermal Patch Weekly) | G | Maximum of 4 patches per 28 days |
| Estradiol (Vaginal Tablet) | G | Maximum of 18 tablets per 28 days |
| Eszopiclone (Oral Tablet) | G | Maximum of 1 tablet per day |
| Ethacrynic Acid (Oral Tablet) | G | Maximum of 16 tablets per day |
| Etravirine (Oral Tablet) | G | Maximum of 2 tablets per day |
| **Evotaz (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Exxua (Oral Tablet Extended Release 24 Hour)** | **B** | Maximum of 1 tablet per day |
| Ezetimibe (Oral Tablet) | G | Maximum of 1 tablet per day |
| Ezetimibe-Simvastatin (Oral Tablet) | G | Maximum of 1 tablet per day |
| Famciclovir (125MG Oral Tablet, 250MG Oral Tablet) | G | Maximum of 2 tablets per day |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| Famciclovir (500MG Oral Tablet) | G | Maximum of 3 tablets per day |
| **Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)** | **B** | Maximum of 2 tablets per day |
| **Fanapt Titration Pack A (Oral Tablet)** | **B** | Maximum of 2 packs per year |
| **Fanapt Titration Pack B (Oral Tablet)** | **B** | Maximum of 2 packs per year |
| **Fanapt Titration Pack C (Oral Tablet)** | **B** | Maximum of 2 packs per year |
| **Farxiga (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour) | G | Maximum of 15 patches per 30 days |
| **Fetzima (Oral Capsule Extended Release 24 Hour)** | **B** | Maximum of 1 capsule per day |
| **Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)** | **B** | Maximum of 2 packs (56 capsules) per year |
| **Filspari (200MG Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Filspari (400MG Oral Tablet)** | **B** | Maximum of 2 tablets per day |
| Fingolimod HCl (Oral Capsule) | G | Maximum of 1 capsule per day |
| **Fintepla (Oral Solution)** | **B** | Maximum of 12 ml per day |
| **Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)** | **B** | Maximum of 2 kits (4 vials) per year |
| **Firmagon (80MG Subcutaneous Solution Reconstituted)** | **B** | Maximum of 1 kit per 28 days |
| Fluocinonide Emulsified Base (External Cream) | G | Maximum of 60 grams per 30 days |
| Fluocinonide (0.05% External Cream) | G | Maximum of 60 grams per 30 days |
| Fluocinonide (External Gel) | G | Maximum of 60 grams per 30 days |
| Fluocinonide (External Ointment) | G | Maximum of 60 grams per 30 days |
| Fluocinonide (External Solution) | G | Maximum of 60 ml per 30 days |
| Fluorouracil (5% External Cream) | G | Maximum of 40 grams per 30 days |
| **Fluticasone Furoate-Vilanterol (Inhalation Aerosol Powder Breath Activated)** | **B** | Maximum of 1 inhaler (60 blisters) per 30 days |
| Fluticasone-Salmeterol (100-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 250-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 500-50MCG/ACT Inhalation Aerosol Powder Breath Activated) (Generic Advair) | G | Maximum of 1 inhaler (60 blisters) per 30 days |
| Fluvastatin Sodium ER (Oral Tablet Extended Release 24 Hour) | G | Maximum of 1 tablet per day |
| Fluvastatin Sodium (20MG Oral Capsule) | G | Maximum of 1 capsule per day |
| Fluvastatin Sodium (40MG Oral Capsule) | G | Maximum of 2 capsules per day |
| Fosamprenavir Calcium (Oral Tablet) | G | Maximum of 4 tablets per day |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| Fosinopril Sodium (Oral Tablet) | G | Maximum of 2 tablets per day |
| Fosinopril Sodium-HCTZ (Oral Tablet) | G | Maximum of 4 tablets per day |
| **Fotivda (Oral Capsule)** | **B** | Maximum of 21 capsules per 28 days |
| **Fruzaqla (1MG Oral Capsule)** | **B** | Maximum of 84 capsules per 28 days |
| **Fruzaqla (5MG Oral Capsule)** | **B** | Maximum of 21 capsules per 28 days |
| Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour) | G | Maximum of 1 capsule per day |
| Galantamine Hydrobromide (Oral Solution) | G | Maximum of 2 bottles (200 ml) per 30 days |
| Galantamine Hydrobromide (Oral Tablet) | G | Maximum of 2 tablets per day |
| **Gardasil 9 (Intramuscular Suspension)** | **B** | 1 vaccination dose (0.5 ml) per day |
| **Gardasil 9 (Intramuscular Suspension Prefilled Syringe)** | **B** | 1 vaccination dose (0.5 ml) per day |
| GaviLyte-C (Oral Solution Reconstituted) | G | Maximum 2 bottles (8000 ML) per 30 days |
| GaviLyte-G (Oral Solution Reconstituted) | G | Maximum 2 bottles (8000 ML) per 30 days |
| GaviLyte-N with Flavor Pack (Oral Solution Reconstituted) | G | Maximum 2 bottles (8000 ML) per 30 days |
| **Gavreto (Oral Capsule)** | **B** | Maximum of 4 capsules per day |
| Gefitinib (Oral Tablet) | G | Maximum of 2 tablets per day |
| **Genvoya (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| Glatiramer Acetate (20MG/ML Subcutaneous Solution Prefilled Syringe) | G | Maximum of 1 syringe (1 ml) per day |
| Glatiramer Acetate (40MG/ML Subcutaneous Solution Prefilled Syringe) | G | Maximum of 12 syringes (12 ml) per 28 days |
| Glatopa (20MG/ML Subcutaneous Solution Prefilled Syringe) | G | Maximum of 1 syringe (1 ml) per day |
| Glatopa (40MG/ML Subcutaneous Solution Prefilled Syringe) | G | Maximum of 12 syringes (12 ml) per 28 days |
| Glimepiride (1MG Oral Tablet) | G | Maximum of 8 tablets per day |
| Glimepiride (2MG Oral Tablet) | G | Maximum of 4 tablets per day |
| Glimepiride (4MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Glipizide ER (10MG Oral Tablet Extended Release 24 Hour) | G | Maximum of 2 tablets per day |
| Glipizide ER (2.5MG Oral Tablet Extended Release 24 Hour) | G | Maximum of 8 tablets per day |
| Glipizide ER (5MG Oral Tablet Extended Release 24 Hour) | G | Maximum of 4 tablets per day |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| Glipizide (10MG Oral Tablet Immediate Release) | G | Maximum of 4 tablets per day |
| Glipizide (5MG Oral Tablet Immediate Release) | G | Maximum of 8 tablets per day |
| Glipizide-Metformin HCl (2.5-250MG Oral Tablet) | G | Maximum of 8 tablets per day |
| Glipizide-Metformin HCl (2.5-500MG Oral Tablet, 5-500MG Oral Tablet) | G | Maximum of 4 tablets per day |
| Glucagon Emergency (1MG Injection Solution Reconstituted) | G | Maximum 2 kits per 30 days |
| **Glyxambi (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Gomekli (1MG Oral Capsule)** | **B** | Maximum of 126 capsules per 28 days |
| **Gomekli (2MG Oral Capsule)** | **B** | Maximum of 84 capsules per 28 days |
| **Gomekli (Oral Tablet Soluble)** | **B** | Maximum of 168 tablets per 28 days |
| Granisetron HCl (Oral Tablet) | G | Maximum of 2 tablets per day |
| **Gvoke HypoPen 2-Pack (0.5MG/0.1ML Subcutaneous Solution Auto-Injector)** | **B** | Maximum 4 syringes (0.4 ML) per 30 days |
| **Gvoke HypoPen 2-Pack (1MG/0.2ML Subcutaneous Solution Auto-Injector)** | **B** | Maximum 4 syringes (0.8 ML) per 30 days |
| **Gvoke Kit (Subcutaneous Solution)** | **B** | Maximum 2 kits (0.4 ML) per 30 days |
| **Gvoke PFS (Subcutaneous Solution Prefilled Syringe)** | **B** | Maximum 2 syringes (0.4 ML) per 30 days |
| **Havrix (1440EL U/ML Intramuscular Suspension Prefilled Syringe)** | **B** | Maximum of 2 vaccines per lifetime |
| **Havrix (720EL U/0.5ML Intramuscular Suspension Prefilled Syringe)** | **B** | Maximum of 2 vaccines per lifetime |
| **Heplisav-B (Intramuscular Solution Prefilled Syringe)** | **B** | 1 vaccination dose (0.5 ml) per day |
| **Hernexeos (Oral Tablet)** | **B** | Maximum of 6 tablets per day |
| **Hiberix (Injection Solution Reconstituted)** | **B** | 1 vaccination dose (1 injection) per day |
| Hydrocodone-Acetaminophen (10-300MG/15ML Oral Solution, 7.5-325MG/15ML Oral Solution) | G | Maximum of 90 ml per day |
| Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 7.5-325MG Oral Tablet) | G | Maximum of 6 tablets per day |
| Hydrocodone-Acetaminophen (2.5-325MG Oral Tablet, 5-325MG Oral Tablet) | G | Maximum of 8 tablets per day |
| Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet) | G | Maximum of 5 tablets per day |
| Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release) | G | Maximum of 8 tablets per day |
| Hydromorphone HCl (8MG Oral Tablet Immediate Release) | G | Maximum of 6 tablets per day |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| Hydroxychloroquine Sulfate (200MG Oral Tablet) | G | Maximum of 4 tablets per day |
| **Hyrnuo (Oral Tablet)** | **B** | Maximum of 4 tablets per day |
| Ibandronate Sodium (Oral Tablet) | G | Maximum of 1 tablet per 28 days |
| **Ibrance (125MG Oral Capsule)** | **B** | Maximum of 1 capsule per day |
| **Ibrance (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Ibtrozi (Oral Capsule)** | **B** | Maximum of 3 capsules per day |
| Icatibant Acetate (Subcutaneous Solution Prefilled Syringe) | G | Maximum of 12 syringes (36 ml) per 30 days |
| **Iclusig (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **IDHIFA (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Idvynso (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| Imatinib Mesylate (Oral Tablet) | G | Maximum of 3 tablets per day |
| **Imbruvica (140MG Oral Capsule)** | **B** | Maximum of 3 capsules per day |
| **Imbruvica (70MG Oral Capsule)** | **B** | Maximum of 1 capsule per day |
| **Imbruvica (Oral Suspension)** | **B** | Maximum of 8 ml per day |
| **Imbruvica (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| Imiquimod (5% External Cream) | G | Maximum of 24 packets per 30 days |
| **Imkeldi (Oral Solution)** | **B** | Maximum of 10 ml per day |
| **Imovax Rabies (Intramuscular Suspension Reconstituted)** | **B** | 1 vaccination dose (1 injection) per day |
| **Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)** | **B** | Maximum of 1 inhaler (30 blisters) per 30 days |
| **Infanrix (Intramuscular Suspension)** | **B** | 1 vaccination dose (0.5 ml) per day |
| **Ingrezza (Oral Capsule)** | **B** | Maximum of 1 capsule per day |
| **Ingrezza (Oral Capsule Sprinkle)** | **B** | Maximum of 1 capsule per day |
| **Ingrezza (Oral Capsule Therapy Pack)** | **B** | Maximum of 1 pack (28 capsules) per 28 days |
| **Inluriyo (Oral Tablet)** | **B** | Maximum of 3 tablets per day |
| **Inlyta (Oral Tablet)** | **B** | Maximum of 4 tablets per day |
| **Inqovi (Oral Tablet)** | **B** | Maximum of 1 pack (5 tablets) per 28 days |
| **Inrebic (Oral Capsule)** | **B** | Maximum of 4 capsules per day |
| **Intelence (25MG Oral Tablet)** | **B** | Maximum of 4 tablets per day |
| **Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe)** | **B** | Maximum of 1 syringe (0.75 ML) per 28 days |
| **Invega Sustenna (156MG/ML Intramuscular Suspension Prefilled Syringe)** | **B** | Maximum of 1 syringe (1 ML) per 20 days |
| **Invega Sustenna (234MG/1.5ML Intramuscular Suspension Prefilled Syringe)** | **B** | Maximum of 1 syringe (1.5 ML) per 28 days |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| **Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)** | **B** | Maximum of 1 syringe (0.25 ML) per 28 days |
| **Invega Sustenna (78MG/0.5ML Intramuscular Suspension Prefilled Syringe)** | **B** | Maximum of 1 syringe (0.5 ML) per 28 days |
| **IPOL (Injection Suspension)** | **B** | 1 vaccination dose (0.5 ml) per day |
| Irbesartan (150MG Oral Tablet, 300MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Irbesartan (75MG Oral Tablet) | G | Maximum of 3 tablets per day |
| Irbesartan-Hydrochlorothiazide (Oral Tablet) | G | Maximum of 1 tablet per day |
| **Isentress HD (Oral Tablet)** | **B** | Maximum of 2 tablets per day |
| **Isentress (Oral Packet)** | **B** | Maximum of 2 packets per day |
| **Isentress (Oral Tablet)** | **B** | Maximum of 2 tablets per day |
| **Isentress (Oral Tablet Chewable)** | **B** | Maximum of 6 tablets per day |
| Isosorbide Dinitrate-Hydralazine (Oral Tablet) | G | Maximum of 6 tablets per day |
| **Itovebi (3MG Oral Tablet)** | **B** | Maximum of 2 tablets per day |
| **Itovebi (9MG Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| Itraconazole (Oral Capsule) | G | Maximum of 4 capsules per day |
| Ivabradine HCl (Oral Tablet) | G | Maximum of 2 tablets per day |
| **Iwilfin (Oral Tablet)** | **B** | Maximum of 8 tablets per day |
| **Ixiaro (Intramuscular Suspension)** | **B** | 1 vaccination dose (0.5 ml) per day |
| **Jakafi (Oral Tablet)** | **B** | Maximum of 2 tablets per day |
| **Jakafi XR (Oral Tablet Extended Release 24 Hour)** | **B** | Maximum of 1 tablet per day |
| **Janumet XR (100-1000MG Oral Tablet Extended Release 24 Hour, 50-500MG Oral Tablet Extended Release 24 Hour)** | **B** | Maximum of 1 tablet per day |
| **Janumet XR (50-1000MG Oral Tablet Extended Release 24 Hour)** | **B** | Maximum of 2 tablets per day |
| **Jardiance (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Jaypirca (100MG Oral Tablet)** | **B** | Maximum of 3 tablets per day |
| **Jaypirca (50MG Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Jentadueto (2.5-1000MG Oral Tablet Immediate Release, 2.5-500MG Oral Tablet Immediate Release)** | **B** | Maximum of 2 tablets per day |
| **Jentadueto XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)** | **B** | Maximum of 2 tablets per day |
| **Jentadueto XR (5-1000MG Oral Tablet Extended Release 24 Hour)** | **B** | Maximum of 1 tablet per day |
| **Juluca (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Jynneos (Subcutaneous Suspension)** | **B** | 1 vaccination dose (0.5 ml) per day |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| **Kaletra (Oral Solution)** | **B** | Maximum of 3 bottles (480 ml) per 30 days |
| **Kalydeco (Oral Packet)** | **B** | Maximum of 2 packets per day |
| **Kalydeco (Oral Tablet)** | **B** | Maximum of 2 tablets per day |
| **Kerendia (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| Ketoconazole (External Cream) | G | Maximum of 90 grams per 30 days |
| **Kinrix (Intramuscular Suspension Prefilled Syringe)** | **B** | 1 vaccination dose (0.5 ml) per day |
| **Kisqali (200MG Dose) (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Kisqali (400MG Dose) (Oral Tablet)** | **B** | Maximum of 2 tablets per day |
| **Kisqali (600MG Dose) (Oral Tablet)** | **B** | Maximum of 3 tablets per day |
| **Komzifti (Oral Capsule)** | **B** | Maximum of 3 capsules per day |
| **Koselugo (10MG Oral Capsule)** | **B** | Maximum of 8 capsules per day |
| **Koselugo (25MG Oral Capsule)** | **B** | Maximum of 4 capsules per day |
| **Koselugo (5MG Oral Capsule Sprinkle)** | **B** | Maximum of 20 capsules per day |
| **Koselugo (7.5MG Oral Capsule Sprinkle)** | **B** | Maximum of 12 capsules per day |
| **Krazati (Oral Tablet)** | **B** | Maximum of 6 tablets per day |
| Lacosamide (10MG/ML Oral Solution) | G | Maximum of 40 ml per day |
| Lacosamide (Oral Tablet) | G | Maximum of 2 tablets per day |
| Lamivudine (10MG/ML Oral Solution) | G | Maximum of 32 ml per day |
| Lamivudine (150MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Lamivudine (300MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Lamivudine-Zidovudine (Oral Tablet) | G | Maximum of 2 tablets per day |
| Lansoprazole (Oral Capsule Delayed Release) | G | Maximum of 2 capsules per day |
| **Lazcluze (240MG Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Lazcluze (80MG Oral Tablet)** | **B** | Maximum of 2 tablets per day |
| Lenalidomide (Oral Capsule) | G | Maximum of 1 capsule per day |
| **Leqembi IQLIK (360MG/1.8ML Subcutaneous Solution Auto-Injector)** | **B** | Maximum of 4 pens (7.2 ml) per 28 days |
| Leuprolide Acetate (Subcutaneous Injection Kit) | G | Maximum of 2 kits per 28 days |
| **Levetiracetam ODT (250MG Oral Tablet Disintegrating Soluble)** | **B** | Maximum of 2 tablets per day |
| **Levetiracetam ODT (500MG Oral Tablet Disintegrating Soluble)** | **B** | Maximum of 6 tablets per day |
| Levocetirizine Dihydrochloride (Oral Tablet) | G | Maximum of 1 tablet per day |
| Lidocaine (5% External Ointment) | G | Maximum of 152 grams per 30 days |
| Lidocaine (5% External Patch) | G | Maximum of 3 patches per day |
| **Lifyorli (125MG Dose) (Oral Capsule Therapy Pack)** | **B** | Maximum of 18 capsules per 28 days |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| **Lifyorli (150MG Dose) (Oral Capsule Therapy Pack)** | **B** | Maximum of 27 capsules per 28 days |
| Linezolid (Oral Suspension Reconstituted) | G | Maximum of 60 ml per day |
| Linezolid (Oral Tablet) | G | Maximum of 2 tablets per day |
| **Linzess (Oral Capsule)** | **B** | Maximum of 1 capsule per day |
| Lisinopril (Oral Tablet) | G | Maximum of 2 tablets per day |
| Lisinopril-Hydrochlorothiazide (10-12.5MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Lisinopril-Hydrochlorothiazide (20-12.5MG Oral Tablet) | G | Maximum of 4 tablets per day |
| Lisinopril-Hydrochlorothiazide (20-25MG Oral Tablet) | G | Maximum of 2 tablets per day |
| **Livalo (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Livtencity (Oral Tablet)** | **B** | Maximum of 12 tablets per day |
| **Lokelma (Oral Packet)** | **B** | Maximum of 3 packets per day |
| **Lonsurf (15-6.14MG Oral Tablet)** | **B** | Maximum of 10 tablets per day |
| **Lonsurf (20-8.19MG Oral Tablet)** | **B** | Maximum of 8 tablets per day |
| Lopinavir-Ritonavir (100-25MG Oral Tablet) | G | Maximum of 8 tablets per day |
| Lopinavir-Ritonavir (200-50MG Oral Tablet) | G | Maximum of 4 tablets per day |
| Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet) | G | Maximum of 4 tablets per day |
| Lorazepam (2MG Oral Tablet) | G | Maximum of 5 tablets per day |
| **Lorbrena (100MG Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Lorbrena (25MG Oral Tablet)** | **B** | Maximum of 3 tablets per day |
| Losartan Potassium (100MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Losartan Potassium (25MG Oral Tablet, 50MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Losartan Potassium-HCTZ (100-12.5MG Oral Tablet, 100-25MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Losartan Potassium-HCTZ (50-12.5MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Lovastatin (10MG Oral Tablet, 20MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Lovastatin (40MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Lubiprostone (Oral Capsule) | G | Maximum of 2 capsules per day |
| **Lumakras (120MG Oral Tablet)** | **B** | Maximum of 8 tablets per day |
| **Lumakras (240MG Oral Tablet)** | **B** | Maximum of 4 tablets per day |
| **Lumakras (320MG Oral Tablet)** | **B** | Maximum of 3 tablets per day |
| **Lumryz (Oral Packet)** | **B** | Maximum of 1 packet per day |
| **Lumryz Starter Pack (Oral Therapy Pack)** | **B** | Maximum of 2 packs (56 tablets) per year |
| **Lupron Depot (1-Month) (Intramuscular Kit)** | **B** | Maximum of 1 kit per 28 days |
| **Lupron Depot (3-Month) (Intramuscular Kit)** | **B** | Maximum of 1 kit per 84 days |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| **Lupron Depot (4-Month) (Intramuscular Kit)** | **B** | Maximum of 1 kit per 112 days |
| **Lupron Depot (6-Month) (Intramuscular Kit)** | **B** | Maximum of 1 kit per 168 days |
| Lurasidone HCl (120MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 60MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Lurasidone HCl (80MG Oral Tablet) | G | Maximum of 2 tablets per day |
| **Lybalvi (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Lynkuet (Oral Capsule)** | **B** | Maximum of 2 capsules per day |
| **Lynparza (Oral Tablet)** | **B** | Maximum of 4 tablets per day |
| **Lytgobi (12MG Daily Dose) (Oral Tablet Therapy Pack)** | **B** | Maximum of 4 packs (84 tablets) per 28 days |
| **Lytgobi (16MG Daily Dose) (Oral Tablet Therapy Pack)** | **B** | Maximum of 4 packs (112 tablets) per 28 days |
| **Lytgobi (20MG Daily Dose) (Oral Tablet Therapy Pack)** | **B** | Maximum of 4 packs (140 tablets) per 28 days |
| Maraviroc (150MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Maraviroc (300MG Oral Tablet) | G | Maximum of 4 tablets per day |
| **Mavyret (Oral Packet)** | **B** | Maximum of 5 cartons (140 packets) per 28 days |
| **Mavyret (Oral Tablet)** | **B** | Maximum of 3 tablets per day |
| Memantine HCl ER (Oral Capsule Extended Release 24 Hour) | G | Maximum of 1 capsule per day |
| Memantine HCl (2MG/ML Oral Solution) | G | Maximum of 10 ml per day |
| Memantine HCl (10MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Memantine HCl (5MG Oral Tablet) | G | Maximum of 3 tablets per day |
| Memantine HCl-Donepezil HCl ER (Oral Capsule Extended Release 24 Hour) | G | Maximum of 1 capsule per day |
| **MenQuadfi (Intramuscular Solution)** | **B** | 1 vaccination dose (0.5 ml) per day |
| **Menveo (Intramuscular Solution Reconstituted)** | **B** | 1 vaccination dose (1 injection) per day |
| Mesalamine ER (0.375GM Oral Capsule Extended Release 24 Hour) (Generic Apriso) | G | Maximum of 4 capsules per day |
| Mesalamine ER (500MG Oral Capsule Extended Release) (Generic Pentasa) | G | Maximum of 8 capsules per day |
| Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda) | G | Maximum of 4 tablets per day |
| Mesalamine (Rectal Enema) | G | Maximum of 1 bottle (60 ml) per day |
| Mesalamine (Rectal Suppository) | G | Maximum of 1 suppository per day |
| Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR) | G | Maximum of 4 tablets per day |
| Metformin HCl ER (750MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR) | G | Maximum of 2 tablets per day |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| Metformin HCl (Oral Solution) | G | Maximum of 25.5 ml per day |
| Metformin HCl (1000MG Oral Tablet Immediate Release) | G | Maximum of 2.5 tablets per day |
| Metformin HCl (500MG Oral Tablet Immediate Release) | G | Maximum of 5 tablets per day |
| Metformin HCl (850MG Oral Tablet Immediate Release) | G | Maximum of 3 tablets per day |
| Methadone HCl (10MG/5ML Oral Solution) | G | Maximum of 60 ml per day |
| Methadone HCl (5MG/5ML Oral Solution) | G | Maximum of 120 ml per day |
| Methadone HCl (10MG Oral Tablet) | G | Maximum of 12 tablets per day |
| Methadone HCl (5MG Oral Tablet) | G | Maximum of 8 tablets per day |
| Methylphenidate HCl ER (10MG Oral Tablet Extended Release) | G | Maximum of 4 tablets per day |
| Methylphenidate HCl ER (20MG Oral Tablet Extended Release) | G | Maximum of 3 tablets per day |
| Methylphenidate HCl (10MG/5ML Oral Solution) | G | Maximum of 30 ml per day |
| Methylphenidate HCl (5MG/5ML Oral Solution) | G | Maximum of 60 ml per day |
| Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin) | G | Maximum of 3 tablets per day |
| **Miebo (Ophthalmic Solution)** | **B** | Maximum of 12 ml (4 bottles) per 30 days |
| Mifepristone (300MG Oral Tablet) | G | Maximum of 4 tablets per day |
| **M-M-R II (Injection Solution Reconstituted)** | **B** | 1 vaccination dose (1 injection) per day |
| Modafinil (100MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Modafinil (200MG Oral Tablet) | G | Maximum of 2 tablets per day |
| **Modeyso (Oral Capsule)** | **B** | Maximum of 20 capsules per 28 days |
| Moexipril HCl (Oral Tablet) | G | Maximum of 2 tablets per day |
| Montelukast Sodium (Oral Packet) | G | Maximum of 1 packet per day |
| Montelukast Sodium (Oral Tablet) | G | Maximum of 1 tablet per day |
| Montelukast Sodium (Oral Tablet Chewable) | G | Maximum of 1 tablet per day |
| Morphine Sulfate (Concentrate) (20MG/ML Oral Solution) | G | Maximum of 10 ml per day |
| Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release) (Generic MS Contin) | G | Maximum of 3 tablets per day |
| Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin) | G | Maximum of 2 tablets per day |
| Morphine Sulfate ER (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin) | G | Maximum of 4 tablets per day |
| Morphine Sulfate (10MG/5ML Oral Solution) | G | Maximum of 100 ml per day |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| Morphine Sulfate (20MG/5ML Oral Solution) | G | Maximum of 50 ml per day |
| Morphine Sulfate (15MG Oral Tablet Immediate Release) | G | Maximum of 8 tablets per day |
| Morphine Sulfate (30MG Oral Tablet Immediate Release) | G | Maximum of 6 tablets per day |
| **Mounjaro (Subcutaneous Solution Auto-Injector)** | **B** | Maximum of 4 pens (2 ml) per 28 days |
| **Movantik (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **MResvia (Intramuscular Suspension Prefilled Syringe)** | **B** | 1 vaccination dose (0.5 ml) per day |
| **Multaq (Oral Tablet)** | **B** | Maximum of 2 tablets per day |
| Mupirocin (External Ointment) | G | Maximum of 110 grams per 30 days |
| Sodium Sulfate-Potassium Sulfate-Magnesium Sulfate (Oral Solution) | G | Maximum 2 bottles (354 ML) per 30 days |
| Naratriptan HCl (Oral Tablet) | G | Maximum of 12 tablets per 30 days |
| Nateglinide (120MG Oral Tablet) | G | Maximum of 3 tablets per day |
| Nateglinide (60MG Oral Tablet) | G | Maximum of 6 tablets per day |
| **Nayzilam (Nasal Solution)** | **B** | Maximum of 10 spray devices per 30 days |
| Nebivolol HCl (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Nebivolol HCl (20MG Oral Tablet) | G | Maximum of 2 tablets per day |
| **Nerlynx (Oral Tablet)** | **B** | Maximum of 6 tablets per day |
| Nevirapine ER (Oral Tablet Extended Release 24 Hour) | G | Maximum of 1 tablet per day |
| Nevirapine (Oral Suspension) | G | Maximum of 40 ml per day |
| Nevirapine (Oral Tablet Immediate Release) | G | Maximum of 2 tablets per day |
| **Nexletol (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Nexlizet (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| Nifedipine ER (Oral Tablet Extended Release 24 Hour) | G | Maximum of 2 tablets per day |
| Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour) | G | Maximum of 2 tablets per day |
| Nilotinib HCl (150MG Oral Capsule) | G | Maximum of 5 capsules per day |
| Nilotinib HCl (200MG Oral Capsule) | G | Maximum of 4 capsules per day |
| Nilotinib HCl (50MG Oral Capsule) | G | Maximum of 14 capsules per day |
| **Ninlaro (Oral Capsule)** | **B** | Maximum of 3 capsules per 28 days |
| Nintedanib Esylate (Oral Capsule) | G | Maximum of 2 capsules per day |
| Nitazoxanide (Oral Tablet) | G | Maximum of 2 tablets per day |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| Nitroglycerin (Rectal Ointment) | G | Maximum of 30 grams per 30 days |
| **Norvir (Oral Packet)** | **B** | Maximum of 12 packets per day |
| **Nubeqa (Oral Tablet)** | **B** | Maximum of 4 tablets per day |
| **Nucala (Subcutaneous Solution Auto-Injector)** | **B** | Maximum of 3 ml per 28 days |
| **Nucala (100MG/ML Subcutaneous Solution Prefilled Syringe)** | **B** | Maximum of 3 ml per 28 days |
| **Nucala (40MG/0.4ML Subcutaneous Solution Prefilled Syringe)** | **B** | Maximum of 0.4 ml per 28 days |
| **Nucala (Subcutaneous Solution Reconstituted)** | **B** | Maximum of 3 vials per 28 days |
| **Nuplazid (Oral Capsule)** | **B** | Maximum of 1 capsule per day |
| **Nuplazid (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Nurtec ODT (Oral Tablet Dispersible)** | **B** | Maximum of 18 tablets per 30 days |
| **Nuzyra (Oral Tablet)** | **B** | Maximum of 30 tablets per 14 days |
| Nyamyc (100000UNIT/GM External Powder) | G | Maximum of 120 grams per 30 days |
| Nystatin (External Powder) | G | Maximum of 120 grams per 30 days |
| Nystop (External Powder) | G | Maximum of 120 grams per 30 days |
| **Odefsey (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Ofev (Oral Capsule)** | **B** | Maximum of 2 capsules per day |
| **Ogsiveo (100MG Oral Tablet, 150MG Oral Tablet)** | **B** | Maximum of 2 tablets per day |
| **Ojemda (Oral Suspension Reconstituted)** | **B** | Maximum of 96 ml per 28 days |
| **Ojemda (Oral Tablet)** | **B** | Maximum of 24 tablets per 28 days |
| **Ojjaara (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| Olanzapine (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Olanzapine (15MG Oral Tablet, 20MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Olanzapine ODT (10MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible) | G | Maximum of 2 tablets per day |
| Olanzapine ODT (15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible) | G | Maximum of 1 tablet per day |
| Olmesartan Medoxomil (20MG Oral Tablet, 40MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Olmesartan Medoxomil (5MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Olmesartan Medoxomil-HCTZ (Oral Tablet) | G | Maximum of 1 tablet per day |
| Olmesartan-Amlodipine-HCTZ (Oral Tablet) | G | Maximum of 1 tablet per day |
| Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza) | G | Maximum of 4 capsules per day |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| Omeprazole (10MG Oral Capsule Delayed Release) | G | Maximum of 3 capsules per day |
| Ondansetron HCl (4MG/5ML Oral Solution) | G | Maximum of 30 ml per day |
| Ondansetron HCl (4MG Oral Tablet) | G | Maximum of 6 tablets per day |
| Ondansetron HCl (8MG Oral Tablet) | G | Maximum of 3 tablets per day |
| Ondansetron ODT (4MG Oral Tablet Dispersible) | G | Maximum of 6 tablets per day |
| Ondansetron ODT (8MG Oral Tablet Dispersible) | G | Maximum of 3 tablets per day |
| **Onureg (Oral Tablet)** | **B** | Maximum of 14 tablets per 28 days |
| **Opipza (10MG Oral Film, 5MG Oral Film)** | **B** | Maximum of 3 films per day |
| **Opipza (2MG Oral Film)** | **B** | Maximum of 1 film per day |
| **Orenitram Month 1 (Oral Tablet Extended Release Therapy Pack)** | **B** | Maximum of 2 packs (336 tablets) per year |
| **Orenitram Month 2 (Oral Tablet Extended Release Therapy Pack)** | **B** | Maximum of 2 packs (672 tablets) per year |
| **Orenitram Month 3 (Oral Tablet Extended Release Therapy Pack)** | **B** | Maximum of 2 packs (504 tablets) per year |
| **Orgovyx (Oral Tablet)** | **B** | Maximum of 30 tablets per 28 days |
| **Orkambi (Oral Packet)** | **B** | Maximum of 56 packets per 28 days |
| **Orkambi (Oral Tablet)** | **B** | Maximum of 4 tablets per day |
| **Orserdu (345MG Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Orserdu (86MG Oral Tablet)** | **B** | Maximum of 3 tablets per day |
| Oseltamivir Phosphate (Oral Capsule) | G | Maximum of 2 capsules per day |
| Oseltamivir Phosphate (Oral Suspension Reconstituted) | G | Maximum of 26 ml per day |
| **Osphena (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Otezla (Oral Tablet Immediate Release)** | **B** | Maximum of 2 tablets per day |
| **Otezla (Oral Tablet Therapy Pack)** | **B** | Maximum of 2 kits per year |
| **Otezla XR (Oral Tablet Extended Release 24 Hour)** | **B** | Maximum of 1 tablet per day |
| **Otezla/Otezla XR Initiation Pack (Oral Tablet Therapy Pack)** | **B** | Maximum of 2 kits per year |
| Oxybutynin Chloride ER (10MG Oral Tablet Extended Release 24 Hour) | G | Maximum of 3 tablets per day |
| Oxybutynin Chloride ER (15MG Oral Tablet Extended Release 24 Hour) | G | Maximum of 2 tablets per day |
| Oxybutynin Chloride ER (5MG Oral Tablet Extended Release 24 Hour) | G | Maximum of 1 tablet per day |
| Oxycodone HCl (100MG/5ML Oral Concentrate) | G | Maximum of 6 ml per day |
| Oxycodone HCl (5MG/5ML Oral Solution) | G | Maximum of 130 ml per day |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| Oxycodone HCl (10MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release) | G | Maximum of 12 tablets per day |
| Oxycodone HCl (15MG Oral Tablet Immediate Release) | G | Maximum of 8 tablets per day |
| Oxycodone HCl (20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release) | G | Maximum of 6 tablets per day |
| Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet) | G | Maximum of 12 tablets per day |
| **Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector)** | **B** | Maximum of 1 pen (3 ml) per 28 days |
| **Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector)** | **B** | Maximum of 1 pen (3 ml) per 28 days |
| **Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector)** | **B** | Maximum of 1 pen (3 ml) per 28 days |
| **Ozempic (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| Paliperidone ER (1.5MG Oral Tablet Extended Release 24 Hour, 3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour) | G | Maximum of 1 tablet per day |
| Paliperidone ER (6MG Oral Tablet Extended Release 24 Hour) | G | Maximum of 2 tablets per day |
| Pantoprazole Sodium (20MG Oral Tablet Delayed Release) | G | Maximum of 3 tablets per day |
| Pantoprazole Sodium (40MG Oral Tablet Delayed Release) | G | Maximum of 2 tablets per day |
| **Paxlovid (150/100MG) (Oral Tablet Therapy Pack)** | **B** | Maximum of 4 tablets per day and 20 tablets per prescription |
| **Paxlovid (300/100MG) (Oral Tablet Therapy Pack)** | **B** | Maximum of 6 tablets per day and 30 tablets per prescription |
| **Paxlovid (300/100MG & 150/100MG) (Oral Tablet Therapy Pack)** | **B** | Maximum of 11 tablets per 5 days and 11 tablets per prescription |
| Pazopanib HCl (200MG Oral Tablet) | G | Maximum of 4 tablets per day |
| **Pediarix (Intramuscular Suspension Prefilled Syringe)** | **B** | 1 vaccination dose (0.5 ml) per day |
| **Pedvax HIB (7.5MCG/0.5ML Intramuscular Suspension)** | **B** | 1 vaccination dose (0.5 ml) per day |
| PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY) | G | Maximum 2 bottles (8000 ML) per 30 days |
| PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY) | G | Maximum 2 bottles (8000 ML) per 30 days |
| **Pemazyre (Oral Tablet)** | **B** | Maximum of 14 tablets per 21 days |
| **Penbraya (Intramuscular Suspension Reconstituted)** | **B** | 1 vaccination dose (1 injection) per day |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| **Penmenvy (Intramuscular Suspension Reconstituted)** | **B** | 1 vaccination dose (1 injection) per day |
| **Pentacel (Intramuscular Suspension Reconstituted)** | **B** | 1 vaccination dose (1 injection) per day |
| Pentamidine Isethionate (Inhalation Solution Reconstituted) | G | Maximum of 1 vial (300 mg) per 28 days |
| **Pentasa (250MG Oral Capsule Extended Release)** | **B** | Maximum of 16 capsules per day |
| **Pentasa (500MG Oral Capsule Extended Release)** | **B** | Maximum of 8 capsules per day |
| Perampanel (Oral Suspension) | G | Maximum of 24 ml per day |
| Perampanel (Oral Tablet) | G | Maximum of 1 tablet per day |
| Perindopril Erbumine (Oral Tablet) | G | Maximum of 2 tablets per day |
| **Pifeltro (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| Pimecrolimus (External Cream) | G | Maximum of 100 grams per 30 days |
| Pioglitazone HCl (Oral Tablet) | G | Maximum of 1 tablet per day |
| Pioglitazone HCl-Glimepiride (Oral Tablet) | G | Maximum of 1 tablet per day |
| Pioglitazone HCl-Metformin HCl (Oral Tablet) | G | Maximum of 3 tablets per day |
| **Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)** | **B** | Maximum of 1 tablet per day |
| **Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)** | **B** | Maximum of 2 tablets per day |
| **Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)** | **B** | Maximum of 2 tablets per day |
| Pirfenidone (Oral Capsule) | G | Maximum of 9 capsules per day |
| Pirfenidone (267MG Oral Tablet) | G | Maximum of 6 tablets per day |
| Pirfenidone (801MG Oral Tablet) | G | Maximum of 3 tablets per day |
| **Pomalyst (Oral Capsule)** | **B** | Maximum of 1 capsule per day |
| Posaconazole (Oral Suspension) | G | Maximum of 20 ml per day |
| Posaconazole (Oral Tablet Delayed Release) | G | Maximum of 6 tablets per day |
| Prasugrel HCl (Oral Tablet) | G | Maximum of 1 tablet per day |
| Pravastatin Sodium (Oral Tablet) | G | Maximum of 1 tablet per day |
| Pregabalin (100MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule) | G | Maximum of 4 capsules per day |
| Pregabalin (150MG Oral Capsule, 200MG Oral Capsule) | G | Maximum of 3 capsules per day |
| Pregabalin (225MG Oral Capsule, 300MG Oral Capsule) | G | Maximum of 2 capsules per day |
| Pregabalin (Oral Solution) | G | Maximum of 30 ml per day |
| **Premarin (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Premphase (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Prempro (Oral Tablet)** | **B** | Maximum of 1 tablet per day |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| **Prevymis (Oral Packet)** | **B** | Maximum of 4 packs per day |
| **Prevymis (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Prezcobix (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Prezista (Oral Suspension)** | **B** | Maximum of 2 bottles (400 ml) per 30 days |
| **Prezista (150MG Oral Tablet)** | **B** | Maximum of 6 tablets per day |
| **Prezista (75MG Oral Tablet)** | **B** | Maximum of 10 tablets per day |
| **Priorix (Subcutaneous Suspension Reconstituted)** | **B** | 1 vaccination dose (1 injection) per day |
| **ProQuad (Subcutaneous Suspension Reconstituted)** | **B** | 1 vaccination dose (1 injection) per day |
| **Pulmozyme (Inhalation Solution)** | **B** | Maximum of 2 ampules (5 ml) per day |
| **Pyrukynd (20MG Oral Tablet, 5MG Oral Tablet)** | **B** | Maximum of 2 tablets per day |
| **Pyrukynd (50MG Oral Tablet)** | **B** | Maximum of 4 tablets per day |
| **Pyrukynd Taper Pack (5MG Oral Tablet Therapy Pack)** | **B** | Maximum of 14 tablets per 14 days |
| **Pyrukynd Taper Pack (7 x 20MG & 7 x 5MG Oral Tablet Therapy Pack, 7 x 50MG & 7 x 20MG Oral Tablet Therapy Pack)** | **B** | Maximum of 14 tablets per 14 days |
| **Qinlock (Oral Tablet)** | **B** | Maximum of 3 tablets per day |
| **Quadracel (Intramuscular Suspension)** | **B** | 1 vaccination dose (0.5 ml) per day |
| **Quadracel (Intramuscular Suspension Prefilled Syringe)** | **B** | 1 vaccination dose (0.5 ml) per day |
| Quetiapine Fumarate ER (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour) | G | Maximum of 1 tablet per day |
| Quetiapine Fumarate ER (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour) | G | Maximum of 2 tablets per day |
| Quetiapine Fumarate (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release) | G | Maximum of 3 tablets per day |
| Quetiapine Fumarate (25MG Oral Tablet Immediate Release) | G | Maximum of 4 tablets per day |
| Quetiapine Fumarate (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release) | G | Maximum of 2 tablets per day |
| Quinapril HCl (Oral Tablet) | G | Maximum of 2 tablets per day |
| Quinapril-Hydrochlorothiazide (10-12.5MG Oral Tablet) | G | Maximum of 1 tablet per day |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| Quinapril-Hydrochlorothiazide (20-12.5MG Oral Tablet, 20-25MG Oral Tablet) | G | Maximum of 2 tablets per day |
| **Quviviq (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Qvar RediHaler (Inhalation Aerosol Breath Activated)** | **B** | Maximum of 2 inhalers (21.2 grams) per 30 days |
| **RabAvert (Intramuscular Suspension Reconstituted)** | **B** | 1 vaccination dose (1 injection) per day |
| **Radicava ORS Starter Kit (Oral Suspension)** | **B** | Maximum of 70 ml per 28 days |
| Raloxifene HCl (Oral Tablet) | G | Maximum of 1 tablet per day |
| Ramelteon (Oral Tablet) | G | Maximum of 1 tablet per day |
| Ramipril (1.25MG Oral Capsule, 2.5MG Oral Capsule, 5MG Oral Capsule) | G | Maximum of 2 capsules per day |
| Ramipril (10MG Oral Capsule) | G | Maximum of 2 capsules per day |
| Ranolazine ER (Oral Tablet Extended Release 12 Hour) | G | Maximum of 2 tablets per day |
| **Rayaldee (Oral Capsule Extended Release)** | **B** | Maximum of 2 capsules per day |
| **Recombivax HB (10MCG/ML Injection Suspension, 40MCG/ML Injection Suspension)** | **B** | 1 vaccination dose (1 ml) per day |
| **Recombivax HB (5MCG/0.5ML Injection Suspension)** | **B** | 1 vaccination dose (0.5 ml) per day |
| **Recombivax HB (10MCG/ML Injection Suspension Prefilled Syringe)** | **B** | 1 vaccination dose (1 ml) per day |
| **Recombivax HB (5MCG/0.5ML Injection Suspension Prefilled Syringe)** | **B** | 1 vaccination dose (0.5 ml) per day |
| **Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)** | **B** | Maximum of 3 inhalers (60 blisters) per 30 days |
| Repaglinide (0.5MG Oral Tablet) | G | Maximum of 32 tablets per day |
| Repaglinide (1MG Oral Tablet) | G | Maximum of 16 tablets per day |
| Repaglinide (2MG Oral Tablet) | G | Maximum of 8 tablets per day |
| **Repatha (140MG/ML Subcutaneous Solution Prefilled Syringe)** | **B** | Maximum of 3 syringes (3 ml) per 28 days |
| **Repatha SureClick (Subcutaneous Solution Auto-Injector)** | **B** | Maximum of 3 pens (3 ml) per 28 days |
| **Restasis MultiDose (Ophthalmic Emulsion)** | **B** | Maximum of 1 bottle (5.5 ml) per 25 days |
| **Restasis Single-Use Vials (Ophthalmic Emulsion)** | **B** | Maximum of 2 vials per day |
| **Retevmo (120MG Oral Tablet, 160MG Oral Tablet, 80MG Oral Tablet)** | **B** | Maximum of 2 tablets per day |
| **Retevmo (40MG Oral Tablet)** | **B** | Maximum of 3 tablets per day |
| **Revuforj (110MG Oral Tablet)** | **B** | Maximum of 4 tablets per day |
| **Revuforj (160MG Oral Tablet)** | **B** | Maximum of 2 tablets per day |
| **Revuforj (25MG Oral Tablet)** | **B** | Maximum of 8 tablets per day |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| **Rexulti (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Reyataz (Oral Packet)** | **B** | Maximum of 6 packets per day |
| **Rezdiffra (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Rezlidhia (Oral Capsule)** | **B** | Maximum of 2 capsules per day |
| Rilpivirine HCl (Oral Tablet) | G | Maximum of 1 tablet per day |
| **Rinvoq LQ (Oral Solution)** | **B** | Maximum of 12 ml per day |
| **Rinvoq (Oral Tablet Extended Release 24 Hour)** | **B** | Maximum of 1 tablet per day |
| Risedronate Sodium (150MG Oral Tablet Immediate Release) | G | Maximum of 1 tablet per 30 days |
| Risedronate Sodium (30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release) | G | Maximum of 1 tablet per day |
| Risedronate Sodium (35MG (12 PACK) Oral Tablet Immediate Release, 35MG (4 PACK) Oral Tablet Immediate Release) | G | Maximum of 4 tablets per 28 days |
| Ritonavir (Oral Tablet) | G | Maximum of 12 tablets per day |
| Rivaroxaban (Oral Tablet) | G | Maximum of 12 tablets per day |
| Rivastigmine Tartrate (Oral Capsule) | G | Maximum of 2 capsules per day |
| Rivastigmine (Transdermal Patch 24 Hour) | G | Maximum of 1 patch per day |
| Rizatriptan Benzoate (Oral Tablet) | G | Maximum of 12 tablets per 30 days |
| Rizatriptan Benzoate ODT (Oral Tablet Dispersible) | G | Maximum of 12 tablets per 30 days |
| Roflumilast (250MCG Oral Tablet) | G | Maximum of 1 tablet per day |
| Roflumilast (500MCG Oral Tablet) | G | Maximum of 1 tablet per day |
| **Romvimza (Oral Capsule)** | **B** | Maximum of 8 capsules per 28 days |
| Rosuvastatin Calcium (Oral Tablet) | G | Maximum of 1 tablet per day |
| **Rotarix (Oral Suspension)** | **B** | 1 vaccination dose (1.5 ml) per day |
| **RotaTeq (Oral Solution)** | **B** | 1 vaccination dose (2 ml) per day |
| **Rozlytrek (100MG Oral Capsule)** | **B** | Maximum of 5 capsules per day |
| **Rozlytrek (200MG Oral Capsule)** | **B** | Maximum of 3 capsules per day |
| **Rozlytrek (Oral Packet)** | **B** | Maximum of 12 packs per day |
| **Rubraca (Oral Tablet)** | **B** | Maximum of 4 tablets per day |
| **Rukobia (Oral Tablet Extended Release 12 Hour)** | **B** | Maximum of 2 tablets per day |
| **Rydapt (Oral Capsule)** | **B** | Maximum of 8 capsules per day |
| Sacubitril-Valsartan (24-26MG Oral Tablet) | G | Maximum of 6 tablets per day |
| Sacubitril-Valsartan (49-51MG Oral Tablet, 97-103MG Oral Tablet) | G | Maximum of 2 tablets per day |
| **Sancuso (Transdermal Patch)** | **B** | Maximum of 4 patches per 28 days |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| **Santyl (External Ointment)** | **B** | Maximum of 180 grams per 30 days |
| **Scemblix (100MG Oral Tablet)** | **B** | Maximum of 4 tablets per day |
| **Scemblix (20MG Oral Tablet)** | **B** | Maximum of 2 tablets per day |
| **Scemblix (40MG Oral Tablet)** | **B** | Maximum of 8 tablets per day |
| **Secuado (Transdermal Patch 24 Hour)** | **B** | Maximum of 1 patch per day |
| **Selzentry (20MG/ML Oral Solution)** | **B** | Maximum of 8 bottles (1840 ml) per 30 days |
| **Serevent Diskus (60 Inhalation Aerosol Powder Breath Activated)** | **B** | Maximum of 1 inhaler (60 inhalations) per 30 days |
| **Shingrix (Intramuscular Suspension Prefilled Syringe)** | **B** | 1 vaccination dose (1 injection) per day |
| **Shingrix (50MCG/0.5ML Intramuscular Suspension Reconstituted)** | **B** | 1 vaccination dose (1 injection) per day |
| Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio) | G | Maximum of 3 tablets per day |
| Silodosin (Oral Capsule) | G | Maximum of 1 capsule per day |
| Simvastatin (Oral Tablet) | G | Maximum of 1 tablet per day |
| Sitagliptin Phosphate-Metformin HCl (Oral Tablet) | G | Maximum of 2 tablets per day |
| Sitagliptin Phosphate (Oral Tablet) | G | Maximum of 1 tablet per day |
| **Skyclarys (Oral Capsule)** | **B** | Maximum of 3 capsules per day |
| **Skyrizi Pen (Subcutaneous Solution Auto-Injector)** | **B** | Maximum of 1 pen (1 ml) per 28 days |
| **Skyrizi (180MG/1.2ML Subcutaneous Solution Cartridge)** | **B** | Maximum of 1 cartridge (1.2 ml) per 56 days |
| **Skyrizi (360MG/2.4ML Subcutaneous Solution Cartridge)** | **B** | Maximum of 1 cartridge (2.4 ml) per 56 days |
| **Skyrizi (150MG/ML Subcutaneous Solution Prefilled Syringe)** | **B** | Maximum of 1 syringe (1 ml) per 28 days |
| **Sofosbuvir-Velpatasvir (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| Solifenacin Succinate (Oral Tablet) | G | Maximum of 1 tablet per day |
| **Soliqua (Subcutaneous Solution Pen-Injector)** | **B** | Maximum of 5 pens (15 ml) per 24 days |
| **Somavert (Subcutaneous Solution Reconstituted)** | **B** | Maximum of 1 vial per day |
| **Spiriva HandiHaler (Inhalation Capsule)** | **B** | Maximum of 1 capsule per day |
| **Spiriva Respimat (Inhalation Aerosol Solution)** | **B** | Maximum of 1 inhaler (4 grams) per 30 days |
| **Spritam ODT (250MG Oral Tablet Disintegrating Soluble)** | **B** | Maximum of 2 tablets per day |
| **Spritam ODT (500MG Oral Tablet Disintegrating Soluble)** | **B** | Maximum of 6 tablets per day |
| **Starjemza (Subcutaneous Solution)** | **B** | Maximum of 6 vials (3 ml) per 84 days |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| **Starjemza (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)** | **B** | Maximum of 6 syringes (3 ml) per 84 days |
| **Starjemza (90MG/ML Subcutaneous Solution Prefilled Syringe)** | **B** | Maximum of 3 syringes (3 ml) per 84 days |
| **Steqeyma (Subcutaneous Solution)** | **B** | Maximum of 6 vials (3 ml) per 84 days |
| **Steqeyma (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)** | **B** | Maximum of 6 syringes (3 ml) per 84 days |
| **Steqeyma (90MG/ML Subcutaneous Solution Prefilled Syringe)** | **B** | Maximum of 3 syringes (3 ml) per 84 days |
| **Stiolto Respimat (Inhalation Aerosol Solution)** | **B** | Maximum of 1 inhaler (4 grams) per 30 days |
| **Stivarga (Oral Tablet)** | **B** | Maximum of 4 tablets per day |
| **Stoboclo (Subcutaneous Solution Prefilled Syringe)** | **B** | Maximum of 1 syringe (1 ml) per 180 days |
| **Stribild (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Suflave (Oral Solution Reconstituted)** | **B** | Maximum 2 bottles per 30 days |
| Sumatriptan (Nasal Solution) | G | Maximum of 12 devices per 30 days |
| Sumatriptan Succinate (Oral Tablet) | G | Maximum of 12 tablets per 30 days |
| Sumatriptan Succinate (Subcutaneous Solution) | G | Maximum of 12 vials (6 ml) per 30 days |
| Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) | G | Maximum of 12 pens (6 ml) per 30 days |
| Sunitinib Malate (12.5MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule) | G | Maximum of 1 capsule per day |
| Sunitinib Malate (37.5MG Oral Capsule) | G | Maximum of 2 capsules per day |
| **Sunlenca (Oral Tablet)** | **B** | Maximum of 24 tablets per 168 days |
| **Sunlenca (4 x 300MG Oral Tablet Therapy Pack)** | **B** | Maximum of 2 packs (8 tablets) per year |
| **Sunlenca (5 x 300MG Oral Tablet Therapy Pack)** | **B** | Maximum of 2 packs (10 tablets) per year |
| **Sutab (Oral Tablet)** | **B** | Maximum 24 tablets per 30 days |
| **Symbicort (120 Inhalation Aerosol)** | **B** | Maximum of 1 inhaler (10.2 grams) per 30 days |
| **Sympazan (Oral Film)** | **B** | Maximum of 2 films per day |
| **Symtuza (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Synjardy (Oral Tablet Immediate Release)** | **B** | Maximum of 2 tablets per day |
| **Synjardy XR (10-1000MG Oral Tablet Extended Release 24 Hour, 12.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)** | **B** | Maximum of 2 tablets per day |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| **Synjardy XR (25-1000MG Oral Tablet Extended Release 24 Hour)** | **B** | Maximum of 1 tablet per day |
| **Tabrecta (Oral Tablet)** | **B** | Maximum of 4 tablets per day |
| Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca) | G | Maximum of 2 tablets per day |
| Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet) | G | Maximum of 1 tablet per day |
| **Tagrisso (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Talzenna (0.1MG Oral Capsule, 0.35MG Oral Capsule, 0.5MG Oral Capsule, 0.75MG Oral Capsule, 1MG Oral Capsule)** | **B** | Maximum of 1 capsule per day |
| **Talzenna (0.25MG Oral Capsule)** | **B** | Maximum of 3 capsules per day |
| **Tarpeyo (Oral Capsule Delayed Release)** | **B** | Maximum of 4 capsules per day |
| Tasimelteon (Oral Capsule) | G | Maximum of 1 capsule per day |
| Tazarotene (0.1% External Cream) | G | Maximum of 60 grams per 30 days |
| Telmisartan (Oral Tablet) | G | Maximum of 1 tablet per day |
| Telmisartan-Amlodipine (Oral Tablet) | G | Maximum of 1 tablet per day |
| Telmisartan-HCTZ (40-12.5MG Oral Tablet, 80-25MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Telmisartan-HCTZ (80-12.5MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Temazepam (15MG Oral Capsule, 30MG Oral Capsule) | G | Maximum of 1 capsule per day |
| **Tenivac (Intramuscular Injectable)** | **B** | 1 vaccination dose (0.5 ml) per day |
| Tenofovir Disoproxil Fumarate (Oral Tablet) | G | Maximum of 1 tablet per day |
| **Tepmetko (Oral Tablet)** | **B** | Maximum of 2 tablets per day |
| Terbinafine HCl (Oral Tablet) | G | Maximum of 2 tablets per day |
| Teriflunomide (Oral Tablet) | G | Maximum of 1 tablet per day |
| Teriparatide (Subcutaneous Solution Pen-Injector) | G | Maximum of 1 pen (2.24 ml) per 28 days |
| Tetrabenazine (12.5MG Oral Tablet) | G | Maximum of 3 tablets per day |
| Tetrabenazine (25MG Oral Tablet) | G | Maximum of 4 tablets per day |
| **Tezspire (Subcutaneous Solution Auto-Injector)** | **B** | Maximum of 1 syringe (1.91 ml) per 28 days |
| **Thalomid (100MG Oral Capsule)** | **B** | Maximum of 4 capsules per day |
| **Thalomid (50MG Oral Capsule)** | **B** | Maximum of 3 capsules per day |
| **Tibsovo (Oral Tablet)** | **B** | Maximum of 2 tablets per day |
| Ticagrelor (Oral Tablet) | G | Maximum of 2 tablets per day |
| **Ticovac (1.2MCG/0.25ML Intramuscular Suspension Prefilled Syringe)** | **B** | 1 vaccination dose (0.25 ml) per day |
| **Ticovac (2.4MCG/0.5ML Intramuscular Suspension Prefilled Syringe)** | **B** | 1 vaccination dose (0.5 ml) per day |
| **Tivicay (Oral Tablet)** | **B** | Maximum of 2 tablets per day |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| **Tivicay PD (Oral Tablet Soluble)** | **B** | Maximum of 6 tablets per day |
| **Tobi Podhaler (Inhalation Capsule)** | **B** | Maximum of 8 capsules per day |
| Tobramycin (300MG/5ML Inhalation Nebulization Solution) | G | Maximum of 2 ampules (10 ml) per day |
| Tofacitinib Citrate ER (Oral Tablet Extended Release 24 Hour) | G | Maximum of 1 tablet per day |
| Tofacitinib Citrate (Oral Solution) | G | Maximum of 10 ml per day |
| Tofacitinib Citrate (Oral Tablet) | G | Maximum of 2 tablets per day |
| Tolvaptan (15MG Oral Tablet) (Generic Samsca) | G | Maximum of 1 tablet per day |
| Tolvaptan (30MG Oral Tablet) (Generic Samsca) | G | Maximum of 2 tablets per day |
| Tolvaptan (15MG Oral Tablet, 30MG Oral Tablet) (Generic Jynarque) | G | Maximum of 4 tablets per day |
| **Tradjenta (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| Tramadol HCl (50MG Oral Tablet Immediate Release) | G | Maximum of 8 tablets per day |
| Trandolapril (1MG Oral Tablet, 2MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Trandolapril (4MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release) | G | Maximum of 1 tablet per day |
| **Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)** | **B** | Maximum of 1 inhaler (60 blisters) per 30 days |
| **Tremfya One-Press (100MG/ML Subcutaneous Solution Pen-Injector)** | **B** | Maximum of 2 pens (2 ml) per 56 days |
| **Tremfya Pen (200MG/2ML Subcutaneous Solution Auto-Injector)** | **B** | Maximum of 1 pen (2 ml) per 28 days |
| **Tremfya (100MG/ML Subcutaneous Solution Prefilled Syringe)** | **B** | Maximum of 2 syringes (2 ml) per 56 days |
| **Tremfya (200MG/2ML Subcutaneous Solution Prefilled Syringe)** | **B** | Maximum of 1 syringe (2 ml) per 28 days |
| Trientine HCl (250MG Oral Capsule) | G | Maximum of 8 capsules per day |
| Trientine HCl (500MG Oral Capsule) | G | Maximum of 4 capsules per day |
| **Trijardy XR (10-5-1000MG Oral Tablet Extended Release 24 Hour, 25-5-1000MG Oral Tablet Extended Release 24 Hour)** | **B** | Maximum of 1 tablet per day |
| **Trijardy XR (12.5-2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-2.5-1000MG Oral Tablet Extended Release 24 Hour)** | **B** | Maximum of 2 tablets per day |
| **Trikafta (Oral Tablet Therapy Pack)** | **B** | Maximum of 1 pack (84 tablets) per 28 days |
| **Trikafta (Oral Granule Therapy Pack)** | **B** | Maximum of 1 carton (56 packets) per 28 days |
| **Trintellix (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Triumeq (Oral Tablet)** | **B** | Maximum of 1 tablet per day |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| **Triumeq PD (Oral Tablet Soluble)** | **B** | Maximum of 6 tablets per day |
| **Trulance (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Trulicity (Subcutaneous Solution Auto-Injector)** | **B** | Maximum of 4 pens (2 ml) per 28 days |
| **Trumenba (Intramuscular Suspension Prefilled Syringe)** | **B** | 1 vaccination dose (0.5 ml) per day |
| **Truqap (200MG Oral Tablet)** | **B** | Maximum of 64 tablets per 28 days |
| **Truqap (160MG Oral Tablet Therapy Pack)** | **B** | Maximum of 4 packs (64 tablets) per 28 days |
| **Tukysa (150MG Oral Tablet)** | **B** | Maximum of 4 tablets per day |
| **Tukysa (50MG Oral Tablet)** | **B** | Maximum of 12 tablets per day |
| **Turalio (Oral Capsule)** | **B** | Maximum of 4 capsules per day |
| **Twinrix (Intramuscular Suspension Prefilled Syringe)** | **B** | 1 vaccination dose (1 ml) per day |
| **Tyenne (Subcutaneous Solution Auto-Injector)** | **B** | Maximum of 4 pens (3.6 ml) per 28 days |
| **Tyenne (Subcutaneous Solution Prefilled Syringe)** | **B** | Maximum of 4 syringes (3.6 ml) per 28 days |
| **Tymlos (Subcutaneous Solution Pen-Injector)** | **B** | Maximum of 1 pen (1.56 ml) per 30 days |
| **Typhim VI (Intramuscular Solution Prefilled Syringe)** | **B** | 1 vaccination dose (0.5 ml) per day |
| **Tyrvaya (Nasal Solution)** | **B** | Maximum of 2 bottles (8.4 ml) per 30 days |
| Valacyclovir HCl (1GM Oral Tablet) | G | Maximum of 4 tablets per day |
| Valacyclovir HCl (500MG Oral Tablet) | G | Maximum of 2 tablets per day |
| **Valchlor (External Gel)** | **B** | Maximum of 60 grams per 30 days |
| Valganciclovir HCl (Oral Solution Reconstituted) | G | Maximum of 36 ml per day |
| Valganciclovir HCl (Oral Tablet) | G | Maximum of 4 tablets per day |
| Valsartan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet) | G | Maximum of 2 tablets per day |
| Valsartan (320MG Oral Tablet) | G | Maximum of 1 tablet per day |
| Valsartan-Hydrochlorothiazide (Oral Tablet) | G | Maximum of 1 tablet per day |
| **Valtoco 10MG Dose (Nasal Liquid)** | **B** | Maximum of 10 blister packs (10 spray devices) per 30 days |
| **Valtoco 15MG Dose (Nasal Liquid Therapy Pack)** | **B** | Maximum of 10 blister packs (20 spray devices) per 30 days |
| **Valtoco 20MG Dose (Nasal Liquid Therapy Pack)** | **B** | Maximum of 10 blister packs (20 spray devices) per 30 days |
| **Valtoco 5MG Dose (Nasal Liquid)** | **B** | Maximum of 10 blister packs (10 spray devices) per 30 days |
| Vancomycin HCl (125MG Oral Capsule) | G | Maximum of 4 capsules per day |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| Vancomycin HCl (250MG Oral Capsule) | G | Maximum of 8 capsules per day |
| **Vanflyta (Oral Tablet)** | **B** | Maximum of 2 tablets per day |
| **Vaqta (25UNIT/0.5ML Intramuscular Suspension)** | **B** | Maximum of 2 vaccines per lifetime |
| **Vaqta (50UNIT/ML Intramuscular Suspension)** | **B** | Maximum of 2 vaccines per lifetime |
| **Vaqta (25UNIT/0.5ML Intramuscular Suspension Prefilled Syringe)** | **B** | Maximum of 2 vaccines per lifetime |
| **Vaqta (50UNIT/ML Intramuscular Suspension Prefilled Syringe)** | **B** | Maximum of 2 vaccines per lifetime |
| **Varivax (Injection Suspension Reconstituted)** | **B** | 1 vaccination dose (1 injection) per day |
| **Vaxchora (Oral Suspension Reconstituted)** | **B** | 1 vaccination dose (100 ml) per day |
| **Velsipity (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Vemlidy (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Venclexta (100MG Oral Tablet)** | **B** | Maximum of 6 tablets per day |
| **Venclexta (10MG Oral Tablet)** | **B** | Maximum of 2 tablets per day |
| **Venclexta (50MG Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Venclexta Starting Pack (Oral Tablet Therapy Pack)** | **B** | Maximum of 2 packs per year |
| **Verquvo (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Verzenio (Oral Tablet)** | **B** | Maximum of 2 tablets per day |
| Vigabatrin (Oral Packet) | G | Maximum of 6 packets per day |
| Vigabatrin (Oral Tablet) | G | Maximum of 6 tablets per day |
| Vilazodone HCl (Oral Tablet) | G | Maximum of 1 tablet per day |
| **Vimkunya (Intramuscular Suspension Prefilled Syringe)** | **B** | 1 vaccination dose (0.8 ml) per day |
| **Viracept (250MG Oral Tablet)** | **B** | Maximum of 10 tablets per day |
| **Viracept (625MG Oral Tablet)** | **B** | Maximum of 4 tablets per day |
| **Viread (Oral Powder)** | **B** | Maximum of 4 bottles (240 grams) per 30 days |
| **Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Vitrakvi (100MG Oral Capsule)** | **B** | Maximum of 4 capsules per day |
| **Vitrakvi (25MG Oral Capsule)** | **B** | Maximum of 6 capsules per day |
| **Vitrakvi (Oral Solution)** | **B** | Maximum of 20 ml per day |
| **Vivotif (Oral Capsule Delayed Release)** | **B** | Maximum of 4 capsules per 5 years |
| **Vonjo (Oral Capsule)** | **B** | Maximum of 4 capsules per day |
| **Voranigo (10MG Oral Tablet)** | **B** | Maximum of 2 tablets per day |
| **Voranigo (40MG Oral Tablet)** | **B** | Maximum of 1 tablet per day |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| Voriconazole (Oral Suspension Reconstituted) | G | Maximum of 20 ml per day |
| Voriconazole (200MG Oral Tablet) | G | Maximum of 4 tablets per day |
| Voriconazole (50MG Oral Tablet) | G | Maximum of 16 tablets per day |
| **Vosevi (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Vraylar (Oral Capsule)** | **B** | Maximum of 1 capsule per day |
| **Vyndamax (Oral Capsule)** | **B** | Maximum of 1 capsule per day |
| **Vyvgart Hytrulo (Subcutaneous Solution Prefilled Syringe)** | **B** | Maximum of 4 syringes (20 ml) per 28 days |
| **Wegovy (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Wegovy (0.25MG/0.5ML Subcutaneous Solution Auto-Injector, 0.5MG/0.5ML Subcutaneous Solution Auto-Injector, 1MG/0.5ML Subcutaneous Solution Auto-Injector)** | **B** | Maximum of 4 pens (2 ml) per 28 days |
| **Wegovy (1.7MG/0.75ML Subcutaneous Solution Auto-Injector, 2.4MG/0.75ML Subcutaneous Solution Auto-Injector)** | **B** | Maximum of 4 pens (3 ml) per 28 days |
| **Welireg (Oral Tablet)** | **B** | Maximum of 3 tablets per day |
| **Winrevair (2 x 45MG Subcutaneous Kit, 2 x 60MG Subcutaneous Kit)** | **B** | Maximum of 1 kit (2 vials) per 21 days |
| **Winrevair (1 x 45MG Subcutaneous Kit, 1 x 60MG Subcutaneous Kit)** | **B** | Maximum of 1 kit (1 vial) per 21 days |
| Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair) | G | Maximum of 1 inhaler (60 blisters) per 30 days |
| **Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)** | **B** | Maximum of 1 pack (56 tablets) per 28 days |
| **Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack)** | **B** | Maximum of 1 pack (56 tablets) per 28 days |
| **Xcopri (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| **Xcopri (150MG Oral Tablet, 200MG Oral Tablet)** | **B** | Maximum of 2 tablets per day |
| **Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack, 14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack)** | **B** | Maximum of 2 packs per year |
| **Xdemvy (Ophthalmic Solution)** | **B** | Maximum of 1 bottle (10 ml) per 42 days |
| **Xermelo (Oral Tablet)** | **B** | Maximum of 3 tablets per day |
| **Xigduo XR (10-1000MG Oral Tablet Extended Release 24 Hour, 10-500MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)** | **B** | Maximum of 1 tablet per day |
| **Xigduo XR (2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)** | **B** | Maximum of 2 tablets per day |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| **Xiidra (Ophthalmic Solution)** | **B** | Maximum of 2 vials per day |
| **Xofluza (40MG Dose) (Oral Tablet Therapy Pack)** | **B** | Maximum of 2 tablets per 30 days |
| **Xofluza (80MG Dose) (Oral Tablet Therapy Pack)** | **B** | Maximum of 1 tablet per 30 days |
| **Xolremdi (Oral Capsule)** | **B** | Maximum of 4 capsules per day |
| **Xospata (Oral Tablet)** | **B** | Maximum of 3 tablets per day |
| **Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)** | **B** | Maximum of 8 tablets per 28 days |
| **Xpovio (40MG Once Weekly) (10MG Oral Tablet Therapy Pack)** | **B** | Maximum of 16 tablets per 28 days |
| **Xpovio (40MG Twice Weekly) (40MG Oral Tablet Therapy Pack)** | **B** | Maximum of 8 tablets per 28 days |
| **Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)** | **B** | Maximum of 4 tablets per 28 days |
| **Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)** | **B** | Maximum of 24 tablets per 28 days |
| **Xpovio (80MG Once Weekly) (40MG Oral Tablet Therapy Pack)** | **B** | Maximum of 8 tablets per 28 days |
| **Xpovio (80MG Once Weekly) (80MG Oral Tablet Therapy Pack)** | **B** | Maximum of 4 tablets per 28 days |
| **Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)** | **B** | Maximum of 32 tablets per 28 days |
| **Xtampza ER (13.5MG Oral Capsule ER 12 Hour Abuse-Deterrent, 18MG Oral Capsule ER 12 Hour Abuse-Deterrent, 9MG Oral Capsule ER 12 Hour Abuse-Deterrent)** | **B** | Maximum of 3 capsules per day |
| **Xtampza ER (27MG Oral Capsule ER 12 Hour Abuse-Deterrent, 36MG Oral Capsule ER 12 Hour Abuse-Deterrent)** | **B** | Maximum of 6 capsules per day |
| **Xtandi (Oral Capsule)** | **B** | Maximum of 4 capsules per day |
| **Xtandi (40MG Oral Tablet)** | **B** | Maximum of 4 tablets per day |
| **Xtandi (80MG Oral Tablet)** | **B** | Maximum of 2 tablets per day |
| **Yesintek (Subcutaneous Solution)** | **B** | Maximum of 6 vials (3 ml) per 84 days |
| **Yesintek (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)** | **B** | Maximum of 6 syringes (3 ml) per 84 days |
| **Yesintek (90MG/ML Subcutaneous Solution Prefilled Syringe)** | **B** | Maximum of 3 syringes (3 ml) per 84 days |
| **YF-VAX (Subcutaneous Suspension Reconstituted)** | **B** | 1 vaccination dose (1 injection) per day |
| Yuvafem (Vaginal Tablet) | G | Maximum of 18 tablets per 28 days |
| Zafirlukast (Oral Tablet) | G | Maximum of 2 tablets per day |
| Zaleplon (10MG Oral Capsule) | G | Maximum of 2 capsules per day |

| Drug name | Brand or Generic | Quantity limit |
|---|---|---|
| Zaleplon (5MG Oral Capsule) | G | Maximum of 1 capsule per day |
| **Zejula (Oral Tablet)** | **B** | Maximum of 1 tablet per day |
| Zidovudine (Oral Capsule) | G | Maximum of 6 capsules per day |
| Zidovudine (Oral Syrup) | G | Maximum of 64 ml per day |
| Zidovudine (Oral Tablet) | G | Maximum of 2 tablets per day |
| Ziprasidone HCl (Oral Capsule) | G | Maximum of 2 capsules per day |
| **Zokinvy (Oral Capsule)** | **B** | Maximum of 4 capsules per day |
| Zolpidem Tartrate (Oral Tablet Immediate Release) | G | Maximum of 1 tablet per day |
| **Zurzuvae (20MG Oral Capsule, 25MG Oral Capsule)** | **B** | Maximum of 28 capsules per 14 days |
| **Zurzuvae (30MG Oral Capsule)** | **B** | Maximum of 14 capsules per 14 days |
| **Zykadia (Oral Tablet)** | **B** | Maximum of 3 tablets per day |

## Additional covered drugs

Your plan has additional coverage for the prescription drugs listed below. These drugs are not normally covered in a Medicare Advantage plan with prescription drug coverage. The amount you pay for these drugs does not count toward your total drug costs or help you qualify for catastrophic coverage. If you get Extra Help to pay for your prescriptions, it does not apply to these drugs.

| Drug name | Drug tier | Restrictions |
|---|---|---|
| **Vitamins** | | |
| Folic Acid (1mg tablet) | 2 | |
| Cyanocobalamin (1000mcg/ml vial) | 2 | |
| Ergocalciferol (50000mcg capsule) | 2 | |
| **Erectile Dysfunction** | | |
| Sildenafil (25mg tablet) | 2 | Maximum of 4 tablets per 30 days |
| Sildenafil (50mg tablet) | 2 | Maximum of 4 tablets per 30 days |
| Sildenafil (100mg tablet) | 2 | Maximum of 4 tablets per 30 days |

## Required information

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

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7 a.m.-10 p.m. CT, 7 days Oct-Mar, M-F Apr-Sept