

2020 COMPLETE DRUG LIST (FORMULARY)



Prescription drug list information

Peoples Health Choices 65 #14 (HMO)
Peoples Health Choices Gold (HMO-POS)
Peoples Health Choices Value (HMO)
Peoples Health Group Medicare (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, please call Member Services at:



Toll-free **1-800-222-8600**, TTY **711**
8 a.m. - 8 p.m. local time, 7 days a week



www.peopleshealth.com

PEOPLES HEALTH

Your **Medicare Health** Team

TABLE OF CONTENTS

What is a drug list?.....	3
Note to existing members.....	3
How do I use the drug list?.....	4
What are generic drugs?.....	4
What is a compounded drug?.....	4
Drug payment stage and drug tiers.....	5
Getting Extra Help.....	5
Are there any rules or limits on my drug coverage?.....	6
What if my drug is not on this list?.....	8
How can I get an exception?.....	8
Can I get my drug while I wait for an exception?.....	9
Can the drug list change?.....	10
Drugs with dosages other than a 1-month supply.....	11
Covered drugs by name (Drug index).....	12
Covered drugs by medical condition.....	29
Covered drugs with a quantity limit (QL).....	108

Questions?

If you have questions, we're here to help. Call Member Services at:



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What is a drug list?

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

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

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

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

Note to existing members:

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

For an up-to-date list of covered drugs or if you have questions, please call Member Services. 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 Peoples Health. When it refers to “plan,” “our plan,” or “your plan,” it means Peoples Health plans.

How do I use the drug list?

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

- 1. By name.** Turn to section “Covered drugs by name (**Drug index**)” on pages 12–28 to see the list of drug names in alphabetical order. Find the name of your drug. The page number where you can find the drug will be next to it.
- 2. By medical condition.** Turn to section “Covered drugs by medical condition” on pages 29–107 to look for drugs based on your medical conditions. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. This is where you will find drugs that treat heart conditions.



Can't find your drug?

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

What are generic drugs?

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

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

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

What is a compounded drug?

A compounded drug is created by a pharmacist by combining or mixing ingredients to create a prescription medication customized to the needs of an individual patient. Generally compounded drugs are non-formulary drugs (not covered) by your plan. You may need to ask for and receive an approved coverage determination from us to have your compounded drug covered. 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 Member Services. Our contact information is on the cover.

Drug Tier	Includes
Tier 1: Preferred generic	Lower-cost, commonly used generic drugs.
Tier 2: Generic	Many generic drugs.
Tier 3: Preferred brand	Many common brand name drugs, called preferred brands and some higher-cost generic drugs.
Tier 4: Non-preferred drug	Non-preferred generic and non-preferred brand name drugs.
Tier 5: Specialty tier	Unique and/or very high-cost brand and generic drugs.

Getting Extra Help

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

Are there any rules or limits on my drug coverage?

Yes, some drugs may have coverage rules or have limits on the amount you can get. If your drug has any coverage rules or limits, there will be a code(s) in the “Coverage Rules or Limits on use” column of the “Covered drugs by medical condition” chart starting on page 29. 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 Member Services. Our contact information is on the cover.

Coverage Rules and Limits

PA - Prior authorization

The plan requires you or your doctor to get prior approval for certain drugs. This means the plan needs more information from your doctor to make sure the drug is being used correctly for a medical condition covered by Medicare. If you don't get approval, the plan may not cover the drug.

QL - Quantity limits

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

ST - Step therapy

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

Other Special Coverage Rules

B/D - Medicare Part B or Part D

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

HRM - High-risk medication

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

LA - Limited access

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

MME - Morphine milligram equivalent

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

7D - 7-Day limit

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

DL - Dispensing limit

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

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

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

What if my drug is not on this list?

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

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

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

How can I get an exception?

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

Types of exceptions you can ask for

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

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

Who can ask for an exception?

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

How long does it take to get an exception?

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

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

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

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

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

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

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

Can the drug list change?

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

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

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

If we add new generic drugs

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

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

If we remove a drug from the list

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

If we change the coverage rules or limits

We’ll tell you if we add prior approval, quantity limits and/or step therapy restrictions on a drug. You can find out if your drug has any rules or limits by looking in the chart on pages 108-134.

We’ll tell you about other changes

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

Drugs with dosages other than a 1-month supply

Drugs packaged in an extended day supply

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

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

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

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

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

For more information

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

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

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

Covered drugs by name (Drug index)

A			
Abacavir Sulfate.....	59	Albendazole.....	52
Abacavir Sulfate-Lamivudine	59	Albuterol Sulfate.....	104
Abacavir-Lamivudine- Zidovudine.....	59	Alclometasone Dipropionate	84
Abelcet.....	45	Alcohol Prep Pads.....	99
Abilify Maintena.....	54	Alecensa.....	50
Abiraterone Acetate.....	49	Alendronate Sodium.....	99
Acamprosate Calcium.....	33	Alfuzosin HCl ER.....	83
Acarbose.....	61	Alinia.....	52
Acebutolol HCl.....	68	Aliskiren Fumarate.....	69
Acetaminophen-Codeine.....	31	Allopurinol.....	47
Acetazolamide.....	71	Alocril.....	100
Acetazolamide ER.....	71	Alomide.....	100
Acetic Acid.....	102	Alosetron HCl.....	81
Acetylcysteine.....	105	Alphagan P.....	101
Acitretin.....	75	Alprazolam.....	61
Actemra.....	96	Altavera.....	87
Actemra ACTPen.....	95	Alunbrig.....	50
ActHIB.....	96	Alyacen 1/35.....	87
Actimmune.....	96	Alyq.....	105
Acyclovir.....	58	Amantadine HCl.....	53
Acyclovir Sodium.....	58	AmBisome.....	45
Adacel.....	96	Ambrisentan.....	105
Adapalene.....	75	Amethia.....	87
Adefovir Dipivoxil.....	57	Amethia Lo.....	87
Adempas.....	105	Amikacin Sulfate.....	33
Advair Diskus.....	105	Amiloride HCl.....	71
Advair HFA.....	105	Amiloride-Hydrochlorothiazide	69
Afinitor.....	50	Aminosyn II.....	77
Afinitor Disperz.....	50	Aminosyn-PF.....	77
Aimovig.....	47	Amiodarone HCl.....	67
Ala-Cort.....	84	Amitiza.....	81
		Amitriptyline HCl.....	44
		Amlodipine Besylate.....	68
		Amlodipine-Atorvastatin.....	69
		Amlodipine-Benazepril.....	69
		Amlodipine-Olmesartan.....	70
		Amlodipine-Valsartan.....	70
		Amlodipine-Valsartan-HCTZ	70
		Ammonium Lactate.....	75
		Amoxapine.....	44
		Amoxicillin.....	37
		Amoxicillin-Potassium Clavulanate.....	37
		Amoxicillin-Potassium Clavulanate ER.....	37
		Amphetamine- Dextroamphetamine.....	73
		Amphetamine- Dextroamphetamine ER.....	73
		Amphotericin B.....	45
		Ampicillin.....	37
		Ampicillin Sodium.....	37
		Ampicillin-Sulbactam Sodium	37
		Ampyra.....	74
		Anadrol-50.....	87
		Anagrelide HCl.....	65
		Anastrozole.....	50
		Androderm.....	87
		Anoro Ellipta.....	106
		Apokyn.....	53
		Apraclonidine HCl.....	101
		Aprepitant.....	45
		Apri.....	87
		Apriso.....	98
		Aptiom.....	42

Aptivus.....	60	Azithromycin.....	38	Bethkis.....	104	
Aralast NP.....	82	Azopt.....	101	Betimol.....	101	
Aranelle.....	87	Aztreonam.....	37	Bevespi Aerosphere.....	106	
Aranesp.....	65	B			Bexarotene.....	52
Arcalyst.....	96	Bacitracin.....	34	Bexsero.....	96	
Aripiprazole.....	54	Bacitracin-Polymyxin B.....	99	Bicalutamide.....	49	
Aripiprazole ODT.....	55	Baclofen.....	106	Bicillin C-R.....	37	
Aristada.....	55	Bactocill in Dextrose.....	37	Bicillin C-R 900/300.....	37	
Aristada Initio.....	55	Bactroban.....	34	Bicillin L-A.....	37	
Arnuity Ellipta.....	103	Balsalazide Disodium.....	98	BiDil.....	70	
Ashlyna.....	87	Balversa.....	50	Biktarvy.....	59	
Aspirin-Dipyridamole ER.....	66	Balziva.....	87	Binosto.....	99	
Atazanavir Sulfate.....	60	Banzel.....	42	Bisoprolol Fumarate.....	68	
Atenolol.....	68	Baraclude.....	57	Bisoprolol-Hydrochlorothiazide	70	
Atenolol-Chlorthalidone.....	70	BCG Vaccine.....	96	BIVIGAM.....	95	
Atomoxetine HCl.....	73	Belsomra.....	107	Blephamide.....	100	
Atorvastatin Calcium.....	72	Benazepril HCl.....	67	Blephamide S.O.P.....	100	
Atovaquone.....	52	Benazepril-Hydrochlorothiazide	70	Blisovi 24 Fe.....	87	
Atovaquone-Proguanil HCl....	52	Benlysta.....	96	Blisovi Fe 1.5/30.....	88	
Atripla.....	58	Benznidazole.....	52	Boostrix.....	96	
Atropine Sulfate.....	99	Benzoyl Peroxide-Erythromycin	75	Bosentan.....	105	
Atrovent HFA.....	103	Benzotropine Mesylate.....	53	Bosulif.....	50	
Aubagio.....	74	Bepreve.....	100	Braftovi.....	50	
Aubra.....	87	Berinert.....	93	Breo Ellipta.....	106	
Auryxia.....	80	Besivance.....	39	Briellyn.....	88	
Austedo.....	74	Betamethasone Dipropionate	84	Brilinta.....	66	
Aviane.....	87	Betamethasone Dipropionate Aug.....	84	Brimonidine Tartrate.....	101	
Avonex.....	74	Betamethasone Valerate.....	84	BRIVIACT.....	40	
Avonex Pen.....	74	Betaseron.....	75	Bromocriptine Mesylate.....	53	
Avonex Prefilled.....	75	Betaxolol HCl.....	68, 101	Budesonide.....	98, 103	
Azasite.....	38	Bethanechol Chloride.....	83	Budesonide ER.....	98	
Azathioprine.....	93			Bumetanide.....	71	
Azelaic Acid.....	75			Buprenorphine.....	30	
Azelastine HCl.....	100, 102					

Buprenorphine HCl.....	33	Carac.....	76	Cetirizine HCl.....	103
Buprenorphine HCl-Naloxone HCl.....	33	Carafate.....	82	Chantix.....	33
Bupropion HCl.....	43	Carbaglu.....	77	Chantix Continuing Month Pak	33
Bupropion HCl SR.....	33, 43	Carbamazepine.....	42	Chantix Starting Month Pak...	33
Bupropion HCl XL.....	43	Carbamazepine ER.....	42	Chemet.....	79
Buspiron HCl.....	60	Carbidopa.....	53	Chenodal.....	80
Butalbital-Acetaminophen- Caffeine.....	29	Carbidopa-Levodopa.....	53	Chlordiazepoxide HCl.....	61
Butalbital-Aspirin-Caffeine.....	29	Carbidopa-Levodopa ER.....	53	Chlorhexidine Gluconate.....	75
Butorphanol Tartrate.....	31	Carbidopa-Levodopa ODT.....	53	Chloroquine Phosphate.....	52
Bydureon.....	62	Carbidopa-Levodopa- Entacapone.....	53	Chlorothiazide.....	71
Bydureon BCise.....	61	Carteolol HCl.....	101	Chlorpromazine HCl.....	54
Byetta 10MCG Pen.....	62	Cartia XT.....	68	Chlorthalidone.....	71
Byetta 5MCG Pen.....	62	Carvedilol.....	68	Chlorzoxazone.....	106
Bystolic.....	68	Cayston.....	104	Cholbam.....	82
C					
Cabergoline.....	92	Caziant.....	88	Cholestyramine.....	72
Cablivi.....	66	Cefaclor.....	35	Cholestyramine Light.....	72
Cabometyx.....	50	Cefadroxil.....	35	Ciclopirox.....	46
Calcipotriene.....	75, 76	Cefazolin Sodium.....	35	Ciclopirox Olamine.....	46
Calcitonin Salmon.....	99	Cefdinir.....	35, 36	Cilostazol.....	66
Calcitriol.....	76, 99	Cefepime HCl.....	36	Ciloxan.....	39
Calcium Acetate.....	80	Cefixime.....	36	Cimduo.....	59
Calquence.....	50	Cefotetan Disodium.....	36	Cimetidine.....	81
Camila.....	91	Cefoxitin Sodium.....	36	Cimetidine HCl.....	81
Camrese Lo.....	88	Cefpodoxime Proxetil.....	36	Cimzia.....	93
Canasa.....	98	Cefprozil.....	36	Cimzia Prefilled.....	93
Candesartan Cilexetil.....	67	Ceftazidime.....	36	Cinacalcet HCl.....	99
Candesartan Cilexetil-HCTZ	70	Ceftriaxone Sodium.....	36	Cinryze.....	93
Caprelsa.....	50	Cefuroxime Axetil.....	36	Cipro HC.....	102
Captopril.....	67	Cefuroxime Sodium.....	36	Ciprodex.....	102
Captopril-Hydrochlorothiazide	70	Celecoxib.....	29	Ciprofloxacin.....	39
		Celontin.....	41	Ciprofloxacin HCl.....	39
		Cephalexin.....	36	Ciprofloxacin in D5W.....	39
		Cesamet.....	45	Citalopram Hydrobromide....	43

Claravis.....	76	Colistimethate Sodium.....	34	Cystadane.....	82
Clarithromycin.....	38	Colocort.....	98	Cystagon.....	82
Clarithromycin ER.....	38	Combigan.....	101	Cystaran.....	100
Clenpiq.....	81	Combivent Respimat.....	106	D	
Climara Pro.....	88	Cometriq.....	50	Daklinza.....	58
Clindamycin HCl.....	34	Complera.....	58	Dalfampridine ER.....	75
Clindamycin Palmitate HCl... 34	34	Compro.....	45	Daliresp.....	105
Clindamycin Phosphate...34, 76	34, 76	Constulose.....	81	Dalvance.....	34
Clindamycin Phosphate in D5W	34	Copiktra.....	49	Danazol.....	87
Clindamycin Phosphate- Benzoyl Peroxide.....	76	Cordran.....	84	Dantrolene Sodium.....	106
Clobazam.....	41	Corlanor.....	70	Dapsone.....	48
Clobetasol Propionate.....	84	Cortisone Acetate.....	84	Daptacel.....	96
Clobetasol Propionate Emollient Base.....	84	Cortisporin.....	76	Daptomycin.....	34
Clomipramine HCl.....	44	Cosentyx.....	76	DARAPRIM.....	52
Clonazepam.....	61	Cosentyx Sensoready.....	76	Daurismo.....	51
Clonazepam ODT.....	61	Cosopt PF.....	101	Deblitane.....	91
Clonidine.....	67	Cotellic.....	50	Deferasirox.....	80
Clonidine HCl.....	67	Coumadin.....	64	Delstrigo.....	58
Clonidine HCl ER.....	74	Creon.....	82	Delyla.....	88
Clopidogrel Bisulfate.....	66	Crinone.....	91	Demeclocycline HCl.....	40
Clorazepate Dipotassium.....	61	Crixivan.....	60	Demser.....	70
Clotrimazole.....	46	Cromolyn Sodium.....	80, 100, 105	Denavir.....	58
Clotrimazole-Betamethasone	76	Cryselle-28.....	88	Depen Titratabs.....	83
Clozapine.....	57	Cuvposa.....	80	Depo-Estradiol.....	88
Clozapine ODT.....	57	Cyclafem 1/35.....	88	Depo-Provera.....	91
Coartem.....	52	Cyclafem 7/7/7.....	88	Descovy.....	59
Codeine Sulfate.....	31	Cyclobenzaprine HCl.....	106	Desipramine HCl.....	44
Colchicine.....	47	Cyclophosphamide.....	49	Desmopressin Acetate.....	86
Colcrys.....	47	Cycloset.....	62	Desmopressin Acetate Spray	86
Colesevelam HCl.....	72	Cyclosporine.....	93	Desogestrel-Ethinyl Estradiol	88
Colestipol HCl.....	72	Cyclosporine Modified.....	93	Desonide.....	84
		Cyproheptadine HCl.....	103	Desoximetasone.....	84
		Cyred.....	88		

Desvenlafaxine Succinate ER	43	Dilantin INFATABS.....	42	Dulera.....	106
Dexamethasone.....	84, 85	Dilt-XR.....	69	Duloxetine HCl.....	74
Dexamethasone Intensol.....	84	Diltiazem HCl.....	69	Duramorph.....	31
Dexamethasone Sodium Phosphate.....	101	Diltiazem HCl ER.....	69	Durezol.....	101
Dexilant.....	82	Diltiazem HCl ER Beads.....	68	Dutasteride.....	83
Dexmethylphenidate HCl.....	74	Diltiazem HCl ER Coated Beads.....	68	Dymista.....	106
Dexmethylphenidate HCl ER	74	Dipentum.....	98	Dyrenium.....	71
Dextroamphetamine Sulfate	73	Diphenoxyate-Atropine.....	80	E	
Dextroamphetamine Sulfate ER	73	Diphtheria-Tetanus Toxoids DT	96	E.E.S. Granules.....	38
Dextrose.....	77	Disulfiram.....	33	Econazole Nitrate.....	46
Dextrose-NaCl.....	77, 78	Diuril.....	71	Edarbi.....	67
Diastat AcuDial.....	41	Divalproex Sodium.....	61	Edarbyclor.....	70
Diastat Pediatric.....	41	Divalproex Sodium ER.....	61	Edurant.....	58
Diazepam.....	61	Dofetilide.....	67	Efavirenz.....	58
Diazepam Intensol.....	61	Donepezil HCl.....	42	Egrifta.....	92
Diclofenac Epolamine.....	29	Donepezil HCl ODT.....	42	Elestrin.....	88
Diclofenac Potassium.....	29	Dorzolamide HCl.....	101	Eliquis.....	64
Diclofenac Sodium.....	29, 76, 101	Dorzolamide HCl-Timolol Maleate.....	101	Eliquis Starter Pack.....	64
Diclofenac Sodium ER.....	29	Dorzolamide HCl-Timolol Maleate Preservative Free	101	Elmiron.....	83
Dicloxacillin Sodium.....	37	Dovato.....	58	Embeda.....	30
Dicyclomine HCl.....	80	Doxazosin Mesylate.....	67	Emcyt.....	49
Didanosine.....	59	Doxepin HCl.....	44, 76	Emoquette.....	88
Dificid.....	38	Doxercalciferol.....	99	Emsam.....	43
Diflunisal.....	29	Doxy 100.....	40	Emtriva.....	59
Digitek.....	70	Doxycycline Hyclate.....	40	Enalapril Maleate.....	67
Digox.....	70	Doxycycline Monohydrate.....	40	Enalapril-Hydrochlorothiazide	70
Digoxin.....	70	Dronabinol.....	45	Enbrel.....	93
Dihydroergotamine Mesylate	47	Drospirenone-Ethinyl Estradiol	88	Enbrel SureClick.....	94
Dilantin.....	42	Droxia.....	49	Endocet.....	31
		Duavee.....	88	Engerix-B.....	96
				Enoxaparin Sodium.....	64
				Enpresse-28.....	88
				Enskyce.....	88

Entacapone.....	53	Estradiol Valerate.....	88	Fetzima Titration.....	44
Entecavir.....	57	Estring.....	88	Finacea.....	76
Entresto.....	70	Ethacrynic Acid.....	71	Finasteride.....	83
Enulose.....	81	Ethambutol HCl.....	48	Firazyr.....	93
Envarsus XR.....	94	Ethosuximide.....	41	Firmagon.....	92
Epclusa.....	58	Ethinodiol Diacetate-Ethinyl Estradiol.....	88	Flac.....	102
Epidiolex.....	40	Etodolac.....	29	Flarex.....	101
Epinastine HCl.....	101	Etodolac ER.....	29	Flebogamma DIF.....	95
Epinephrine.....	104	Eurax.....	53	Flecainide Acetate.....	67
EpiPen 2-Pak.....	104	Evotaz.....	60	Flector.....	29
EpiPen Jr 2-Pak.....	104	Exelderm.....	46	Flovent Diskus.....	103
Epitol.....	42	Exemestane.....	50	Flovent HFA.....	103
Eпивir HBV.....	57	Ezetimibe.....	72	Fluconazole.....	46
Eplerenone.....	71	Ezetimibe-Simvastatin.....	72	Fluconazole in Sodium Chloride.....	46
Eprosartan Mesylate.....	67	F		Flucytosine.....	46
Eraxis.....	46	Falmina.....	88	Fludrocortisone Acetate.....	85
Ergotamine-Caffeine.....	47	Famciclovir.....	58	Flunisolide.....	103
Erivedge.....	51	Famotidine.....	81	Fluocinolone Acetonide.....	85, 102
Erleada.....	49	Fanapt.....	55	Fluocinolone Acetonide Scalp	85
Erlotinib HCl.....	51	Fanapt Titration Pack.....	55	Fluocinonide.....	85
Errin.....	91	Farydak.....	51	Fluocinonide Emulsified Base	85
Ertapenem Sodium.....	37	Fayosim.....	88	Fluorometholone.....	102
Ery.....	76	Felbamate.....	41	Fluorouracil.....	76
Ery-Tab.....	38	Felodipine ER.....	69	Fluoxetine HCl.....	44
Erythrocin Lactobionate.....	38	Femring.....	88	Fluphenazine Decanoate.....	54
Erythromycin.....	39, 76	Femynor.....	88	Fluphenazine HCl.....	54
Erythromycin Base.....	38	Fenofibrate.....	72	Flurbiprofen.....	29
Erythromycin Ethylsuccinate	39	Fenofibrate Micronized.....	72	Flurbiprofen Sodium.....	102
Esbriet.....	105	Fenofibric Acid.....	72	Flutamide.....	49
Escitalopram Oxalate.....	44	Fentanyl.....	30	Fluticasone Propionate.....	85, 103
Esomeprazole Magnesium....	82	Fentanyl Citrate.....	31		
Estarylla.....	88	Ferriprox.....	80		
Estradiol.....	88	Fetzima.....	44		

Fluticasone-Salmeterol.....	106	Generlac.....	81	Haloperidol.....	54
Fluvastatin Sodium.....	72	Gengraf.....	94	Haloperidol Decanoate.....	54
Fluvoxamine Maleate.....	44	Genotropin.....	86	Haloperidol Lactate.....	54
FML.....	102	Genotropin MiniQuick.....	86	Havrix.....	97
FML Forte.....	102	Gentak.....	33	Heparin Sodium.....	65
Fondaparinux Sodium.....	64, 65	Gentamicin Sulfate.....	33, 34	HepatAmine.....	78
Forteo.....	99	Gentamicin Sulfate-0.9% Sodium Chloride.....	33	Hetlioz.....	107
Fosamprenavir Calcium.....	60	Genvoya.....	58	Hiberix.....	97
Fosinopril Sodium.....	67	Geodon.....	55	Humalog.....	63
Fosinopril Sodium-HCTZ.....	70	Gianvi.....	88	Humalog Junior KwikPen.....	63
FreAmine HBC.....	78	Gilenya.....	75	Humalog KwikPen.....	63
Furosemide.....	71	Gilotrif.....	51	Humalog Mix 50/50.....	63
Fuzeon.....	60	Glassia.....	82	Humalog Mix 50/50 KwikPen	63
Fyavolv.....	88	Glatiramer Acetate.....	75	Humalog Mix 75/25.....	63
Fycompa.....	41	Glatopa.....	75	Humalog Mix 75/25 KwikPen	63
G					
Gabapentin.....	41	Gleostine.....	49	Humatrope.....	86
Galantamine Hydrobromide	43	Glimepiride.....	62	Humira.....	94
Galantamine Hydrobromide ER	43	Glipizide.....	62	Humira Pediatric Crohns Start	94
Gammagard.....	95	Glipizide ER.....	62	Humira Pen.....	94
Gammagard S/D Less IgA.....	95	Glipizide-Metformin HCl.....	62	Humira Pen Crohns Disease Starter.....	94
Gammaked.....	95	GlucaGen HypoKit.....	63	Humira Pen Psoriasis Starter	94
Gammaflex.....	95	Glucagon Emergency.....	63	Humulin 70/30.....	64
Gamunex-C.....	95	Glyxambi.....	62	Humulin 70/30 KwikPen.....	63
Gardasil 9.....	96, 97	Granisetron HCl.....	45	Humulin N.....	64
Gatifloxacin.....	39	Granix.....	66	Humulin N KwikPen.....	64
Gattex.....	80	Griseofulvin Microsize.....	46	Humulin R.....	64
Gauze.....	99	Griseofulvin Ultramicrosize....	46	Humulin R U-500.....	64
GaviLyte-C.....	81	Guanfacine HCl ER.....	74	Humulin R U-500 KwikPen....	64
GaviLyte-G.....	81	Guanidine HCl.....	48	H	
GaviLyte-N with Flavor Pack	81	Haegarda.....	93	Hailey 24 Fe.....	88
Gemfibrozil.....	72	Halobetasol Propionate.....	85	Hydrochlorothiazide.....	71

Hydrocodone-Acetaminophen	31	Incassia.....	91	Isosorbide Dinitrate.....	73
Hydrocodone-Ibuprofen.....	31	Increlex.....	86	Isosorbide Dinitrate ER.....	73
Hydrocortisone.....	85, 98	Incruse Ellipta.....	103	Isosorbide Mononitrate.....	73
Hydrocortisone Butyrate.....	85	Indapamide.....	71	Isosorbide Mononitrate ER....	73
Hydrocortisone Valerate.....	85	Indomethacin.....	30	Isotretinoin.....	76
Hydrocortisone-Acetic Acid	102	Infanrix.....	97	Itraconazole.....	46
Hydromorphone HCl.....	31	Ingrezza.....	74	Ivermectin.....	52
Hydromorphone HCl ER.....	30	Inlyta.....	51	J	
Hydromorphone HCl PF.....	31	Insulin Lispro.....	64	Jadenu.....	80
Hydroxychloroquine Sulfate	52	Insulin Syringes, Needles.....	99	Jadenu Sprinkle.....	80
Hydroxyurea.....	49	Intelence.....	58, 59	Jakafi.....	51
Hydroxyzine HCl.....	61	Intralipid.....	78	Jantoven.....	65
Hydroxyzine Pamoate.....	45	Intron A.....	57	Janumet.....	62
Hysingla ER.....	30	Introvale.....	88	Janumet XR.....	62
I		Invega Sustenna.....	55	Januvia.....	62
Ibandronate Sodium.....	99	Invega Trinza.....	55	Jardiance.....	62
Ibrance.....	51	Invirase.....	60	Jasmiel.....	88
Ibu.....	29	Invokamet.....	62	Jentadueto.....	62
Ibuprofen.....	29, 30	Invokamet XR.....	62	Jentadueto XR.....	62
Iclusig.....	51	Invokana.....	62	Jinteli.....	88
IDHIFA.....	51	Ionosol-MB in D5W.....	78	Jolivette.....	91
Ilevro.....	102	IPOL.....	97	Jublia.....	46
Imatinib Mesylate.....	51	Ipratropium Bromide.....	103	Juleber.....	88
Imbruvica.....	51	Ipratropium-Albuterol.....	106	Juluca.....	59
Imipenem-Cilastatin.....	37	Irbesartan.....	67	Junel 1.5/30.....	88
Imipramine HCl.....	44	Irbesartan-Hydrochlorothiazide	70	Junel 1/20.....	88
Imipramine Pamoate.....	45	Iressa.....	51	Junel Fe 1.5/30.....	89
Imiquimod.....	76	Isentress.....	58	Junel Fe 1/20.....	89
Imiquimod Pump.....	76	Isentress HD.....	58	Junel Fe 24.....	89
Imovax Rabies.....	97	Isibloom.....	88	Juxtapid.....	72
Imvexxy Maintenance Pack... 88		Isolyte-P in D5W.....	78	K	
Imvexxy Starter Pack.....	88	Isolyte-S.....	78	Kaitlib Fe.....	89
		Isoniazid.....	48	Kaletra.....	60

Kalydeco.....	106	Lantus.....	64	Levocarnitine.....	78
Kariva.....	89	Lantus SoloStar.....	64	Levocetirizine Dihydrochloride	103
KCl in Dextrose-NaCl.....	78	LARIN 1.5/30.....	89	Levofloxacin.....	39
KCl-Lactated Ringers-D5W....	78	LARIN 1/20.....	89	Levofloxacin in D5W.....	39
Kelnor 1/35.....	89	LARIN Fe 1.5/30.....	89	Levonest.....	89
Kelnor 1/50.....	89	LARIN Fe 1/20.....	89	Levonorgestrel-Ethinyl Estradiol	89
Ketoconazole.....	46	Larissia.....	89	Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol.....	89
Ketoprofen.....	30	Lastacaft.....	100	Levonorgestrel-Ethinyl Estradiol 91-Day.....	89
Ketorolac Tromethamine....	102	Latanoprost.....	102	Levora 0.15/30.....	89
Kineret.....	94	Latuda.....	55	Levorphanol Tartrate.....	30
Kinrix.....	97	Layolis Fe.....	89	Levothyroxine Sodium.....	92
Kionex.....	80	Leena.....	89	Levoxyl.....	92
Kisqali.....	49	Leflunomide.....	96	Lexiva.....	60
Kisqali Femara.....	49, 50	Lenvima 10MG Daily Dose....	51	Lidocaine.....	32
Klor-Con.....	78	Lenvima 12MG Daily Dose....	51	Lidocaine HCl.....	32
Klor-Con 10.....	78	Lenvima 14MG Daily Dose....	51	Lidocaine Viscous.....	32
Klor-Con 8.....	78	Lenvima 18MG Daily Dose....	51	Lidocaine-Prilocaine.....	32
Klor-Con M10.....	78	Lenvima 20MG Daily Dose....	51	Lindane.....	53
Klor-Con M15.....	78	Lenvima 24MG Daily Dose....	51	Linezolid.....	34
Klor-Con M20.....	78	Lenvima 4MG Daily Dose.....	51	Linzess.....	81
Klor-Con Sprinkle.....	78	Lenvima 8MG Daily Dose.....	51	Liothyronine Sodium.....	92
Korlym.....	87	Lessina.....	89	Lisinopril.....	67
Kurvelo.....	89	Letrozole.....	50	Lisinopril-Hydrochlorothiazide	70
Kuvan.....	82	Leucovorin Calcium.....	50	Lithium.....	61
L		Leukeran.....	49	Lithium Carbonate.....	61
Labetalol HCl.....	68	Leukine.....	66	Lithium Carbonate ER.....	61
Lacrisert.....	100	Leuprolide Acetate.....	92	Lithostat.....	83
Lactulose.....	81	Levalbuterol HCl.....	104	Livalo.....	72
Lamivudine.....	57, 59	Levemir.....	64	Lokelma.....	80
Lamivudine-Zidovudine.....	59	Levemir FlexTouch.....	64	Lonhala Magnair Refill Kit....	103
Lamotrigine.....	42	Levetiracetam.....	40		
Lanoxin.....	70	Levetiracetam ER.....	40		
Lansoprazole.....	82	Levo-T.....	92		
Lanthanum Carbonate.....	80	Levobunolol HCl.....	101		

Lonsurf.....	50	Mavyret.....	58	Methyclothiazide.....	71
Loperamide HCl.....	81	Mayzent.....	75	Methyldopa.....	67
Lopinavir-Ritonavir.....	60	Meclizine HCl.....	45	Methyldopa- Hydrochlorothiazide.....	70
Lorazepam.....	61	Medroxyprogesterone Acetate	91	Methylphenidate HCl.....	74
Lorbrena.....	50	Mefloquine HCl.....	52	Methylphenidate HCl ER.....	74
Lorcet.....	31	Megestrol Acetate.....	91	Methylprednisolone.....	85
Lorcet HD.....	31	Mekinist.....	51	Metoclopramide HCl.....	45
Lorcet Plus.....	31	Mektovi.....	51	Metolazone.....	71
Loryna.....	89	Melodetta 24 Fe.....	89	Metoprolol Succinate ER.....	68
Losartan Potassium.....	67	Meloxicam.....	30	Metoprolol Tartrate.....	68
Losartan Potassium-HCTZ.....	70	Memantine HCl.....	43	Metoprolol-Hydrochlorothiazide	70
Lotemax.....	102	Memantine HCl ER.....	43	Metronidazole.....	34, 35
Lotemax SM.....	102	Memantine HCl Titration Pak	43	Metronidazole in NaCl 0.79%	35
Loteprednol Etabonate.....	102	Menactra.....	97	Mexiletine HCl.....	67
Lovastatin.....	72	Menest.....	89	Mibelas 24 Fe.....	89
Low-Ogestrel.....	89	Mentax.....	46	Miconazole 3.....	46
Loxapine Succinate.....	54	Menveo.....	97	Microgestin 1.5/30.....	89
Lumigan.....	102	Mercaptopurine.....	49	Microgestin 1/20.....	89
Lupaneta Pack.....	92	Meropenem.....	37	Microgestin Fe 1.5/30.....	89
Lupron Depot.....	92	Mesalamine.....	98	Microgestin Fe 1/20.....	89
Lutera.....	89	Mesnex.....	52	Midodrine HCl.....	67
Lynparza.....	51	Metadate ER.....	74	Migergot.....	47
Lyrica.....	74	Metaproterenol Sulfate.....	104	Miglitol.....	62
Lysodren.....	92	Metformin HCl.....	62	Miglustat.....	82
Lyza.....	91	Metformin HCl ER.....	62	Mili.....	89
M					
M-M-R II.....	97	Methadone HCl.....	30	Minitran.....	73
Magnesium Sulfate.....	78	Methazolamide.....	71	Minocycline HCl.....	40
Malathion.....	53	Methenamine Hippurate.....	34	Minoxidil.....	73
Maprotiline HCl.....	44	Methimazole.....	93	Mirtazapine.....	43
Marlissa.....	89	Methotrexate.....	94	Mirtazapine ODT.....	43
Marplan.....	43	Methotrexate Sodium.....	94	Mirvaso.....	77
Matulane.....	49	Methoxsalen Rapid.....	77	Misoprostol.....	82
Matzim LA.....	69	Methscopolamine Bromide... 80			

Modafinil.....	107	Nateglinide.....	62	Nitro-Bid.....	73
Moexipril HCl.....	67	Natpara.....	99	Nitrofurantoin.....	35
Molindone HCl.....	54	Nebupent.....	52	Nitrofurantoin Macrocrystal... 35	
Mometasone Furoate.....	85, 103	Necon 0.5/35.....	89	Nitrofurantoin Monohydrate	
MonoNessa.....	89	Nefazodone HCl.....	44	.....	35
Montelukast Sodium.....	103	Neomycin Sulfate.....	34	Nitroglycerin.....	73
Morphine Sulfate.....	32	Neomycin-Bacitracin-Polymyxin		Nitrostat.....	73
Morphine Sulfate ER.....	30	.....	100	Nora-BE.....	91
Moxifloxacin HCl.....	39	Neomycin-Polymyxin-		Norditropin FlexPro.....	86
Moxifloxacin HCl in NaCl.....	39	Bacitracin-Hydrocortisone... 99		Norethindrone.....	91
Multaq.....	67	Neomycin-Polymyxin-		Norethindrone Acetate.....	91
Mupirocin.....	35	Dexamethasone.....	100	Norethindrone Acetate-Ethinyl	
Mupirocin Calcium.....	35	Neomycin-Polymyxin-		Estradiol.....	89, 90
Myalept.....	81	Gramicidin.....	100	Norethindrone Acetate-Ethinyl	
Mycamine.....	46	Neomycin-Polymyxin-HC....	100,	Estradiol-Fe.....	90
Mycophenolate Mofetil.....	94	102		Norgestimate-Ethinyl Estradiol	
Mycophenolate Sodium.....	94	NephrAmine.....	78	.....	90
Myrbetriq.....	83	Nerlynx.....	51	Norgestimate-Ethinyl Estradiol	
N		Neulasta.....	66	Triphasic.....	90
Nabumetone.....	30	Neupogen.....	66	Norlyroc.....	91
Nadolol.....	68	Neupro.....	53	Normosol-M in D5W.....	78
Nadolol-Bendroflumethiazide		Nevirapine.....	59	Normosol-R in D5W.....	78
.....	70	Nevirapine ER.....	59	Normosol-R pH 7.4.....	78
Nafcillin Sodium.....	38	Nexavar.....	51	Northera.....	67
Naftifine HCl.....	46	Niacin ER.....	72	Nortrel 0.5/35.....	90
Naftin.....	46	Niacor.....	72	Nortrel 1/35.....	90
Naloxone HCl.....	33	Nicardipine HCl.....	69	Nortrel 7/7/7.....	90
Naltrexone HCl.....	33	Nicotrol.....	33	Nortriptyline HCl.....	45
Namzaric.....	74	Nicotrol NS.....	33	Norvir.....	60
Naproxen.....	30	Nifedipine ER.....	69	Noxafil.....	47
Naproxen DR.....	30	Nifedipine ER Osmotic Release		Nucala.....	106
Naratriptan HCl.....	47	.....	69	Nucynta ER.....	31
Narcan.....	33	Nikki.....	89	Nuedexta.....	74
Natacyn.....	46	Nilutamide.....	49	Nuplazid.....	55
		Nimodipine.....	69	Nutrilipid.....	78
		Ninlaro.....	50		

Nutropin AQ NuSpin 10.....	86	Orsythia.....	90	Pegasys ProClick.....	57
Nutropin AQ NuSpin 20.....	87	Oseltamivir Phosphate.....	60	Penicillamine.....	84
Nutropin AQ NuSpin 5.....	87	Osphena.....	91	Penicillin G Potassium.....	38
Nyamyc.....	47	Otezla.....	96	Penicillin G Procaine.....	38
Nymalize.....	69	Oxacillin Sodium.....	38	Penicillin G Sodium.....	38
Nystatin.....	47	Oxandrolone.....	87	Penicillin V Potassium.....	38
Nystop.....	47	Oxcarbazepine.....	42	PENTAM 300.....	52
O					
Ocaliva.....	83	Oxsoralen Ultra.....	77	Pentasa.....	98
Ocella.....	90	Oxybutynin Chloride.....	83	Pentoxifylline ER.....	70
Octagam.....	95	Oxybutynin Chloride ER.....	83	Perforomist.....	104
Octreotide Acetate.....	92, 93	Oxycodone HCl.....	32	Perindopril Erbumine.....	67
Odefsey.....	59	Oxycodone-HCl.....	32	Permethrin.....	53
Odomzo.....	51	Oxycodone-Acetaminophen	32	Perphenazine.....	45
Ofev.....	105	Oxycodone-Aspirin.....	32	Perseris.....	56
Ofloxacin.....	39	Oxycodone-Ibuprofen.....	32	Phenadoz.....	103
Ogestrel.....	90	Ozempic.....	62	Phenelzine Sulfate.....	43
P					
Olanzapine.....	55, 56	Pacerone.....	67	Phenobarbital.....	41
Olanzapine ODT.....	56	Paliperidone ER.....	56	Phenoxybenzamine HCl.....	67
Olmesartan Medoxomil.....	67	Panretin.....	52	Phenytek.....	42
Olmesartan Medoxomil-HCTZ	70	Pantoprazole Sodium.....	82	Phenytoin.....	42
Olmesartan-Amlodipine-HCTZ	70	Panzyga.....	95	Phenytoin Sodium Extended	42
Olopatadine HCl.....	101	Paricalcitol.....	99	Phoslyra.....	80
Omega-3-Acid Ethyl Esters....	72	Paromomycin Sulfate.....	34	Phospholine Iodide.....	101
Omeprazole.....	82	Paroxetine HCl.....	44	Picato.....	77
Ondansetron HCl.....	45	Paser.....	48	Pifeltro.....	59
Ondansetron ODT.....	45	Paxil.....	44	Pilocarpine HCl.....	75, 101
Opsumit.....	105	Pazeo.....	101	Pimecrolimus.....	77
Orencia.....	94	Pediarix.....	97	Pimozide.....	54
Orencia ClickJect.....	94	Pedvax HIB.....	97	Pimtrea.....	90
Orenitram.....	105	PEG-3350-Electrolytes....	81, 82	Pindolol.....	68
Orfadin.....	83	PEG-3350-NaCl-Na Bicarbonate-KCl.....	82	Pioglitazone HCl.....	62
Orkambi.....	104	Peganone.....	42	Pioglitazone HCl-Glimepiride	62
		Pegasys.....	57		

Pioglitazone HCl-Metformin HCl 62	Prednisolone Sodium Phosphate..... 86, 102	Prolia.....99
Piperacillin-Tazobactam.....38	Prednisone..... 86	Promacta.....66
Piqray.....50	Prednisone Intensol..... 86	Promethazine HCl..... 103
Pirmella 1/35.....90	Premarin.....90	Promethegan..... 103
Piroxicam..... 30	Premasol..... 79	Propafenone HCl..... 68
Plasma-Lyte 148..... 78	Premphase.....90	Propafenone HCl ER.....68
Plasma-Lyte A..... 78	Prempro..... 90	Proparacaine HCl..... 100
Plenamaine..... 78	Prevalite.....72	Propranolol HCl..... 68
Podofilox..... 77	Previfem..... 90	Propranolol HCl ER..... 68
Polymyxin B Sulfate.....35	Prezcobix..... 60	Propranolol-HCTZ.....70
Polymyxin B-Trimethoprim 100	Prezista.....60	Propylthiouracil.....93
Pomalyst.....49	Priftin..... 48	ProQuad.....97
Portia-28..... 90	Prilosec.....82	Prosol..... 79
Potassium Chloride..... 79	Primaquine Phosphate.....53	Protriptyline HCl.....45
Potassium Chloride CR.....79	Primidone.....41	Pulmozyme..... 106
Potassium Chloride ER..... 79	Privigen.....95	Purixan..... 49
Potassium Chloride in Dextrose 79	ProAir HFA..... 104	Pyrazinamide..... 48
Potassium Chloride in NaCl...79	ProAir RespiClick..... 104	Pyridostigmine Bromide..... 48
Potassium Citrate ER..... 79	Probenecid.....47	Pyridostigmine Bromide ER.....48
Praluent..... 72	Probenecid-Colchicine.....47	Q
Pramipexole Dihydrochloride 53	Procalamine..... 79	Quadracel.....97
Prasugrel HCl.....66	Prochlorperazine..... 45	Quetiapine Fumarate.....56
Pravastatin Sodium..... 72	Prochlorperazine Maleate.....45	Quetiapine Fumarate ER.....56
Praziquantel..... 52	Procrit..... 66	Quinapril HCl.....67
Prazosin HCl..... 67	Procto-Med HC..... 98	Quinapril-Hydrochlorothiazide.....70
Pred Mild..... 102	Procto-Pak.....98	Quinidine Gluconate ER..... 68
Pred-G..... 100	Proctosol HC.....98	Quinidine Sulfate..... 68
Pred-G S.O.P..... 100	Proctozone-HC..... 98	Quinine Sulfate..... 53
Prednicarbate..... 85	Progesterone Micronized..... 91	R
Prednisolone..... 86	Proglycem..... 63	RabAvert..... 97
Prednisolone Acetate..... 102	Prograf.....94	Rabeprazole Sodium.....82
	Prolastin-C.....83	Raloxifene HCl..... 92
	Prolensa..... 102	Ramipril..... 67

Ranitidine HCl.....	81	Rifater.....	48	Selegiline HCl.....	54
Ranolazine ER.....	71	Riluzole.....	74	Selenium Sulfide.....	77
Rasagiline Mesylate.....	54	Rimantadine HCl.....	60	Selzentry.....	60
Rasuvo.....	94	Riomet.....	63	Serevent Diskus.....	104
RAVICTI.....	83	Risedronate Sodium.....	99	Serostim.....	81
Royaldee.....	99	Risperdal Consta.....	56	Sertraline HCl.....	44
Rebif.....	75	Risperidone.....	56	Setlakin.....	90
Rebif Rebidose.....	75	Risperidone ODT.....	56	Sevelamer Carbonate.....	80
Rebif Rebidose Titration Pack	75	Ritonavir.....	60	Sharobel.....	91
Rebif Titration Pack.....	75	Rivastigmine.....	43	Shingrix.....	97
Reclipsen.....	90	Rivastigmine Tartrate.....	43	Signifor.....	93
Recombivax HB.....	97	Rivelsa.....	90	Sildenafil Citrate.....	105
Rectiv.....	73	Rizatriptan Benzoate.....	47	Silodosin.....	83
Regranex.....	77	Rizatriptan Benzoate ODT.....	47	Silver Sulfadiazine.....	39
Relenza Diskhaler.....	60	Ropinirole HCl.....	53	Simbrinza.....	101
Relistor.....	81	Rosuvastatin Calcium.....	72	Simponi.....	95
Repaglinide.....	62	Rotarix.....	97	Simvastatin.....	72
Repaglinide-Metformin HCl... 62		RotaTeq.....	97	Sirolimus.....	95
Repatha.....	73	Roweepra.....	40	Sirturo.....	48
Repatha Pushtronex System	72	Roweepra XR.....	40	Sodium Chloride.....	79
Repatha SureClick.....	73	Rubraca.....	50	Sodium Fluoride.....	79
Rescriptor.....	59	Ruconest.....	93	Sodium Lactate.....	79
Restasis.....	100	Rydapt.....	51	Sodium Phenylbutyrate.....	83
Retacrit.....	66	Rytary.....	54	Sodium Polystyrene Sulfonate	80
Revlimid.....	49	S		Sofosbuvir-Velpatasvir.....	58
Rexulti.....	56	Saizen.....	87	Solifenacin Succinate.....	83
Reyataz.....	60	Saizenprep.....	87	Soliqua.....	63
Rhopressa.....	100	Sancuso.....	45	Soltamox.....	49
Ribasphere.....	57	Sandimmune.....	94	Somatuline Depot.....	93
Ribavirin.....	57	Santyl.....	77	Somavert.....	93
Ridaura.....	96	Saphris.....	57	Sotalol HCl.....	68
Rifabutin.....	48	Savella.....	74	Sovaldi.....	58
Rifampin.....	48	Savella Titration Pack.....	74	Spiriva HandiHaler.....	104
		Scopolamine.....	45		

Spiriva Respimat.....	104	Sylatron.....	58	Telmisartan.....	67	
Spirolactone.....	71	Symbicort.....	106	Telmisartan-Amlodipine.....	71	
Spirolactone-HCTZ.....	71	Symfi.....	59	Telmisartan-HCTZ.....	71	
Sprintec 28.....	90	Symfi Lo.....	59	Temazepam.....	107	
Spritam.....	41	SymlinPen 120.....	63	Tenivac.....	97	
Sprycel.....	51	SymlinPen 60.....	63	Tenofovir Disoproxil Fumarate	59	
SPS.....	80	Sympazan.....	41	Terazosin HCl.....	83	
Sronyx.....	90	Symtuza.....	60	Terbinafine HCl.....	47	
SSD.....	39	Synarel.....	93	Terconazole.....	47	
Stavudine.....	59	Synjardy.....	63	Testosterone.....	87	
Stelara.....	77	Synjardy XR.....	63	Testosterone Cypionate.....	87	
Stiolto Respimat.....	106	Synribo.....	50	Testosterone Enanthate.....	87	
Stivarga.....	51	Synthroid.....	92	Tetrabenazine.....	74	
Streptomycin Sulfate.....	34	T			Tetracycline HCl.....	40
Stribild.....	58	Tabloid.....	49	Thalomid.....	49	
Suboxone.....	33	Tacrolimus.....	77, 95	Theophylline.....	105	
Sucraid.....	83	Tadalafil.....	105	Theophylline ER.....	105	
Sucralfate.....	82	Tafinlar.....	51	Thioridazine HCl.....	54	
Sulfacetamide Sodium....	39, 40	Tagrisso.....	51	Thiothixene.....	54	
Sulfacetamide-Prednisolone	100	Talzenna.....	50	Tiagabine HCl.....	41	
Sulfadiazine.....	40	Tamoxifen Citrate.....	49	Tibsovo.....	51	
Sulfamethoxazole- Trimethoprim.....	40	Tamsulosin HCl.....	83	Tigecycline.....	35	
Sulfamylon.....	35	Targretin.....	52	Timolol Maleate.....	47, 101	
Sulfasalazine.....	99	Tarina 24 Fe.....	90	Timolol Maleate Ophthalmic Gel Forming.....	101	
Sulindac.....	30	Tarina Fe 1/20.....	90	Tinidazole.....	35	
Sumatriptan.....	48	Tasigna.....	51	Tivicay.....	58	
Sumatriptan Succinate.....	48	Tazarotene.....	77	Tizanidine HCl.....	106	
Sumatriptan Succinate Refill	48	Tazicef.....	36	TOBI Podhaler.....	104	
Suprax.....	36	Tazorac.....	77	TobraDex.....	100	
Suprep Bowel Prep Kit.....	82	Taztia XT.....	69	TobraDex ST.....	100	
Sutent.....	51	TDVAX.....	97	Tobramycin.....	34, 104	
Syeda.....	90	Tecfidera.....	75	Tobramycin Sulfate.....	34	
		Tecfidera Starter Pack.....	75			
		Tegsedi.....	83			

Tobramycin-Dexamethasone 100	Tri-Lo-Sprintec..... 90	V
Tobrex..... 34	Tri-Mili..... 90	Valacyclovir HCl..... 58
Tolak..... 77	Tri-Previfem..... 90	Valchlor..... 49
Tolcapone..... 53	Tri-Sprintec..... 90	Valganciclovir HCl..... 57
Topiramate..... 42	Tri-VyLibra..... 91	Valproic Acid..... 41
Toremifene Citrate..... 49	Tri-VyLibra Lo..... 91	Valsartan..... 67
Torse mide..... 71	Triamcinolone Acetonide..... 75, 86	Valsartan-Hydrochlorothiazide 71
Toujeo Max SoloStar..... 64	Triamterene-HCTZ..... 71	Vancomycin HCl..... 35
Toujeo SoloStar..... 64	Triderm..... 86	Vandazole..... 35
TPN Electrolytes..... 79	Trientine HCl..... 80	VAQTA..... 98
Tracleer..... 105	Trifluoperazine HCl..... 54	Varivax..... 98
Tradjenta..... 63	Trifluridine..... 58	Varizig..... 95
Tramadol HCl..... 32	Trihexyphenidyl HCl..... 53	Vascepa..... 73
Tramadol HCl ER..... 31	TriLyte..... 82	Velivet..... 91
Tramadol-Acetaminophen..... 32	Trimethoprim..... 35	Velphoro..... 80
Trandolapril..... 67	Trimipramine Maleate..... 45	Veltassa..... 80
Tranexamic Acid..... 66	Trintellix..... 44	Vemlidy..... 57
Transderm-Scop..... 45	Triumeq..... 58	Venclexta..... 52
Tranylcypramine Sulfate..... 43	Trivora..... 91	Venclexta Starting Pack..... 52
Travasol..... 79	TrophAmine..... 79	Venlafaxine HCl..... 44
Trazodone HCl..... 44	Trulicity..... 63	Venlafaxine HCl ER..... 44
Trecator..... 49	Trumenba..... 98	Ventavis..... 105
Trelegy Ellipta..... 106	Truvada..... 59	Verapamil HCl..... 69
Trelstar Mixject..... 93	Twinrix..... 98	Verapamil HCl ER..... 69
Tresiba..... 64	Tybost..... 58	Versacloz..... 57
Tresiba FlexTouch..... 64	Tykerb..... 51	Verzenio..... 50
Tretinoin..... 52, 77	Tymlos..... 99	Vibramycin..... 40
Tretinoin Microsphere..... 77	Typhim Vi..... 98	Victoza..... 63
Trexall..... 95	U	Videx..... 59
Trezix..... 32	Udenyca..... 66	Videx EC..... 59
Tri-Estarylla..... 90	Unithroid..... 92	Vienva..... 91
Tri-Legest Fe..... 90	Ursodiol..... 81	Vigabatrin..... 41
Tri-Lo-Estarylla..... 90		Vigadrone..... 41

Viibryd.....	44	Xarelto.....	65	Zejula.....	50
Viibryd Starter Pack.....	44	Xarelto Starter Pack.....	65	Zelapar.....	54
Vimpat.....	42	Xatmep.....	95	Zelboraf.....	52
Viracept.....	60	Xeljanz.....	95	Zemaira.....	83
Viread.....	59	Xeljanz XR.....	95	Zenpep.....	83
Vitrakvi.....	52	Xgeva.....	99	Zerbaxa.....	37
Vivitrol.....	33	Xifaxan.....	81	Zidovudine.....	59
Vizimpro.....	52	Xiidra.....	100	Zileuton ER.....	103
Voriconazole.....	47	Xofluza.....	60	Zioptan.....	102
Vosevi.....	58	Xolair.....	96	Ziprasidone HCl.....	57
Votrient.....	52	Xospata.....	52	Zirgan.....	57
VP-PNV-DHA.....	80	Xtampza ER.....	31	Zolinza.....	50
Vraylar.....	57	Xtandi.....	49	Zolpidem Tartrate.....	107
Vyfemla.....	91	Xulane.....	91	Zonisamide.....	41
VyLibra.....	91	Xyrem.....	107	Zorbtive.....	81
Vyvance.....	73	Y		Zortress.....	95
Vyzulta.....	102	YF-Vax.....	98	Zostavax.....	98
W		Yuvaferm.....	91	Zovia 1/35E.....	91
Warfarin Sodium.....	65	Z		Zyclara Pump.....	77
Wixela Inhub.....	106	Zafirlukast.....	103	Zydelig.....	52
WYMZYA Fe.....	91	Zaleplon.....	107	Zyflo.....	103
X		Zarah.....	91	Zykadia.....	52
Xalkori.....	52	Zarxio.....	66	Zyprexa Relprev.....	57

Covered drugs by medical condition

The list below has information about the drugs covered by this plan. Find your medical condition to see what drugs are covered. If you have trouble finding your drug, turn to the “Covered drugs by name (**Drug index**)” on pages 12-28.

The first column lists the drug name, which may include the dosage form and strength. **Brand name** drugs are listed in **bold type** (for example, **Humalog**) and generic drugs are listed in plain type (for example, Simvastatin). The second column lists the drug tier or coverage level. The third column lists any rules or limits for the drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 108-134.

Special Note: Peoples Health Group Medicare (HMO-POS) plans have coverage through the gap for all tiers. Call Member Services for plan eligibility requirements.

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Analgesics			Diclofenac Sodium (1% Transdermal Gel)	3	
Analgesics			Diflunisal (Oral Tablet)	3	
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	3	HRM; QL	Etodolac ER (Oral Tablet Extended Release 24 Hour)	4	
Butalbital-Aspirin-Caffeine (Oral Capsule)	3	HRM; QL	Etodolac (Oral Capsule)	3	
Nonsteroidal Anti-inflammatory Drugs			Etodolac (Oral Tablet Immediate Release)	3	
Celecoxib (Oral Capsule)	3	QL	Flector (Transdermal Patch)	4	PA; QL
Diclofenac Epolamine (Transdermal Patch)	4	PA; QL	Flurbiprofen (Oral Tablet)	2	◆
Diclofenac Potassium (Oral Tablet)	2	◆	Ibu (600MG Oral Tablet, 800MG Oral Tablet)	2	◆
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	2	◆	Ibuprofen (Oral Suspension)	2	◆
Diclofenac Sodium (Oral Tablet Delayed Release)	2	◆			

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	2	◆	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)	4	7D; MME; DL; QL
Indomethacin (Oral Capsule Immediate Release)	2	HRM ◆	Hydromorphone HCl ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	4	7D; MME; DL; QL
Ketoprofen (Oral Capsule Immediate Release)	3		Hysingla ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	3	7D; MME; DL; QL
Meloxicam (Oral Tablet)	1	◆	Levorphanol Tartrate (Oral Tablet)	5	7D; MME; DL; QL
Nabumetone (Oral Tablet)	2	◆	Methadone HCl (Oral Solution)	3	7D; MME; DL; QL
Naproxen DR (Oral Tablet Delayed Release) (Generic EC-Naprosyn)	2	◆	Methadone HCl (Oral Tablet)	3	7D; MME; DL; QL
Naproxen (Oral Suspension)	4		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)	3	7D; MME; DL; QL
Naproxen (Oral Tablet Immediate Release)	2	◆	Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	4	7D; MME; DL; QL
Piroxicam (Oral Capsule)	3				
Sulindac (Oral Tablet)	2	◆			
Opioid Analgesics, Long-acting					
Buprenorphine (Transdermal Patch Weekly)	4	7D; DL; QL			
Embeda (Oral Capsule Extended Release)	3	7D; MME; DL; QL			

- ◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Nucynta ER (Oral Tablet Extended Release 12 Hour)	3	7D; MME; DL; QL	Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	3	7D; MME; DL; QL
Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour)	3	7D; MME; DL; QL	Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	3	7D; MME; DL; QL
Tramadol HCl ER (Oral Tablet Extended Release 24 Hour)	3	7D; MME; DL; QL	Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	3	7D; MME; DL; QL
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	3	7D; MME; DL; QL	Hydromorphone HCl (2MG/ML Injection Solution)	4	DL
Opioid Analgesics, Short-acting			Hydromorphone HCl (1MG/ML Oral Liquid)	4	7D; MME; DL; QL
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	2	7D; MME; DL; QL ♦	Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release, 8MG Oral Tablet Immediate Release)	2	7D; MME; DL; QL ♦
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	2	7D; MME; DL; QL ♦	Hydromorphone HCl PF (10MG/ML Injection Solution, 50MG/5ML Injection Solution)	4	DL
Butorphanol Tartrate (Nasal Solution)	3	7D; MME; DL; QL	Lorcet HD (Oral Tablet)	3	7D; MME; DL; QL
Codeine Sulfate (Oral Tablet)	3	7D; MME; DL; QL	Lorcet (Oral Tablet)	3	7D; MME; DL; QL
Duramorph (Injection Solution)	4	DL	Lorcet Plus (Oral Tablet)	3	7D; MME; DL; QL
Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	3	7D; MME; DL; QL			
Fentanyl Citrate (Buccal Lozenge On A Handle)	5	PA; DL; QL			

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Morphine Sulfate (100MG/5ML Oral Solution)	3	7D; MME; DL; QL	Oxycodone-Acetaminophen (Oral Tablet)	3	7D; MME; DL; QL
Morphine Sulfate (8MG/ML Intravenous Solution Prefilled Syringe)	4	DL	Oxycodone-Aspirin (Oral Tablet)	3	7D; MME; DL; QL
Morphine Sulfate (10MG/ML Injection Solution, 4MG/ML Injection Solution)	4	DL	Oxycodone-Ibuprofen (Oral Tablet)	3	7D; MME; DL; QL
Morphine Sulfate (2MG/ML Injection Solution, 5MG/ML Injection Solution)	4	DL	Tramadol HCl (Oral Tablet Immediate Release)	2	7D; MME; DL; QL ♦
Morphine Sulfate (Oral Solution)	3	7D; MME; DL; QL	Tramadol-Acetaminophen (Oral Tablet)	2	7D; MME; DL; QL ♦
Morphine Sulfate (Oral Tablet Immediate Release)	3	7D; MME; DL; QL	Trelix (Oral Capsule)	4	7D; MME; DL; QL
Oxycodone HCl (100MG/5ML Oral Concentrate)	4	7D; MME; DL; QL	Anesthetics		
Oxycodone HCl (5MG/5ML Oral Solution)	3	7D; MME; DL; QL	Local Anesthetics		
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)	2	7D; MME; DL; QL ♦	Lidocaine (5% External Ointment)	4	QL
			Lidocaine (5% External Patch)	4	PA; QL
			Lidocaine HCl (4% External Solution)	2	♦
			Lidocaine HCl (External Gel)	2	♦
			Lidocaine Viscous (2% Mouth/Throat Solution)	2	♦
			Lidocaine-Prilocaine (External Cream)	3	
			Anti-Addiction/Substance Abuse Treatment Agents		
			Alcohol Deterrents/Anti-craving		

- ♦ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Acamprosate Calcium (Oral Tablet Delayed Release)	4	
Disulfiram (Oral Tablet)	3	
Naltrexone HCl (Oral Tablet)	3	
Vivitrol (Intramuscular Suspension Reconstituted)	5	
Opioid Dependence Treatments		
Buprenorphine HCl (Tablet Sublingual)	2	QL ♦
Buprenorphine HCl-Naloxone HCl (Sublingual Film)	4	QL
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	2	QL ♦
Suboxone (Sublingual Film)	4	QL
Opioid Reversal Agents		
Naloxone HCl (0.4MG/ML Injection Solution)	2	♦
Naloxone HCl (Injection Solution Cartridge)	2	♦
Naloxone HCl (Injection Solution Prefilled Syringe)	2	♦
Narcan (Nasal Liquid)	3	
Smoking Cessation Agents		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	2	♦
Chantix Continuing Month Pak (Oral Tablet)	3	
Chantix (Oral Tablet)	3	
Chantix Starting Month Pak (Oral Tablet)	3	
Nicotrol (Inhalation Inhaler)	4	
Nicotrol NS (Nasal Solution)	4	
Antibacterials		
Aminoglycosides		
Amikacin Sulfate (500MG/2ML Injection Solution)	4	
Gentak (Ophthalmic Ointment)	2	♦
Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	4	
Gentamicin Sulfate (External Cream)	2	♦
Gentamicin Sulfate (External Ointment)	2	♦
Gentamicin Sulfate (40MG/ML Injection Solution)	4	

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Gentamicin Sulfate (Ophthalmic Solution)	2	◆	Clindamycin Phosphate (300MG/2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution)	4	
Neomycin Sulfate (Oral Tablet)	2	◆	Clindamycin Phosphate (Vaginal Cream)	3	
Paromomycin Sulfate (Oral Capsule)	4		Colistimethate Sodium (CBA) (Injection Solution Reconstituted)	5	
Streptomycin Sulfate (Intramuscular Solution Reconstituted)	5		Dalvance (Intravenous Solution Reconstituted)	5	PA
Tobramycin (Ophthalmic Solution)	2	◆	Daptomycin (350MG Intravenous Solution Reconstituted)	5	
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	4		Daptomycin (500MG Intravenous Solution Reconstituted)	5	
Tobrex (Ophthalmic Ointment)	4		Linezolid (Intravenous Solution)	4	
Antibacterials, Other			Linezolid (Oral Suspension Reconstituted)	5	
Bacitracin (Ophthalmic Ointment)	2	◆	Linezolid (Oral Tablet)	4	QL
Bactroban (2% Nasal Ointment)	4	PA	Methenamine Hippurate (Oral Tablet)	4	
Clindamycin HCl (Oral Capsule)	2	◆	Metronidazole (0.75% External Cream)	4	
Clindamycin Palmitate HCl (Oral Solution Reconstituted)	2	◆	Metronidazole (0.75% External Gel, 1% External Gel)	4	
Clindamycin Phosphate in D5W (Intravenous Solution)	4				

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Metronidazole (0.75% External Lotion)	4	
Metronidazole in NaCl 0.79% (Intravenous Solution)	4	
Metronidazole (250MG Oral Tablet, 500MG Oral Tablet)	2	◆
Metronidazole (0.75% Vaginal Gel)	3	
Mupirocin Calcium (External Cream)	4	
Mupirocin (External Ointment)	2	◆
Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrochantin)	3	HRM
Nitrofurantoin Monohydrate (Generic Macrobid)	3	HRM
Nitrofurantoin (Oral Suspension)	4	HRM
Polymyxin B Sulfate (Injection Solution Reconstituted)	4	
Sulfamylon (External Cream)	4	
Tigecycline (Intravenous Solution Reconstituted)	5	
Tinidazole (Oral Tablet)	4	
Trimethoprim (Oral Tablet)	2	◆

Drug Name	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)	4	
Vancomycin HCl (250MG Intravenous Solution Reconstituted)	4	
Vancomycin HCl (Oral Capsule)	4	QL
Vandazole (Vaginal Gel)	3	
Beta-lactam, Cephalosporins		
Cefaclor (Oral Capsule)	2	◆
Cefadroxil (Oral Capsule)	2	◆
Cefadroxil (Oral Suspension Reconstituted)	2	◆
Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	4	
Cefdinir (Oral Capsule)	3	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Cefdinir (Oral Suspension Reconstituted)	3		Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	4	
Cefepime HCl (Injection Solution Reconstituted)	4		Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	4	
Cefixime (Oral Suspension Reconstituted)	4		Cefuroxime Axetil (Oral Tablet)	2	◆
Cefotetan Disodium (1GM Injection Solution Reconstituted, 2GM Injection Solution Reconstituted)	4		Cefuroxime Sodium (Injection Solution Reconstituted)	4	
Cefoxitin Sodium (Injection Solution Reconstituted)	4		Cefuroxime Sodium (Intravenous Solution Reconstituted)	4	
Cefoxitin Sodium (Intravenous Solution Reconstituted)	4		Cephalexin (Oral Capsule)	2	◆
Cefpodoxime Proxetil (Oral Suspension Reconstituted)	4		Cephalexin (Oral Suspension Reconstituted)	2	◆
Cefpodoxime Proxetil (Oral Tablet)	4		Suprax (Oral Capsule)	3	
Cefprozil (Oral Suspension Reconstituted)	3		Suprax (500MG/5ML Oral Suspension Reconstituted)	3	
Cefprozil (Oral Tablet)	3		Suprax (Oral Tablet Chewable)	3	
Ceftazidime (Injection Solution Reconstituted)	4		Tazicef (Injection Solution Reconstituted)	4	

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

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

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Nafcillin Sodium (1GM Injection Solution Reconstituted, 2GM Injection Solution Reconstituted)	4		Azithromycin (Intravenous Solution Reconstituted)	4	
Nafcillin Sodium (10GM Intravenous Solution Reconstituted)	4		Azithromycin (Oral Suspension Reconstituted)	1	◆
Oxacillin Sodium (Injection Solution Reconstituted)	4		Azithromycin (Oral Tablet)	1	◆
Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)	4		Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	3	
Penicillin G Procaine (Intramuscular Suspension)	4		Clarithromycin (Oral Suspension Reconstituted)	4	
Penicillin G Sodium (Injection Solution Reconstituted)	5		Clarithromycin (Oral Tablet Immediate Release)	3	
Penicillin V Potassium (Oral Solution Reconstituted)	2	◆	Dificid (Oral Tablet)	5	
Penicillin V Potassium (Oral Tablet)	2	◆	E.E.S. Granules (Oral Suspension Reconstituted)	4	
Piperacillin-Tazobactam (Intravenous Solution Reconstituted)	4		Ery-Tab (Oral Tablet Delayed Release)	4	
Macrolides			Erythrocin Lactobionate (Intravenous Solution Reconstituted)	4	
Azasite (Ophthalmic Solution)	4		Erythromycin Base (Oral Capsule Delayed Release Particles)	4	
			Erythromycin Base (Oral Tablet Immediate Release)	4	

◆ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted)	4		Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution)	4	
Erythromycin Ethylsuccinate (Oral Tablet)	4		Levofloxacin (25MG/ML Intravenous Solution)	4	
Erythromycin (Ophthalmic Ointment)	2	◆	Levofloxacin (0.5% Ophthalmic Solution)	3	
Quinolones			Levofloxacin (25MG/ML Oral Solution)	4	
Besivance (Ophthalmic Suspension)	4		Levofloxacin (250MG Oral Tablet, 500MG Oral Tablet, 750MG Oral Tablet)	1	◆
Ciloxan (Ophthalmic Ointment)	4		Moxifloxacin HCl in NaCl (Intravenous Solution)	4	
Ciprofloxacin HCl (Ophthalmic Solution)	2	◆	Moxifloxacin HCl (Ophthalmic Solution)	4	
Ciprofloxacin HCl (100MG Oral Tablet Immediate Release)	3		Moxifloxacin HCl (Oral Tablet)	3	
Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	2	◆	Ofloxacin (Ophthalmic Solution)	2	◆
Ciprofloxacin in D5W (200MG/100ML Intravenous Solution)	4		Ofloxacin (Oral Tablet)	3	
Ciprofloxacin (Oral Suspension Reconstituted)	4		Ofloxacin (Otic Solution)	3	
Gatifloxacin (Ophthalmic Solution)	3		Sulfonamides		
			Silver Sulfadiazine (External Cream)	3	
			SSD (External Cream)	3	
			Sulfacetamide Sodium (Ophthalmic Ointment)	2	◆

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Sulfacetamide Sodium (Ophthalmic Solution)	2	◆
Sulfadiazine (Oral Tablet)	4	
Sulfamethoxazole-Trimethoprim (Oral Suspension)	2	◆
Sulfamethoxazole-Trimethoprim (Oral Tablet)	2	◆
Tetracyclines		
Demeclocycline HCl (Oral Tablet)	4	
Doxy 100 (Intravenous Solution Reconstituted)	4	
Doxycycline Hyclate (Oral Capsule)	3	
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release)	3	
Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule)	3	
Doxycycline Monohydrate (Oral Suspension Reconstituted)	4	
Doxycycline Monohydrate (100MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Minocycline HCl (Oral Capsule)	2	◆
Minocycline HCl (Oral Tablet Immediate Release)	4	
Tetracycline HCl (Oral Capsule)	4	
Vibramycin (50MG/5ML Oral Syrup)	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT (Oral Solution)	5	PA; QL
BRIVIACT (Oral Tablet)	5	PA; QL
Epidiolex (Oral Solution)	5	PA
Levetiracetam ER (Oral Tablet Extended Release 24 Hour)	3	
Levetiracetam (Oral Solution)	2	◆
Levetiracetam (Oral Tablet Immediate Release)	2	◆
Roweepra (Oral Tablet Immediate Release)	2	◆
Roweepra XR (Oral Tablet Extended Release 24 Hour)	3	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Spritam (1000MG Oral Tablet Disintegrating Soluble, 250MG Oral Tablet Disintegrating Soluble, 500MG Oral Tablet Disintegrating Soluble, 750MG Oral Tablet Disintegrating Soluble)	4	
Calcium Channel Modifying Agents		
Celontin (Oral Capsule)	4	
Ethosuximide (Oral Capsule)	3	
Ethosuximide (Oral Solution)	3	
Zonisamide (Oral Capsule)	2	◆
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
Clobazam (2.5MG/ML Oral Suspension)	5	PA; QL
Clobazam (10MG Oral Tablet)	4	PA; QL
Clobazam (20MG Oral Tablet)	5	PA; QL
Diastat AcuDial (Rectal Gel)	4	
Diastat Pediatric (Rectal Gel)	4	
Gabapentin (Oral Capsule)	2	◆
Gabapentin (250MG/5ML Oral Solution)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Gabapentin (Oral Tablet)	2	◆
Phenobarbital (Oral Elixir)	2	HRM ◆
Phenobarbital (Oral Tablet)	2	HRM ◆
Primidone (Oral Tablet)	2	◆
Sympazan (Oral Film)	5	PA; QL
Tiagabine HCl (Oral Tablet)	4	
Valproic Acid (Oral Capsule)	2	◆
Valproic Acid (Oral Solution)	2	◆
Vigabatrin (Oral Packet)	5	PA; LA; QL
Vigabatrin (Oral Tablet)	5	PA; LA; QL
Vigadrone (Oral Packet)	5	PA; LA; QL
Glutamate Reducing Agents		
Felbamate (Oral Suspension)	5	
Felbamate (Oral Tablet)	4	
Fycompa (Oral Suspension)	5	
Fycompa (Oral Tablet)	5	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Lamotrigine (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release)	2	◆	Carbamazepine (Oral Tablet Chewable)	3	
Lamotrigine (25MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	3		Dilantin INFATABS (Oral Tablet Chewable)	3	
Topiramate (Oral Capsule Sprinkle Immediate Release)	2	◆	Dilantin (Oral Capsule)	3	
Topiramate (Oral Tablet)	2	◆	Epitol (Oral Tablet)	3	
Sodium Channel Agents			Oxcarbazepine (300MG/5ML Oral Suspension)	4	
Aptiom (Oral Tablet)	5	QL	Oxcarbazepine (150MG Oral Tablet, 300MG Oral Tablet, 600MG Oral Tablet)	3	
Banzel (Oral Suspension)	5		Peganone (Oral Tablet)	4	
Banzel (Oral Tablet)	5		Phenytek (Oral Capsule)	2	◆
Carbamazepine ER (Oral Capsule Extended Release 12 Hour)	3		Phenytoin (Oral Suspension)	2	◆
Carbamazepine ER (Oral Tablet Extended Release 12 Hour)	3		Phenytoin (Oral Tablet Chewable)	2	◆
Carbamazepine (Oral Suspension)	3		Phenytoin Sodium Extended (Oral Capsule)	2	◆
Carbamazepine (Oral Tablet Immediate Release)	3		Vimpat (Oral Solution)	4	QL
			Vimpat (Oral Tablet)	4	QL
			Antidementia Agents		
			Cholinesterase Inhibitors		
			Donepezil HCl (Oral Tablet)	1	QL ◆
			Donepezil HCl ODT (Oral Tablet Dispersible)	2	QL ◆

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	4	QL	Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	2	◆
Galantamine Hydrobromide (Oral Solution)	4	QL	Bupropion HCl (Oral Tablet Immediate Release)	2	◆
Galantamine Hydrobromide (Oral Tablet)	4	QL	Mirtazapine (Oral Tablet)	2	◆
Rivastigmine Tartrate (Oral Capsule)	3	QL	Mirtazapine ODT (Oral Tablet Dispersible)	2	◆
Rivastigmine (Transdermal Patch 24 Hour)	4	ST; QL	Monoamine Oxidase Inhibitors		
N-methyl-D-aspartate (NMDA) Receptor Antagonist			Emsam (Transdermal Patch 24 Hour)	5	QL
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	3	PA; QL	Marplan (Oral Tablet)	4	
Memantine HCl (Oral Solution)	4	PA; QL	Phenelzine Sulfate (Oral Tablet)	3	
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet)	2	PA; QL ◆	Tranylcypromine Sulfate (Oral Tablet)	4	
Memantine HCl Titration Pak (Oral Tablet)	3	PA	SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
Antidepressants			Citalopram Hydrobromide (Oral Solution)	3	
Antidepressants, Other			Citalopram Hydrobromide (Oral Tablet)	1	◆
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	2	◆	Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	3	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Escitalopram Oxalate (Oral Solution)	2	◆	Sertraline HCl (Oral Tablet)	1	◆
Escitalopram Oxalate (Oral Tablet)	1	◆	Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	1	◆
Fetzima (Oral Capsule Extended Release 24 Hour)	4	ST; QL	Trazodone HCl (300MG Oral Tablet)	2	◆
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	4	ST	Trintellix (Oral Tablet)	4	QL
Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)	2	◆	Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	2	◆
Fluoxetine HCl (90MG Oral Capsule Delayed Release)	4		Venlafaxine HCl (Oral Tablet Immediate Release)	3	
Fluoxetine HCl (20MG/5ML Oral Solution)	2	◆	Viibryd (Oral Tablet)	4	QL
Fluvoxamine Maleate (Oral Tablet)	3		Viibryd Starter Pack (Oral Kit)	4	QL
Maprotiline HCl (Oral Tablet)	4		Tricyclics		
Nefazodone HCl (Oral Tablet)	4		Amitriptyline HCl (Oral Tablet)	4	HRM
Paroxetine HCl (Oral Tablet Immediate Release)	2	HRM ◆	Amoxapine (Oral Tablet)	3	HRM
Paxil (Oral Suspension)	4	HRM	Clomipramine HCl (Oral Capsule)	4	HRM
Sertraline HCl (Oral Concentrate)	4		Desipramine HCl (Oral Tablet)	3	HRM
			Doxepin HCl (Oral Capsule)	3	HRM
			Doxepin HCl (Oral Concentrate)	3	HRM
			Imipramine HCl (Oral Tablet)	4	HRM

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Imipramine Pamoate (Oral Capsule)	4	HRM
Nortriptyline HCl (Oral Capsule)	2	HRM ♦
Nortriptyline HCl (Oral Solution)	2	HRM ♦
Protriptyline HCl (Oral Tablet)	4	HRM
Trimipramine Maleate (Oral Capsule)	4	HRM
Antiemetics		
Antiemetics, Other		
Compro (Rectal Suppository)	4	
Hydroxyzine Pamoate (Oral Capsule)	3	HRM
Meclizine HCl (Oral Tablet)	2	HRM ♦
Metoclopramide HCl (5MG/5ML Oral Solution)	2	♦
Metoclopramide HCl (Oral Tablet)	1	♦
Perphenazine (Oral Tablet)	4	
Prochlorperazine Maleate (Oral Tablet)	2	♦
Prochlorperazine (Rectal Suppository)	4	
Scopolamine (Transdermal Patch 72 Hour)	4	HRM

Drug Name	Drug Tier	Coverage Rules or Limits on use
Transderm-Scop (1.5MG) (Transdermal Patch 72 Hour)	4	HRM
Emetogenic Therapy Adjuncts		
Aprepitant (Oral Therapy Pack, Oral Capsule)	4	PA
Cesamet (Oral Capsule)	5	PA
Dronabinol (Oral Capsule)	4	PA
Granisetron HCl (Oral Tablet)	4	B/D, PA; QL
Ondansetron HCl (Oral Solution)	4	B/D, PA
Ondansetron HCl (Oral Tablet)	2	B/D, PA ♦
Ondansetron ODT (Oral Tablet Dispersible)	2	B/D, PA ♦
Sancuso (Transdermal Patch)	5	
Antifungals		
Antifungals		
Abelcet (Intravenous Suspension)	4	B/D, PA
AmBisome (Intravenous Suspension Reconstituted)	5	B/D, PA
Amphotericin B (Intravenous Solution Reconstituted)	4	B/D, PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ciclopirox (External Gel)	3		Fluconazole (Oral Tablet)	2	◆
Ciclopirox (External Shampoo)	3		Flucytosine (Oral Capsule)	5	
Ciclopirox (External Solution)	3		Griseofulvin Microsize (Oral Suspension)	4	
Ciclopirox Olamine (External Cream)	3		Griseofulvin Microsize (Oral Tablet)	4	
Ciclopirox Olamine (External Suspension)	3		Griseofulvin Ultramicrosize (Oral Tablet)	4	
Clotrimazole (External Cream)	2	◆	Itraconazole (Oral Capsule)	4	PA; QL
Clotrimazole (External Solution)	2	◆	Itraconazole (Oral Solution)	5	PA
Clotrimazole (Mouth/Throat Lozenge)	2	◆	Jublia (External Solution)	4	
Econazole Nitrate (External Cream)	4	QL	Ketoconazole (External Cream)	2	QL ◆
Eraxis (100MG Intravenous Solution Reconstituted)	5		Ketoconazole (External Shampoo)	2	◆
Eraxis (50MG Intravenous Solution Reconstituted)	4		Ketoconazole (Oral Tablet)	2	◆
Exelderm (External Cream)	4		Mentax (External Cream)	4	
Exelderm (External Solution)	4		Miconazole 3 (Vaginal Suppository)	3	
Fluconazole in Sodium Chloride (Intravenous Solution)	4		Mycamine (Intravenous Solution Reconstituted)	5	
Fluconazole (Oral Suspension Reconstituted)	2	◆	Naftifine HCl (External Cream)	4	
			Naftin (External Gel)	4	
			Natacyn (Ophthalmic Suspension)	4	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Noxafil (Oral Suspension)	5	QL
Noxafil (Oral Tablet Delayed Release)	5	PA; QL
Nyamyc (External Powder)	2	◆
Nystatin (External Cream)	2	◆
Nystatin (External Ointment)	2	◆
Nystatin (External Powder)	2	◆
Nystatin (Mouth/Throat Suspension)	2	◆
Nystatin (Oral Tablet)	2	◆
Nystop (External Powder)	2	◆
Terbinafine HCl (Oral Tablet)	2	◆
Terconazole (Vaginal Cream)	3	
Terconazole (Vaginal Suppository)	3	
Voriconazole (Intravenous Solution Reconstituted)	5	
Voriconazole (Oral Suspension Reconstituted)	5	
Voriconazole (Oral Tablet)	4	
Antigout Agents		
Antigout Agents		
Allopurinol (Oral Tablet)	1	◆

Drug Name	Drug Tier	Coverage Rules or Limits on use
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	3	QL
Colchicine (0.6MG Oral Tablet) (Brand Equivalent Colcrys)	3	QL
Colcrys (Oral Tablet)	3	QL
Probenecid (Oral Tablet)	2	◆
Probenecid-Colchicine (Oral Tablet)	2	◆
Antimigraine Agents		
Ergot Alkaloids		
Dihydroergotamine Mesylate (Nasal Solution)	5	
Ergotamine-Caffeine (Oral Tablet)	3	
Migergot (Rectal Suppository)	5	
Prophylactic		
Aimovig (Subcutaneous Solution Auto-Injector)	4	PA; QL
Timolol Maleate (Oral Tablet)	3	
Serotonin (5-HT) 1b/1d Receptor Agonists		
Naratriptan HCl (Oral Tablet)	3	QL
Rizatriptan Benzoate (Oral Tablet)	3	QL
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	3	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Sumatriptan (Nasal Solution)	4	QL	Guanidine HCl (Oral Tablet)	3	
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	2	QL ♦	Pyridostigmine Bromide ER (Oral Tablet Extended Release)	4	
Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)	4	QL	Pyridostigmine Bromide (Oral Solution)	5	
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	4	QL	Pyridostigmine Bromide (60MG Oral Tablet Immediate Release)	3	
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector)	4	QL	Antimycobacterials		
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex)	4	QL	Antimycobacterials, Other		
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex STATdose)	4	QL	Dapsone (Oral Tablet)	3	
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Prefilled Syringe)	4	QL	Rifabutin (Oral Capsule)	4	
Antimyasthenic Agents			Antituberculars		
Parasympathomimetics			Ethambutol HCl (Oral Tablet)	3	
			Isoniazid (Oral Syrup)	4	
			Isoniazid (Oral Tablet)	2	♦
			Paser (Oral Packet)	4	
			Priftin (Oral Tablet)	4	
			Pyrazinamide (Oral Tablet)	4	
			Rifampin (Intravenous Solution Reconstituted)	4	
			Rifampin (Oral Capsule)	3	
			Rifater (Oral Tablet)	5	
			Sirturo (Oral Tablet)	5	PA; LA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Trecator (Oral Tablet)	4	
Antineoplastics		
Alkylating Agents		
Cyclophosphamide (Oral Capsule)	4	B/D, PA
Gleostine (100MG Oral Capsule)	5	
Gleostine (10MG Oral Capsule, 40MG Oral Capsule)	3	
Leukeran (Oral Tablet)	5	
Matulane (Oral Capsule)	5	LA
Valchlor (External Gel)	5	PA; LA
Antiandrogens		
Abiraterone Acetate (Oral Tablet)	5	PA; QL
Bicalutamide (Oral Tablet)	2	◆
Erleada (Oral Tablet)	5	PA; QL
Flutamide (Oral Capsule)	3	
Nilutamide (Oral Tablet)	5	
Xtandi (Oral Capsule)	5	PA; LA; QL
Antiangiogenic Agents		
Pomalyst (Oral Capsule)	5	PA; QL
Revlimid (Oral Capsule)	5	PA; LA; QL
Thalomid (Oral Capsule)	5	PA; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Antiestrogens/Modifiers		
Emcyt (Oral Capsule)	5	
Soltamox (Oral Solution)	5	
Tamoxifen Citrate (Oral Tablet)	2	◆
Toremifene Citrate (Oral Tablet)	5	
Antimetabolites		
Droxia (Oral Capsule)	4	
Hydroxyurea (Oral Capsule)	2	◆
Mercaptopurine (Oral Tablet)	3	
Purixan (Oral Suspension)	5	PA
Tabloid (Oral Tablet)	4	PA
Antineoplastics, Other		
Copiktra (Oral Capsule)	5	PA; QL
Kisqali (200MG Dose) (Oral Tablet)	5	PA; QL
Kisqali (400MG Dose) (Oral Tablet)	5	PA; QL
Kisqali (600MG Dose) (Oral Tablet)	5	PA; QL
Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)	5	PA; QL
Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)	5	PA; QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)	5	PA; QL
Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet, 5MG Oral Tablet)	3	
Leucovorin Calcium (25MG Oral Tablet)	4	
Lonsurf (Oral Tablet)	5	PA; LA; QL
Lorbrena (Oral Tablet)	5	PA; QL
Ninlaro (Oral Capsule)	5	PA; QL
Piqray (200 MG Daily Dose) (Oral Tablet Therapy Pack)	5	PA; QL
Piqray (250 MG Daily Dose) (Oral Tablet Therapy Pack)	5	PA; QL
Piqray (300 MG Daily Dose) (Oral Tablet Therapy Pack)	5	PA; QL
Synribo (Subcutaneous Solution Reconstituted)	5	PA
Verzenio (Oral Tablet)	5	PA; LA; QL
Zolanza (Oral Capsule)	5	PA
Aromatase Inhibitors, 3rd Generation		
Anastrozole (Oral Tablet)	1	◆

Drug Name	Drug Tier	Coverage Rules or Limits on use
Exemestane (Oral Tablet)	4	
Letrozole (Oral Tablet)	2	◆
Enzyme Inhibitors		
Balversa (Oral Tablet)	5	PA; QL
Rubraca (Oral Tablet)	5	PA; LA; QL
Talzenna (Oral Capsule)	5	PA; LA; QL
Zejula (Oral Capsule)	5	PA; LA; QL
Molecular Target Inhibitors		
Afinitor Disperz (Oral Tablet Soluble)	5	PA
Afinitor (Oral Tablet)	5	PA
Alecensa (Oral Capsule)	5	PA; LA; QL
Alunbrig (Oral Tablet)	5	PA; LA; QL
Alunbrig (Oral Tablet Therapy Pack)	5	PA; LA; QL
Bosulif (Oral Tablet)	5	PA; QL
Braftovi (Oral Capsule)	5	PA
Cabometyx (Oral Tablet)	5	PA; LA; QL
Calquence (Oral Capsule)	5	PA; QL
Caprelsa (Oral Tablet)	5	PA; LA
Cometriq (100MG Daily Dose) (Oral Kit)	5	PA; LA
Cometriq (140MG Daily Dose) (Oral Kit)	5	PA; LA
Cometriq (60MG Daily Dose) (Oral Kit)	5	PA; LA
Cotellic (Oral Tablet)	5	PA; LA; QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Daurismo (Oral Tablet)	5	PA; LA; QL
Erivedge (Oral Capsule)	5	PA; LA; QL
Erlotinib HCl (Oral Tablet)	5	PA; QL
Farydak (Oral Capsule)	5	PA
Gilotrif (Oral Tablet)	5	PA; LA
Ibrance (Oral Capsule)	5	PA; LA; QL
Iclusig (Oral Tablet)	5	PA; LA; QL
IDHIFA (Oral Tablet)	5	PA; LA; QL
Imatinib Mesylate (Oral Tablet)	5	PA; QL
Imbruvica (Oral Capsule)	5	PA; LA; QL
Imbruvica (Oral Tablet)	5	PA; QL
Inlyta (Oral Tablet)	5	PA; LA; QL
Iressa (Oral Tablet)	5	PA; LA; QL
Jakafi (Oral Tablet)	5	PA; LA; QL
Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)	5	PA; LA
Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)	5	PA; LA
Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)	5	PA; LA
Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)	5	PA; LA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)	5	PA; LA
Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)	5	PA; LA
Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)	5	PA; LA
Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)	5	PA; LA
Lynparza (Oral Tablet)	5	PA; LA; QL
Mekinist (Oral Tablet)	5	PA; LA
Mektovi (Oral Tablet)	5	PA
Nerlynx (Oral Tablet)	5	PA; LA; QL
Nexavar (Oral Tablet)	5	PA; LA
Odomzo (Oral Capsule)	5	PA; LA; QL
Rydapt (Oral Capsule)	5	PA; QL
Sprycel (Oral Tablet)	5	PA; QL
Stivarga (Oral Tablet)	5	PA; LA; QL
Sutent (Oral Capsule)	5	PA; QL
Tafinlar (Oral Capsule)	5	PA; LA
Tagrisso (Oral Tablet)	5	PA; LA; QL
Tasigna (Oral Capsule)	5	PA; QL
Tibsovo (Oral Tablet)	5	PA; QL
Tykerb (Oral Tablet)	5	PA; LA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Venclexta (100MG Oral Tablet, 50MG Oral Tablet)	5	PA; LA; QL
Venclexta (10MG Oral Tablet)	3	PA; LA; QL
Venclexta Starting Pack (Oral Tablet Therapy Pack)	5	PA; LA
Vitrakvi (Oral Capsule)	5	PA; LA; QL
Vitrakvi (Oral Solution)	5	PA; LA; QL
Vizimpro (Oral Tablet)	5	PA; LA; QL
Votrient (Oral Tablet)	5	PA; LA; QL
Xalkori (Oral Capsule)	5	PA; LA
Xospata (Oral Tablet)	5	PA; QL
Zelboraf (Oral Tablet)	5	PA; LA; QL
Zydelig (Oral Tablet)	5	PA; LA; QL
Zykadia (Oral Capsule)	5	PA; QL
Zykadia (Oral Tablet)	5	PA; QL
Retinoids		
Bexarotene (Oral Capsule)	5	PA
Panretin (External Gel)	5	
Targretin (External Gel)	5	PA
Tretinoin (Oral Capsule)	5	
Treatment Adjuncts		
Mesnex (Oral Tablet)	5	
Antiparasitics		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Anthelmintics		
Albendazole (Oral Tablet)	5	QL
Ivermectin (Oral Tablet)	3	
Praziquantel (Oral Tablet)	4	
Antiprotozoals		
Alinia (Oral Suspension Reconstituted)	5	
Alinia (Oral Tablet)	5	
Atovaquone (Oral Suspension)	5	
Atovaquone-Proguanil HCl (Oral Tablet)	3	
Benznidazole (Oral Tablet)	4	
Chloroquine Phosphate (Oral Tablet)	2	◆
Coartem (Oral Tablet)	4	
DARAPRIM (Oral Tablet)	5	
Hydroxychloroquine Sulfate (Oral Tablet)	2	◆
Mefloquine HCl (Oral Tablet)	2	◆
Nebupent (Inhalation Solution Reconstituted)	4	B/D, PA; QL
PENTAM 300 (Injection Solution Reconstituted)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Primaquine Phosphate (Oral Tablet)	4	
Quinine Sulfate (Oral Capsule)	4	PA
Pediculicides/Scabicides		
Eurax (External Cream)	4	
Eurax (External Lotion)	4	
Lindane (External Shampoo)	4	
Malathion (External Lotion)	4	
Permethrin (External Cream)	3	
Antiparkinson Agents		
Anticholinergics		
Benztropine Mesylate (Oral Tablet)	2	HRM ♦
Trihexyphenidyl HCl (Oral Elixir)	2	HRM ♦
Trihexyphenidyl HCl (Oral Tablet)	2	HRM ♦
Antiparkinson Agents, Other		
Amantadine HCl (Oral Capsule)	3	
Amantadine HCl (Oral Syrup)	2	♦
Amantadine HCl (Oral Tablet)	3	
Entacapone (Oral Tablet)	4	
Tolcapone (Oral Tablet)	5	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Dopamine Agonists		
Apokyn (Subcutaneous Solution Cartridge)	5	PA; LA; QL
Bromocriptine Mesylate (Oral Capsule)	3	
Bromocriptine Mesylate (Oral Tablet)	3	
Neupro (Transdermal Patch 24 Hour)	4	
Pramipexole Dihydrochloride (Oral Tablet Immediate Release)	2	♦
Ropinirole HCl (Oral Tablet Immediate Release)	2	♦
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
Carbidopa (Oral Tablet)	4	
Carbidopa-Levodopa ER (Oral Tablet Extended Release)	1	♦
Carbidopa-Levodopa (Oral Tablet Immediate Release)	1	♦
Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	2	♦
Carbidopa-Levodopa-Entacapone (Oral Tablet)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Rytary (Oral Capsule Extended Release)	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
Rasagiline Mesylate (Oral Tablet)	4	
Selegiline HCl (Oral Capsule)	3	
Selegiline HCl (Oral Tablet)	3	
Zelapar (Oral Tablet Dispersible)	5	
Antipsychotics		
1st Generation/Typical		
Chlorpromazine HCl (Oral Tablet)	4	
Fluphenazine Decanoate (Injection Solution)	4	
Fluphenazine HCl (2.5MG/ML Injection Solution)	4	
Fluphenazine HCl (5MG/ML Oral Concentrate)	3	
Fluphenazine HCl (2.5MG/5ML Oral Elixir)	4	
Fluphenazine HCl (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	2	◆
Haloperidol Decanoate (Intramuscular Solution)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Haloperidol Lactate (Injection Solution)	4	
Haloperidol Lactate (Oral Concentrate)	2	◆
Haloperidol (Oral Tablet)	2	◆
Loxapine Succinate (Oral Capsule)	2	◆
Molindone HCl (Oral Tablet)	4	
Pimozide (Oral Tablet)	4	
Thioridazine HCl (Oral Tablet)	3	
Thiothixene (Oral Capsule)	3	
Trifluoperazine HCl (Oral Tablet)	3	
2nd Generation/Atypical		
Abilify Maintena (Intramuscular Prefilled Syringe)	5	
Abilify Maintena (Intramuscular Suspension Reconstituted ER)	5	
Aripiprazole (1MG/ML Oral Solution)	4	QL
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	3	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	5	QL	Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe)	5	
Aristada Initio (Intramuscular Prefilled Syringe)	5		Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)	4	
Aristada (Intramuscular Prefilled Syringe)	5		Invega Trinza (Intramuscular Suspension Prefilled Syringe)	5	
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	5	ST; QL	Latuda (Oral Tablet)	5	QL
Fanapt (1MG Oral Tablet, 2MG Oral Tablet)	4	ST; QL	Nuplazid (Oral Capsule)	5	PA; QL
Fanapt Titration Pack (Oral Tablet)	4	ST	Nuplazid (Oral Tablet)	5	PA; QL
Geodon (Intramuscular Solution Reconstituted)	4		Olanzapine (10MG Intramuscular Solution Reconstituted)	4	

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

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Saphris (Tablet Sublingual)	5	QL
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	5	ST; QL
Vraylar (Oral Capsule Therapy Pack)	4	ST
Ziprasidone HCl (Oral Capsule)	3	QL
Zyprexa Relprevv (210MG Intramuscular Suspension Reconstituted)	4	
Treatment-Resistant		
Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	3	
Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)	4	QL
Versacloz (Oral Suspension)	5	
Antivirals		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Anti-cytomegalovirus (CMV) Agents		
Valganciclovir HCl (Oral Solution Reconstituted)	5	QL
Valganciclovir HCl (Oral Tablet)	5	QL
Zirgan (Ophthalmic Gel)	4	
Anti-hepatitis B (HBV) Agents		
Adefovir Dipivoxil (Oral Tablet)	5	
Baraclude (Oral Solution)	4	
Entecavir (Oral Tablet)	4	
Epivir HBV (Oral Solution)	4	
Lamivudine (100MG Oral Tablet)	3	
Vemlidy (Oral Tablet)	5	QL
Anti-hepatitis C (HCV) Agents, Other		
Intron A (Injection Solution)	5	PA; LA
Intron A (Injection Solution Reconstituted)	5	PA; LA
Pegasys ProClick (Subcutaneous Solution)	5	PA
Pegasys (Subcutaneous Solution)	5	PA
Ribasphere (600MG Oral Tablet)	3	
Ribavirin (Oral Tablet)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Sylatron (Subcutaneous Kit)	5	PA
Anti-hepatitis C (HCV) Direct Acting Agents		
Daklinza (30MG Oral Tablet, 60MG Oral Tablet)	5	PA; QL
Epclusa (Oral Tablet)	5	PA; QL
Mavyret (Oral Tablet)	5	PA; QL
Sofosbuvir-Velpatasvir (Oral Tablet)	5	PA; QL
Sovaldi (Oral Tablet)	5	PA; QL
Vosevi (Oral Tablet)	5	PA; QL
Antiherpetic Agents		
Acyclovir (External Ointment)	4	QL
Acyclovir (Oral Capsule)	2	◆
Acyclovir (Oral Suspension)	3	
Acyclovir (Oral Tablet)	1	◆
Acyclovir Sodium (Intravenous Solution)	4	B/D, PA
Denavir (External Cream)	5	QL
Famciclovir (Oral Tablet)	3	QL
Trifluridine (Ophthalmic Solution)	3	
Valacyclovir HCl (Oral Tablet)	3	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
Dovato (Oral Tablet)	5	QL
Genvoya (Oral Tablet)	5	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Isentress HD (Oral Tablet)	5	QL
Isentress (Oral Packet)	4	QL
Isentress (Oral Tablet)	5	QL
Isentress (100MG Oral Tablet Chewable)	5	QL
Isentress (25MG Oral Tablet Chewable)	3	QL
Stribild (Oral Tablet)	5	QL
Tivicay (10MG Oral Tablet)	4	QL
Tivicay (25MG Oral Tablet, 50MG Oral Tablet)	5	QL
Triumeq (Oral Tablet)	5	QL
Tybost (Oral Tablet)	4	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
Atripla (Oral Tablet)	5	QL
Complera (Oral Tablet)	5	QL
Delstrigo (Oral Tablet)	5	QL
Edurant (Oral Tablet)	5	QL
Efavirenz (Oral Capsule)	4	QL
Efavirenz (Oral Tablet)	5	QL
Intellec (100MG Oral Tablet, 200MG Oral Tablet)	5	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Intelence (25MG Oral Tablet)	4	QL	Emtriva (Oral Capsule)	4	QL
Juluca (Oral Tablet)	5	QL	Emtriva (Oral Solution)	4	QL
Nevirapine ER (Oral Tablet Extended Release 24 Hour)	4	QL	Lamivudine (10MG/ML Oral Solution)	3	QL
Nevirapine (Oral Suspension)	4	QL	Lamivudine (150MG Oral Tablet, 300MG Oral Tablet)	3	QL
Nevirapine (Oral Tablet Immediate Release)	3	QL	Lamivudine-Zidovudine (Oral Tablet)	4	QL
Odefsey (Oral Tablet)	5	QL	Stavudine (Oral Capsule)	3	QL
Pifeltro (Oral Tablet)	5	QL	Tenofovir Disoproxil Fumarate (Oral Tablet)	4	QL
Rescriptor (Oral Tablet)	4	QL	Truvada (Oral Tablet)	5	QL
Symfi Lo (Oral Tablet)	5	QL	Videx EC (125MG Oral Capsule Delayed Release)	4	QL
Symfi (Oral Tablet)	5	QL	Videx (4GM Oral Solution Reconstituted)	4	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)			Viread (Oral Powder)	5	QL
Abacavir Sulfate (Oral Solution)	4	QL	Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	5	QL
Abacavir Sulfate (Oral Tablet)	4	QL	Zidovudine (Oral Capsule)	3	QL
Abacavir Sulfate-Lamivudine (Oral Tablet)	4	QL	Zidovudine (Oral Syrup)	3	QL
Abacavir-Lamivudine-Zidovudine (Oral Tablet)	5	QL	Zidovudine (Oral Tablet)	3	QL
Biktarvy (Oral Tablet)	5	QL	Anti-HIV Agents, Other		
Cimduo (Oral Tablet)	5	QL			
Descovy (Oral Tablet)	5	QL			
Didanosine (Oral Capsule Delayed Release)	3	QL			

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Fuzeon (Subcutaneous Solution Reconstituted)	5	QL
Selzentry (Oral Solution)	5	QL
Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet)	5	QL
Selzentry (25MG Oral Tablet)	3	QL
Anti-HIV Agents, Protease Inhibitors		
Aptivus (Oral Capsule)	5	QL
Aptivus (Oral Solution)	5	QL
Atazanavir Sulfate (Oral Capsule)	5	QL
Crixivan (Oral Capsule)	3	QL
Evotaz (Oral Tablet)	5	QL
Fosamprenavir Calcium (Oral Tablet)	5	QL
Invirase (Oral Tablet)	5	QL
Kaletra (100-25MG Oral Tablet)	4	QL
Kaletra (200-50MG Oral Tablet)	5	QL
Lexiva (Oral Suspension)	4	QL
Lopinavir-Ritonavir (Oral Solution)	4	QL
Norvir (Oral Packet)	4	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Norvir (Oral Solution)	4	QL
Prezcobix (Oral Tablet)	5	QL
Prezista (Oral Suspension)	5	QL
Prezista (150MG Oral Tablet, 75MG Oral Tablet)	4	QL
Prezista (600MG Oral Tablet, 800MG Oral Tablet)	5	QL
Reyataz (Oral Packet)	5	QL
Ritonavir (Oral Tablet)	3	QL
Symtuza (Oral Tablet)	5	QL
Viracept (Oral Tablet)	5	QL
Anti-influenza Agents		
Oseltamivir Phosphate (Oral Capsule)	3	QL
Oseltamivir Phosphate (Oral Suspension Reconstituted)	3	QL
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	3	QL
Rimantadine HCl (Oral Tablet)	4	
Xofluza (Oral Tablet Therapy Pack)	3	QL
Anxiolytics		
Anxiolytics, Other		
Buspirone HCl (Oral Tablet)	2	◆

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Hydroxyzine HCl (Oral Syrup)	3	HRM	Lorazepam (2MG/ML Oral Concentrate)	2	QL ♦
Hydroxyzine HCl (Oral Tablet)	3	HRM	Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet)	1	QL ♦
Benzodiazepines			Bipolar Agents		
Alprazolam (Oral Tablet Immediate Release)	1	QL ♦	Mood Stabilizers		
Chlordiazepoxide HCl (Oral Capsule)	2	♦	Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	2	♦
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet)	2	QL ♦	Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	2	♦
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)	4	QL	Divalproex Sodium (Oral Tablet Delayed Release)	2	♦
Clorazepate Dipotassium (Oral Tablet)	3	QL	Lithium Carbonate ER (Oral Tablet Extended Release)	2	♦
Diazepam Intensol (5MG/ML Oral Concentrate)	2	QL ♦	Lithium Carbonate (Oral Capsule)	2	♦
Diazepam (5MG/5ML Oral Solution)	2	♦	Lithium Carbonate (Oral Tablet Immediate Release)	2	♦
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	2	QL ♦	Lithium (Oral Solution)	3	
			Blood Glucose Regulators		
			Antidiabetic Agents		
			Acarbose (Oral Tablet)	1	QL ♦
			Bydureon BCise (Subcutaneous Auto-Injector)	3	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Bydureon (Subcutaneous Pen-Injector)	3	QL	Jardiance (Oral Tablet)	3	QL
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	4	QL	Jentaduetto (Oral Tablet Immediate Release)	3	QL
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	4	QL	Jentaduetto XR (Oral Tablet Extended Release 24 Hour)	3	QL
Cycloset (Oral Tablet)	4	PA; QL	Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	1	QL ♦
Glimepiride (Oral Tablet)	1	QL ♦	Metformin HCl (Oral Tablet Immediate Release)	1	QL ♦
Glipizide ER (Oral Tablet Extended Release 24 Hour)	1	QL ♦	Miglitol (Oral Tablet)	4	QL
Glipizide (Oral Tablet Immediate Release)	1	QL ♦	Nateglinide (Oral Tablet)	1	QL ♦
Glipizide-Metformin HCl (Oral Tablet)	1	QL ♦	Ozempic (Subcutaneous Solution Pen-Injector)	3	QL
Glyxambi (Oral Tablet)	3	QL	Pioglitazone HCl (Oral Tablet)	1	QL ♦
Invokamet (Oral Tablet Immediate Release)	3	QL	Pioglitazone HCl-Glimepiride (Oral Tablet)	1	QL ♦
Invokamet XR (Oral Tablet Extended Release 24 Hour)	3	QL	Pioglitazone HCl-Metformin HCl (Oral Tablet)	1	QL ♦
Invokana (Oral Tablet)	3	QL	Repaglinide (Oral Tablet)	1	QL ♦
Janumet (Oral Tablet Immediate Release)	3	QL	Repaglinide-Metformin HCl (Oral Tablet)	4	QL
Janumet XR (Oral Tablet Extended Release 24 Hour)	3	QL			
Januvia (Oral Tablet)	3	QL			

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Riomet (Oral Solution)	4	QL	Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)	3	
Soliqua (Subcutaneous Solution Pen-Injector)	3	QL	Humalog KwikPen (Subcutaneous Solution Pen-Injector)	3	
SymlinPen 120 (Subcutaneous Solution Pen-Injector)	5	PA	Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)	3	
SymlinPen 60 (Subcutaneous Solution Pen-Injector)	5	PA	Humalog Mix 50/50 (Subcutaneous Suspension)	3	
Synjardy (Oral Tablet Immediate Release)	3	QL	Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)	3	
Synjardy XR (Oral Tablet Extended Release 24 Hour)	3	QL	Humalog Mix 75/25 (Subcutaneous Suspension)	3	
Tradjenta (Oral Tablet)	3	QL	Humalog (Subcutaneous Solution)	3	
Trulicity (Subcutaneous Solution Pen-Injector)	3	QL	Humalog (Subcutaneous Solution Cartridge)	3	
Victoza (Subcutaneous Solution Pen-Injector)	3	QL	Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)	3	
Glycemic Agents					
GlucaGen HypoKit (Injection Solution Reconstituted)	4				
Glucagon Emergency (Injection Kit)	3				
Proglycem (Oral Suspension)	5				
Insulins					

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Humulin 70/30 (Subcutaneous Suspension)	3		Levemir (Subcutaneous Solution)	3	
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)	3		Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)	3	
Humulin N (Subcutaneous Suspension)	3		Toujeo SoloStar (Subcutaneous Solution Pen-Injector)	3	
Humulin R (Injection Solution)	3		Tresiba FlexTouch (Subcutaneous Solution Pen-Injector)	3	
Humulin R U-500 (Concentrated) (Subcutaneous Solution)	3		Tresiba (Subcutaneous Solution)	3	
Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)	3		Blood Products/Modifiers/Volume Expanders		
Insulin Lispro (Subcutaneous Solution)	3		Anticoagulants		
Insulin Lispro (Subcutaneous Solution Pen-Injector)	3		Coumadin (Oral Tablet)	4	
Lantus SoloStar (Subcutaneous Solution Pen-Injector)	3		Eliquis (Oral Tablet)	3	QL
Lantus (Subcutaneous Solution)	3		Eliquis Starter Pack (Oral Tablet)	3	QL
Levemir FlexTouch (Subcutaneous Solution Pen-Injector)	3		Enoxaparin Sodium (Subcutaneous Solution)	4	QL
			Fondaparinux Sodium (10MG/0.8ML Subcutaneous Solution, 5MG/0.4ML Subcutaneous Solution, 7.5MG/0.6ML Subcutaneous Solution)	5	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Fondaparinux Sodium (2.5MG/0.5ML Subcutaneous Solution)	4		Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution)	4	PA
Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution)	3		Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe)	5	PA
Heparin Sodium (1000UNIT/ML Injection Solution)	3	B/D, PA	Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe)	4	PA
Jantoven (Oral Tablet)	1	◆			
Warfarin Sodium (Oral Tablet)	1	◆			
Xarelto (Oral Tablet)	3	QL			
Xarelto Starter Pack (Oral Tablet Therapy Pack)	3	QL			
Blood Formation Modifiers					
Anagrelide HCl (Oral Capsule)	3				
Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 300MCG/ML Injection Solution, 60MCG/ML Injection Solution)	5	PA			

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Granix (Subcutaneous Solution)	5	ST	Promacta (Oral Tablet)	5	PA; LA; QL
Granix (Subcutaneous Solution Prefilled Syringe)	5	ST	Retacrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	4	PA
Leukine (Injection Solution Reconstituted)	5	PA	Retacrit (40000UNIT/ML Injection Solution)	5	PA
Neulasta (Subcutaneous Solution Prefilled Syringe)	5	PA	Udenyca (Subcutaneous Solution Prefilled Syringe)	5	PA
Neupogen (Injection Solution)	5	ST	Zarxio (Injection Solution Prefilled Syringe)	5	
Neupogen (Injection Solution Prefilled Syringe)	5	ST	Hemostasis Agents		
Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	4	PA	Tranexamic Acid (Oral Tablet)	3	
Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution)	5	PA	Platelet Modifying Agents		
Promacta (Oral Packet)	5	PA; LA; QL	Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	3	QL
			Brilinta (Oral Tablet)	3	QL
			Cablivi (Injection Kit)	5	PA; QL
			Cilostazol (Oral Tablet)	2	◆
			Clopidogrel Bisulfate (75MG Oral Tablet)	2	QL ◆
			Prasugrel HCl (Oral Tablet)	3	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Cardiovascular Agents		
Alpha-adrenergic Agonists		
Clonidine HCl (Oral Tablet Immediate Release)	1	♦
Clonidine (Transdermal Patch Weekly)	4	
Methyldopa (Oral Tablet)	3	HRM
Midodrine HCl (Oral Tablet)	3	
Northera (Oral Capsule)	5	PA; LA; QL
Alpha-adrenergic Blocking Agents		
Doxazosin Mesylate (Oral Tablet)	2	♦
Phenoxybenzamine HCl (Oral Capsule)	5	
Prazosin HCl (Oral Capsule)	2	♦
Angiotensin II Receptor Antagonists		
Candesartan Cilexetil (Oral Tablet)	1	QL ♦
Edarbi (Oral Tablet)	4	QL
Eprosartan Mesylate (Oral Tablet)	1	QL ♦
Irbesartan (Oral Tablet)	1	QL ♦
Losartan Potassium (Oral Tablet)	1	QL ♦
Olmesartan Medoxomil (Oral Tablet)	1	QL ♦
Telmisartan (Oral Tablet)	1	QL ♦

Drug Name	Drug Tier	Coverage Rules or Limits on use
Valsartan (Oral Tablet)	1	QL ♦
Angiotensin-converting Enzyme (ACE) Inhibitors		
Benazepril HCl (Oral Tablet)	1	QL ♦
Captopril (Oral Tablet)	1	QL ♦
Enalapril Maleate (Oral Tablet)	1	QL ♦
Fosinopril Sodium (Oral Tablet)	1	QL ♦
Lisinopril (Oral Tablet)	1	QL ♦
Moexipril HCl (Oral Tablet)	1	QL ♦
Perindopril Erbumine (Oral Tablet)	1	QL ♦
Quinapril HCl (Oral Tablet)	1	QL ♦
Ramipril (Oral Capsule)	1	QL ♦
Trandolapril (Oral Tablet)	1	QL ♦
Antiarrhythmics		
Amiodarone HCl (200MG Oral Tablet)	1	♦
Dofetilide (Oral Capsule)	4	
Flecainide Acetate (Oral Tablet)	2	♦
Mexiletine HCl (Oral Capsule)	3	
Multaq (Oral Tablet)	3	QL
Pacerone (200MG Oral Tablet)	1	♦

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Propafenone HCl ER (Oral Capsule Extended Release 12 Hour)	4	
Propafenone HCl (Oral Tablet)	2	◆
Quinidine Gluconate ER (Oral Tablet Extended Release)	4	
Quinidine Sulfate (Oral Tablet)	2	◆
Sotalol HCl (AF) (120MG Oral Tablet)	2	◆
Sotalol HCl (Oral Tablet)	2	◆
Beta-adrenergic Blocking Agents		
Acebutolol HCl (Oral Capsule)	2	◆
Atenolol (Oral Tablet)	1	◆
Betaxolol HCl (Oral Tablet)	3	
Bisoprolol Fumarate (Oral Tablet)	2	◆
Bystolic (Oral Tablet)	3	QL
Carvedilol (Oral Tablet)	1	◆
Labetalol HCl (Oral Tablet)	2	◆
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	1	◆
Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	1	◆

Drug Name	Drug Tier	Coverage Rules or Limits on use
Nadolol (Oral Tablet)	4	
Pindolol (Oral Tablet)	3	
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour)	2	◆
Propranolol HCl (Oral Solution)	2	◆
Propranolol HCl (Oral Tablet)	2	◆
Calcium Channel Blocking Agents		
Amlodipine Besylate (Oral Tablet)	1	◆
Cartia XT (Oral Capsule Extended Release 24 Hour)	2	◆
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour)	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)	2	◆

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour)	2	◆	Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	3	
Diltiazem HCl (Oral Tablet Immediate Release)	2	◆	Verapamil HCl ER (360MG Oral Capsule Extended Release 24 Hour)	3	
Dilt-XR (Oral Capsule Extended Release 24 Hour)	2	◆	Verapamil HCl ER (Oral Tablet Extended Release)	2	◆
Felodipine ER (Oral Tablet Extended Release 24 Hour)	2	◆	Verapamil HCl (Oral Tablet Immediate Release)	2	◆
Matzim LA (Oral Tablet Extended Release 24 Hour)	2	◆	Cardiovascular Agents, Other		
Nicardipine HCl (Oral Capsule)	3		Aliskiren Fumarate (Oral Tablet)	4	QL
Nifedipine ER (Oral Tablet Extended Release 24 Hour)	2	QL ◆	Amiloride-Hydrochlorothiazide (Oral Tablet)	2	◆
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	2	QL ◆	Amlodipine-Atorvastatin (Oral Tablet)	2	QL ◆
Nimodipine (Oral Capsule)	4		Amlodipine-Benazepril (Oral Capsule)	1	QL ◆
Nymalize (60MG/20ML Oral Solution)	5				
Taztia XT (Oral Capsule Extended Release 24 Hour)	2	◆			

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Amlodipine-Olmesartan (Oral Tablet)	2	QL ♦
Amlodipine-Valsartan (Oral Tablet)	2	QL ♦
Amlodipine-Valsartan-HCTZ (Oral Tablet)	2	QL ♦
Atenolol-Chlorthalidone (Oral Tablet)	1	♦
Benazepril-Hydrochlorothiazide (Oral Tablet)	1	QL ♦
BiDiI (Oral Tablet)	3	QL
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	2	QL ♦
Candesartan Cilexetil-HCTZ (Oral Tablet)	1	QL ♦
Captopril-Hydrochlorothiazide (Oral Tablet)	1	QL ♦
Corlanor (Oral Tablet)	4	PA; QL
Demser (Oral Capsule)	5	
Digitek (Oral Tablet)	2	HRM ♦
Digox (Oral Tablet)	2	HRM ♦
Digoxin (Oral Solution)	3	HRM
Digoxin (Oral Tablet)	2	HRM ♦
Edarbyclor (Oral Tablet)	4	QL
Enalapril-Hydrochlorothiazide (Oral Tablet)	1	QL ♦

Drug Name	Drug Tier	Coverage Rules or Limits on use
Entresto (Oral Tablet)	3	QL
Fosinopril Sodium-HCTZ (Oral Tablet)	1	QL ♦
Irbesartan-Hydrochlorothiazide (Oral Tablet)	1	QL ♦
Lanoxin (Oral Tablet)	4	HRM
Lisinopril-Hydrochlorothiazide (Oral Tablet)	1	QL ♦
Losartan Potassium-HCTZ (Oral Tablet)	1	QL ♦
Methyldopa-Hydrochlorothiazide (Oral Tablet)	3	HRM
Metoprolol-Hydrochlorothiazide (Oral Tablet)	2	♦
Nadolol-Bendroflumethiazide (40-5MG Oral Tablet)	3	
Olmesartan Medoxomil-HCTZ (Oral Tablet)	1	QL ♦
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	2	QL ♦
Pentoxifylline ER (Oral Tablet Extended Release)	2	♦
Propranolol-HCTZ (Oral Tablet)	2	♦
Quinapril-Hydrochlorothiazide (Oral Tablet)	1	QL ♦

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	3	QL
Spirolactone-HCTZ (Oral Tablet)	2	◆
Telmisartan-Amlodipine (Oral Tablet)	1	QL ◆
Telmisartan-HCTZ (Oral Tablet)	1	QL ◆
Triamterene-HCTZ (Oral Capsule)	2	◆
Triamterene-HCTZ (Oral Tablet)	2	◆
Valsartan-Hydrochlorothiazide (Oral Tablet)	1	QL ◆
Diuretics, Carbonic Anhydrase Inhibitors		
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	4	
Acetazolamide (Oral Tablet)	3	
Methazolamide (Oral Tablet)	4	
Diuretics, Loop		
Bumetanide (Injection Solution)	4	
Bumetanide (Oral Tablet)	1	◆
Ethacrynic Acid (Oral Tablet)	4	
Furosemide (Injection Solution)	4	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Furosemide (Oral Solution)	2	◆
Furosemide (Oral Tablet)	1	◆
Torsemide (Oral Tablet)	2	◆
Diuretics, Potassium-sparing		
Amiloride HCl (Oral Tablet)	2	◆
Dyrenium (Oral Capsule)	4	
Eplerenone (Oral Tablet)	3	
Spirolactone (Oral Tablet)	2	◆
Diuretics, Thiazide		
Chlorothiazide (Oral Tablet)	2	◆
Chlorthalidone (Oral Tablet)	2	◆
Diuril (Oral Suspension)	4	
Hydrochlorothiazide (Oral Capsule)	1	◆
Hydrochlorothiazide (Oral Tablet)	1	◆
Indapamide (Oral Tablet)	2	◆
Methyclothiazide (5MG Oral Tablet)	3	
Metolazone (Oral Tablet)	3	
Dyslipidemics, Fibric Acid Derivatives		

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Fenofibrate Micronized (134MG Oral Capsule, 200MG Oral Capsule, 67MG Oral Capsule)	2	◆	Cholestyramine Light (Oral Powder)	4	
Fenofibrate (145MG Oral Tablet, 48MG Oral Tablet)	2	◆	Cholestyramine (Oral Packet)	4	
Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet)	1	◆	Colesevelam HCl (Oral Packet)	3	
Fenofibric Acid (Oral Capsule Delayed Release)	3		Colesevelam HCl (Oral Tablet)	3	
Fenofibric Acid (105MG Oral Tablet)	3		Colestipol HCl (Oral Packet)	4	
Fenofibric Acid (35MG Oral Tablet)	3		Colestipol HCl (Oral Tablet)	3	
Gemfibrozil (Oral Tablet)	2	◆	Ezetimibe (Oral Tablet)	2	QL ◆
Dyslipidemics, HMG CoA Reductase Inhibitors			Ezetimibe-Simvastatin (Oral Tablet)	3	QL
Atorvastatin Calcium (Oral Tablet)	1	QL ◆	Juxtapid (Oral Capsule)	5	PA; LA
Fluvastatin Sodium (Oral Capsule)	2	QL ◆	Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release)	4	
Livalo (Oral Tablet)	3	QL	Niacor (Oral Tablet)	2	◆
Lovastatin (Oral Tablet)	1	QL ◆	Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	4	QL
Pravastatin Sodium (Oral Tablet)	1	QL ◆	Praluent (Subcutaneous Solution Pen-Injector)	4	PA; LA; QL
Rosuvastatin Calcium (Oral Tablet)	1	QL ◆	Prevalite (Oral Packet)	4	
Simvastatin (Oral Tablet)	1	QL ◆	Repatha Pushtrox System (Subcutaneous Solution Cartridge)	4	PA; QL
Dyslipidemics, Other					

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Repatha (Subcutaneous Solution Prefilled Syringe)	4	PA; QL
Repatha SureClick (Subcutaneous Solution Auto-Injector)	4	PA; QL
Vascepa (Oral Capsule)	4	
Vasodilators, Direct-acting Arterial		
Hydralazine HCl (Oral Tablet)	2	◆
Minoxidil (Oral Tablet)	2	◆
Vasodilators, Direct-acting Arterial/Venous		
Isosorbide Dinitrate ER (Oral Tablet Extended Release)	2	◆
Isosorbide Dinitrate (Oral Tablet Immediate Release)	2	◆
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour)	2	◆
Isosorbide Mononitrate (Oral Tablet Immediate Release)	2	◆
Minitran (Transdermal Patch 24 Hour)	2	◆
Nitro-Bid (Transdermal Ointment)	4	
Nitroglycerin (Tablet Sublingual)	2	◆

Drug Name	Drug Tier	Coverage Rules or Limits on use
Nitroglycerin (Transdermal Patch 24 Hour)	2	◆
Nitroglycerin (Translingual Solution)	3	
Nitrostat (Tablet Sublingual)	3	
Rectiv (Rectal Ointment)	4	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	4	QL
Amphetamine-Dextroamphetamine (Oral Tablet)	3	QL
Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)	4	QL
Dextroamphetamine Sulfate (Oral Tablet)	4	QL
Vyvanse (Oral Capsule)	4	
Vyvanse (Oral Tablet Chewable)	4	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
Atomoxetine HCl (Oral Capsule)	4	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)	4	PA	Namzaric (Oral Capsule Extended Release 24 Hour)	3	PA; QL
Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour)	4		Nuedexta (Oral Capsule)	4	PA
Dexmethylphenidate HCl (Oral Tablet)	3	QL	Riluzole (Oral Tablet)	3	
Guanfacine HCl ER (Oral Tablet Extended Release 24 Hour)	4	HRM	Tetrabenazine (Oral Tablet)	5	PA; LA; QL
Metadate ER (Oral Tablet Extended Release)	4	QL	Fibromyalgia Agents		
Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release)	4	QL	Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	2	QL ♦
Methylphenidate HCl (Oral Solution)	4	QL	Lyrica (Oral Capsule)	3	QL
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	3	QL	Lyrica (Oral Solution)	3	QL
Central Nervous System, Other			Savella (Oral Tablet)	3	
Austedo (Oral Tablet)	5	PA; LA; QL	Savella Titration Pack (Oral Tablet)	3	
Ingrezza (Oral Capsule)	5	PA; QL	Multiple Sclerosis Agents		
Ingrezza (Oral Capsule Therapy Pack)	5	PA; QL	Ampyra (Oral Tablet Extended Release 12 Hour)	5	QL
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	3	PA; QL	Aubagio (Oral Tablet)	5	LA; QL
			Avonex (30MCG Intramuscular Kit)	5	QL
			Avonex Pen (Intramuscular Auto-Injector Kit)	5	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Avonex Prefilled (Intramuscular Prefilled Syringe Kit)	5	QL	Tecfidera Starter Pack (Oral)	5	LA
Betaseron (Subcutaneous Kit)	5	QL	Tecfidera (Oral Capsule Delayed Release)	5	LA; QL
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	5	QL	Dental and Oral Agents		
Gilenya (0.5MG Oral Capsule)	5	QL	Dental and Oral Agents		
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	5	QL	Chlorhexidine Gluconate (Mouth Solution)	2	◆
Glatopa (Subcutaneous Solution Prefilled Syringe)	5	QL	Pilocarpine HCl (Oral Tablet)	4	
Mayzent (Oral Tablet)	5	QL	Triamcinolone Acetonide (Dental Paste)	3	
Rebif Rebidose (Subcutaneous Solution Auto-Injector)	5	QL	Dermatological Agents		
Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)	5	QL	Dermatological Agents		
Rebif (Subcutaneous Solution Prefilled Syringe)	5	QL	Acitretin (Oral Capsule)	4	
Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)	5	QL	Adapalene (External Cream)	4	
			Adapalene (0.1% External Gel)	3	
			Ammonium Lactate (External Cream)	3	
			Ammonium Lactate (External Lotion)	3	
			Azelaic Acid (External Gel)	4	
			Benzoyl Peroxide-Erythromycin (External Gel)	4	
			Calcipotriene (External Cream)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Calcipotriene (External Ointment)	4		Cortisporin (External Ointment)	4	
Calcipotriene (External Solution)	3		Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe)	5	PA; LA
Calcitriol (External Ointment)	4		Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector)	5	PA; LA
Carac (External Cream)	5	PA	Diclofenac Sodium (3% Transdermal Gel)	4	PA
Claravis (10MG Oral Capsule, 20MG Oral Capsule, 40MG Oral Capsule)	4	PA	Doxepin HCl (External Cream)	5	PA; QL
Clindamycin Phosphate (External Gel)	3		Ery (External Pad)	3	
Clindamycin Phosphate (External Lotion)	3		Erythromycin (External Gel)	4	
Clindamycin Phosphate (External Solution)	3		Erythromycin (External Solution)	2	◆
Clindamycin Phosphate (External Swab)	3		Finacea (External Foam)	4	
Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel)	4		Fluorouracil (0.5% External Cream)	5	
Clotrimazole-Betamethasone (External Cream)	3		Fluorouracil (5% External Cream)	4	
Clotrimazole-Betamethasone (External Lotion)	4		Fluorouracil (External Solution)	3	
Cortisporin (External Cream)	4		Imiquimod (5% External Cream)	4	
			Imiquimod Pump (3.75% External Cream)	5	PA
			Isotretinoin (Oral Capsule)	4	PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Methoxsalen Rapid (Oral Capsule)	5	
Mirvaso (External Gel)	4	
Oxsoalene Ultra (Oral Capsule)	5	
Picato (External Gel)	3	
Pimecrolimus (External Cream)	4	ST
Podofilox (External Solution)	3	
Regranex (External Gel)	5	PA
Santyl (External Ointment)	4	
Selenium Sulfide (External Lotion)	2	◆
Stelara (Subcutaneous Solution)	5	PA
Stelara (Subcutaneous Solution Prefilled Syringe)	5	PA
Tacrolimus (External Ointment)	4	ST
Tazarotene (External Cream)	4	PA
Tazorac (0.05% External Cream)	4	PA
Tazorac (0.05% External Gel)	5	PA
Tazorac (0.1% External Gel)	4	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tolak (External Cream)	4	
Tretinoin (External Cream)	4	PA
Tretinoin (0.01% External Gel, 0.025% External Gel)	4	PA
Tretinoin Microsphere (External Gel)	4	PA
Zyclara Pump (External Cream)	5	PA
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
Aminosyn II (Intravenous Solution)	4	B/D, PA
Aminosyn-PF (Intravenous Solution)	4	B/D, PA
Carbaglu (Oral Tablet)	5	LA
Dextrose (10% Intravenous Solution)	4	
Dextrose (5% Intravenous Solution)	4	B/D, PA
Dextrose-NaCl (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 2.5-0.45% Intravenous Solution, 5-0.2% Intravenous Solution, 5-0.225% Intravenous Solution, 5-0.33% Intravenous Solution, 5-0.45% Intravenous Solution)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Dextrose-NaCl (5-0.9% Intravenous Solution)	4	B/D, PA	Klor-Con 8 (Oral Tablet Extended Release)	3	
FreAmine HBC (Intravenous Solution)	4	B/D, PA	Klor-Con Sprinkle (8MEQ Oral Capsule Extended Release)	3	
HepatAmine (Intravenous Solution)	4	B/D, PA	Levocarnitine (1GM/10ML Oral Solution)	3	
Intralipid (Intravenous Emulsion)	4	B/D, PA	Levocarnitine (330MG Oral Tablet)	3	
Ionosol-MB in D5W (Intravenous Solution)	4		Magnesium Sulfate (50% Injection Solution)	4	
Isolyte-P in D5W (Intravenous Solution)	4		Magnesium Sulfate (50% (10ML Syringe) Injection Solution)	4	
Isolyte-S (Intravenous Solution)	4		NephrAmine (Intravenous Solution)	4	B/D, PA
KCl in Dextrose-NaCl (Injection)	4		Normosol-M in D5W (Intravenous Solution)	4	
KCl-Lactated Ringers-D5W (Intravenous Solution)	4		Normosol-R in D5W (Intravenous Solution)	4	
Klor-Con 10 (Oral Tablet Extended Release)	3		Normosol-R pH 7.4 (Intravenous Solution)	4	
Klor-Con M10 (Oral Tablet Extended Release)	2	◆	Nutrilipid (Intravenous Emulsion)	4	B/D, PA
Klor-Con M15 (Oral Tablet Extended Release)	2	◆	Plasma-Lyte 148 (Intravenous Solution)	4	
Klor-Con M20 (Oral Tablet Extended Release)	2	◆	Plasma-Lyte A (Intravenous Solution)	4	
Klor-Con (Oral Packet)	3		Plenaminate (Intravenous Solution)	4	B/D, PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Potassium Chloride CR (Oral Tablet Extended Release)	2	◆	Potassium Citrate ER (Oral Tablet Extended Release)	3	
Potassium Chloride ER (Oral Capsule Extended Release)	2	◆	Premasol (Intravenous Solution)	4	B/D, PA
Potassium Chloride in Dextrose (Intravenous Solution)	4	B/D, PA	Procalamine (Intravenous Solution)	4	B/D, PA
Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution)	4	B/D, PA	Prosol (Intravenous Solution)	4	B/D, PA
Potassium Chloride in NaCl (20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)	4	B/D, PA	Sodium Chloride (0.45% Intravenous Solution)	4	
Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 40MEQ/100ML Intravenous Solution)	4	B/D, PA	Sodium Chloride (0.9% Intravenous Solution)	4	B/D, PA
Potassium Chloride (2MEQ/ML Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution)	4	B/D, PA	Sodium Chloride (3% Intravenous Solution, 5% Intravenous Solution)	4	B/D, PA
Potassium Chloride (Oral Packet)	3		Sodium Chloride (Irrigation Solution)	3	
Potassium Chloride (Oral Solution)	3		Sodium Fluoride (Oral Tablet)	2	◆
			Sodium Lactate (Intravenous Solution)	4	
			TPN Electrolytes (Intravenous Solution)	4	
			Travasol (Intravenous Solution)	4	B/D, PA
			TrophAmine (10% Intravenous Solution)	4	B/D, PA
			Electrolyte/Mineral/Metal Modifiers		
			Chemet (Oral Capsule)	5	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Deferasirox (Oral Tablet Soluble)	5	PA
Ferriprox (Oral Solution)	5	PA
Ferriprox (Oral Tablet)	5	PA
Jadenu (Oral Tablet)	5	PA
Jadenu Sprinkle (Oral Packet)	5	PA
Kionex (Oral Suspension)	3	
Lokelma (Oral Packet)	4	QL
Sodium Polystyrene Sulfonate (Oral Powder)	3	
Sodium Polystyrene Sulfonate (Oral Suspension)	3	
SPS (Oral Suspension)	3	
Trientine HCl (Oral Capsule)	5	PA; QL
Veltassa (Oral Packet)	5	QL
Phosphate Binders		
Auryxia (Oral Tablet)	5	PA
Calcium Acetate (Phosphate Binder) (Oral Capsule)	3	
Calcium Acetate (Phosphate Binder) (Oral Tablet)	3	
Lanthanum Carbonate (Oral Tablet Chewable)	5	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Phoslyra (Oral Solution)	3	
Sevelamer Carbonate (Oral Packet)	5	
Sevelamer Carbonate (Oral Tablet) (Generic Renvela)	4	
Velphoro (Oral Tablet Chewable)	5	
Vitamins		
VP-PNV-DHA (Oral Capsule)	2	♦
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
Cuvposa (Oral Solution)	4	PA
Dicyclomine HCl (Oral Capsule)	2	HRM ♦
Dicyclomine HCl (Oral Solution)	2	HRM ♦
Dicyclomine HCl (Oral Tablet)	2	HRM ♦
Methscopolamine Bromide (Oral Tablet)	4	
Gastrointestinal Agents, Other		
Chenodal (Oral Tablet)	5	
Cromolyn Sodium (Oral Concentrate)	3	
Diphenoxylate-Atropine (Oral Liquid)	4	HRM
Diphenoxylate-Atropine (Oral Tablet)	4	HRM
Gattex (Subcutaneous Kit)	5	PA; LA

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Loperamide HCl (Oral Capsule)	2	◆	Ranitidine HCl (150MG Oral Tablet, 300MG Oral Tablet)	2	◆
Myalept (Subcutaneous Solution Reconstituted)	5	PA; LA	Irritable Bowel Syndrome Agents		
Relistor (Oral Tablet)	5	PA; QL	Alosetron HCl (Oral Tablet)	5	PA
Relistor (Subcutaneous Solution)	5	PA	Amitiza (Oral Capsule)	3	QL
Serostim (Subcutaneous Solution Reconstituted)	5	PA; LA	Linzess (Oral Capsule)	3	QL
Ursodiol (Oral Capsule)	3		Xifaxan (Oral Tablet)	5	PA
Ursodiol (Oral Tablet)	4		Laxatives		
Zorbtive (Subcutaneous Solution Reconstituted)	5	PA; LA	Clenpiq (Oral Solution)	3	
Histamine2 (H2) Receptor Antagonists			Constulose (Oral Solution)	2	◆
Cimetidine HCl (Oral Solution)	2	◆	Enulose (Oral Solution)	2	◆
Cimetidine (Oral Tablet)	2	◆	GaviLyte-C (Oral Solution Reconstituted)	2	◆
Famotidine (Oral Suspension Reconstituted)	4		GaviLyte-G (Oral Solution Reconstituted)	2	◆
Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	2	◆	GaviLyte-N with Flavor Pack (Oral Solution Reconstituted)	2	◆
Ranitidine HCl (75MG/5ML Oral Syrup)	2	◆	Generlac (Oral Solution)	2	◆
			Lactulose (10GM/15ML Oral Solution)	2	◆
			PEG-3350-Electrolytes (Oral Solution Reconstituted) (Generic Colyte)	2	◆

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Drug Name	Drug Tier	Coverage Rules or Limits on use
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	2	◆
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	2	◆
Suprep Bowel Prep Kit (Oral Solution)	3	
TriLyte (Oral Solution Reconstituted)	2	◆
Protectants		
Carafate (Oral Suspension)	4	
Misoprostol (Oral Tablet)	3	
Sucralfate (Oral Tablet)	2	◆
Proton Pump Inhibitors		
Dexilant (Oral Capsule Delayed Release)	4	QL
Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)	3	QL
Lansoprazole (Oral Capsule Delayed Release)	2	QL ◆
Omeprazole (10MG Oral Capsule Delayed Release)	2	QL ◆

Drug Name	Drug Tier	Coverage Rules or Limits on use
Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	2	◆
Pantoprazole Sodium (Oral Tablet Delayed Release)	1	QL ◆
Prilosec (Oral Packet)	4	PA
Rabeprazole Sodium (Oral Tablet Delayed Release)	3	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
Aralast NP (1000MG Intravenous Solution Reconstituted)	5	PA; LA
Cholbam (Oral Capsule)	5	PA
Creon (Oral Capsule Delayed Release Particles)	3	
Cystadane (Oral Powder)	5	
Cystagon (Oral Capsule)	4	LA
Glassia (Intravenous Solution)	5	PA; LA
Kuvan (Oral Packet)	5	LA
Kuvan (Oral Tablet Soluble)	5	LA
Miglustat (Oral Capsule)	5	PA; LA

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ocaliva (Oral Tablet)	5	PA; QL	Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	2	QL ♦
Orfadin (Oral Capsule)	5	LA	Oxybutynin Chloride (Oral Syrup)	2	♦
Orfadin (Oral Suspension)	5	LA	Oxybutynin Chloride (Oral Tablet Immediate Release)	2	♦
Prolastin-C (Intravenous Solution Reconstituted)	5	PA; LA	Solifenacin Succinate (Oral Tablet)	3	QL
RAVICTI (Oral Liquid)	5	LA; QL	Benign Prostatic Hypertrophy Agents		
Sodium Phenylbutyrate (Oral Powder)	5		Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	2	♦
Sodium Phenylbutyrate (Oral Tablet)	5		Dutasteride (Oral Capsule)	3	QL
Sucraid (Oral Solution)	5	LA	Finasteride (5MG Oral Tablet) (Generic Proscar)	1	♦
Tegsedi (Subcutaneous Solution Prefilled Syringe)	5	PA; LA	Silodosin (Oral Capsule)	3	QL
Zemaira (Intravenous Solution Reconstituted)	5	PA; LA	Tamsulosin HCl (Oral Capsule)	1	♦
Zenpep (Oral Capsule Delayed Release Particles)	3		Terazosin HCl (Oral Capsule)	2	♦
Genitourinary Agents			Genitourinary Agents, Other		
Antispasmodics, Urinary			Bethanechol Chloride (Oral Tablet)	2	♦
Myrbetriq (Oral Tablet Extended Release 24 Hour)	3		Depen Titratabs (Oral Tablet)	5	
			Elmiron (Oral Capsule)	5	
			Lithostat (Oral Tablet)	5	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Penicillamine (Oral Capsule)	5	PA	Betamethasone Valerate (External Cream)	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			Betamethasone Valerate (External Lotion)	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			Betamethasone Valerate (External Ointment)	3	
Ala-Cort (External Cream)	2	◆	Clobetasol Propionate Emollient Base (External Cream)	4	
Alclometasone Dipropionate (External Cream)	3		Clobetasol Propionate (External Cream)	4	
Alclometasone Dipropionate (External Ointment)	3		Clobetasol Propionate (External Gel)	4	
Betamethasone Dipropionate Aug (External Cream)	3		Clobetasol Propionate (External Ointment)	4	
Betamethasone Dipropionate Aug (External Gel)	3		Clobetasol Propionate (External Shampoo)	4	
Betamethasone Dipropionate Aug (External Lotion)	3		Clobetasol Propionate (External Solution)	3	
Betamethasone Dipropionate Aug (External Ointment)	3		Cordran (External Tape)	4	
Betamethasone Dipropionate (External Cream)	3		Cortisone Acetate (Oral Tablet)	4	
Betamethasone Dipropionate (External Lotion)	3		Desonide (External Ointment)	4	
Betamethasone Dipropionate (External Ointment)	3		Desoximetasone (External Cream)	4	
			Dexamethasone Intensol (Oral Concentrate)	2	◆
			Dexamethasone (Oral Elixir)	2	◆

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Dexamethasone (Oral Tablet)	2	◆	Hydrocortisone Butyrate (External Ointment)	3	
Fludrocortisone Acetate (Oral Tablet)	2	◆	Hydrocortisone (1% External Cream, 2.5% External Cream)	2	◆
Fluocinolone Acetonide (External Cream)	3		Hydrocortisone (2.5% External Lotion)	3	
Fluocinolone Acetonide (External Ointment)	3		Hydrocortisone (1% External Ointment, 2.5% External Ointment)	2	◆
Fluocinolone Acetonide (External Solution)	3		Hydrocortisone (Oral Tablet)	3	
Fluocinolone Acetonide Scalp (External Oil)	4		Hydrocortisone Valerate (External Cream)	4	
Fluocinonide Emulsified Base (External Cream)	3		Hydrocortisone Valerate (External Ointment)	4	
Fluocinonide (External Gel)	3		Methylprednisolone (Oral Tablet)	2	◆
Fluocinonide (External Ointment)	3		Methylprednisolone (Oral Tablet Therapy Pack)	2	◆
Fluocinonide (External Solution)	3		Mometasone Furoate (External Cream)	2	◆
Fluticasone Propionate (External Cream)	3		Mometasone Furoate (External Ointment)	2	◆
Fluticasone Propionate (External Ointment)	3		Mometasone Furoate (External Solution)	2	◆
Halobetasol Propionate (External Cream)	4		Prednicarbate (External Cream)	4	
Halobetasol Propionate (External Ointment)	4		Prednicarbate (External Ointment)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Prednisolone (Oral Solution)	2	◆	Triderm (0.1% External Cream)	2	◆
Prednisolone Sodium Phosphate (25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution)	2	◆	Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Prednisone Intensol (Oral Concentrate)	2	◆	Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Prednisone (5MG/5ML Oral Solution)	2	◆	Desmopressin Acetate (Oral Tablet)	3	
Prednisone (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 50MG Oral Tablet, 5MG Oral Tablet)	1	◆	Desmopressin Acetate Spray (Nasal Solution)	4	
Prednisone (10MG (21) Oral Tablet Therapy Pack, 10MG (48) Oral Tablet Therapy Pack, 5MG (21) Oral Tablet Therapy Pack, 5MG (48) Oral Tablet Therapy Pack)	1	◆	Genotropin MiniQuick (Subcutaneous Solution Reconstituted)	5	PA
Triamcinolone Acetonide (External Cream)	2	◆	Genotropin (Subcutaneous Solution Reconstituted)	5	PA
Triamcinolone Acetonide (External Lotion)	2	◆	Humatrope (Injection Solution Renconstituted), Humatrope Combo Pack (Injection)	5	PA
Triamcinolone Acetonide (External Ointment)	2	◆	Increlex (Subcutaneous Solution)	5	PA; LA
			Norditropin FlexPro (Subcutaneous Solution)	5	PA
			Nutropin AQ NuSpin 10 (Subcutaneous Solution)	5	PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Nutropin AQ NuSpin 20 (Subcutaneous Solution)	5	PA
Nutropin AQ NuSpin 5 (Subcutaneous Solution)	5	PA
Saizen (Injection Solution Reconstituted)	5	PA; LA
Saizenprep (Injection Solution Reconstituted)	5	PA; LA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Korlym (Oral Tablet)	5	PA; LA; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
Anadrol-50 (Oral Tablet)	5	PA
Androderm (Transdermal Patch 24 Hour)	3	QL
Danazol (Oral Capsule)	4	
Oxandrolone (10MG Oral Tablet)	4	PA; QL
Oxandrolone (2.5MG Oral Tablet)	3	PA; QL
Testosterone Cypionate (Intramuscular Solution)	2	◆

Drug Name	Drug Tier	Coverage Rules or Limits on use
Testosterone Enanthate (Intramuscular Solution)	3	
Testosterone (25MG/2.5GM 1% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel)	3	
Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel), Testosterone Pump (1.62% Transdermal Gel)	4	
Estrogens		
Altavera (Oral Tablet)	4	
Alyacen 1/35 (Oral Tablet)	4	
Amethia Lo (Oral Tablet)	4	
Amethia (Oral Tablet)	4	
Apri (Oral Tablet)	4	
Aranelle (Oral Tablet)	4	
Ashlyna (Oral Tablet)	4	
Aubra (Oral Tablet)	4	
Aviane (Oral Tablet)	4	
Balziva (Oral Tablet)	4	
Blisovi 24 Fe (Oral Tablet)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Blisovi Fe 1.5/30 (Oral Tablet)	4	
Briellyn (Oral Tablet)	4	
Camrese Lo (Oral Tablet)	4	
Caziant (Oral Tablet)	4	
Climara Pro (Transdermal Patch Weekly)	4	HRM
Cryselle-28 (Oral Tablet)	4	
Cyclafem 1/35 (Oral Tablet)	4	
Cyclafem 7/7/7 (Oral Tablet)	4	
Cyred (Oral Tablet)	4	
Delyla (Oral Tablet)	4	
Depo-Estradiol (Intramuscular Oil)	4	
Desogestrel-Ethinyl Estradiol (Oral Tablet)	4	
Drospirenone-Ethinyl Estradiol (Oral Tablet)	4	
Duavee (Oral Tablet)	4	HRM
Elestrin (Transdermal Gel)	4	HRM
Emoquette (Oral Tablet)	4	
Enpresse-28 (Oral Tablet)	4	
Enskyce (Oral Tablet)	4	
Estarylla (Oral Tablet)	4	
Estradiol (Oral Tablet)	3	HRM

Drug Name	Drug Tier	Coverage Rules or Limits on use
Estradiol (Transdermal Patch Weekly)	3	HRM; QL
Estradiol (Vaginal Cream)	4	
Estradiol (Vaginal Tablet)	4	QL
Estradiol Valerate (Intramuscular Oil)	4	
Estring (Vaginal Ring)	4	
Ethinodiol Diacetate-Ethinyl Estradiol (Oral Tablet)	4	
Falmina (Oral Tablet)	4	
Fayosim (Oral Tablet)	4	
Femring (Vaginal Ring)	4	
Femynor (Oral Tablet)	4	
Fyavolv (Oral Tablet)	4	HRM
Gianvi (Oral Tablet)	4	
Hailey 24 Fe (Oral Tablet)	4	
Imvexxy Maintenance Pack (Vaginal Insert)	3	PA; QL
Imvexxy Starter Pack (Vaginal Insert)	3	PA; QL
Introvale (Oral Tablet)	4	
Isibloom (Oral Tablet)	4	
Jasmiel (Oral Tablet)	4	
Jinteli (Oral Tablet)	4	HRM
Juleber (Oral Tablet)	4	
Junel 1.5/30 (Oral Tablet)	4	
Junel 1/20 (Oral Tablet)	4	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Junel Fe 1.5/30 (Oral Tablet)	4		Levonorgestrel-Ethinyl Estradiol (Oral Tablet)	4	
Junel Fe 1/20 (Oral Tablet)	4		Levora 0.15/30 (28) (Oral Tablet)	4	
Junel Fe 24 (Oral Tablet)	4		Loryna (Oral Tablet)	4	
Kaitlib Fe (Oral Tablet Chewable)	4		Low-Ogestrel (Oral Tablet)	4	
Kariva (Oral Tablet)	4		Lutera (Oral Tablet)	4	
Kelnor 1/35 (Oral Tablet)	4		Marlissa (Oral Tablet)	4	
Kelnor 1/50 (Oral Tablet)	4		Melodetta 24 Fe (Oral Tablet Chewable)	4	
Kurvelo (Oral Tablet)	4		Menest (Oral Tablet)	3	HRM
LARIN 1.5/30 (Oral Tablet)	4		Mibelas 24 Fe (Oral Tablet Chewable)	4	
LARIN 1/20 (Oral Tablet)	4		Microgestin 1.5/30 (Oral Tablet)	4	
LARIN Fe 1.5/30 (Oral Tablet)	4		Microgestin 1/20 (Oral Tablet)	4	
LARIN Fe 1/20 (Oral Tablet)	4		Microgestin Fe 1.5/30 (Oral Tablet)	4	
Larissia (Oral Tablet)	4		Microgestin Fe 1/20 (Oral Tablet)	4	
Layolis Fe (Oral Tablet Chewable)	4		Mili (Oral Tablet)	4	
Leena (Oral Tablet)	4		MonoNessa (Oral Tablet)	4	
Lessina (Oral Tablet)	4		Necon 0.5/35 (28) (Oral Tablet)	4	
Levonest (Oral Tablet)	4		Nikki (Oral Tablet)	4	
Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet)	4		Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)	4	HRM

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet)	4	
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG(24) Oral Tablet)	4	
Norethindrone Acetate-Ethinyl Estradiol-Fe (0.4-35MG-MCG Oral Tablet Chewable, 0.8-25MG-MCG Oral Tablet Chewable, 1-20MG-MCG(24) Oral Tablet Chewable)	4	
Norgestimate-Ethinyl Estradiol (Oral Tablet)	4	
Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)	4	
Nortrel 0.5/35 (28) (Oral Tablet)	4	
Nortrel 1/35 (21) (Oral Tablet)	4	
Nortrel 1/35 (28) (Oral Tablet)	4	
Nortrel 7/7/7 (Oral Tablet)	4	
Ocella (Oral Tablet)	4	
Ogestrel (Oral Tablet)	4	
Orsythia (Oral Tablet)	4	
Pimtreea (Oral Tablet)	4	
Pirmella 1/35 (Oral Tablet)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Portia-28 (Oral Tablet)	4	
Premarin (Oral Tablet)	4	HRM; QL
Premarin (Vaginal Cream)	3	
Premphase (Oral Tablet)	4	HRM; QL
Prempro (Oral Tablet)	4	HRM; QL
Previfem (Oral Tablet)	4	
Reclipsen (Oral Tablet)	4	
Rivelsa (Oral Tablet)	4	
Setlakin (Oral Tablet)	4	
Sprintec 28 (Oral Tablet)	4	
Sronyx (Oral Tablet)	4	
Syeda (Oral Tablet)	4	
Tarina 24 Fe (Oral Tablet)	4	
Tarina Fe 1/20 (Oral Tablet)	4	
Tri-Estarylla (Oral Tablet)	4	
Tri-Legest Fe (Oral Tablet)	4	
Tri-Lo-Estarylla (Oral Tablet)	4	
Tri-Lo-Sprintec (Oral Tablet)	4	
Tri-Mili (Oral Tablet)	4	
Tri-Previfem (Oral Tablet)	4	
Tri-Sprintec (Oral Tablet)	4	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Trivora (28) (Oral Tablet)	4		Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension)	4	
Tri-VyLibra Lo (Oral Tablet)	4		Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension Prefilled Syringe)	4	
Tri-VyLibra (Oral Tablet)	4		Medroxyprogesterone Acetate (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	2	◆
Velivet (Oral Tablet)	4		Megestrol Acetate (40MG/ML Oral Suspension)	3	HRM
Vienna (Oral Tablet)	4		Megestrol Acetate (625MG/5ML Oral Suspension)	4	HRM
Vyfemla (Oral Tablet)	4		Megestrol Acetate (Oral Tablet)	3	HRM
VyLibra (Oral Tablet)	4		Nora-BE (Oral Tablet)	3	
WYMZYA Fe (Oral Tablet Chewable)	4		Norethindrone Acetate (5MG Oral Tablet)	2	◆
Xulane (Transdermal Patch Weekly)	4		Norethindrone (0.35MG Oral Tablet)	3	
Yuvaferm (Vaginal Tablet)	4	QL	Norlyroc (Oral Tablet)	3	
Zarah (Oral Tablet)	4		Progesterone Micronized (Oral Capsule)	2	◆
Zovia 1/35E (28) (Oral Tablet)	4		Sharobel (Oral Tablet)	3	
Progestins			Selective Estrogen Receptor Modifying Agents		
Camila (Oral Tablet)	3		Osphena (Oral Tablet)	3	PA; QL
Crinone (Vaginal Gel)	4	PA			
Deblitane (Oral Tablet)	3				
Depo-Provera (400MG/ML Intramuscular Suspension)	4				
Errin (Oral Tablet)	3				
Incassia (Oral Tablet)	3				
Jolivette (0.35MG Oral Tablet)	3				
Lyza (Oral Tablet)	3				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Raloxifene HCl (Oral Tablet)	3	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Levo-T (Oral Tablet)	3	
Levothyroxine Sodium (Oral Tablet)	1	◆
Levoxyl (Oral Tablet)	3	
Liothyronine Sodium (Oral Tablet)	2	◆
Synthroid (Oral Tablet)	3	
Unithroid (100MCG Oral Tablet, 112MCG Oral Tablet, 125MCG Oral Tablet, 150MCG Oral Tablet, 175MCG Oral Tablet, 200MCG Oral Tablet, 25MCG Oral Tablet, 300MCG Oral Tablet, 50MCG Oral Tablet, 75MCG Oral Tablet, 88MCG Oral Tablet)	3	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
Lysodren (Oral Tablet)	5	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
Cabergoline (Oral Tablet)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Egrifta (Subcutaneous Solution Reconstituted)	5	PA; LA
Firmagon (120MG Subcutaneous Solution Reconstituted)	5	PA
Firmagon (80MG Subcutaneous Solution Reconstituted)	4	PA
Leuprolide Acetate (Injection Kit)	4	PA
Lupaneta Pack (Combination Kit)	5	PA
Lupron Depot (1-Month) (Intramuscular Kit)	5	PA
Lupron Depot (3-Month) (Intramuscular Kit)	5	PA
Lupron Depot (4-Month) (Intramuscular Kit)	5	PA
Lupron Depot (6-Month) (Intramuscular Kit)	5	PA
Octreotide Acetate (1000MCG/ML Injection Solution, 500MCG/ML Injection Solution)	5	PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Octreotide Acetate (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 50MCG/ML Injection Solution)	4	PA	Firazyr (Subcutaneous Solution)	5	PA; LA; QL
Signifor (Subcutaneous Solution)	5	PA; LA	Haegarda (Subcutaneous Solution Reconstituted)	5	PA; LA
Somatuline Depot (Subcutaneous Solution)	5		Ruconest (Intravenous Solution Reconstituted)	5	PA; LA
Somavert (Subcutaneous Solution Reconstituted)	5	PA; LA; QL	Immune Suppressants		
Synarel (Nasal Solution)	5		Azathioprine (Oral Tablet)	2	B/D, PA ♦
Trelstar Mixject (Intramuscular Suspension Reconstituted)	5	PA	Cimzia Prefilled (Subcutaneous Kit)	5	PA
Hormonal Agents, Suppressant (Thyroid)			Cimzia (Subcutaneous Kit)	5	PA
Antithyroid Agents			Cyclosporine Modified (Oral Capsule)	3	B/D, PA
Methimazole (Oral Tablet)	2	♦	Cyclosporine Modified (Oral Solution)	3	B/D, PA
Propylthiouracil (Oral Tablet)	2	♦	Cyclosporine (Oral Capsule)	3	B/D, PA
Immunological Agents			Enbrel (Subcutaneous Solution Prefilled Syringe)	5	PA
Angioedema Agents			Enbrel (Subcutaneous Solution Reconstituted)	5	PA
Berinert (Intravenous Kit)	5	PA; LA			
Cinryze (Intravenous Solution Reconstituted)	5	PA; LA			

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	5	PA	Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	2	◆
Envarsus XR (Oral Tablet Extended Release 24 Hour)	4	B/D, PA	Methotrexate Sodium (50MG/2ML Injection Solution)	2	◆
Gengraf (Oral Capsule)	3	B/D, PA	Mycophenolate Mofetil (Oral Capsule)	3	B/D, PA
Gengraf (Oral Solution)	3	B/D, PA	Mycophenolate Mofetil (Oral Suspension Reconstituted)	5	B/D, PA
Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit)	5	PA	Mycophenolate Mofetil (Oral Tablet)	3	B/D, PA
Humira Pen (Subcutaneous Pen-Injector Kit)	5	PA	Mycophenolate Sodium (Oral Tablet Delayed Release)	4	B/D, PA
Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit)	5	PA	Orencia ClickJect (Subcutaneous Solution Auto-Injector)	5	PA
Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit)	5	PA	Orencia (Subcutaneous Solution Prefilled Syringe)	5	PA
Humira (Subcutaneous Prefilled Syringe Kit)	5	PA	Prograf (Oral Packet)	5	B/D, PA
Kineret (Subcutaneous Solution Prefilled Syringe)	5	PA	Rasuvo (Subcutaneous Solution Auto-Injector)	4	PA
Methotrexate (Oral Tablet)	2	◆	Sandimmune (Oral Solution)	4	B/D, PA

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

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Actemra (Subcutaneous Solution Prefilled Syringe)	5	PA	ActHIB (Intramuscular Solution Reconstituted)	3	
Actimmune (Subcutaneous Solution)	5	LA	Adacel (Intramuscular Suspension)	3	
Arcalyst (Subcutaneous Solution Reconstituted)	5	PA; LA	BCG Vaccine (Injection)	3	
Benlysta (Subcutaneous Solution Auto-Injector)	5	PA	Bexsero (Intramuscular Suspension Prefilled Syringe)	3	
Benlysta (Subcutaneous Solution Prefilled Syringe)	5	PA	Boostrix (5-2.5-18.5 Intramuscular Suspension, 5-2.5-18.5 (0.5ML Syringe) Intramuscular Suspension)	3	
Leflunomide (Oral Tablet)	2	◆	Daptacel (Intramuscular Suspension)	3	
Otezla (Oral Tablet)	5	PA; LA	Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension)	3	
Otezla (Oral Tablet Therapy Pack)	5	PA; LA	Engerix-B (Injection Suspension)	3	B/D, PA
Ridaura (Oral Capsule)	5		Gardasil 9 (Intramuscular Suspension)	3	
Xolair (Subcutaneous Solution Prefilled Syringe)	5	PA; LA			
Xolair (Subcutaneous Solution Reconstituted)	5	PA; LA			
Vaccines					

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	3		Pedvax HIB (Intramuscular Suspension)	3	
Havrix (Intramuscular Suspension)	3	PA	ProQuad (Subcutaneous Suspension Reconstituted)	3	
Hiberix (Injection Solution Reconstituted)	3		Quadracel (Intramuscular Suspension)	3	
Imovax Rabies (Intramuscular Injectable)	3	B/D, PA	RabAvert (Intramuscular Suspension Reconstituted)	3	B/D, PA
Infanrix (Intramuscular Suspension)	3		Recombivax HB (Injection Suspension)	3	B/D, PA
IPOL (Injection)	3		Rotarix (Oral Suspension Reconstituted)	3	
Ixiaro (Intramuscular Suspension)	3		RotaTeq (Oral Solution)	3	
Kinrix (Intramuscular Suspension)	3		Shingrix (Intramuscular Suspension Reconstituted)	3	PA
Menactra (Intramuscular Injectable)	3		TDVAX (Intramuscular Suspension)	3	
Menveo (Intramuscular Solution Reconstituted)	3		Tenivac (Intramuscular Injectable)	3	
M-M-R II (Subcutaneous Injectable)	3				
Pediarix (Intramuscular Suspension)	3				

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Trumenba (Intramuscular Suspension Prefilled Syringe)	3	
Twinrix (Intramuscular Suspension Prefilled Syringe)	3	
Typhim Vi (Intramuscular Solution)	3	
VAQTA (Intramuscular Suspension)	3	PA
Varivax (Subcutaneous Injectable)	3	
YF-Vax (Subcutaneous Injectable)	3	
Zostavax (Subcutaneous Suspension Reconstituted)	4	PA
Inflammatory Bowel Disease Agents		
Aminosalicylates		
Apriso (Oral Capsule Extended Release 24 Hour)	3	QL
Balsalazide Disodium (Oral Capsule)	4	
Canasa (Rectal Suppository)	5	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Dipentum (Oral Capsule)	5	
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	3	QL
Mesalamine (Rectal Enema)	4	QL
Mesalamine (Rectal Suppository)	5	
Pentasa (Oral Capsule Extended Release)	4	QL
Glucocorticoids		
Budesonide ER (Oral Tablet Extended Release 24 Hour)	5	ST
Budesonide (Oral Capsule Delayed Release Particles)	4	
Colocort (Rectal Enema)	4	
Hydrocortisone (Rectal Enema)	4	
Procto-Med HC (Rectal Cream)	2	◆
Procto-Pak (Rectal Cream)	2	◆
Proctosol HC (Rectal Cream)	2	◆
Proctozone-HC (Rectal Cream)	2	◆
Sulfonamides		

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Sulfasalazine (Oral Tablet Immediate Release)	2	◆	Paricalcitol (Oral Capsule)	4	B/D, PA
Sulfasalazine (Oral Tablet Delayed Release)	2	◆	Prolia (Subcutaneous Solution Prefilled Syringe)	4	QL
Metabolic Bone Disease Agents			Royaldee (Oral Capsule Extended Release)	5	QL
Metabolic Bone Disease Agents			Risedronate Sodium (Oral Tablet Immediate Release)	3	QL
Alendronate Sodium (Oral Solution)	4		Tymlos (Subcutaneous Solution Pen-Injector)	5	PA; QL
Alendronate Sodium (Oral Tablet)	1	QL ◆	Xgeva (Subcutaneous Solution)	5	PA
Binosto (Oral Tablet Effervescent)	4	QL	Miscellaneous Therapeutic Agents		
Calcitonin Salmon (Nasal Solution)	3	QL	Miscellaneous Therapeutic Agents		
Calcitriol (Oral Capsule)	2	B/D, PA ◆	Alcohol Prep Pads	3	
Calcitriol (Oral Solution)	2	B/D, PA ◆	Gauze (Non-medicated 2X2 Pad)	3	
Cinacalcet HCl (30MG Oral Tablet)	4	B/D, PA; QL	Insulin Syringes, Needles	3	
Cinacalcet HCl (60MG Oral Tablet, 90MG Oral Tablet)	5	B/D, PA; QL	Ophthalmic Agents		
Doxercalciferol (Oral Capsule)	4	B/D, PA; QL	Ophthalmic Agents, Other		
Forteo (Subcutaneous Solution)	5	PA; QL	Atropine Sulfate (Ophthalmic Solution)	3	
Ibandronate Sodium (Oral Tablet)	2	QL ◆	Bacitracin-Polymyxin B (Ophthalmic Ointment)	2	◆
Natpara (Subcutaneous Cartridge)	5	PA; LA	Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Blephamide (Ophthalmic Suspension)	4		Pred-G S.O.P. (Ophthalmic Ointment)	4	
Blephamide S.O.P. (Ophthalmic Ointment)	4		Proparacaine HCl (Ophthalmic Solution)	2	◆
Cystaran (Ophthalmic Solution)	5	LA	Restasis (Ophthalmic Emulsion)	3	QL
Lacrisert (Ophthalmic Insert)	4		Rhopressa (Ophthalmic Solution)	3	ST
Lastacaft (Ophthalmic Solution)	3		Sulfacetamide-Prednisolone (Ophthalmic Solution)	2	◆
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)	3		TobraDex (Ophthalmic Ointment)	3	
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	2	◆	TobraDex ST (Ophthalmic Suspension)	4	
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	2	◆	Tobramycin-Dexamethasone (Ophthalmic Suspension)	3	
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	3		Xiidra (Ophthalmic Solution)	4	QL
Neomycin-Polymyxin-HC (Ophthalmic Suspension)	4		Ophthalmic Anti-allergy Agents		
Polymyxin B-Trimethoprim (Ophthalmic Solution)	2	◆	Alocril (Ophthalmic Solution)	4	
Pred-G (Ophthalmic Suspension)	4		Alomide (Ophthalmic Solution)	4	
			Azelastine HCl (Ophthalmic Solution)	3	
			Bepreve (Ophthalmic Solution)	4	
			Cromolyn Sodium (Ophthalmic Solution)	2	◆

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Epinastine HCl (Ophthalmic Solution)	3		Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution)	4	
Olopatadine HCl (Ophthalmic Solution)	3		Levobunolol HCl (Ophthalmic Solution)	2	◆
Pazeo (Ophthalmic Solution)	3		Phospholine Iodide (Ophthalmic Solution Reconstituted)	4	
Ophthalmic Antiglaucoma Agents			Pilocarpine HCl (Ophthalmic Solution)	3	
Alphagan P (0.1% Ophthalmic Solution)	3		Simbrinza (Ophthalmic Suspension)	3	
Apraclonidine HCl (Ophthalmic Solution)	3		Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	3	
Azopt (Ophthalmic Suspension)	3		Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic)	2	◆
Betaxolol HCl (Ophthalmic Solution)	3		Ophthalmic Anti-inflammatories		
Betimol (Ophthalmic Solution)	4		Dexamethasone Sodium Phosphate (Ophthalmic Solution)	2	◆
Brimonidine Tartrate (0.15% Ophthalmic Solution)	4		Diclofenac Sodium (Ophthalmic Solution)	2	◆
Brimonidine Tartrate (0.2% Ophthalmic Solution)	2	◆	Durezol (Ophthalmic Emulsion)	3	
Carteolol HCl (Ophthalmic Solution)	2	◆	Flarex (Ophthalmic Suspension)	4	
Combigan (Ophthalmic Solution)	3				
Cosopt PF (Ophthalmic Solution)	4				
Dorzolamide HCl (Ophthalmic Solution)	2	◆			
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	2	◆			

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Fluorometholone (Ophthalmic Suspension)	3	
Flurbiprofen Sodium (Ophthalmic Solution)	2	◆
FML Forte (Ophthalmic Suspension)	4	
FML (Ophthalmic Ointment)	4	
Ilevro (Ophthalmic Suspension)	3	
Ketorolac Tromethamine (Ophthalmic Solution)	3	
Lotemax (Ophthalmic Gel)	4	
Lotemax (Ophthalmic Ointment)	4	
Lotemax (Ophthalmic Suspension)	4	
Lotemax SM (Ophthalmic Gel)	4	
Loteprednol Etabonate (Ophthalmic Suspension)	4	
Pred Mild (Ophthalmic Suspension)	4	
Prednisolone Acetate (Ophthalmic Suspension)	3	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	2	◆

Drug Name	Drug Tier	Coverage Rules or Limits on use
Prolensa (Ophthalmic Solution)	4	
Ophthalmic Prostaglandin and Prostanamide Analogs		
Latanoprost (Ophthalmic Solution)	1	◆
Lumigan (Ophthalmic Solution)	3	
Vyzulta (Ophthalmic Solution)	4	
Zioptan (Ophthalmic Solution)	4	
Otic Agents		
Otic Agents		
Acetic Acid (Otic Solution)	2	◆
Cipro HC (Otic Suspension)	4	
Ciprodex (Otic Suspension)	3	
Flac (Otic Oil)	4	
Fluocinolone Acetonide (Otic Oil)	4	
Hydrocortisone-Acetic Acid (Otic Solution)	3	
Neomycin-Polymyxin-HC (1% Otic Solution)	3	
Neomycin-Polymyxin-HC (Otic Suspension)	3	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Cetirizine HCl (1MG/ML Oral Solution)	2	◆	Flunisolide (Nasal Solution)	1	◆
Cyproheptadine HCl (Oral Syrup)	4	HRM	Fluticasone Propionate (Nasal Suspension)	2	◆
Cyproheptadine HCl (Oral Tablet)	4	HRM	Mometasone Furoate (Nasal Suspension)	4	
Levocetirizine Dihydrochloride (Oral Tablet)	1	QL ◆	Antileukotrienes		
Phenadoz (12.5MG Rectal Suppository)	4	HRM	Montelukast Sodium (Oral Packet)	2	QL ◆
Promethazine HCl (Oral Syrup)	3	HRM	Montelukast Sodium (Oral Tablet)	1	QL ◆
Promethazine HCl (Oral Tablet)	3	HRM	Montelukast Sodium (Oral Tablet Chewable)	2	QL ◆
Promethazine HCl (12.5MG Rectal Suppository, 25MG Rectal Suppository)	4	HRM	Zafirlukast (Oral Tablet)	3	QL
Promethegan (25MG Rectal Suppository)	4	HRM	Zileuton ER (Oral Tablet Extended Release 12 Hour)	5	ST
Anti-inflammatories, Inhaled Corticosteroids			Zyflo (Oral Tablet Immediate Release)	5	ST
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	3	QL	Bronchodilators, Anticholinergic		
Budesonide (Inhalation Suspension)	4	B/D, PA	Atrovent HFA (Inhalation Aerosol Solution)	4	
Flovent Diskus (Inhalation Aerosol Powder Breath Activated)	3	QL	Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	3	QL
Flovent HFA (Inhalation Aerosol)	3	QL	Ipratropium Bromide (Inhalation Solution)	2	B/D, PA ◆
			Ipratropium Bromide (Nasal Solution)	2	◆
			Lonhala Magnair Refill Kit (Inhalation Solution)	5	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Spiriva HandiHaler (Inhalation Capsule)	3	QL
Spiriva Respimat (Inhalation Aerosol Solution)	3	QL
Bronchodilators, Sympathomimetic		
Albuterol Sulfate (Inhalation Nebulization Solution)	2	B/D, PA ♦
Albuterol Sulfate (Oral Syrup)	4	
Albuterol Sulfate (Oral Tablet Immediate Release)	4	
Epinephrine (0.15MG/0.3ML Injection Solution Auto-Injector) (Brand Equivalent EpiPen-JR), Epinephrine (0.3MG/0.3ML Injection Solution Auto-Injector) (Brand Equivalent EpiPen)	3	QL
EpiPen 2-Pak (Injection Solution Auto-Injector)	3	QL
EpiPen Jr 2-Pak (Injection Solution Auto-Injector)	3	QL
Levalbuterol HCl (Inhalation Nebulization Solution)	4	B/D, PA
Metaproterenol Sulfate (Oral Syrup)	4	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Metaproterenol Sulfate (10MG Oral Tablet, 20MG Oral Tablet)	4	
Perforomist (Inhalation Nebulization Solution)	4	B/D, PA; QL
ProAir HFA (Inhalation Aerosol Solution)	3	
ProAir RespiClick (Inhalation Aerosol Powder Breath Activated)	3	
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	3	QL
Cystic Fibrosis Agents		
Bethkis (Inhalation Nebulization Solution)	5	B/D, PA; QL
Cayston (Inhalation Solution Reconstituted)	5	PA; LA
Orkambi (Oral Packet)	5	PA; LA; QL
Orkambi (Oral Tablet)	5	PA; LA; QL
TOBI Podhaler (Inhalation Capsule)	5	PA; QL
Tobramycin (Inhalation Nebulization Solution)	5	B/D, PA; QL
Mast Cell Stabilizers		

- ♦ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Cromolyn Sodium (Inhalation Nebulization Solution)	3	B/D, PA
Phosphodiesterase Inhibitors, Airways Disease		
Daliresp (Oral Tablet)	4	PA; QL
Theophylline ER (100MG Oral Tablet Extended Release 12 Hour, 200MG Oral Tablet Extended Release 12 Hour, 300MG Oral Tablet Extended Release 12 Hour)	2	♦
Theophylline ER (Oral Tablet Extended Release 24 Hour)	2	♦
Theophylline (Oral Solution)	2	♦
Pulmonary Antihypertensives		
Adempas (Oral Tablet)	5	PA; LA
Alyq (Oral Tablet)	5	PA; QL
Ambrisentan (Oral Tablet)	5	PA; LA; QL
Bosentan (Oral Tablet)	5	PA; LA; QL
Opsumit (Oral Tablet)	5	PA; LA
Orenitram (0.125MG Oral Tablet Extended Release)	4	PA; LA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Orenitram (0.25MG Oral Tablet Extended Release, 1MG Oral Tablet Extended Release, 2.5MG Oral Tablet Extended Release, 5MG Oral Tablet Extended Release)	5	PA; LA
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	3	PA; QL
Tadalafil (PAH) (20MG Oral Tablet)	5	PA; QL
Tracleer (Oral Tablet Soluble)	5	PA; LA; QL
Ventavis (Inhalation Solution)	5	PA; LA; QL
Pulmonary Fibrosis Agents		
Esbriet (Oral Capsule)	5	PA; LA; QL
Esbriet (Oral Tablet)	5	PA; LA; QL
Ofev (Oral Capsule)	5	PA; LA; QL
Respiratory Tract Agents, Other		
Acetylcysteine (Inhalation Solution)	2	B/D, PA ♦
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	3	QL
Advair HFA (Inhalation Aerosol)	3	QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	3	QL	Nucala (Subcutaneous Solution Reconstituted)	5	PA; LA; QL
Bevespi Aerosphere (Inhalation Aerosol)	3	QL	Pulmozyme (Inhalation Solution)	5	B/D, PA; QL
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	3	QL	Stiolto Respimat (Inhalation Aerosol Solution)	3	QL
Combivent Respimat (Inhalation Aerosol Solution)	3	QL	Symbicort (Inhalation Aerosol)	3	QL
Dulera (Inhalation Aerosol)	4	QL	Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	3	QL
Dymista (Nasal Suspension)	4		Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	3	QL
Fluticasone-Salmeterol (Inhalation Aerosol Powder Breath Activated)	3	QL	Skeletal Muscle Relaxants		
Ipratropium-Albuterol (Inhalation Solution)	1	B/D, PA ♦	Skeletal Muscle Relaxants		
Kalydeco (Oral Packet)	5	PA; LA; QL	Baclofen (Oral Tablet)	2	♦
Kalydeco (Oral Tablet)	5	PA; LA; QL	Chlorzoxazone (500MG Oral Tablet)	3	HRM
Nucala (Subcutaneous Solution Auto-Injector)	5	PA; LA; QL	Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet)	2	HRM ♦
Nucala (Subcutaneous Solution Prefilled Syringe)	5	PA; LA; QL	Cyclobenzaprine HCl (7.5MG Oral Tablet)	4	HRM
			Dantrolene Sodium (Oral Capsule)	4	
			Tizanidine HCl (Oral Tablet)	2	♦
			Sleep Disorder Agents		

♦ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
GABA Receptor Modulators		
Temazepam (15MG Oral Capsule, 30MG Oral Capsule)	2	HRM; QL ♦
Zaleplon (Oral Capsule)	3	HRM; QL
Zolpidem Tartrate (Oral Tablet Immediate Release)	2	HRM; QL ♦

Drug Name	Drug Tier	Coverage Rules or Limits on use
Sleep Disorders, Other		
Belsomra (Oral Tablet)	3	QL
Hetlioz (Oral Capsule)	5	PA; LA; QL
Modafinil (Oral Tablet)	4	PA; QL
Xyrem (Oral Solution)	5	PA; LA; QL

Covered drugs with a quantity limit (QL)

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

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

Drugs are listed in alphabetical order in the chart below.

Drug Name	Quantity Limit
Abacavir Sulfate (Oral Solution)	Maximum of 32 ml per day
Abacavir Sulfate (Oral Tablet)	Maximum of 2 tablets per day
Abacavir Sulfate-Lamivudine (Oral Tablet)	Maximum of 1 tablet per day
Abacavir-Lamivudine-Zidovudine (Oral Tablet)	Maximum of 2 tablets per day
Abiraterone Acetate (Oral Tablet)	Maximum of 4 tablets per day
Acarbose (100MG Oral Tablet)	Maximum of 3 tablets per day
Acarbose (25MG Oral Tablet)	Maximum of 12 tablets per day
Acarbose (50MG Oral Tablet)	Maximum of 6 tablets per day
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	Maximum of 150 ml per day
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	Maximum of 13 tablets per day
Acyclovir (External Ointment)	Maximum of 1 tube (30 grams) per 30 days
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (60 blisters) per 30 days
Advair HFA (Inhalation Aerosol)	Maximum of 1 inhaler (12 grams) per 30 days
Aimovig (140MG/ML Subcutaneous Solution Auto-Injector)	Maximum of 1 ml (1 pen) per 30 days
Aimovig (70MG/ML Subcutaneous Solution Auto-Injector)	Maximum of 2 ml per 30 days
Albendazole (Oral Tablet)	Maximum of 16 tablets per day
Alecensa (Oral Capsule)	Maximum of 8 capsules per day
Alendronate Sodium (10MG Oral Tablet, 40MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet per day
Alendronate Sodium (35MG Oral Tablet)	Maximum of 8 tablets per 28 days
Alendronate Sodium (70MG Oral Tablet)	Maximum of 4 tablets per 28 days
Aliskiren Fumarate (Oral Tablet)	Maximum of 1 tablet per day

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Quantity Limit
Alprazolam (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day
Alprazolam (2MG Oral Tablet Immediate Release)	Maximum of 5 tablets per day
Alunbrig (180MG Oral Tablet, 90MG Oral Tablet)	Maximum of 1 tablet per day
Alunbrig (30MG Oral Tablet)	Maximum of 4 tablets per day
Alunbrig (Oral Tablet Therapy Pack)	Maximum of 1 pack (30 tablets) per 30 days
Alyq (Oral Tablet)	Maximum of 2 tablets per day
Ambrisentan (Oral Tablet)	Maximum of 1 tablet per day
Amitiza (Oral Capsule)	Maximum of 2 capsules per day
Amlodipine-Atorvastatin (Oral Tablet)	Maximum of 1 tablet per day
Amlodipine-Benazepril (Oral Capsule)	Maximum of 1 capsule per day
Amlodipine-Olmesartan (Oral Tablet)	Maximum of 1 tablet per day
Amlodipine-Valsartan (Oral Tablet)	Maximum of 1 tablet per day
Amlodipine-Valsartan-HCTZ (Oral Tablet)	Maximum of 1 tablet per day
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	Maximum of 2 capsules per day
Amphetamine-Dextroamphetamine (10MG Oral Tablet, 12.5MG Oral Tablet, 15MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	Maximum of 2 tablets per day
Amphetamine-Dextroamphetamine (20MG Oral Tablet)	Maximum of 3 tablets per day
Ampyra (Oral Tablet Extended Release 12 Hour)	Maximum of 2 tablets per day
Androderm (Transdermal Patch 24 Hour)	Maximum of 1 patch per day
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (60 blisters) per 30 days
Apokyn (Subcutaneous Solution Cartridge)	Maximum of 3 ml per day
Apriso (Oral Capsule Extended Release 24 Hour)	Maximum of 4 capsules per day
Aptiom (200MG Oral Tablet, 400MG Oral Tablet)	Maximum of 1 tablet per day
Aptiom (600MG Oral Tablet, 800MG Oral Tablet)	Maximum of 2 tablets per day
Aptivus (Oral Capsule)	Maximum of 4 capsules per day
Aptivus (Oral Solution)	Maximum of 4 bottles (380 ml) per 30 days

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Drug Name	Quantity Limit
Aripiprazole (1MG/ML Oral Solution)	Maximum of 25 ml per day
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet per day
Aripiprazole ODT (10MG Oral Tablet Dispersible)	Maximum of 3 tablets per day
Aripiprazole ODT (15MG Oral Tablet Dispersible)	Maximum of 2 tablets per day
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (30 blisters) per 30 days
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	Maximum of 2 capsules per day
Atazanavir Sulfate (150MG Oral Capsule, 300MG Oral Capsule)	Maximum of 1 capsule per day
Atazanavir Sulfate (200MG Oral Capsule)	Maximum of 2 capsules per day
Atomoxetine HCl (100MG Oral Capsule, 60MG Oral Capsule, 80MG Oral Capsule)	Maximum of 1 capsule per day
Atomoxetine HCl (10MG Oral Capsule, 18MG Oral Capsule, 25MG Oral Capsule, 40MG Oral Capsule)	Maximum of 2 capsules per day
Atorvastatin Calcium (Oral Tablet)	Maximum of 1 tablet per day
Atripla (Oral Tablet)	Maximum of 1 tablet per day
Aubagio (Oral Tablet)	Maximum of 1 tablet per day
Austedo (Oral Tablet)	Maximum of 4 tablets per day
Avonex (30MCG Intramuscular Kit)	Maximum of 1 kit (4 vials) per 28 days
Avonex Pen (Intramuscular Auto-Injector Kit)	Maximum of 1 kit per 28 days
Avonex Prefilled (Intramuscular Prefilled Syringe Kit)	Maximum of 1 kit per 28 days
Balversa (3MG Oral Tablet)	Maximum of 3 tablets per day
Balversa (4MG Oral Tablet)	Maximum of 2 tablets per day
Balversa (5MG Oral Tablet)	Maximum of 1 tablet per day
Belsomra (Oral Tablet)	Maximum of 1 tablet per day
Benazepril HCl (Oral Tablet)	Maximum of 2 tablets per day
Benazepril-Hydrochlorothiazide (Oral Tablet)	Maximum of 1 tablet per day
Betaseron (Subcutaneous Kit)	Maximum of 1 kit (15 vials) per 30 days
Bethkis (Inhalation Nebulization Solution)	Maximum of 8 ml (2 ampules) per day
Bevespi Aerosphere (Inhalation Aerosol)	Maximum of 1 inhaler (10.7 grams) per 30 days
BiDil (Oral Tablet)	Maximum of 6 tablets per day
Biktarvy (Oral Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Binosto (Oral Tablet Effervescent)	Maximum of 4 tablets per 28 days
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	Maximum of 2 tablets per day
Bosentan (Oral Tablet)	Maximum of 2 tablets per day
Bosulif (100MG Oral Tablet)	Maximum of 6 tablets per day
Bosulif (400MG Oral Tablet, 500MG Oral Tablet)	Maximum of 1 tablet per day
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (60 blisters) per 30 days
Brilinta (Oral Tablet)	Maximum of 2 tablets per day
BRIVIACT (10MG/ML Oral Solution)	Maximum of 20 ml per day
BRIVIACT (100MG Oral Tablet, 10MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	Maximum of 2 tablets per day
Buprenorphine HCl (Tablet Sublingual)	Maximum of 3 tablets per day
Buprenorphine HCl-Naloxone HCl (12-3MG Sublingual Film, 4-1MG Sublingual Film)	Maximum of 2 films per day
Buprenorphine HCl-Naloxone HCl (2-0.5MG Sublingual Film, 8-2MG Sublingual Film)	Maximum of 3 films per day
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	Maximum of 3 tablets per day
Buprenorphine (Transdermal Patch Weekly)	Maximum of 4 patches per 28 days
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	Maximum of 6 tablets per day
Butalbital-Aspirin-Caffeine (Oral Capsule)	Maximum of 6 capsules per day
Butorphanol Tartrate (Nasal Solution)	Maximum of 2 bottles (5 ml) per 30 days
Bydureon BCise (Subcutaneous Auto-Injector)	Maximum of 4 pens (3.4 ml) per 28 days
Bydureon (Subcutaneous Pen-Injector)	Maximum of 4 pens per 28 days
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	Maximum of 1 pen (2.4 ml) per 30 days
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	Maximum of 1 pen (1.2 ml) per 30 days
Bystolic (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet per day
Bystolic (20MG Oral Tablet)	Maximum of 2 tablets per day
Cablivi (Injection Kit)	Maximum of 1 kit per day
Cabometyx (20MG Oral Tablet, 60MG Oral Tablet)	Maximum of 1 tablet per day
Cabometyx (40MG Oral Tablet)	Maximum of 2 tablets per day
Calcitonin Salmon (Nasal Solution)	Maximum of 1 bottle per 28 days

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Drug Name	Quantity Limit
Calquence (Oral Capsule)	Maximum of 2 capsules per day
Candesartan Cilexetil (16MG Oral Tablet, 32MG Oral Tablet, 4MG Oral Tablet)	Maximum of 1 tablet per day
Candesartan Cilexetil (8MG Oral Tablet)	Maximum of 3 tablets per day
Candesartan Cilexetil-HCTZ (Oral Tablet)	Maximum of 1 tablet per day
Captopril (100MG Oral Tablet)	Maximum of 4 tablets per day
Captopril (12.5MG Oral Tablet, 25MG Oral Tablet)	Maximum of 3 tablets per day
Captopril (50MG Oral Tablet)	Maximum of 9 tablets per day
Captopril-Hydrochlorothiazide (25-15MG Oral Tablet, 50-15MG Oral Tablet)	Maximum of 3 tablets per day
Captopril-Hydrochlorothiazide (25-25MG Oral Tablet, 50-25MG Oral Tablet)	Maximum of 2 tablets per day
Celecoxib (Oral Capsule)	Maximum of 2 capsules per day
Cimduo (Oral Tablet)	Maximum of 1 tablet per day
Cinacalcet HCl (30MG Oral Tablet, 60MG Oral Tablet)	Maximum of 2 tablets per day
Cinacalcet HCl (90MG Oral Tablet)	Maximum of 4 tablets per day
Clobazam (2.5MG/ML Oral Suspension)	Maximum of 16 ml per day
Clobazam (10MG Oral Tablet, 20MG Oral Tablet)	Maximum of 2 tablets per day
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	Maximum of 4 tablets per day
Clonazepam (2MG Oral Tablet)	Maximum of 10 tablets per day
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	Maximum of 4 tablets per day
Clonazepam ODT (2MG Oral Tablet Dispersible)	Maximum of 10 tablets per day
Clopidogrel Bisulfate (75MG Oral Tablet)	Maximum of 4 tablets per day
Clorazepate Dipotassium (15MG Oral Tablet)	Maximum of 6 tablets per day
Clorazepate Dipotassium (3.75MG Oral Tablet)	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5MG Oral Tablet)	Maximum of 12 tablets per day
Clozapine ODT (100MG Oral Tablet Dispersible)	Maximum of 9 tablets per day
Clozapine ODT (12.5MG Oral Tablet Dispersible)	Maximum of 2 tablets per day
Clozapine ODT (150MG Oral Tablet Dispersible)	Maximum of 6 tablets per day
Clozapine ODT (200MG Oral Tablet Dispersible)	Maximum of 4 tablets per day
Clozapine ODT (25MG Oral Tablet Dispersible)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Codeine Sulfate (Oral Tablet)	Maximum of 6 tablets per day
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	Maximum of 4 capsules per day
Colchicine (0.6MG Oral Tablet) (Brand Equivalent Colcrys)	Maximum of 4 tablets per day
Colcrys (Oral Tablet)	Maximum of 4 tablets per day
Combivent Respimat (Inhalation Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 20 days
Complera (Oral Tablet)	Maximum of 1 tablet per day
Copiktra (Oral Capsule)	Maximum of 2 capsules per day
Corlanor (Oral Tablet)	Maximum of 2 tablets per day
Cotellic (Oral Tablet)	Maximum of 3 tablets per day
Crixivan (200MG Oral Capsule)	Maximum of 9 capsules per day
Crixivan (400MG Oral Capsule)	Maximum of 6 capsules per day
Cycloset (Oral Tablet)	Maximum of 6 tablets per day
Daklinza (30MG Oral Tablet, 60MG Oral Tablet)	Maximum of 1 tablet per day
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	Maximum of 2 tablets per day
Daliresp (Oral Tablet)	Maximum of 1 tablet per day
Daurismo (100MG Oral Tablet)	Maximum of 1 tablet per day
Daurismo (25MG Oral Tablet)	Maximum of 2 tablets per day
Delstrigo (Oral Tablet)	Maximum of 1 tablet per day
Denavir (External Cream)	Maximum of 1 tube (5 grams) per 30 days
Descovy (Oral Tablet)	Maximum of 1 tablet per day
Desvenlafaxine Succinate ER (100MG Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	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)	Maximum of 1 tablet per day
Dexilant (Oral Capsule Delayed Release)	Maximum of 1 capsule per day
Dexmethylphenidate HCl (Oral Tablet)	Maximum of 2 tablets per day
Dextroamphetamine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour)	Maximum of 6 capsules per day
Dextroamphetamine Sulfate ER (15MG Oral Capsule Extended Release 24 Hour)	Maximum of 4 capsules per day

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Drug Name	Quantity Limit
Dextroamphetamine Sulfate ER (5MG Oral Capsule Extended Release 24 Hour)	Maximum of 3 capsules per day
Dextroamphetamine Sulfate (Oral Tablet)	Maximum of 6 tablets per day
Diazepam Intensol (5MG/ML Oral Concentrate)	Maximum of 8 ml per day
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	Maximum of 4 tablets per day
Diclofenac Epolamine (Transdermal Patch)	Maximum of 2 patches per day
Didanosine (200MG Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Didanosine (250MG Oral Capsule Delayed Release, 400MG Oral Capsule Delayed Release)	Maximum of 1 capsule per day
Donepezil HCl (10MG Oral Tablet)	Maximum of 2 tablets per day
Donepezil HCl (23MG Oral Tablet, 5MG Oral Tablet)	Maximum of 1 tablet per day
Donepezil HCl ODT (10MG Oral Tablet Dispersible)	Maximum of 2 tablets per day
Donepezil HCl ODT (5MG Oral Tablet Dispersible)	Maximum of 1 tablet per day
Dovato (Oral Tablet)	Maximum of 1 tablet per day
Doxepin HCl (External Cream)	Maximum of 90 grams per 30 days
Doxercalciferol (0.5MCG Oral Capsule)	Maximum of 3 capsules per day
Doxercalciferol (1MCG Oral Capsule, 2.5MCG Oral Capsule)	Maximum of 4 capsules per day
Dulera (Inhalation Aerosol)	Maximum of 1 inhaler (13 grams) per 30 days
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	Maximum of 2 capsules per day
Dutasteride (Oral Capsule)	Maximum of 1 capsule per day
Econazole Nitrate (External Cream)	Maximum of 90 grams per 30 days
Edarbi (Oral Tablet)	Maximum of 1 tablet per day
Edarbyclor (Oral Tablet)	Maximum of 1 tablet per day
Edurant (Oral Tablet)	Maximum of 1 tablet per day
Efavirenz (Oral Capsule)	Maximum of 3 capsules per day
Efavirenz (Oral Tablet)	Maximum of 1 tablet per day
Eliquis (Oral Tablet)	Maximum of 2 tablets per day
Eliquis Starter Pack (Oral Tablet)	Maximum of 1 pack (74 tablets) per 30 days

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Drug Name	Quantity Limit
Embeda (100-4MG Oral Capsule Extended Release)	Maximum of 3 capsules per day
Embeda (20-0.8MG Oral Capsule Extended Release, 80-3.2MG Oral Capsule Extended Release)	Maximum of 4 capsules per day
Embeda (30-1.2MG Oral Capsule Extended Release, 50-2MG Oral Capsule Extended Release)	Maximum of 2 capsules per day
Embeda (60-2.4MG Oral Capsule Extended Release)	Maximum of 6 capsules per day
Emsam (Transdermal Patch 24 Hour)	Maximum of 1 patch per day
Emtriva (Oral Capsule)	Maximum of 1 capsule per day
Emtriva (Oral Solution)	Maximum of 5 bottles (850 ml) per 30 days
Enalapril Maleate (Oral Tablet)	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (10-25MG Oral Tablet)	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (5-12.5MG Oral Tablet)	Maximum of 1 tablet per day
Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	Maximum of 12 tablets per day
Enoxaparin Sodium (100MG/ML Subcutaneous Solution, 150MG/ML Subcutaneous Solution)	Maximum of 2 syringes (2 ml) per day
Enoxaparin Sodium (120MG/0.8ML Subcutaneous Solution, 80MG/0.8ML Subcutaneous Solution)	Maximum of 2 syringes (1.6 ml) per day
Enoxaparin Sodium (30MG/0.3ML Subcutaneous Solution)	Maximum of 2 syringes (0.6 ml) per day
Enoxaparin Sodium (40MG/0.4ML Subcutaneous Solution)	Maximum of 2 syringes (0.8 ml) per day
Enoxaparin Sodium (60MG/0.6ML Subcutaneous Solution)	Maximum of 2 syringes (1.2 ml) per day
Entresto (Oral Tablet)	Maximum of 2 tablets per day
Epclusa (Oral Tablet)	Maximum of 1 tablet per day
Epinephrine (0.15MG/0.3ML Injection Solution Auto-Injector) (Brand Equivalent Epipen-JR), Epinephrine (0.3MG/0.3ML Injection Solution Auto-Injector) (Brand Equivalent Epipen)	Maximum of 4 pens (2 boxes) per 30 days
EpiPen 2-Pak (Injection Solution Auto-Injector)	Maximum of 4 pens (2 boxes) per 30 days

Bold type = Brand name drug

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Drug Name	Quantity Limit
EpiPen Jr 2-Pak (Injection Solution Auto-Injector)	Maximum of 4 pens (2 boxes) per 30 days
Eprosartan Mesylate (Oral Tablet)	Maximum of 1 tablet per day
Erivedge (Oral Capsule)	Maximum of 1 capsule per day
Erleada (Oral Tablet)	Maximum of 4 tablets per day
Erlotinib HCl (100MG Oral Tablet, 150MG Oral Tablet)	Maximum of 1 tablet per day
Erlotinib HCl (25MG Oral Tablet)	Maximum of 3 tablets per day
Esbriet (Oral Capsule)	Maximum of 9 capsules per day
Esbriet (267MG Oral Tablet)	Maximum of 9 tablets per day
Esbriet (801MG Oral Tablet)	Maximum of 3 tablets per day
Esomeprazole Magnesium (20MG Oral Capsule Delayed Release) (Generic Nexium)	Maximum of 3 capsules per day
Esomeprazole Magnesium (40MG Oral Capsule Delayed Release) (Generic Nexium)	Maximum of 2 capsules per day
Estradiol (Transdermal Patch Weekly)	Maximum of 4 patches per 28 days
Estradiol (Vaginal Tablet)	Maximum of 1 tablet per day
Evotaz (Oral Tablet)	Maximum of 1 tablet per day
Ezetimibe (Oral Tablet)	Maximum of 1 tablet per day
Ezetimibe-Simvastatin (Oral Tablet)	Maximum of 1 tablet per day
Famciclovir (125MG Oral Tablet, 250MG Oral Tablet)	Maximum of 2 tablets per day
Famciclovir (500MG Oral Tablet)	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)	Maximum of 2 tablets per day
Fentanyl Citrate (Buccal Lozenge On A Handle)	Maximum of 4 lozenges per day
Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour)	Maximum of 15 patches per 30 days
Fetzima (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Firazyr (Subcutaneous Solution)	Maximum of 9 ml per day
Flector (Transdermal Patch)	Maximum of 2 patches per day
Flovent Diskus (Inhalation Aerosol Powder Breath Activated)	Maximum of 2 inhalers (120 blisters) per 30 days

Bold type = Brand name drug

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Drug Name	Quantity Limit
Flovent HFA (110MCG/ACT Inhalation Aerosol)	Maximum of 1 inhaler (12 grams) per 30 days
Flovent HFA (220MCG/ACT Inhalation Aerosol)	Maximum of 2 inhalers (24 grams) per 30 days
Flovent HFA (44MCG/ACT Inhalation Aerosol)	Maximum of 1 inhaler (10.6 grams) per 30 days
Fluticasone-Salmeterol (100-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 250-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 500-50MCG/DOSE Inhalation Aerosol Powder Breath Activated) (Generic Advair)	Maximum of 1 inhaler (60 blisters) per 30 days
Fluticasone-Salmeterol (113-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 232-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 55-14MCG/ACT Inhalation Aerosol Powder Breath Activated) (Brand Equivalent AirDuo)	Maximum of 1 inhaler per 30 days
Fluvastatin Sodium (20MG Oral Capsule)	Maximum of 1 capsule per day
Fluvastatin Sodium (40MG Oral Capsule)	Maximum of 2 capsules per day
Forteo (Subcutaneous Solution)	Maximum of 1 pen (2.4 ml) per 28 days
Fosamprenavir Calcium (Oral Tablet)	Maximum of 4 tablets per day
Fosinopril Sodium (Oral Tablet)	Maximum of 2 tablets per day
Fosinopril Sodium-HCTZ (Oral Tablet)	Maximum of 4 tablets per day
Fuzeon (Subcutaneous Solution Reconstituted)	Maximum of 2 vials per day
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Galantamine Hydrobromide (Oral Solution)	Maximum of 2 bottles (200 ml) per 30 days
Galantamine Hydrobromide (Oral Tablet)	Maximum of 2 tablets per day
Genvoya (Oral Tablet)	Maximum of 1 tablet per day
Gilenya (0.5MG Oral Capsule)	Maximum of 1 pack (30 capsules) per 30 days
Glatiramer Acetate (20MG/ML Subcutaneous Solution Prefilled Syringe)	Maximum of 1 syringe (1 ml) per day
Glatiramer Acetate (40MG/ML Subcutaneous Solution Prefilled Syringe)	Maximum of 12 syringes (12 ml) per 28 days
Glatopa (20MG/ML Subcutaneous Solution Prefilled Syringe)	Maximum of 1 syringe (1 ml) per day
Glatopa (40MG/ML Subcutaneous Solution Prefilled Syringe)	Maximum of 12 syringes (12 ml) per 28 days
Glimepiride (1MG Oral Tablet)	Maximum of 8 tablets per day

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Drug Name	Quantity Limit
Glimepiride (2MG Oral Tablet)	Maximum of 4 tablets per day
Glimepiride (4MG Oral Tablet)	Maximum of 2 tablets per day
Glipizide ER (10MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Glipizide ER (2.5MG Oral Tablet Extended Release 24 Hour)	Maximum of 8 tablets per day
Glipizide ER (5MG Oral Tablet Extended Release 24 Hour)	Maximum of 4 tablets per day
Glipizide (10MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day
Glipizide (5MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-250MG Oral Tablet)	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)	Maximum of 4 tablets per day
Glyxambi (Oral Tablet)	Maximum of 1 tablet per day
Granisetron HCl (Oral Tablet)	Maximum of 2 tablets per day
Hetlioz (Oral Capsule)	Maximum of 1 capsule per day
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	Maximum of 180 ml per day
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	Maximum of 12 tablets per day
Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	Maximum of 5 tablets per day
Hydromorphone HCl ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
Hydromorphone HCl (1MG/ML Oral Liquid)	Maximum of 50 ml per day
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Hydromorphone HCl (8MG Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Hysingla ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	Maximum of 1 tablet per day
Ibandronate Sodium (Oral Tablet)	Maximum of 1 tablet per 28 days
Ibrance (Oral Capsule)	Maximum of 1 capsule per day
Iclusig (15MG Oral Tablet)	Maximum of 2 tablets per day
Iclusig (45MG Oral Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
IDHIFA (Oral Tablet)	Maximum of 1 tablet per day
Imatinib Mesylate (Oral Tablet)	Maximum of 3 tablets per day
Imbruvica (140MG Oral Capsule)	Maximum of 4 capsules per day
Imbruvica (70MG Oral Capsule)	Maximum of 1 capsule per day
Imbruvica (Oral Tablet)	Maximum of 1 tablet per day
Imvexxy Maintenance Pack (Vaginal Insert)	Maximum of 1 vaginal insert per day
Imvexxy Starter Pack (Vaginal Insert)	Maximum of 1 vaginal insert per day
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (30 blisters) per 30 days
Ingrezza (Oral Capsule)	Maximum of 1 capsule per day
Ingrezza (Oral Capsule Therapy Pack)	Maximum of 28 capsules (1 pack) per 28 days
Inlyta (Oral Tablet)	Maximum of 4 tablets per day
Intence (100MG Oral Tablet, 200MG Oral Tablet)	Maximum of 2 tablets per day
Intence (25MG Oral Tablet)	Maximum of 4 tablets per day
Invirase (Oral Tablet)	Maximum of 4 tablets per day
Invokamet (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Invokamet XR (Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Invokana (Oral Tablet)	Maximum of 1 tablet per day
Irbesartan (150MG Oral Tablet, 300MG Oral Tablet)	Maximum of 1 tablet per day
Irbesartan (75MG Oral Tablet)	Maximum of 3 tablets per day
Irbesartan-Hydrochlorothiazide (Oral Tablet)	Maximum of 1 tablet per day
Iressa (Oral Tablet)	Maximum of 2 tablets per day
Isentress HD (Oral Tablet)	Maximum of 2 tablets per day
Isentress (Oral Packet)	Maximum of 2 packets per day
Isentress (Oral Tablet)	Maximum of 2 tablets per day
Isentress (Oral Tablet Chewable)	Maximum of 6 tablets per day
Itraconazole (Oral Capsule)	Maximum of 4 capsules per day
Jakafi (Oral Tablet)	Maximum of 2 tablets per day
Janumet (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Janumet XR (100-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Janumet XR (50-1000MG Oral Tablet Extended Release 24 Hour, 50-500MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Januvia (Oral Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Jardiance (Oral Tablet)	Maximum of 1 tablet per day
Jentaduetto (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Jentaduetto XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Jentaduetto XR (5-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Juluca (Oral Tablet)	Maximum of 1 tablet per day
Kaletra (100-25MG Oral Tablet)	Maximum of 2 tablets per day
Kaletra (200-50MG Oral Tablet)	Maximum of 4 tablets per day
Kalydeco (Oral Packet)	Maximum of 2 packets per day
Kalydeco (Oral Tablet)	Maximum of 2 tablets per day
Ketoconazole (External Cream)	Maximum of 90 grams per 30 days
Kisqali (200MG Dose) (Oral Tablet)	Maximum of 3 tablets per day
Kisqali (400MG Dose) (Oral Tablet)	Maximum of 3 tablets per day
Kisqali (600MG Dose) (Oral Tablet)	Maximum of 3 tablets per day
Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)	Maximum of 1 pack (91 tablets) per 28 days
Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)	Maximum of 1 pack (91 tablets) per 28 days
Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)	Maximum of 1 pack (91 tablets) per 28 days
Korlym (Oral Tablet)	Maximum of 4 tablets per day
Lamivudine (10MG/ML Oral Solution)	Maximum of 32 ml per day
Lamivudine (150MG Oral Tablet)	Maximum of 2 tablets per day
Lamivudine (300MG Oral Tablet)	Maximum of 1 tablet per day
Lamivudine-Zidovudine (Oral Tablet)	Maximum of 2 tablets per day
Lansoprazole (Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Latuda (120MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 60MG Oral Tablet)	Maximum of 1 tablet per day
Latuda (80MG Oral Tablet)	Maximum of 2 tablets per day
Levocetirizine Dihydrochloride (Oral Tablet)	Maximum of 1 tablet per day
Levorphanol Tartrate (Oral Tablet)	Maximum of 6 tablets per day
Lexiva (Oral Suspension)	Maximum of 60 ml per day
Lidocaine (5% External Ointment)	Maximum of 152 grams per 30 days
Lidocaine (5% External Patch)	Maximum of 3 patches per day
Linezolid (Oral Tablet)	Maximum of 2 tablets per day
Linzess (Oral Capsule)	Maximum of 1 capsule per day
Lisinopril (Oral Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Lisinopril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	Maximum of 1 tablet per day
Lisinopril-Hydrochlorothiazide (20-12.5MG Oral Tablet)	Maximum of 4 tablets per day
Lisinopril-Hydrochlorothiazide (20-25MG Oral Tablet)	Maximum of 2 tablets per day
Livalo (Oral Tablet)	Maximum of 1 tablet per day
Lokelma (Oral Packet)	Maximum of 90 packets per 30 days
Lonhala Magnair Refill Kit (Inhalation Solution)	Maximum of 2 vials (2 ml) per day
Lonsurf (15-6.14MG Oral Tablet)	Maximum of 10 tablets per day
Lonsurf (20-8.19MG Oral Tablet)	Maximum of 8 tablets per day
Lopinavir-Ritonavir (Oral Solution)	Maximum of 2 bottles (320 ml) per 30 days
Lorazepam (2MG/ML Oral Concentrate)	Maximum of 5 ml per day
Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	Maximum of 4 tablets per day
Lorazepam (2MG Oral Tablet)	Maximum of 5 tablets per day
Lorbrena (100MG Oral Tablet)	Maximum of 1 tablet per day
Lorbrena (25MG Oral Tablet)	Maximum of 3 tablets per day
Lorcet HD (Oral Tablet)	Maximum of 12 tablets per day
Lorcet (Oral Tablet)	Maximum of 12 tablets per day
Lorcet Plus (Oral Tablet)	Maximum of 12 tablets per day
Losartan Potassium (100MG Oral Tablet)	Maximum of 1 tablet per day
Losartan Potassium (25MG Oral Tablet, 50MG Oral Tablet)	Maximum of 2 tablets per day
Losartan Potassium-HCTZ (100-12.5MG Oral Tablet, 100-25MG Oral Tablet)	Maximum of 1 tablet per day
Losartan Potassium-HCTZ (50-12.5MG Oral Tablet)	Maximum of 2 tablets per day
Lovastatin (10MG Oral Tablet, 20MG Oral Tablet)	Maximum of 1 tablet per day
Lovastatin (40MG Oral Tablet)	Maximum of 2 tablets per day
Lynparza (Oral Tablet)	Maximum of 4 tablets per day
Lyrica (100MG Oral Capsule, 150MG Oral Capsule, 200MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	Maximum of 3 capsules per day
Lyrica (225MG Oral Capsule, 300MG Oral Capsule)	Maximum of 2 capsules per day

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Drug Name	Quantity Limit
Lyrica (Oral Solution)	Maximum of 30 ml per day
Mavyret (Oral Tablet)	Maximum of 3 tablets per day
Mayzent (0.25MG Oral Tablet)	Maximum of 8 tablets per day
Mayzent (2MG Oral Tablet)	Maximum of 1 tablet per day
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Memantine HCl (Oral Solution)	Maximum of 10 ml per day
Memantine HCl (10MG Oral Tablet)	Maximum of 2 tablets per day
Memantine HCl (5MG Oral Tablet)	Maximum of 3 tablets per day
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	Maximum of 4 tablets per day
Mesalamine (Rectal Enema)	Maximum of 1 bottle (60 ml) per day
Metadate ER (Oral Tablet Extended Release)	Maximum of 3 tablets per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	Maximum of 4 tablets per day
Metformin HCl ER (750MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	Maximum of 2 tablets per day
Metformin HCl (1000MG Oral Tablet Immediate Release)	Maximum of 2.5 tablets per day
Metformin HCl (500MG Oral Tablet Immediate Release)	Maximum of 5 tablets per day
Metformin HCl (850MG Oral Tablet Immediate Release)	Maximum of 3 tablets per day
Methadone HCl (10MG/5ML Oral Solution)	Maximum of 60 ml per day
Methadone HCl (5MG/5ML Oral Solution)	Maximum of 120 ml per day
Methadone HCl (10MG Oral Tablet)	Maximum of 12 tablets per day
Methadone HCl (5MG Oral Tablet)	Maximum of 8 tablets per day
Methylphenidate HCl ER (10MG Oral Tablet Extended Release)	Maximum of 4 tablets per day
Methylphenidate HCl ER (20MG Oral Tablet Extended Release)	Maximum of 3 tablets per day
Methylphenidate HCl (10MG/5ML Oral Solution)	Maximum of 30 ml per day
Methylphenidate HCl (5MG/5ML Oral Solution)	Maximum of 60 ml per day
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	Maximum of 3 tablets per day
Miglitol (100MG Oral Tablet)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Miglitol (25MG Oral Tablet)	Maximum of 12 tablets per day
Miglitol (50MG Oral Tablet)	Maximum of 6 tablets per day
Modafinil (100MG Oral Tablet)	Maximum of 1 tablet per day
Modafinil (200MG Oral Tablet)	Maximum of 2 tablets per day
Moexipril HCl (Oral Tablet)	Maximum of 2 tablets per day
Montelukast Sodium (Oral Packet)	Maximum of 1 packet per day
Montelukast Sodium (Oral Tablet)	Maximum of 1 tablet per day
Montelukast Sodium (Oral Tablet Chewable)	Maximum of 1 tablet per day
Morphine Sulfate (100MG/5ML Oral Solution)	Maximum of 10 ml per day
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release) (Generic MS Contin)	Maximum of 3 tablets per day
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	Maximum of 2 tablets per day
Morphine Sulfate ER (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	Maximum of 4 tablets per day
Morphine Sulfate (10MG/5ML Oral Solution)	Maximum of 100 ml per day
Morphine Sulfate (20MG/5ML Oral Solution)	Maximum of 50 ml per day
Morphine Sulfate (15MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Morphine Sulfate (30MG Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Multaq (Oral Tablet)	Maximum of 2 tablets per day
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	Maximum of 1 capsule per day
Namzaric (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Naratriptan HCl (Oral Tablet)	Maximum of 12 tablets per 30 days
Nateglinide (120MG Oral Tablet)	Maximum of 3 tablets per day
Nateglinide (60MG Oral Tablet)	Maximum of 6 tablets per day
Nebupent (Inhalation Solution Reconstituted)	Maximum of 300 mg (1 vial) per 28 days
Nerlynx (Oral Tablet)	Maximum of 6 tablets per day
Nevirapine ER (100MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Nevirapine (Oral Suspension)	Maximum of 40 ml per day
Nevirapine (Oral Tablet Immediate Release)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Nifedipine ER (Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Ninlaro (Oral Capsule)	Maximum of 3 capsules per 28 days
Northera (100MG Oral Capsule)	Maximum of 3 capsules per day
Northera (200MG Oral Capsule, 300MG Oral Capsule)	Maximum of 6 capsules per day
Norvir (Oral Packet)	Maximum of 12 packets per day
Norvir (Oral Solution)	Maximum of 16 ml per day
Noxafil (Oral Suspension)	Maximum of 20 ml per day
Noxafil (Oral Tablet Delayed Release)	Maximum of 6 tablets per day
Nucala (Subcutaneous Solution Auto-Injector)	Maximum of 3 ml per 28 days
Nucala (Subcutaneous Solution Prefilled Syringe)	Maximum of 3 ml per 28 days
Nucala (Subcutaneous Solution Reconstituted)	Maximum of 3 vials per 28 days
Nucynta ER (Oral Tablet Extended Release 12 Hour)	Maximum of 2 tablets per day
Nuplazid (Oral Capsule)	Maximum of 1 capsule per day
Nuplazid (10MG Oral Tablet)	Maximum of 1 tablet per day
Ocaliva (Oral Tablet)	Maximum of 1 tablet per day
Odefsey (Oral Tablet)	Maximum of 1 tablet per day
Odomzo (Oral Capsule)	Maximum of 1 capsule per day
Ofev (Oral Capsule)	Maximum of 2 capsules per day
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	Maximum of 1 tablet per day
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	Maximum of 1 tablet per day
Olmesartan Medoxomil (20MG Oral Tablet, 40MG Oral Tablet)	Maximum of 1 tablet per day
Olmesartan Medoxomil (5MG Oral Tablet)	Maximum of 2 tablets per day
Olmesartan Medoxomil-HCTZ (Oral Tablet)	Maximum of 1 tablet per day
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	Maximum of 1 tablet per day
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	Maximum of 4 capsules per day

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Drug Name	Quantity Limit
Omeprazole (10MG Oral Capsule Delayed Release)	Maximum of 3 capsules per day
Orkambi (Oral Packet)	Maximum of 56 packets per 28 days
Orkambi (Oral Tablet)	Maximum of 112 tablets per 28 days
Oseltamivir Phosphate (Oral Capsule)	Maximum of 2 capsules per day
Oseltamivir Phosphate (Oral Suspension Reconstituted)	Maximum of 26 ml per day
Osphena (Oral Tablet)	Maximum of 1 tablet per day
Oxandrolone (10MG Oral Tablet)	Maximum of 2 tablets per day
Oxandrolone (2.5MG Oral Tablet)	Maximum of 4 tablets per day
Oxybutynin Chloride ER (10MG Oral Tablet Extended Release 24 Hour)	Maximum of 3 tablets per day
Oxybutynin Chloride ER (15MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Oxybutynin Chloride ER (5MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Oxycodone HCl (100MG/5ML Oral Concentrate)	Maximum of 6 ml per day
Oxycodone HCl (5MG/5ML Oral Solution)	Maximum of 130 ml per day
Oxycodone HCl (10MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	Maximum of 12 tablets per day
Oxycodone HCl (15MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Oxycodone HCl (20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Oxycodone-Acetaminophen (Oral Tablet)	Maximum of 12 tablets per day
Oxycodone-Aspirin (Oral Tablet)	Maximum of 12 tablets per day
Oxycodone-Ibuprofen (Oral Tablet)	Maximum of 4 tablets per day
Ozempic (0.25 or 0.5MG/DOSE Subcutaneous Solution Pen-Injector)	Maximum of 1 pen (1.5 ml) per 28 days
Ozempic (1MG/DOSE Subcutaneous Solution Pen-Injector)	Maximum of 2 pens (3 ml) per 28 days
Paliperidone ER (1.5MG Oral Tablet Extended Release 24 Hour, 3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Paliperidone ER (6MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Pantoprazole Sodium (20MG Oral Tablet Delayed Release)	Maximum of 3 tablets per day

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Drug Name	Quantity Limit
Pantoprazole Sodium (40MG Oral Tablet Delayed Release)	Maximum of 2 tablets per day
Pentasa (250MG Oral Capsule Extended Release)	Maximum of 12 capsules per day
Pentasa (500MG Oral Capsule Extended Release)	Maximum of 8 capsules per day
Perforomist (Inhalation Nebulization Solution)	Maximum of 2 vials (4 ml) per day
Perindopril Erbumine (Oral Tablet)	Maximum of 2 tablets per day
Pifeltro (Oral Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl (15MG Oral Tablet)	Maximum of 3 tablets per day
Pioglitazone HCl (30MG Oral Tablet, 45MG Oral Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl-Glimepiride (Oral Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl-Metformin HCl (Oral Tablet)	Maximum of 3 tablets per day
Piqray (200 MG Daily Dose) (Oral Tablet Therapy Pack)	Maximum of 1 tablet per day
Piqray (250 MG Daily Dose) (Oral Tablet Therapy Pack)	Maximum of 2 tablets per day
Piqray (300 MG Daily Dose) (Oral Tablet Therapy Pack)	Maximum of 2 tablets per day
Pomalyst (Oral Capsule)	Maximum of 1 capsule per day
Praluent (Subcutaneous Solution Pen-Injector)	Maximum of 2 pens (2 ml) per 28 days
Prasugrel HCl (Oral Tablet)	Maximum of 1 tablet per day
Pravastatin Sodium (Oral Tablet)	Maximum of 1 tablet per day
Premarin (Oral Tablet)	Maximum of 1 tablet per day
Premphase (Oral Tablet)	Maximum of 1 tablet per day
Prempro (Oral Tablet)	Maximum of 1 tablet per day
Prezcobix (Oral Tablet)	Maximum of 1 tablet per day
Prezista (Oral Suspension)	Maximum of 2 bottles (400 ml) per 30 days
Prezista (150MG Oral Tablet)	Maximum of 6 tablets per day
Prezista (600MG Oral Tablet, 75MG Oral Tablet)	Maximum of 2 tablets per day
Prezista (800MG Oral Tablet)	Maximum of 1 tablet per day
Prolia (Subcutaneous Solution Prefilled Syringe)	Maximum of 1 syringe per 180 days
Promacta (Oral Packet)	Maximum of 6 packets per day
Promacta (12.5MG Oral Tablet, 25MG Oral Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Promacta (50MG Oral Tablet, 75MG Oral Tablet)	Maximum of 2 tablets per day
Pulmozyme (Inhalation Solution)	Maximum of 5 ml (2 ampules) per day
Quetiapine Fumarate ER (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Quetiapine Fumarate ER (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Quetiapine Fumarate (100MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	Maximum of 3 tablets per day
Quetiapine Fumarate (25MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day
Quetiapine Fumarate (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Quinapril HCl (Oral Tablet)	Maximum of 2 tablets per day
Quinapril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	Maximum of 1 tablet per day
Quinapril-Hydrochlorothiazide (20-12.5MG Oral Tablet, 20-25MG Oral Tablet)	Maximum of 2 tablets per day
Raloxifene HCl (Oral Tablet)	Maximum of 1 tablet per day
Ramipril (Oral Capsule)	Maximum of 2 capsules per day
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	Maximum of 2 tablets per day
RAVICTI (Oral Liquid)	Maximum of 17.5 ml per day
Rayaldee (Oral Capsule Extended Release)	Maximum of 2 capsules per day
Rebif Rebidose (Subcutaneous Solution Auto-Injector)	Maximum of 12 pens (6 ml) per 28 days
Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)	Maximum of 1 pack (4.2 ml) per 28 days
Rebif (Subcutaneous Solution Prefilled Syringe)	Maximum of 12 syringes (6 ml) per 28 days
Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)	Maximum of 1 pack (4.2 ml) per 28 days
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	Maximum of 3 inhalers (60 blisters) per 30 days

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Drug Name	Quantity Limit
Relistor (Oral Tablet)	Maximum of 3 tablets per day
Repaglinide (0.5MG Oral Tablet)	Maximum of 32 tablets per day
Repaglinide (1MG Oral Tablet)	Maximum of 16 tablets per day
Repaglinide (2MG Oral Tablet)	Maximum of 8 tablets per day
Repaglinide-Metformin HCl (Oral Tablet)	Maximum of 5 tablets per day
Repatha Pushtrox System (Subcutaneous Solution Cartridge)	Maximum of 1 cartridge (3.5 ml) per 28 days
Repatha (Subcutaneous Solution Prefilled Syringe)	Maximum of 3 syringes (3 ml) per 28 days
Repatha SureClick (Subcutaneous Solution Auto-Injector)	Maximum of 3 pens (3 ml) per 28 days
Rescriptor (Oral Tablet)	Maximum of 6 tablets per day
Restasis (Ophthalmic Emulsion)	Maximum of 2 vials per day
Revlimid (Oral Capsule)	Maximum of 1 capsule per day
Rexulti (Oral Tablet)	Maximum of 1 tablet per day
Reyataz (Oral Packet)	Maximum of 6 packets per day
Riomet (Oral Solution)	Maximum of 25.5 ml per day
Risedronate Sodium (150MG Oral Tablet Immediate Release)	Maximum of 1 tablet per 30 days
Risedronate Sodium (30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	Maximum of 1 tablet per day
Risedronate Sodium (35MG Oral Tablet Immediate Release, 35MG (12 PACK) Oral Tablet Immediate Release, 35MG (4 PACK) Oral Tablet Immediate Release)	Maximum of 4 tablets per 28 days
Ritonavir (Oral Tablet)	Maximum of 12 tablets per day
Rivastigmine Tartrate (Oral Capsule)	Maximum of 2 capsules per day
Rivastigmine (Transdermal Patch 24 Hour)	Maximum of 1 patch per day
Rizatriptan Benzoate (Oral Tablet)	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	Maximum of 12 tablets per 30 days
Rosuvastatin Calcium (Oral Tablet)	Maximum of 1 tablet per day
Rubraca (Oral Tablet)	Maximum of 4 tablets per day
Rydapt (Oral Capsule)	Maximum of 8 capsules per day
Saphris (Tablet Sublingual)	Maximum of 2 tablets per day
Selzentry (Oral Solution)	Maximum of 8 bottles (1840 ml) per 30 days
Selzentry (150MG Oral Tablet, 75MG Oral Tablet)	Maximum of 2 tablets per day

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Drug Name	Quantity Limit
Selzentry (25MG Oral Tablet, 300MG Oral Tablet)	Maximum of 4 tablets per day
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (60 inhalations) per 30 days
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	Maximum of 3 tablets per day
Silodosin (Oral Capsule)	Maximum of 1 capsule per day
Simvastatin (Oral Tablet)	Maximum of 1 tablet per day
Sofosbuvir-Velpatasvir (Oral Tablet)	Maximum of 1 tablet per day
Solifenacin Succinate (Oral Tablet)	Maximum of 1 tablet per day
Soliqua (Subcutaneous Solution Pen-Injector)	Maximum of 18 ml (6 pens) per 30 days
Somavert (Subcutaneous Solution Reconstituted)	Maximum of 1 vial per day
Sovaldi (Oral Tablet)	Maximum of 1 tablet per day
Spiriva HandiHaler (Inhalation Capsule)	Maximum of 1 capsule per day
Spiriva Respimat (Inhalation Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
Sprycel (100MG Oral Tablet, 140MG Oral Tablet, 70MG Oral Tablet)	Maximum of 1 tablet per day
Sprycel (20MG Oral Tablet, 50MG Oral Tablet)	Maximum of 3 tablets per day
Sprycel (80MG Oral Tablet)	Maximum of 2 tablets per day
Stavudine (Oral Capsule)	Maximum of 2 capsules per day
Stiolto Respimat (Inhalation Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
Stivarga (Oral Tablet)	Maximum of 4 tablets per day
Stribild (Oral Tablet)	Maximum of 1 tablet per day
Suboxone (12-3MG Sublingual Film, 4-1MG Sublingual Film)	Maximum of 2 films per day
Suboxone (2-0.5MG Sublingual Film, 8-2MG Sublingual Film)	Maximum of 3 films per day
Sumatriptan (Nasal Solution)	Maximum of 12 devices per 30 days
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	Maximum of 12 tablets per 30 days
Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector)	Maximum of 12 injections (6 ml) per 30 days

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Plain type = Generic drug

Drug Name	Quantity Limit
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex STATdose)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Prefilled Syringe)	Maximum of 12 injections (6 ml) per 30 days
Sutent (12.5MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule)	Maximum of 1 capsule per day
Sutent (37.5MG Oral Capsule)	Maximum of 2 capsules per day
Symbicort (Inhalation Aerosol)	Maximum of 1 inhaler (10.2 grams) per 30 days
Symfi Lo (Oral Tablet)	Maximum of 1 tablet per day
Symfi (Oral Tablet)	Maximum of 1 tablet per day
Sympazan (Oral Film)	Maximum of 2 films per day
Symtuza (Oral Tablet)	Maximum of 1 tablet per day
Synjardy (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Synjardy XR (10-1000MG Oral Tablet Extended Release 24 Hour, 25-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Synjardy XR (12.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Tadalafil (PAH) (20MG Oral Tablet)	Maximum of 2 tablets per day
Tagrisso (Oral Tablet)	Maximum of 1 tablet per day
Talzenna (0.25MG Oral Capsule)	Maximum of 3 capsules per day
Talzenna (1MG Oral Capsule)	Maximum of 1 capsule per day
Tasigna (150MG Oral Capsule)	Maximum of 5 capsules per day
Tasigna (200MG Oral Capsule)	Maximum of 4 capsules per day
Tasigna (50MG Oral Capsule)	Maximum of 14 capsules per day
Tecfidera (Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Telmisartan (Oral Tablet)	Maximum of 1 tablet per day
Telmisartan-Amlodipine (Oral Tablet)	Maximum of 1 tablet per day
Telmisartan-HCTZ (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)	Maximum of 1 tablet per day
Telmisartan-HCTZ (80-12.5MG Oral Tablet)	Maximum of 2 tablets per day
Temazepam (15MG Oral Capsule, 30MG Oral Capsule)	Maximum of 1 capsule per day
Tenofovir Disoproxil Fumarate (Oral Tablet)	Maximum of 1 tablet per day

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Drug Name	Quantity Limit
Tetrabenazine (12.5MG Oral Tablet)	Maximum of 3 tablets per day
Tetrabenazine (25MG Oral Tablet)	Maximum of 4 tablets per day
Thalomid (100MG Oral Capsule, 50MG Oral Capsule)	Maximum of 1 capsule per day
Thalomid (150MG Oral Capsule, 200MG Oral Capsule)	Maximum of 2 capsules per day
Tibsovo (Oral Tablet)	Maximum of 2 tablets per day
Tivicay (10MG Oral Tablet, 25MG Oral Tablet)	Maximum of 1 tablet per day
Tivicay (50MG Oral Tablet)	Maximum of 2 tablets per day
TOBI Podhaler (Inhalation Capsule)	Maximum of 8 capsules per day
Tobramycin (Inhalation Nebulization Solution)	Maximum of 10 ml (2 ampules) per day
Tolcapone (Oral Tablet)	Maximum of 6 tablets per day
Tracleer (Oral Tablet Soluble)	Maximum of 8 tablets per day
Tradjenta (Oral Tablet)	Maximum of 1 tablet per day
Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Tramadol HCl ER (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Tramadol HCl (Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Tramadol-Acetaminophen (Oral Tablet)	Maximum of 8 tablets per day
Trandolapril (1MG Oral Tablet, 2MG Oral Tablet)	Maximum of 1 tablet per day
Trandolapril (4MG Oral Tablet)	Maximum of 2 tablets per day
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (60 blisters) per 30 days
Trezix (Oral Capsule)	Maximum of 10 capsules per day
Trientine HCl (Oral Capsule)	Maximum of 8 capsules per day
Trintellix (Oral Tablet)	Maximum of 1 tablet per day
Triumeq (Oral Tablet)	Maximum of 1 tablet per day
Trulicity (Subcutaneous Solution Pen-Injector)	Maximum of 4 pens (2 ml) per 28 days
Truvada (Oral Tablet)	Maximum of 1 tablet per day
Tybost (Oral Tablet)	Maximum of 1 tablet per day
Tymlos (Subcutaneous Solution Pen-Injector)	Maximum of 1.56 ml per 30 days
Valacyclovir HCl (1GM Oral Tablet)	Maximum of 4 tablets per day
Valacyclovir HCl (500MG Oral Tablet)	Maximum of 2 tablets per day
Valganciclovir HCl (50MG/ML Oral Solution Reconstituted)	Maximum of 36 ml per day

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Drug Name	Quantity Limit
Valganciclovir HCl (450MG Oral Tablet)	Maximum of 4 tablets per day
Valsartan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	Maximum of 2 tablets per day
Valsartan (320MG Oral Tablet)	Maximum of 1 tablet per day
Valsartan-Hydrochlorothiazide (Oral Tablet)	Maximum of 1 tablet per day
Vancomycin HCl (125MG Oral Capsule)	Maximum of 4 capsules per day
Vancomycin HCl (250MG Oral Capsule)	Maximum of 8 capsules per day
Veltassa (Oral Packet)	Maximum of 1 packet per day
Vemlidy (Oral Tablet)	Maximum of 1 tablet per day
Venclexta (100MG Oral Tablet)	Maximum of 6 tablets per day
Venclexta (10MG Oral Tablet)	Maximum of 2 tablets per day
Venclexta (50MG Oral Tablet)	Maximum of 1 tablet per day
Ventavis (10MCG/ML Inhalation Solution)	Maximum of 7 ml per day
Ventavis (20MCG/ML Inhalation Solution)	Maximum of 3 ml per day
Verzenio (Oral Tablet)	Maximum of 2 tablets per day
Victoza (Subcutaneous Solution Pen-Injector)	Maximum of 3 pens (9 ml) per 30 days
Videx EC (125MG Oral Capsule Delayed Release)	Maximum of 4 capsules per day
Videx (4GM Oral Solution Reconstituted)	Maximum of 40 ml per day
Vigabatrin (Oral Packet)	Maximum of 6 packets per day
Vigabatrin (Oral Tablet)	Maximum of 6 tablets per day
Vigadrone (Oral Packet)	Maximum of 6 packets per day
Viibryd (Oral Tablet)	Maximum of 1 tablet per day
Viibryd Starter Pack (Oral Kit)	Maximum of 1 pack (30 tablets) per 30 days
Vimpat (Oral Solution)	Maximum of 40 ml per day
Vimpat (Oral Tablet)	Maximum of 2 tablets per day
Viracept (250MG Oral Tablet)	Maximum of 10 tablets per day
Viracept (625MG Oral Tablet)	Maximum of 4 tablets per day
Viread (Oral Powder)	Maximum of 4 bottles (240 grams) per 30 days
Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	Maximum of 1 tablet per day
Vitrakvi (100MG Oral Capsule)	Maximum of 4 capsules per day
Vitrakvi (25MG Oral Capsule)	Maximum of 6 capsules per day
Vitrakvi (Oral Solution)	Maximum of 20 ml per day
Vizimpro (Oral Tablet)	Maximum of 1 tablet per day
Vosevi (Oral Tablet)	Maximum of 1 tablet per day
Votrient (Oral Tablet)	Maximum of 4 tablets per day

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Drug Name	Quantity Limit
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	Maximum of 1 capsule per day
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	Maximum of 1 inhaler (60 blisters) per 30 days
Xarelto (10MG Oral Tablet, 20MG Oral Tablet)	Maximum of 1 tablet per day
Xarelto (15MG Oral Tablet, 2.5MG Oral Tablet)	Maximum of 2 tablets per day
Xarelto Starter Pack (Oral Tablet Therapy Pack)	Maximum of 1 pack (51 tablets) per 30 days
Xeljanz (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day
Xiidra (Ophthalmic Solution)	Maximum of 2 vials per day
Xofluza (Oral Tablet Therapy Pack)	Maximum of 2 tablets per 30 days
Xospata (Oral Tablet)	Maximum of 3 tablets per day
Xtampza ER (13.5MG Oral Capsule ER 12 Hour Abuse-Deterrent, 18MG Oral Capsule ER 12 Hour Abuse-Deterrent, 9MG Oral Capsule ER 12 Hour Abuse-Deterrent)	Maximum of 3 capsules per day
Xtampza ER (27MG Oral Capsule ER 12 Hour Abuse-Deterrent, 36MG Oral Capsule ER 12 Hour Abuse-Deterrent)	Maximum of 6 capsules per day
Xtandi (Oral Capsule)	Maximum of 4 capsules per day
Xyrem (Oral Solution)	Maximum of 18 ml per day
Yuvaferm (Vaginal Tablet)	Maximum of 1 tablet per day
Zafirlukast (Oral Tablet)	Maximum of 2 tablets per day
Zaleplon (10MG Oral Capsule)	Maximum of 2 capsules per day
Zaleplon (5MG Oral Capsule)	Maximum of 1 capsule per day
Zejula (Oral Capsule)	Maximum of 3 capsules per day
Zelboraf (Oral Tablet)	Maximum of 8 tablets per day
Zidovudine (Oral Capsule)	Maximum of 6 capsules per day
Zidovudine (Oral Syrup)	Maximum of 64 ml per day
Zidovudine (Oral Tablet)	Maximum of 2 tablets per day
Ziprasidone HCl (Oral Capsule)	Maximum of 2 capsules per day
Zolpidem Tartrate (Oral Tablet Immediate Release)	Maximum of 1 tablet per day
Zydelig (Oral Tablet)	Maximum of 2 tablets per day
Zykadia (Oral Capsule)	Maximum of 3 capsules per day

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Drug Name	Quantity Limit
Zykadia (Oral Tablet)	Maximum of 3 tablets per day

Required information

Benefits, drug list (formulary), pharmacy network and/or copayments/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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