

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

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Questions?

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



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

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 July 1, 2020.

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 108-135.

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	Amitriptyline HCl.....	44
Abacavir Sulfate-Lamivudine	59	Albuterol Sulfate.....	104	Amlodipine Besylate.....	69
Abacavir-Lamivudine-Zidovudine.....	59	Albuterol Sulfate HFA.....	104	Amlodipine-Atorvastatin.....	70
Abelcet.....	45	Alclometasone Dipropionate	84	Amlodipine-Benazepril.....	70
Abilify Maintena.....	55	Alcohol Prep Pads.....	100	Amlodipine-Olmesartan.....	70
Abiraterone Acetate.....	49	Alecensa.....	50	Amlodipine-Valsartan.....	70
Acamprosate Calcium.....	32	Alendronate Sodium.....	99	Amlodipine-Valsartan-HCTZ	70
Acarbose.....	62	Alfuzosin HCl ER.....	84	Ammonium Lactate.....	76
Acebutolol HCl.....	68	Alinia.....	52	Amoxapine.....	44
Acetaminophen-Codeine.....	31	Aliskiren Fumarate.....	70	Amoxicillin.....	36, 37
Acetazolamide.....	72	Allopurinol.....	47	Amoxicillin-Potassium Clavulanate.....	37
Acetazolamide ER.....	72	Alocril.....	101	Amoxicillin-Potassium Clavulanate ER.....	37
Acetic Acid.....	103	Alomide.....	101	Amphetamine-Dextroamphetamine.....	74
Acetylcysteine.....	106	Alosetron HCl.....	82	Amphetamine-Dextroamphetamine ER.....	74
Acitretin.....	76	Alphagan P.....	101	Amphotericin B.....	45
Actemra.....	96	Alprazolam.....	61	Ampicillin.....	37
Actemra ACTPen.....	96	Altavera.....	88	Ampicillin Sodium.....	37
ActHIB.....	97	Alunbrig.....	50	Ampicillin-Sulbactam Sodium	37
Actimmune.....	96	Alyacen 1/35.....	88	Ampyra.....	75
Acyclovir.....	58	Alyq.....	105	Anadrol-50.....	87
Acyclovir Sodium.....	58	Amantadine HCl.....	53	Anagrelide HCl.....	65
Adacel.....	97	AmBisome.....	45	Anastrozole.....	50
Adapalene.....	76	Ambrisentan.....	105	Androderm.....	87
Adefovir Dipivoxil.....	57	Amethia.....	88	Anoro Ellipta.....	106
Adempas.....	105	Amethia Lo.....	88	Apokyn.....	53
Advair Diskus.....	106	Amikacin Sulfate.....	33	Apraclonidine HCl.....	101
Advair HFA.....	106	Amiloride HCl.....	72	Aprepitant.....	45
Afinitor.....	50	Amiloride-Hydrochlorothiazide	70	Apri.....	88
Afinitor Disperz.....	50	Aminosyn II.....	78	Apriso.....	98
Aimovig.....	47	Aminosyn-PF.....	78		
Ala-Cort.....	84	Amiodarone HCl.....	68		
		Amitiza.....	82		

Aptiom.....	42	Azelastine HCl.....	101, 103	Bethanechol Chloride.....	84
Aptivus.....	60	Azelastine-Fluticasone.....	106	Bethkis.....	105
Aralast NP.....	83	Azithromycin.....	38	Betimol.....	101
Aranelle.....	88	Azopt.....	101	Bevespi Aerosphere.....	106
Aranesp.....	66	Aztreonam.....	36	Bexarotene.....	52
Arcalyst.....	96		B	Bexsero.....	97
Aripiprazole.....	55	Bacitracin.....	34	Bicalutamide.....	49
Aripiprazole ODT.....	55	Bacitracin-Polymyxin B.....	100	Bicillin C-R.....	37
Aristada.....	55	Baclofen.....	107	Bicillin C-R 900/300.....	37
Aristada Initio.....	55	Balsalazide Disodium.....	98	Bicillin L-A.....	37
Arnuity Ellipta.....	103	Balversa.....	50	BiDil.....	70
Ashlynna.....	88	Balziva.....	88	Biktarvy.....	59
Aspirin-Dipyridamole ER.....	67	Banzel.....	42	Binosto.....	99
Atazanavir Sulfate.....	60	Baqsimi Two Pack.....	63	Bisoprolol Fumarate.....	68
Atenolol.....	68	Baraclude.....	57	Bisoprolol-Hydrochlorothiazide	
Atenolol-Chlorthalidone.....	70	BCG Vaccine.....	97	.....	70
Atomoxetine HCl.....	74	Belsomra.....	107	BIVIGAM.....	95
Atorvastatin Calcium.....	72	Benazepril HCl.....	68	Blephamide.....	100
Atovaquone.....	52	Benazepril-Hydrochlorothiazide		Blephamide S.O.P.....	100
Atovaquone-Proguanil HCl....	53	.....	70	Blisovi 24 Fe.....	88
Atripla.....	58	Benlysta.....	96	Blisovi Fe 1.5/30.....	88
Atropine Sulfate.....	100	Benznidazole.....	53	Boostrix.....	97
Atrovent HFA.....	104	Benzoyl Peroxide-Erythromycin		Bosentan.....	105
Aubagio.....	75	.....	76	Bosulif.....	50
Aubra.....	88	Benztropine Mesylate.....	53	Braftovi.....	50
Auryxia.....	81	Bepreve.....	101	Breo Ellipta.....	106
Austedo.....	75	Berinert.....	93	Briellyn.....	88
Aviane.....	88	Besivance.....	38	Brilinta.....	67
Avonex Pen.....	75	Betamethasone Dipropionate		Brimonidine Tartrate.....	101
Avonex Prefilled.....	75	.....	84, 85	BRIVIACT.....	40
Ayvakit.....	50	Betamethasone Dipropionate		Bromocriptine Mesylate.....	53
Azasite.....	38	Aug.....	84	Brukinsa.....	51
Azathioprine.....	94	Betamethasone Valerate.....	85	Budesonide.....	99, 103
Azelaic Acid.....	76	Betaseron.....	75	Budesonide ER.....	99
		Betaxolol HCl.....	68, 101		

Bumetanide.....	72	Captopril.....	68	Cephalexin.....	36
Buprenorphine.....	30	Captopril-Hydrochlorothiazide	70	Cetirizine HCl.....	103
Buprenorphine HCl.....	33	.....		Chantix.....	33
Buprenorphine HCl-Naloxone HCl.....	33	Carac.....	76	Chantix Continuing Month Pak	33
Bupropion HCl.....	43	Carafate.....	82	.....
Bupropion HCl SR.....	33, 43	Carbaglu.....	78	Chantix Starting Month Pak....	33
Bupropion HCl XL.....	43	Carbamazepine.....	42	Chemet.....	80
Buspirone HCl.....	61	Carbamazepine ER.....	42	Chenodal.....	81
Butalbital-Acetaminophen-Caffeine.....	29	Carbidopa.....	54	Chlordiazepoxide HCl.....	61
Butalbital-Aspirin-Caffeine.....	29	Carbidopa-Levodopa.....	54	Chlorhexidine Gluconate.....	76
Butorphanol Tartrate.....	31	Carbidopa-Levodopa ER.....	54	Chloroquine Phosphate.....	53
Bydureon.....	62	Carbidopa-Levodopa ODT....	54	Chlorpromazine HCl.....	54
Bydureon BCise.....	62	Carbidopa-Levodopa-Entacapone.....	54	Chlorthalidone.....	72
Byetta 10MCG Pen.....	62	Carteolol HCl.....	101	Chlorzoxazone.....	107
Byetta 5MCG Pen.....	62	Cartia XT.....	69	Cholbam.....	83
Bystolic.....	68	Carvedilol.....	69	Cholestyramine.....	73
C		Cayston.....	105	Cholestyramine Light.....	73
Cabergoline.....	92	Caziant.....	88	Ciclopirox.....	45
Cablivi.....	67	Cefaclor.....	35	Ciclopirox Olamine.....	45
Cabometyx.....	51	Cefadroxil.....	35	Cilostazol.....	67
Calcipotriene.....	76	Cefazolin Sodium.....	35	Ciloxan.....	38
Calcitonin Salmon.....	99	Cefdinir.....	35	Cimduo.....	59
Calcitriol.....	76, 99	Cefepime HCl.....	35	Cimetidine.....	82
Calcium Acetate.....	81	Cefixime.....	35	Cimetidine HCl.....	81
Calquence.....	51	Cefotetan Disodium.....	35	Cimzia.....	94
Camila.....	91	Cefoxitin Sodium.....	35	Cimzia Prefilled.....	94
Camrese Lo.....	88	Cefpodoxime Proxetil.....	36	Cinacalcet HCl.....	99
Canasa.....	99	Cefprozil.....	36	Cinryze.....	93
Candesartan Cilexetil.....	68	Ceftazidime.....	36	Cipro HC.....	103
Candesartan Cilexetil-HCTZ	70	Ceftriaxone Sodium.....	36	Ciprodex.....	103
Caplyta.....	55	Cefuroxime Axetil.....	36	Ciprofloxacin HCl.....	39
Caprelsa.....	51	Cefuroxime Sodium.....	36	Ciprofloxacin in D5W.....	39
		Celecoxib.....	29	Citalopram Hydrobromide....	43
		Celontin.....	40	Claravis.....	76

Clarithromycin.....	38	Colestipol HCl.....	73	Cystadane.....	83
Clarithromycin ER.....	38	Colistimethate Sodium.....	34	Cystagon.....	83
Clenpiq.....	82	Combigan.....	101	Cystaran.....	100
Climara Pro.....	88	Combivent Respimat.....	106	D	
Clindamycin HCl.....	34	Cometriq.....	51	Dalfampridine ER.....	75
Clindamycin Palmitate HCl....	34	Complera.....	59	Daliresp.....	105
Clindamycin Phosphate.....	34,	Compro.....	44	Dalvance.....	34
76, 77		Constulose.....	82	Danazol.....	87
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.....	34	Cordran.....	85	Dapsone.....	48
Clindamycin Phosphate-		Corlanor.....	70	Daptacel.....	97
Benzoyl Peroxide.....	77	Cortisone Acetate.....	85	Daptomycin.....	34
Clobazam.....	40	Cortisporin.....	77	DARAPRIM.....	53
Clobetasol Propionate.....	85	Cosentyx.....	77	Daurismo.....	51
Clobetasol Propionate		Cosentyx Sensoready.....	77	Deblitane.....	91
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Clonazepam.....	61	Coumadin.....	65	Demeclocycline HCl.....	39
Clonazepam ODT.....	61	Creon.....	83	Demser.....	71
Clonidine.....	67	Crinone.....	91	Denavir.....	58
Clonidine HCl.....	67	Crixivan.....	60	Depen Titratabs.....	84
Clonidine HCl ER.....	74	Cromolyn Sodium.....	81, 101,	Depo-Estradiol.....	88
Clopidogrel Bisulfate.....	67	105		Depo-Provera.....	91
Clorazepate Dipotassium.....	61	Cryselle-28.....	88	Descovy.....	59
Clotrimazole.....	45	Cuproga.....	81	Desipramine HCl.....	44
Clotrimazole-Betamethasone		Cyclafem 1/35.....	88	Desmopressin Acetate.....	87
.....	77	Cyclafem 7/7/7.....	88	Desmopressin Acetate Spray	
Clovique.....	80	Cyclobenzaprine HCl.....	107	.....	87
Clozapine.....	57	Cyclophosphamide.....	48	Desogestrel-Ethinyl Estradiol	
Clozapine ODT.....	57	Cycloset.....	62	.....	88
Coartem.....	53	Cyclosporine.....	94	Desonide.....	85
Codeine Sulfate.....	31	Cyclosporine Modified.....	94	Desoximetasone.....	85
Colchicine.....	47	Cyproheptadine HCl.....	103	Desvenlafaxine Succinate ER	
Colcrys.....	47	Cyred.....	88	.....	43
Colesevelam HCl.....	73			Dexamethasone.....	85

Dexamethasone Intensol.....	85	Diltiazem HCl.....	69	Duloxetine HCl.....	75
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		Prochlorperazine.....	45	Quadracel.....	98
		Prochlorperazine Maleate.....	45	Quetiapine Fumarate.....	56

Quetiapine Fumarate ER.....	56	Retacrit.....	67	Rybelsus.....	63
Quinapril HCl.....	68	Revlimid.....	49	Rydapt.....	52
Quinapril-Hydrochlorothiazide	71	Rexulti.....	56	Rytary.....	54
Quinidine Gluconate ER.....	68	Reyataz.....	60	S	
Quinidine Sulfate.....	68	Rhopressa.....	101	Saizen.....	87
Quinine Sulfate.....	53	Ribavirin.....	58	Saizenprep.....	87
R		Ridaura.....	96	Sancuso.....	45
RabAvert.....	98	Rifabutin.....	48	Sandimmune.....	95
Rabeprazole Sodium.....	83	Rifampin.....	48	Santyl.....	77
Raloxifene HCl.....	92	Rifater.....	48	Saphris.....	57
Ramelteon.....	107	Riluzole.....	75	Savella.....	75
Ramipril.....	68	Rimantadine HCl.....	60	Savella Titration Pack.....	75
Ranolazine ER.....	71	Riomet.....	63	Scopolamine.....	45
Rasagiline Mesylate.....	54	Risedronate Sodium.....	100	Selegiline HCl.....	54
Rasuvo.....	95	Risperdal Consta.....	56	Selenium Sulfide.....	77
RAVICTI.....	83	Risperidone.....	56	Selzentry.....	60
Rayaldee.....	100	Risperidone ODT.....	57	Serevent Diskus.....	105
Rebif.....	76	Ritonavir.....	60	Serostim.....	81
Rebif Rebidose.....	76	Rivastigmine.....	42	Sertraline HCl.....	44
Rebif Rebidose Titration Pack	76	Rivastigmine Tartrate.....	42	Setlakin.....	91
Rebif Titration Pack.....	76	Rivelsa.....	91	Sevelamer Carbonate.....	81
Reclipsen.....	91	Rizatriptan Benzoate.....	47	Sharobel.....	92
Recombivax HB.....	98	Rizatriptan Benzoate ODT....	47	Shingrix.....	98
Rectiv.....	74	Rocklatan.....	102	Signifor.....	93
Regranex.....	77	Ropinirole HCl.....	54	Sildenafil Citrate.....	106
Relenza Diskhaler.....	60	Rosuvastatin Calcium.....	73	Silodosin.....	84
Relistor.....	81	Rotarix.....	98	Silver Sulfadiazine.....	39
Repaglinide.....	63	RotaTeq.....	98	Simbrinza.....	102
Repatha.....	73	Roweepra.....	40	Simponi.....	95
Repatha Pushtronex System	73	Roweepra XR.....	40	Simvastatin.....	73
Repatha SureClick.....	73	Rozlytrek.....	50	Sirolimus.....	95
Restasis Single-Use Vials.....	101	Rubraca.....	50	Sirturo.....	48
		Ruconest.....	94	Sodium Chloride.....	80

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Sodium Phenylbutyrate.....	83	Sulfamethoxazole-Trimethoprim.....	39	Targretin.....	52
Sodium Polystyrene Sulfonate	80	Sulfamylon.....	35	Tarina 24 Fe.....	91
Sofosbuvir-Velpatasvir.....	58	Sulfasalazine.....	99	Tarina Fe 1/20.....	91
Solifenacin Succinate.....	84	Sulindac.....	30	Tasigna.....	52
Soliqua.....	63	Sumatriptan.....	47	Tazarotene.....	78
Soltamox.....	49	Sumatriptan Succinate....	47, 48	Tazicef.....	36
Somatuline Depot.....	93	Sumatriptan Succinate Refill	47	Tazorac.....	78
Somavert.....	93	Suprax.....	36	Taztia XT.....	70
Sotalol HCl.....	68	Suprep Bowel Prep Kit.....	82	Tazverik.....	50
Sotalol HCl AF.....	68	Sutent.....	52	TDVAX.....	98
Sovaldi.....	58	Syeda.....	91	Tecfidera.....	76
Spiriva HandiHaler.....	104	Sylatron.....	58	Tecfidera Starter Pack.....	76
Spiriva Respimat.....	104	Symbicort.....	107	Tegsedi.....	83
Spironolactone.....	72	Symfi.....	59	Telmisartan.....	68
Spironolactone-HCTZ.....	71	Symfi Lo.....	59	Telmisartan-Amlodipine.....	71
Sprintec 28.....	91	SymlinPen 120.....	63	Telmisartan-HCTZ.....	71
Spritam.....	40	SymlinPen 60.....	63	Temazepam.....	107
Sprycel.....	52	Sympazan.....	41	Tenivac.....	98
SPS.....	80	Symtuza.....	60	Tenofovir Disoproxil Fumarate	59
Sronyx.....	91	Synarel.....	93	Terazosin HCl.....	84
SSD.....	39	Synjardy.....	63	Terbinafine HCl.....	46
Stavudine.....	59	Synjardy XR.....	63	Terconazole.....	46
Stelara.....	77, 78	Synribo.....	50	Testosterone.....	88
Stiolto Respimat.....	107	Synthroid.....	92	Testosterone Cypionate.....	88
Stivarga.....	52	T		Testosterone Enanthate.....	88
Streptomycin Sulfate.....	33	Tabloid.....	49	Tetrabenazine.....	75
Stribild.....	58	Tacrolimus.....	78, 95	Tetracycline HCl.....	40
Suboxone.....	33	Tadalafil.....	106	Thalomid.....	49
Sucraid.....	83	Tafinlar.....	52	Theophylline.....	105
Sucralfate.....	82	Tagrisso.....	52	Theophylline ER.....	105
Sulfacetamide Sodium.....	39	Talzenna.....	50	Thioridazine HCl.....	55
Sulfacetamide-Prednisolone	101	Tamoxifen Citrate.....	49	Thiothixene.....	55

Tiadylt ER.....	70	Travasol.....	80	Triumeq.....	58
Tiagabine HCl.....	41	Travoprost.....	103	Trivora.....	91
Tibsovo.....	52	Trazodone HCl.....	44	TrophAmine.....	80
Tigecycline.....	35	Trecator.....	48	Trulicity.....	63
Timolol Maleate.....	47, 102	Trelegy Ellipta.....	107	Trumenba.....	98
Timolol Maleate Ophthalmic Gel Forming.....	102	Trelstar Mixject.....	93	Truvada.....	59
Tinidazole.....	35	Tresiba.....	65	Turalio.....	52
Tivicay.....	58	Tresiba FlexTouch.....	65	Twinrix.....	98
Tizanidine HCl.....	107	Tretinoin.....	52, 78	Tybost.....	58
TOBI Podhaler.....	105	Tretinoin Microsphere.....	78	Tykerb.....	52
TobraDex.....	101	Trexall.....	95	Tymlos.....	100
TobraDex ST.....	101	Trezix.....	32	Typhim Vi.....	98
Tobramycin.....	33, 105	Tri-Estarrylla.....	91	U	
Tobramycin Sulfate.....	33	Tri-Legest Fe.....	91	Udenyca.....	67
Tobramycin-Dexamethasone	101	Tri-Lo-Estarrylla.....	91	Unitriod.....	92
Tobrex.....	34	Tri-Lo-Sprintec.....	91	Ursodiol.....	81
Tolak.....	78	Tri-Mili.....	91	V	
Tolcapone.....	53	Tri-Previfem.....	91	Valacyclovir HCl.....	58
Topiramate.....	41	Tri-Sprintec.....	91	Valchlor.....	49
Toremifene Citrate.....	49	Tri-VyLibra.....	91	Valganciclovir HCl.....	57
Torsemide.....	72	Tri-VyLibra Lo.....	91	Valproic Acid.....	41
Toujeo Max SoloStar.....	65	Triamcinolone Acetonide.....	76, 86, 87	Valsartan.....	68
Toujeo SoloStar.....	65	Triamterene.....	72	Valsartan-Hydrochlorothiazide	
TPN Electrolytes.....	80	Triamterene-HCTZ.....	71	Valtoco 10 MG Dose.....	41
Tracleer.....	106	Triderm.....	87	Valtoco 15 MG Dose.....	41
Tradjenta.....	63	Trientine HCl.....	80	Valtoco 20 MG Dose.....	41
Tramadol HCl.....	32	Trifluoperazine HCl.....	55	Valtoco 5 MG Dose.....	41
Tramadol HCl ER.....	31	Trifluridine.....	58	Vancomycin HCl.....	35
Tramadol-Acetaminophen.....	32	Trihexyphenidyl HCl.....	53	Vandazole.....	35
Trandolapril.....	68	TriLyte.....	82	VAQTA.....	98
Tranexamic Acid.....	67	Trimethoprim.....	35	Varivax.....	98
Transderm-Scop.....	45	Trimipramine Maleate.....	44	Varizig.....	96
Tranylcypromine Sulfate.....	43	Trintellix.....	44	Vascepa.....	73

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Velphoro.....	81	VyLibra.....	91	Zafirlukast..... 104
Veltassa.....	80	Vyndamax.....	71	Zaleplon..... 107
Vemlidy.....	57	Vyndaqel.....	71	Zarah..... 91
Venclexta.....	52	Vyvanse.....	74	Zarxio..... 67
Venclexta Starting Pack.....	52	Vyzulta.....	103	Zejula..... 50
Venlafaxine HCl.....	44	W		Zelapar..... 54
Venlafaxine HCl ER.....	44	Warfarin Sodium.....	65	Zelboraf..... 52
Ventavis.....	106	Wixela Inhub.....	107	Zemaira..... 83
Verapamil HCl.....	70	WYMZYA Fe.....	91	Zenpep..... 83
Verapamil HCl ER.....	70	X		Zerbaxa..... 36
Versacloz.....	57	Xalkori.....	52	Zidovudine..... 59, 60
Verzenio.....	50	Xarelto.....	65	Zileuton ER..... 104
Vibramycin.....	40	Xarelto Starter Pack.....	65	Zioptan..... 103
Victoza.....	63	Xatmep.....	95	Ziprasidone HCl..... 57
Vienna.....	91	Xeljanz.....	95	Zirgan..... 57
Vigabatrin.....	41	Xeljanz XR.....	95	Zolinza..... 50
Vigadrone.....	41	Xgeva.....	100	Zolpidem Tartrate..... 107
Viibryd.....	44	Xifaxan.....	82	Zonisamide..... 40
Viibryd Starter Pack.....	44	Xiidra.....	101	Zorbtive..... 81
Vimpat.....	42	Xofluza.....	60, 61	Zortress..... 95
Viracept.....	60	Xolair.....	96, 97	Zostavax..... 98
Viread.....	59	Xospata.....	52	Zovia 1/35E..... 91
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Vivitrol.....	32	Xtampza ER.....	31	Zydelig..... 52
Vizimpro.....	52	Xtandi.....	49	Zyflo..... 104
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Vosevi.....	58	Xyrem.....	107	Zyprexa Relprevv..... 57
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Vraylar.....	57	Yuvafem.....	91	

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 108-135.

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 (100MG 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 (25MG Oral Capsule Immediate Release, 50MG 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			

♦ 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	Fentanyl Citrate (Buccal Lozenge On A Handle)	5	PA; DL; QL
Tramadol HCl ER (Biphasic) (Oral Tablet Extended Release 24 Hour)	3	7D; MME; DL; QL	Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	3	7D; MME; DL; QL
Tramadol HCl ER (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
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	3	7D; MME; DL; QL	Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	3	7D; MME; DL; QL
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 Preservative Free (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 (15MG Oral Tablet)	3	7D; MME; DL; QL	Lorcet (Oral Tablet)	3	7D; MME; DL; QL
Codeine Sulfate (30MG Oral Tablet, 60MG Oral Tablet)	3	7D; MME; DL; QL	Lorcet Plus (Oral Tablet)	3	7D; MME; DL; QL
Duramorph (Injection Solution)	4	DL			
Endocet (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	3	7D; MME; DL; QL			

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use	
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	Trezix (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	
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	3	7D; MME; DL; QL	Lidocaine (5% External Patch)	4	PA; QL	
Oxycodone-Aspirin (Oral Tablet)	3	7D; MME; DL; QL	Lidocaine HCl (4% External Solution)	2	♦	
Oxycodone-Ibuprofen (5-400MG Oral Tablet)	3	7D; MME; DL; QL	Lidocaine HCl (External Gel)	2	♦	
Tramadol HCl (50MG Oral Tablet Immediate Release)	2	7D; MME; DL; QL ♦	Lidocaine Viscous (2% Mouth/Throat Solution)	2	♦	
Anti-Addiction/Substance Abuse Treatment Agents						
Alcohol Deterrents/Anti-craving						
Acamprosate Calcium (Oral Tablet Delayed Release)						
Disulfiram (Oral Tablet)						
Naltrexone HCl (Oral Tablet)						
Vivitrol (Intramuscular Suspension Reconstituted)						
Opioid Dependence Treatments						

- ♦ 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
Buprenorphine HCl (Tablet Sublingual)	2	QL ♦	Nicotrol NS (Nasal Solution)	4	
Buprenorphine HCl-Naloxone HCl (Sublingual Film)	4	QL	Antibacterials		
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	2	QL ♦	Aminoglycosides		
Suboxone (Sublingual Film)	4	QL	Amikacin Sulfate (500MG/2ML Injection Solution)	4	
Opioid Reversal Agents			Gentak (Ophthalmic Ointment)	2	♦
Naloxone HCl (0.4MG/ML Injection Solution)	2	♦	Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	4	
Naloxone HCl (Injection Solution Cartridge)	2	♦	Gentamicin Sulfate (External Cream)	2	♦
Naloxone HCl (Injection Solution Prefilled Syringe)	2	♦	Gentamicin Sulfate (External Ointment)	2	♦
Narcan (Nasal Liquid)	3		Gentamicin Sulfate (40MG/ML Injection Solution)	4	
Smoking Cessation Agents			Gentamicin Sulfate (Ophthalmic Solution)	2	♦
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	2	♦	Neomycin Sulfate (Oral Tablet)	2	♦
Chantix Continuing Month Pak (Oral Tablet)	3		Paromomycin Sulfate (Oral Capsule)	4	
Chantix (Oral Tablet)	3		Streptomycin Sulfate (Intramuscular Solution Reconstituted)	5	
Chantix Starting Month Pak (Oral Tablet)	3		Tobramycin (Ophthalmic Solution)	2	♦
Nicotrol (Inhalation Inhaler)	4		Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection 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
Tobrex (Ophthalmic Ointment)	4		Linezolid (Intravenous Solution)	4	
Antibacterials, Other			Linezolid (Oral Suspension Reconstituted)	5	
Bacitracin (Ophthalmic Ointment)	2	♦	Linezolid (Oral Tablet)	4	QL
Clindamycin HCl (Oral Capsule)	2	♦	Methenamine Hippurate (Oral Tablet)	4	
Clindamycin Palmitate HCl (Oral Solution Reconstituted)	2	♦	Metronidazole (0.75% External Cream)	4	
Clindamycin Phosphate in D5W (Intravenous Solution)	4		Metronidazole (0.75% External Gel, 1% External Gel)	4	
Clindamycin Phosphate (300MG/ 2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution)	4		Metronidazole (0.75% External Lotion)	4	
Clindamycin Phosphate (Vaginal Cream)	3		Metronidazole in NaCl 0.79% (Intravenous Solution)	4	
Colistimethate Sodium (CBA) (Injection Solution Reconstituted)	5		Metronidazole (250MG Oral Tablet, 500MG Oral Tablet)	2	♦
Dalvance (Intravenous Solution Reconstituted)	5	PA	Metronidazole (0.75% Vaginal Gel)	3	
Daptomycin (350MG Intravenous Solution Reconstituted)	5		Mupirocin Calcium (External Cream)	4	
Daptomycin (500MG Intravenous Solution Reconstituted)	5		Mupirocin (External Ointment)	2	♦
			Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrodantin)	3	HRM
			Nitrofurantoin Monohydrate (Generic Macrobid)	3	HRM

- ♦ 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
Nitrofurantoin (Oral Suspension)	4	HRM	Cefadroxil (Oral Capsule)	2	♦
Polymyxin B Sulfate (Injection Solution Reconstituted)	4		Cefadroxil (Oral Suspension Reconstituted)	2	♦
Sulfamylon (External Cream)	4		Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	4	
Tigecycline (Intravenous Solution Reconstituted)	5				
Tinidazole (Oral Tablet)	4				
Trimethoprim (Oral Tablet)	2	♦	Cefdinir (Oral Capsule)	3	
Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)	4		Cefdinir (Oral Suspension Reconstituted)	3	
Vancomycin HCl (250MG Intravenous Solution Reconstituted)	4		Cefepime HCl (Injection Solution Reconstituted)	4	
Vancomycin HCl (Oral Capsule)	4	QL	Cefixime (Oral Capsule)	3	
Vandazole (Vaginal Gel)	3		Cefixime (Oral Suspension Reconstituted)	4	
Beta-lactam, Cephalosporins			Cefotetan Disodium (Injection Solution Reconstituted)	4	
Cefaclor (Oral Capsule)	2	♦	Cefoxitin Sodium (Injection Solution Reconstituted)	4	
			Cefoxitin Sodium (Intravenous Solution Reconstituted)	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
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	
Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	4		Zerbaxa (Intravenous Solution Reconstituted)	5	PA
Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	4		Beta-lactam, Other		
Cefuroxime Axetil (Oral Tablet)	2	♦	Aztreonam (1GM Injection Solution Reconstituted)	4	
Cefuroxime Sodium (Injection Solution Reconstituted)	4		Ertapenem Sodium (Injection Solution Reconstituted)	4	
Cefuroxime Sodium (Intravenous Solution Reconstituted)	4		Imipenem-Cilastatin (Intravenous Solution Reconstituted)	4	
Cephalexin (Oral Capsule)	2	♦	Meropenem (Intravenous Solution Reconstituted)	4	
			Beta-lactam, Penicillins		
			Amoxicillin (Oral Capsule)	1	♦
			Amoxicillin (Oral Suspension Reconstituted)	1	♦

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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
Amoxicillin (Oral Tablet)	1	♦	Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted)	4	
Amoxicillin (Oral Tablet Chewable)	1	♦	Bicillin C-R 900/300 (Intramuscular Suspension)	4	
Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour)	4		Bicillin C-R (Intramuscular Suspension)	4	
Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted)	2	♦	Bicillin L-A (Intramuscular Suspension)	4	
Amoxicillin-Potassium Clavulanate (Oral Tablet Immediate Release)	2	♦	Dicloxacillin Sodium (Oral Capsule)	2	♦
Amoxicillin-Potassium Clavulanate (Oral Tablet Chewable)	2	♦	Nafcillin Sodium (1GM Injection Solution Reconstituted, 2GM Injection Solution Reconstituted)	4	
Ampicillin (Oral Capsule)	2	♦	Nafcillin Sodium (10GM Intravenous Solution Reconstituted)	4	
Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted)	4		Oxacillin Sodium in Dextrose (Intravenous Solution)	4	
Ampicillin Sodium (10GM Intravenous Solution Reconstituted)	4		Oxacillin Sodium (Injection Solution Reconstituted)	4	
Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)	4		Oxacillin Sodium (Intravenous Solution Reconstituted)	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
Penicillin G Potassium (200000000UNIT Injection Solution Reconstituted)	4		Clarithromycin (Oral Tablet Immediate Release)	3	
Penicillin G Procaine (Intramuscular Suspension)	4		Difidic (Oral Tablet)	5	
Penicillin G Sodium (Injection Solution Reconstituted)	5		E.E.S. Granules (Oral Suspension Reconstituted)	4	
Penicillin V Potassium (Oral Solution Reconstituted)	2	◆	Erythrocin Lactobionate (Intravenous Solution Reconstituted)	4	
Penicillin V Potassium (Oral Tablet)	2	◆	Erythromycin Base (Oral Capsule Delayed Release Particles)	4	
Piperacillin-Tazobactam (Intravenous Solution Reconstituted)	4		Erythromycin Base (Oral Tablet Immediate Release)	4	
Macrolides			Erythromycin Base (Oral Tablet Delayed Release)	4	
Azasite (Ophthalmic Solution)	4		Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted)	4	
Azithromycin (Intravenous Solution Reconstituted)	4		Erythromycin Ethylsuccinate (Oral Tablet)	4	
Azithromycin (Oral Suspension Reconstituted)	1	◆	Erythromycin (Ophthalmic Ointment)	2	◆
Azithromycin (Oral Tablet)	1	◆	Quinolones		
Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	3		Besivance (Ophthalmic Suspension)	4	
Clarithromycin (Oral Suspension Reconstituted)	4		Ciloxan (Ophthalmic Ointment)	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
Ciprofloxacin HCl (Ophthalmic Solution)	2	♦	Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox)	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	
Gatifloxacin (Ophthalmic Solution)	3		Ofloxacin (Otic Solution)	3	
Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution)	4		Sulfonamides		
Levofloxacin (25MG/ML Intravenous Solution)	4		Silver Sulfadiazine (External Cream)	3	
Levofloxacin (0.5% Ophthalmic Solution)	3		SSD (External Cream)	3	
Levofloxacin (25MG/ML Oral Solution)	4		Sulfacetamide Sodium (Ophthalmic Ointment)	2	♦
Levofloxacin (250MG Oral Tablet, 500MG Oral Tablet, 750MG Oral Tablet)	1	♦	Sulfacetamide Sodium (Ophthalmic Solution)	2	♦
Moxifloxacin HCl in NaCl (Intravenous Solution)	4		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 Hyolate (Oral Capsule)	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	
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release)	3		Levetiracetam ER (Oral Tablet Extended Release 24 Hour)	3		
Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule)	3		Levetiracetam (Oral Solution)	2	♦	
Doxycycline Monohydrate (Oral Suspension Reconstituted)	4		Levetiracetam (Oral Tablet Immediate Release)	2	♦	
Doxycycline Monohydrate (100MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	3		Nayzilam (Nasal Solution)	5		
Minocycline HCl (Oral Capsule)	2	♦	Roweepra (Oral Tablet Immediate Release)	2	♦	
Minocycline HCl (Oral Tablet Immediate Release)	4		Roweepra XR (Oral Tablet Extended Release 24 Hour)	3		
Tetracycline HCl (Oral Capsule)	4		Spritam (Oral Tablet Disintegrating Soluble)	4		
Vibramycin (50MG/ 5ML Oral Syrup)	4		Calcium Channel Modifying Agents			
Anticonvulsants			Celontin (Oral Capsule)	4		
Anticonvulsants, Other			Ethosuximide (Oral Capsule)	3		
BRIVIACT (Oral Solution)	5	PA; QL	Ethosuximide (Oral Solution)	3		
BRIVIACT (Oral Tablet)	5	PA; QL	Zonisamide (Oral Capsule)	2	♦	
Epidiolex (Oral Solution)	5	PA	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	

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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
Diastat AcuDial (Rectal Gel)	4		Valtoco 5 MG Dose (Nasal Liquid)	5	QL
Diastat Pediatric (Rectal Gel)	4		Vigabatrin (Oral Packet)	5	PA; LA; QL
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	4		Vigabatrin (Oral Tablet)	5	PA; LA; QL
Gabapentin (Oral Capsule)	2	◆	Vigadron (Oral Packet)	5	PA; LA; QL
Gabapentin (250MG/ 5ML Oral Solution)	3		Glutamate Reducing Agents		
Gabapentin (Oral Tablet)	2	◆	Felbamate (Oral Suspension)	5	
Phenobarbital (Oral Elixir)	2	HRM ◆	Felbamate (Oral Tablet)	4	
Phenobarbital (Oral Tablet)	2	HRM ◆	Fycompa (Oral Suspension)	5	
Primidone (Oral Tablet)	2	◆	Fycompa (Oral Tablet)	5	
Sympazan (Oral Film)	5	PA; QL	Lamotrigine (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release)	2	◆
Tiagabine HCl (Oral Tablet)	4		Lamotrigine (25MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	3	
Valproic Acid (Oral Capsule)	2	◆	Topiramate (Oral Capsule Sprinkle Immediate Release)	2	◆
Valproic Acid (Oral Solution)	2	◆	Topiramate (Oral Tablet)	2	◆
Valtoco 10 MG Dose (Nasal Liquid)	5	QL	Sodium Channel Agents		
Valtoco 15 MG Dose (Nasal Liquid Therapy Pack)	5	QL			
Valtoco 20 MG Dose (Nasal Liquid Therapy Pack)	5	QL			

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Aptiom (Oral Tablet)	5	QL	Phenytoin (Oral Tablet Chewable)	2	♦
Banzel (Oral Suspension)	5		Phenytoin Sodium Extended (Oral Capsule)	2	♦
Banzel (Oral Tablet)	5		Vimpat (Oral Solution)	4	QL
Carbamazepine ER (Oral Capsule Extended Release 12 Hour)	3		Vimpat (Oral Tablet)	4	QL
Carbamazepine ER (Oral Tablet Extended Release 12 Hour)	3		Antidementia Agents		
Carbamazepine (Oral Suspension)	3		Cholinesterase Inhibitors		
Carbamazepine (Oral Tablet Immediate Release)	3		Donepezil HCl (Oral Tablet)	1	QL ♦
Carbamazepine (Oral Tablet Chewable)	3		Donepezil HCl ODT (Oral Tablet Dispersible)	2	QL ♦
Dilantin INFATABS (Oral Tablet Chewable)	3		Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	4	QL
Dilantin (Oral Capsule)	3		Galantamine Hydrobromide (Oral Solution)	4	QL
Epitol (Oral Tablet)	3		Galantamine Hydrobromide (Oral Tablet)	4	QL
Oxcarbazepine (300MG/5ML Oral Suspension)	4		Rivastigmine Tartrate (Oral Capsule)	3	QL
Oxcarbazepine (150MG Oral Tablet, 300MG Oral Tablet, 600MG Oral Tablet)	3		Rivastigmine (Transdermal Patch 24 Hour)	4	ST; QL
Peganone (Oral Tablet)	4		N-methyl-D-aspartate (NMDA) Receptor Antagonist		
Phentyek (Oral Capsule)	2	♦	Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	3	PA; QL
Phenytoin (Oral Suspension)	2	♦			

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Memantine HCl (2MG/ML Oral Solution)	4	PA; QL	SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet)	2	PA; QL ♦	Citalopram Hydrobromide (Oral Solution)	3	
Memantine HCl Titration Pak (Oral Tablet)	3	PA	Citalopram Hydrobromide (Oral Tablet)	1	♦
Antidepressants			Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	3	QL
Antidepressants, Other			Escitalopram Oxalate (Oral Solution)	2	♦
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	2	♦	Escitalopram Oxalate (Oral Tablet)	1	♦
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	2	♦	Fetzima (Oral Capsule Extended Release 24 Hour)	4	ST; QL
Bupropion HCl (Oral Tablet Immediate Release)	2	♦	Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	4	ST
Mirtazapine (Oral Tablet)	2	♦	Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)	2	♦
Mirtazapine ODT (Oral Tablet Dispersible)	2	♦	Fluoxetine HCl (90MG Oral Capsule Delayed Release)	4	
Monoamine Oxidase Inhibitors			Fluoxetine HCl (20MG/5ML Oral Solution)	2	♦
Emsam (Transdermal Patch 24 Hour)	5	QL			
Marplan (Oral Tablet)	4				
Phenelzine Sulfate (Oral Tablet)	3				
Tranylcypromine Sulfate (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
Fluvoxamine Maleate (Oral Tablet)	3		Amoxapine (Oral Tablet)	3	HRM
Maprotiline HCl (Oral Tablet)	4		Clomipramine HCl (Oral Capsule)	4	HRM
Nefazodone HCl (Oral Tablet)	4		Desipramine HCl (Oral Tablet)	3	HRM
Paroxetine HCl (Oral Tablet Immediate Release)	2	HRM ♦	Doxepin HCl (Oral Capsule)	3	HRM
Paxil (Oral Suspension)	4	HRM	Doxepin HCl (Oral Concentrate)	3	HRM
Sertraline HCl (Oral Concentrate)	4		Imipramine HCl (Oral Tablet)	4	HRM
Sertraline HCl (Oral Tablet)	1	♦	Imipramine Pamoate (Oral Capsule)	4	HRM
Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	1	♦	Nortriptyline HCl (Oral Capsule)	2	HRM ♦
Trazodone HCl (300MG Oral Tablet)	2	♦	Nortriptyline HCl (Oral Solution)	2	HRM ♦
Trintellix (Oral Tablet)	4	QL	Protriptyline HCl (Oral Tablet)	4	HRM
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	2	♦	Trimipramine Maleate (Oral Capsule)	4	HRM
Venlafaxine HCl (Oral Tablet Immediate Release)	3		Antiemetics		
Viibryd (Oral Tablet)	4	QL	Antiemetics, Other		
Viibryd Starter Pack (Oral Kit)	4	QL	Compro (Rectal Suppository)	4	
Tricyclics			Hydroxyzine Pamoate (Oral Capsule)	3	HRM
Amitriptyline HCl (Oral Tablet)	4	HRM	Meclizine HCl (Oral Tablet)	2	HRM ♦
			Metoclopramide HCl (5MG/5ML Oral Solution)	2	♦
			Metoclopramide HCl (Oral Tablet)	1	♦

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Perphenazine (Oral Tablet)	4		Ambisome (Intravenous Suspension Reconstituted)	5	B/D, PA
Prochlorperazine Maleate (Oral Tablet)	2	♦	Amphotericin B (Intravenous Solution Reconstituted)	4	B/D, PA
Prochlorperazine (Rectal Suppository)	4		Ciclopirox (External Gel)	3	
Scopolamine (Transdermal Patch 72 Hour)	4	HRM	Ciclopirox (External Shampoo)	3	
Transderm-Scop (1.5MG) (Transdermal Patch 72 Hour)	4	HRM	Ciclopirox (External Solution)	3	
Emetogenic Therapy Adjuncts			Ciclopirox Olamine (External Cream)	3	
Aprepitant (Oral Therapy Pack, Oral Capsule)	4	PA	Ciclopirox Olamine (External Suspension)	3	
Dronabinol (Oral Capsule)	4	PA	Clotrimazole (External Cream)	2	♦
Granisetron HCl (Oral Tablet)	4	B/D, PA; QL	Clotrimazole (External Solution)	2	♦
Ondansetron HCl (Oral Solution)	4	B/D, PA	Clotrimazole (Mouth/Throat Lozenge)	2	♦
Ondansetron HCl (Oral Tablet)	2	B/D, PA ♦	Econazole Nitrate (External Cream)	4	QL
Ondansetron ODT (Oral Tablet Dispersible)	2	B/D, PA ♦	Eraxis (100MG Intravenous Solution Reconstituted)	5	
Sancuso (Transdermal Patch)	5		Eraxis (50MG Intravenous Solution Reconstituted)	4	
Antifungals			Fluconazole in Sodium Chloride (Intravenous Solution)	4	
Antifungals					
Abelcet (Intravenous Suspension)	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
Fluconazole (Oral Suspension Reconstituted)	2	♦	Naftin (External Gel)	4	
Fluconazole (Oral Tablet)	2	♦	Natacyn (Ophthalmic Suspension)	4	
Flucytosine (Oral Capsule)	5		Noxafil (Oral Suspension)	5	QL
Griseofulvin Microsize (Oral Suspension)	4		Noxafil (Oral Tablet Delayed Release)	5	PA; QL
Griseofulvin Microsize (Oral Tablet)	4		Nyamyc (External Powder)	2	♦
Griseofulvin Ultramicrosize (Oral Tablet)	4		Nystatin (External Cream)	2	♦
Itraconazole (Oral Capsule)	4	PA; QL	Nystatin (External Ointment)	2	♦
Itraconazole (Oral Solution)	5	PA	Nystatin (External Powder)	2	♦
Jublia (External Solution)	4		Nystatin (Mouth/Throat Suspension)	2	♦
Ketoconazole (External Cream)	2	QL ♦	Nystatin (Oral Tablet)	2	♦
Ketoconazole (External Shampoo)	2	♦	Nystop (External Powder)	2	♦
Ketoconazole (Oral Tablet)	2	♦	Posaconazole (Oral Tablet Delayed Release)	5	PA; QL
Mentax (External Cream)	4		Terbinafine HCl (Oral Tablet)	2	♦
Miconazole 3 (Vaginal Suppository)	3		Terconazole (Vaginal Cream)	3	
Mycamine (Intravenous Solution Reconstituted)	5		Terconazole (Vaginal Suppository)	3	
Naftifine HCl (External Cream)	4		Voriconazole (Intravenous Solution Reconstituted)	5	
			Voriconazole (Oral Suspension Reconstituted)	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
Voriconazole (Oral Tablet)	4		Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	4	PA; QL
Antigout Agents			Emgality (Subcutaneous Solution Auto-Injector)	4	PA; QL
Antigout Agents			Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	4	PA; QL
Allopurinol (Oral Tablet)	1	♦	Timolol Maleate (Oral Tablet)	3	
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	3	QL	Serotonin (5-HT) 1b/1d Receptor Agonists		
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	3	QL	Naratriptan HCl (Oral Tablet)	3	QL
Colcrys (Oral Tablet)	3	QL	Rizatriptan Benzoate (Oral Tablet)	3	QL
Febuxostat (Oral Tablet)	3	ST	Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	3	QL
Probenecid (Oral Tablet)	2	♦	Sumatriptan (Nasal Solution)	4	QL
Probenecid-Colchicine (Oral Tablet)	2	♦	Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	2	QL ♦
Antimigraine Agents			Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)	4	QL
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			

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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 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, 6MG/0.5ML Subcutaneous Solution Auto-Injector)	4	QL	Antimycobacterials		
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex STATdose)	4	QL	Antimycobacterials, Other		
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Prefilled Syringe)	4	QL	Dapsone (Oral Tablet)	3	
Antimyasthenic Agents			Rifabutin (Oral Capsule)	4	
Parasympathomimetics			Antituberculars		
Guanidine HCl (Oral Tablet)	3		Ethambutol HCl (Oral Tablet)	3	
Pyridostigmine Bromide ER (Oral Tablet Extended Release)	4		Isoniazid (Oral Syrup)	4	
Pyridostigmine Bromide (Oral Solution)	5		Isoniazid (Oral Tablet)	2	◆
Antineoplastics			Paser (Oral Packet)	4	
Alkylating Agents			Priftin (Oral Tablet)	4	
Cyclophosphamide (Oral Capsule)			Pyrazinamide (Oral Tablet)	4	
Gleostine (100MG Oral Capsule)			Rifampin (600MG Intravenous Solution Reconstituted)	4	
			Rifampin (150MG Oral Capsule, 300MG Oral Capsule)	3	
			Rifater (Oral Tablet)	5	
			Sirturo (Oral Tablet)	5	PA; LA
			Trecator (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
Gleostine (10MG Oral Capsule, 40MG Oral Capsule)	3		Toremifene Citrate (Oral Tablet)	5	
Leukeran (Oral Tablet)	5		Antimetabolites		
Matulane (Oral Capsule)	5	LA	Droxia (Oral Capsule)	4	
Valchlor (External Gel)	5	PA; LA	Hydroxyurea (Oral Capsule)	2	♦
Antiandrogens			Mercaptopurine (Oral Tablet)	3	
Abiraterone Acetate (Oral Tablet)	5	PA; QL	Purixan (Oral Suspension)	5	PA
Bicalutamide (Oral Tablet)	2	♦	Tabloid (Oral Tablet)	4	PA
Erleada (Oral Tablet)	5	PA; QL	Antineoplastics		
Flutamide (Oral Capsule)	3		Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	5	PA; QL
Nilutamide (Oral Tablet)	5		Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	5	PA; QL
Nubeqa (Oral Tablet)	5	PA; QL	Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	5	PA; QL
Xtandi (Oral Capsule)	5	PA; LA; QL	Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	5	PA; QL
Antiangiogenic Agents			Antineoplastics, Other		
Pomalyst (Oral Capsule)	5	PA; QL	Copiktra (Oral Capsule)	5	PA; QL
Revlimid (Oral Capsule)	5	PA; LA; QL	Inrebic (Oral Capsule)	5	PA; QL
Thalomid (Oral Capsule)	5	PA; QL	Kisqali (200MG Dose) (Oral Tablet)	5	PA; QL
Antiestrogens/Modifiers			Kisqali (400MG Dose) (Oral Tablet)	5	PA; QL
Emcyt (Oral Capsule)	5		Kisqali (600MG Dose) (Oral Tablet)	5	PA; QL
Soltamox (Oral Solution)	5				
Tamoxifen Citrate (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
Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)	5	PA; QL	Synribo (Subcutaneous Solution Reconstituted)	5	PA
Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)	5	PA; QL	Tazverik (Oral Tablet)	5	PA; QL
Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)	5	PA; QL	Verzenio (Oral Tablet)	5	PA; LA; QL
Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet, 5MG Oral Tablet)	3		Zolinza (Oral Capsule)	5	PA
Leucovorin Calcium (25MG Oral Tablet)	4		Aromatase Inhibitors, 3rd Generation		
Lonsurf (Oral Tablet)	5	PA; LA; QL	Anastrozole (Oral Tablet)	1	♦
Lorbrena (Oral Tablet)	5	PA; QL	Exemestane (Oral Tablet)	4	
Ninlaro (Oral Capsule)	5	PA; QL	Letrozole (Oral Tablet)	2	♦
Pemazyre (Oral Tablet)	5	PA; QL	Enzyme Inhibitors		
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	5	PA; QL	Balversa (Oral Tablet)	5	PA; QL
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	5	PA; QL	Rubraca (Oral Tablet)	5	PA; LA; QL
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	5	PA; QL	Talzenna (Oral Capsule)	5	PA; LA; QL
Rozlytrek (Oral Capsule)	5	PA; 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
			Ayvakit (Oral Tablet)	5	PA; LA; QL
			Bosulif (Oral Tablet)	5	PA; QL
			Braftovi (Oral Capsule)	5	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
Brukinsa (Oral Capsule)	5	PA; LA; QL	Imbruvica (Oral Capsule)	5	PA; LA; QL
Cabometyx (Oral Tablet)	5	PA; LA; QL	Imbruvica (Oral Tablet)	5	PA; QL
Calquence (Oral Capsule)	5	PA; QL	Inlyta (Oral Tablet)	5	PA; LA; QL
Caprelsa (Oral Tablet)	5	PA; LA	Iressa (Oral Tablet)	5	PA; LA; QL
Cometriq (100MG Daily Dose) (Oral Kit)	5	PA; LA	Jakafi (Oral Tablet)	5	PA; LA; QL
Cometriq (140MG Daily Dose) (Oral Kit)	5	PA; LA	Koselugo (Oral Capsule)	5	PA; QL
Cometriq (60MG Daily Dose) (Oral Kit)	5	PA; LA	Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)	5	PA; LA
Cotellic (Oral Tablet)	5	PA; LA; QL	Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)	5	PA; LA
Daurismo (Oral Tablet)	5	PA; LA; QL	Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)	5	PA; LA
Erivedge (Oral Capsule)	5	PA; LA; QL	Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)	5	PA; LA
Erlotinib HCl (Oral Tablet)	5	PA; QL	Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)	5	PA; LA
Everolimus (2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	5	PA	Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)	5	PA; LA
Farydak (Oral Capsule)	5	PA	Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)	5	PA; LA
Gilotrif (Oral Tablet)	5	PA; LA	Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)	5	PA; LA
Ibrance (Oral Capsule)	5	PA; LA; QL			
Ibrance (Oral Tablet)	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			

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Lynparza (Oral Tablet)	5	PA; LA; QL	Votrient (Oral Tablet)	5	PA; LA; QL
Mekinist (Oral Tablet)	5	PA; LA	Xalkori (Oral Capsule)	5	PA; LA
Mektovi (Oral Tablet)	5	PA	Xospata (Oral Tablet)	5	PA; QL
Nerlynx (Oral Tablet)	5	PA; LA; QL	Zelboraf (Oral Tablet)	5	PA; LA; QL
Nexavar (Oral Tablet)	5	PA; LA	Zydelig (Oral Tablet)	5	PA; LA; QL
Odomzo (Oral Capsule)	5	PA; LA; QL	Zykadia (Oral Tablet)	5	PA; QL
Rydapt (Oral Capsule)	5	PA; QL	Retinoids		
Sprycel (Oral Tablet)	5	PA; QL	Bexarotene (Oral Capsule)	5	PA
Stivarga (Oral Tablet)	5	PA; LA; QL	Panretin (External Gel)	5	
Sutent (Oral Capsule)	5	PA; QL	Targretin (External Gel)	5	PA
Tafinlar (Oral Capsule)	5	PA; LA	Tretinoin (Oral Capsule)	5	
Tagrisso (Oral Tablet)	5	PA; LA; QL	Treatment Adjuncts		
Tasigna (Oral Capsule)	5	PA; QL	Mesnex (Oral Tablet)	5	
Tibsovo (Oral Tablet)	5	PA; QL	Antiparasitics		
Turalio (Oral Capsule)	5	PA; LA; QL	Anthelmintics		
Tykerb (Oral Tablet)	5	PA; LA	Albendazole (Oral Tablet)	5	QL
Venclexta (100MG Oral Tablet, 50MG Oral Tablet)	5	PA; LA; QL	Ivermectin (Oral Tablet)	3	
Venclexta (10MG Oral Tablet)	3	PA; LA; QL	Praziquantel (Oral Tablet)	4	
Venclexta Starting Pack (Oral Tablet Therapy Pack)	5	PA; LA	Antiprotozoals		
Vitrakvi (Oral Capsule)	5	PA; LA; QL	Alinia (Oral Suspension Reconstituted)	5	
Vitrakvi (Oral Solution)	5	PA; LA; QL	Alinia (Oral Tablet)	5	
Vizimpro (Oral Tablet)	5	PA; LA; QL	Atovaquone (Oral Suspension)	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
Atovaquone-Proguanil HCl (Oral Tablet)	3		Lindane (External Shampoo)	4	
Benznidazole (Oral Tablet)	4		Malathion (External Lotion)	4	
Chloroquine Phosphate (Oral Tablet)	2	♦	Permethrin (External Cream)	3	
Coartem (Oral Tablet)	4		Antiparkinson Agents		
DARAPRIM (Oral Tablet)	5		Anticholinergics		
Hydroxychloroquine Sulfate (Oral Tablet)	2	♦	Benztropine Mesylate (Oral Tablet)	2	HRM ♦
Mefloquine HCl (Oral Tablet)	2	♦	Trihexyphenidyl HCl (Oral Solution)	2	HRM ♦
Nebupent (Inhalation Solution Reconstituted)	4	B/D, PA; QL	Trihexyphenidyl HCl (Oral Tablet)	2	HRM ♦
PENTAM 300 (Injection Solution Reconstituted)	4		Antiparkinson Agents, Other		
Pentamidine Isethionate (Inhalation Solution Reconstituted)	4	B/D, PA; QL	Amantadine HCl (Oral Capsule)	3	
Pentamidine Isethionate (Injection Solution Reconstituted)	4		Amantadine HCl (Oral Syrup)	2	♦
Primaquine Phosphate (Oral Tablet)	4		Amantadine HCl (Oral Tablet)	3	
Pyrimethamine (Oral Tablet)	5		Entacapone (Oral Tablet)	4	
Quinine Sulfate (Oral Capsule)	4	PA	Tolcapone (Oral Tablet)	5	QL
Pediculicides/Scabicides			Dopamine Agonists		
Apokyn (Subcutaneous Solution Cartridge)			Apokyn (Subcutaneous Solution Cartridge)	5	PA; LA; QL
Bromocriptine Mesylate (Oral Capsule)			Bromocriptine Mesylate (Oral Capsule)	3	
Bromocriptine Mesylate (Oral Tablet)			Bromocriptine Mesylate (Oral Tablet)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Neupro (Transdermal Patch 24 Hour)	4		Zelapar (Oral Tablet Dispersible)	5	
Pramipexole Dihydrochloride (Oral Tablet Immediate Release)	2	♦	Antipsychotics		
Ropinirole HCl (Oral Tablet Immediate Release)	2	♦	1st Generation/Typical		
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors			Chlorpromazine HCl (Oral Tablet)	4	
Carbidopa (Oral Tablet)	4		Fluphenazine Decanoate (Injection Solution)	4	
Carbidopa-Levodopa ER (Oral Tablet Extended Release)	1	♦	Fluphenazine HCl (2.5MG/ML Injection Solution)	4	
Carbidopa-Levodopa (Oral Tablet Immediate Release)	1	♦	Fluphenazine HCl (5MG/ML Oral Concentrate)	3	
Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	2	♦	Fluphenazine HCl (2.5MG/5ML Oral Elixir)	4	
Carbidopa-Levodopa-Entacapone (Oral Tablet)	4		Fluphenazine HCl (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	2	♦
Rytry (Oral Capsule Extended Release)	4	ST	Haloperidol Decanoate (Intramuscular Solution)	4	
Monoamine Oxidase B (MAO-B) Inhibitors			Haloperidol Lactate (Injection Solution)	4	
Rasagiline Mesylate (Oral Tablet)	4		Haloperidol Lactate (Oral Concentrate)	2	♦
Selegiline HCl (Oral Capsule)	3		Haloperidol (Oral Tablet)	2	♦
Selegiline HCl (Oral Tablet)	3		Loxapine Succinate (Oral Capsule)	2	♦
			Molindone HCl (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
Pimozide (Oral Tablet)	4		Caplyta (Oral Capsule)	5	ST; QL
Thioridazine HCl (Oral Tablet)	3		Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	5	ST; QL
Thiothixene (Oral Capsule)	3		Fanapt (1MG Oral Tablet, 2MG Oral Tablet)	4	ST; QL
Trifluoperazine HCl (Oral Tablet)	3		Fanapt Titration Pack (Oral Tablet)	4	ST
2nd Generation/Atypical			Geodon (Intramuscular Solution Reconstituted)	4	
Abilify Maintena (Intramuscular Prefilled Syringe)	5		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	
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			
Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	5	QL			
Aristada Initio (Intramuscular Prefilled Syringe)	5				
Aristada (Intramuscular Prefilled Syringe)	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
Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)	4		Perseris (Subcutaneous Prefilled Syringe)	5	
Invega Trinza (Intramuscular Suspension Prefilled Syringe)	5		Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)	3	QL
Latuda (Oral Tablet)	5	QL	Quetiapine Fumarate (Oral Tablet Immediate Release)	2	QL ♦
Nuplazid (Oral Capsule)	5	PA; QL	Rexulti (Oral Tablet)	5	QL
Nuplazid (Oral Tablet)	5	PA; QL	Risperdal Consta (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER)	4	
Olanzapine (10MG Intramuscular Solution Reconstituted)	4		Risperdal Consta (37.5MG Intramuscular Suspension Reconstituted ER, 50MG Intramuscular Suspension Reconstituted ER)	5	
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	2	QL ♦	Risperidone (1MG/ML Oral Solution)	4	
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	4	QL	Risperidone (0.25MG Oral Tablet, 0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 3MG Oral Tablet, 4MG Oral Tablet)	2	♦
Paliperidone ER (Oral Tablet Extended Release 24 Hour)	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
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		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
Saphris (Tablet Sublingual)	5	QL	Versacloz (Oral Suspension)	5	
Secudo (Transdermal Patch 24 Hour)	5	PA; QL	Antivirals		
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	5	ST; QL	Anti-cytomegalovirus (CMV) Agents		
Vraylar (Oral Capsule Therapy Pack)	4	ST	Valganciclovir HCl (Oral Solution Reconstituted)	5	QL
Ziprasidone HCl (Oral Capsule)	3	QL	Valganciclovir HCl (Oral Tablet)	5	QL
Zypréxa Relprevv (210MG Intramuscular Suspension Reconstituted)	4		Zirgan (Ophthalmic Gel)	4	
Treatment-Resistant			Anti-hepatitis B (HBV) Agents		
Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	3		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		

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Intron A (Injection Solution)	5	PA; LA	Denavir (External Cream)	5	QL
Intron A (Injection Solution Reconstituted)	5	PA; LA	Famciclovir (Oral Tablet)	3	QL
Pegasys ProClick (Subcutaneous Solution)	5	PA	Trifluridine (Ophthalmic Solution)	3	
Pegasys (Subcutaneous Solution)	5	PA	Valacyclovir HCl (Oral Tablet)	3	QL
Ribavirin (Oral Tablet)	3		Anti-HIV Agents, Integrase Inhibitors (INSTI)		
Sylatron (200MCG Subcutaneous Kit, 300MCG Subcutaneous Kit)	5	PA	Dovato (Oral Tablet)	5	QL
Anti-hepatitis C (HCV) Direct Acting Agents			Genvoya (Oral Tablet)	5	QL
Epclusa (Oral Tablet)	5	PA; QL	Isentress HD (Oral Tablet)	5	QL
Mavyret (Oral Tablet)	5	PA; QL	Isentress (Oral Packet)	4	QL
Sofosbuvir-Velpatasvir (Oral Tablet)	5	PA; QL	Isentress (Oral Tablet)	5	QL
Sovaldi (400MG Oral Tablet)	5	PA; QL	Isentress (100MG Oral Tablet Chewable)	5	QL
Vosevi (Oral Tablet)	5	PA; QL	Isentress (25MG Oral Tablet Chewable)	3	QL
Antiherpetic Agents			Stribild (Oral Tablet)	5	QL
Acyclovir (External Ointment)	4	QL	Tivicay (10MG Oral Tablet)	4	QL
Acyclovir (Oral Capsule)	2	◆	Tivicay (25MG Oral Tablet, 50MG Oral Tablet)	5	QL
Acyclovir (Oral Suspension)	3		Triumeq (Oral Tablet)	5	QL
Acyclovir (Oral Tablet)	1	◆	Tybost (Oral Tablet)	4	QL
Acyclovir Sodium (Intravenous Solution)	4	B/D, PA	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
			Atripla (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
Complera (Oral Tablet)	5	QL	Abacavir-Lamivudine-Zidovudine (Oral Tablet)	5	QL
Delstrigo (Oral Tablet)	5	QL	Biktarvy (Oral Tablet)	5	QL
Edurant (Oral Tablet)	5	QL	Cimduo (Oral Tablet)	5	QL
Efavirenz (Oral Capsule)	4	QL	Descovy (Oral Tablet)	5	QL
Efavirenz (Oral Tablet)	5	QL	Didanosine (Oral Capsule Delayed Release)	3	QL
Intelence (100MG Oral Tablet, 200MG Oral Tablet)	5	QL	Emtriva (Oral Capsule)	4	QL
Intelence (25MG Oral Tablet)	4	QL	Emtriva (Oral Solution)	4	QL
Juluca (Oral Tablet)	5	QL	Lamivudine (10MG/ML Oral Solution)	3	QL
Nevirapine ER (Oral Tablet Extended Release 24 Hour)	4	QL	Lamivudine (150MG Oral Tablet, 300MG Oral Tablet)	3	QL
Nevirapine (Oral Suspension)	4	QL	Lamivudine-Zidovudine (Oral Tablet)	4	QL
Nevirapine (Oral Tablet Immediate Release)	3	QL	Stavudine (Oral Capsule)	3	QL
Odefsey (Oral Tablet)	5	QL	Tenofovir Disoproxil Fumarate (Oral Tablet)	4	QL
Pifeltro (Oral Tablet)	5	QL	Truvada (Oral Tablet)	5	QL
Symfi Lo (Oral Tablet)	5	QL	Viread (Oral Powder)	5	QL
Symfi (Oral Tablet)	5	QL	Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	5	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)			Zidovudine (Oral Capsule)	3	QL
Abacavir Sulfate (Oral Solution)	4	QL	Zidovudine (Oral Syrup)	3	QL
Abacavir Sulfate (Oral Tablet)	4	QL			
Abacavir Sulfate-Lamivudine (Oral Tablet)	4	QL			

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Zidovudine (Oral Tablet)	3	QL	Lopinavir-Ritonavir (Oral Solution)	4	QL
Anti-HIV Agents, Other			Norvir (Oral Packet)	4	QL
Fuzeon (Subcutaneous Solution Reconstituted)	5	QL	Norvir (Oral Solution)	4	QL
Selzentry (Oral Solution)	5	QL	Prezcobix (Oral Tablet)	5	QL
Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet)	5	QL	Prezista (Oral Suspension)	5	QL
Selzentry (25MG Oral Tablet)	3	QL	Prezista (150MG Oral Tablet, 75MG Oral Tablet)	4	QL
Anti-HIV Agents, Protease Inhibitors			Prezista (600MG Oral Tablet, 800MG Oral Tablet)	5	QL
Aptivus (Oral Capsule)	5	QL	Reyataz (Oral Packet)	5	QL
Aptivus (Oral Solution)	5	QL	Ritonavir (Oral Tablet)	3	QL
Atazanavir Sulfate (Oral Capsule)	5	QL	Syntuza (Oral Tablet)	5	QL
Crixivan (Oral Capsule)	3	QL	Viracept (Oral Tablet)	5	QL
Evotaz (Oral Tablet)	5	QL	Anti-influenza Agents		
Fosamprenavir Calcium (Oral Tablet)	5	QL	Oseltamivir Phosphate (Oral Capsule)	3	QL
Invirase (Oral Tablet)	5	QL	Oseltamivir Phosphate (Oral Suspension Reconstituted)	3	QL
Kaletra (100-25MG Oral Tablet)	4	QL	Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	3	QL
Kaletra (200-50MG Oral Tablet)	5	QL	Rimantadine HCl (Oral Tablet)	4	
Lexiva (Oral Suspension)	4	QL	Xofluza (40 MG Dose) (Oral Tablet Therapy Pack)	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
Xofluza (80 MG Dose) (Oral Tablet Therapy Pack)	3	QL	Diazepam Intensol (5MG/ML Oral Concentrate)	2	QL ♦
Anxiolytics			Diazepam (5MG/5ML Oral Solution)	2	♦
Anxiolytics, Other			Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	2	QL ♦
Buspirone HCl (Oral Tablet)	2	♦	Lorazepam (2MG/ML Oral Concentrate)	2	QL ♦
Hydroxyzine HCl (Oral Syrup)	3	HRM	Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet)	1	QL ♦
Hydroxyzine HCl (Oral Tablet)	3	HRM	Bipolar Agents		
Benzodiazepines			Mood Stabilizers		
Alprazolam (Oral Tablet Immediate Release)	1	QL ♦	Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	2	♦
Chlordiazepoxide HCl (Oral Capsule)	2	♦	Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	2	♦
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet)	2	QL ♦	Divalproex Sodium (Oral Tablet Delayed Release)	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	Lithium Carbonate ER (Oral Tablet Extended Release)	2	♦
Clorazepate Dipotassium (Oral Tablet)	3	QL	Lithium Carbonate (Oral Capsule)	2	♦
			Lithium Carbonate (Oral Tablet Immediate Release)	2	♦
			Lithium (Oral Solution)	3	

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Blood Glucose Regulators					
Antidiabetic Agents					
Acarbose (Oral Tablet)	1	QL ♦	Janumet (Oral Tablet Immediate Release)	3	QL
Bydureon BCise (Subcutaneous Auto-Injector)	3	QL	Janumet XR (Oral Tablet Extended Release 24 Hour)	3	QL
Bydureon (Subcutaneous Pen-Injector)	3	QL	Januvia (Oral Tablet)	3	QL
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	4	QL	Jardiance (Oral Tablet)	3	QL
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	4	QL	Jentadueto (Oral Tablet Immediate Release)	3	QL
Cycloset (Oral Tablet)	4	PA; QL	Jentadueto XR (Oral Tablet Extended Release 24 Hour)	3	QL
Glimepiride (Oral Tablet)	1	QL ♦	Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	1	QL ♦
Glipizide ER (Oral Tablet Extended Release 24 Hour)	1	QL ♦	Metformin HCl (500MG/5ML Oral Solution)	4	QL
Glipizide (Oral Tablet Immediate Release)	1	QL ♦	Metformin HCl (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 850MG Oral Tablet Immediate Release)	1	QL ♦
Glipizide-Metformin HCl (Oral Tablet)	1	QL ♦	Miglitol (Oral Tablet)	4	QL
Glyxambi (Oral Tablet)	3	QL	Nateglinide (Oral Tablet)	1	QL ♦
Invokamet (Oral Tablet Immediate Release)	3	QL			
Invokamet XR (Oral Tablet Extended Release 24 Hour)	3	QL			
Invokana (Oral Tablet)	3	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
Ozempic (0.25 or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector)	3	QL	Synjardy (Oral Tablet Immediate Release)	3	QL
Ozempic (1MG/DOSE) (Subcutaneous Solution Pen-Injector)	3	QL	Synjardy XR (Oral Tablet Extended Release 24 Hour)	3	QL
Pioglitazone HCl (Oral Tablet)	1	QL ♦	Tradjenta (Oral Tablet)	3	QL
Pioglitazone HCl-Glimepiride (Oral Tablet)	1	QL ♦	Trulicity (Subcutaneous Solution Pen-Injector)	3	QL
Pioglitazone HCl-Metformin HCl (Oral Tablet)	1	QL ♦	Victoza (Subcutaneous Solution Pen-Injector)	3	QL
Repaglinide (Oral Tablet)	1	QL ♦	Glycemic Agents		
Riomet ER (Oral Suspension Reconstituted ER)	4	QL	Baqsimi Two Pack (Nasal Powder)	3	
Riomet (Oral Solution)	4	QL	Diazoxide (Oral Suspension)	5	
Rybelsus (Oral Tablet)	3	QL	GlucaGen HypoKit (Injection Solution Reconstituted)	4	
Soliqua (Subcutaneous Solution Pen-Injector)	3	QL	Glucagon (Injection Kit) (Lilly)	3	
SymlinPen 120 (Subcutaneous Solution Pen-Injector)	5	PA	Gvoke PFS (Subcutaneous Solution Prefilled Syringe)	3	
SymlinPen 60 (Subcutaneous Solution Pen-Injector)	5	PA	Proglycem (Oral Suspension)	5	
Insulins					
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)					

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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
Humalog KwikPen (Subcutaneous Solution Pen-Injector)	3		Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)	3	
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)	3		Humulin N (Subcutaneous Suspension)	3	
Humalog Mix 50/50 (Subcutaneous Suspension)	3		Humulin R (Injection Solution)	3	
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)	3		Humulin R U-500 (Concentrated) (Subcutaneous Solution)	3	
Humalog Mix 75/25 (Subcutaneous Suspension)	3		Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)	3	
Humalog (Subcutaneous Solution)	3		Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)	3	
Humalog (Subcutaneous Solution Cartridge)	3		Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)	3	
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)	3		Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog)	3	
Humulin 70/30 (Subcutaneous Suspension)	3				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Insulin Lispro (Subcutaneous Solution) (Brand Equivalent Humalog)	3		Eliquis (Oral Tablet)	3	QL
Lantus SoloStar (Subcutaneous Solution Pen-Injector)	3		Enoxaparin Sodium (Subcutaneous Solution)	4	QL
Lantus (Subcutaneous Solution)	3		Fondaparinux Sodium (10MG/0.8ML Subcutaneous Solution, 5MG/0.4ML Subcutaneous Solution, 7.5MG/0.6ML Subcutaneous Solution)	5	
Levemir FlexTouch (Subcutaneous Solution Pen-Injector)	3		Fondaparinux Sodium (2.5MG/0.5ML Subcutaneous Solution)	4	
Levemir (Subcutaneous Solution)	3		Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution)	3	
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)	3		Heparin Sodium (1000UNIT/ML Injection Solution)	3	B/D, PA
Toujeo SoloStar (Subcutaneous Solution Pen-Injector)	3		Jantoven (Oral Tablet)	1	♦
Tresiba FlexTouch (Subcutaneous Solution Pen-Injector)	3		Warfarin Sodium (Oral Tablet)	1	♦
Tresiba (Subcutaneous Solution)	3		Xarelto (Oral Tablet)	3	QL
Blood Products/Modifiers/Volume Expanders			Xarelto Starter Pack (Oral Tablet Therapy Pack)	3	QL
Anticoagulants			Blood Formation Modifiers		
Coumadin (Oral Tablet)	4		Anagrelide HCl (Oral Capsule)	3	
Eliquis Starter Pack (Oral Tablet)	3	QL			

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 300MCG/ML Injection Solution, 60MCG/ML Injection Solution)	5	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
Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution)	4	PA	Granix (Subcutaneous Solution)	5	ST
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	Granix (Subcutaneous Solution Prefilled Syringe)	5	ST
			Leukine (Injection Solution Reconstituted)	5	PA
			Neulasta (Subcutaneous Solution Prefilled Syringe)	5	PA
			Neupogen (Injection Solution)	5	ST
			Neupogen (Injection Solution Prefilled Syringe)	5	ST

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
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
Promacta (Oral Tablet)	5	PA; LA; QL	Brilinta (Oral Tablet)	3	QL
Retacrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	4	PA	Cablivi (Injection Kit)	5	PA; QL
Retacrit (40000UNIT/ML Injection Solution)	5	PA	Cilostazol (Oral Tablet)	2	♦
Udenyca (Subcutaneous Solution Prefilled Syringe)	5	PA	Clopidogrel Bisulfate (75MG Oral Tablet)	2	QL ♦
Zarxio (Injection Solution Prefilled Syringe)	5		Prasugrel HCl (Oral Tablet)	3	QL
Hemostasis Agents			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	♦

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use			
Angiotensin II Receptor Antagonists								
Candesartan Cilexetil (Oral Tablet)	1	QL ♦	Amiodarone HCl (200MG Oral Tablet)	1	♦			
Edarbi (Oral Tablet)	4	QL	Dofetilide (Oral Capsule)	4				
Irbesartan (Oral Tablet)	1	QL ♦	Flecainide Acetate (Oral Tablet)	2	♦			
Losartan Potassium (Oral Tablet)	1	QL ♦	Mexiletine HCl (Oral Capsule)	3				
Olmesartan Medoxomil (Oral Tablet)	1	QL ♦	Multaq (Oral Tablet)	3	QL			
Telmisartan (Oral Tablet)	1	QL ♦	Pacerone (200MG Oral Tablet)	1	♦			
Valsartan (Oral Tablet)	1	QL ♦	Propafenone HCl ER (Oral Capsule Extended Release 12 Hour)	4				
Angiotensin-converting Enzyme (ACE) Inhibitors								
Benazepril HCl (Oral Tablet)	1	QL ♦	Propafenone HCl (Oral Tablet)	2	♦			
Captopril (Oral Tablet)	1	QL ♦	Quinidine Gluconate ER (Oral Tablet Extended Release)	4				
Enalapril Maleate (Oral Tablet)	1	QL ♦	Quinidine Sulfate (Oral Tablet)	2	♦			
Fosinopril Sodium (Oral Tablet)	1	QL ♦	Sotalol HCl AF (Oral Tablet)	2	♦			
Lisinopril (Oral Tablet)	1	QL ♦	Sotalol HCl (Oral Tablet)	2	♦			
Moexipril HCl (Oral Tablet)	1	QL ♦	Beta-adrenergic Blocking Agents					
Perindopril Erbumine (Oral Tablet)	1	QL ♦	Acebutolol HCl (Oral Capsule)	2	♦			
Quinapril HCl (Oral Tablet)	1	QL ♦	Atenolol (Oral Tablet)	1	♦			
Ramipril (Oral Capsule)	1	QL ♦	Betaxolol HCl (Oral Tablet)	3				
Trandolapril (Oral Tablet)	1	QL ♦	Bisoprolol Fumarate (Oral Tablet)	2	♦			
Antiarrhythmics								
			Bystolic (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
Carvedilol (Oral Tablet)	1	♦	Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour,		
Labetalol HCl (Oral Tablet)	2	♦	180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour,		
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	1	♦	300MG Oral Capsule Extended Release 24 Hour)	2	♦
Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	1	♦			
Nadolol (Oral Tablet)	4		Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour)	2	♦
Pindolol (Oral Tablet)	3		Diltiazem HCl (Oral Tablet Immediate Release)	2	♦
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour)	2	♦	Dilt-XR (Oral Capsule Extended Release 24 Hour)	2	♦
Propranolol HCl (Oral Solution)	2	♦	Felodipine ER (Oral Tablet Extended Release 24 Hour)	2	♦
Propranolol HCl (Oral Tablet)	2	♦	Matzim LA (Oral Tablet Extended Release 24 Hour)	2	♦
Calcium Channel Blocking Agents					
Amlodipine Besylate (Oral Tablet)	1	♦	Nicardipine HCl (Oral Capsule)	3	
Cartia XT (Oral Capsule Extended Release 24 Hour)	2	♦	Nifedipine ER (Oral Tablet Extended Release 24 Hour)	2	QL ♦
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour)	2	♦	Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	2	QL ♦

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Nimodipine (Oral Capsule)	4		Aliskiren Fumarate (Oral Tablet)	4	QL
Nymalize (60MG/20ML Oral Solution)	5		Amiloride-Hydrochlorothiazide (Oral Tablet)	2	♦
Taztia XT (Oral Capsule Extended Release 24 Hour)	2	♦	Amlodipine-Atorvastatin (Oral Tablet)	2	QL ♦
Tiadylt ER (Oral Capsule Extended Release 24 Hour)	2	♦	Amlodipine-Benazepril (Oral Capsule)	1	QL ♦
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		Amlodipine-Olmesartan (Oral Tablet)	2	QL ♦
Verapamil HCl ER (360MG Oral Capsule Extended Release 24 Hour)	3		Amlodipine-Valsartan (Oral Tablet)	2	QL ♦
Verapamil HCl ER (Oral Tablet Extended Release)	2	♦	Amlodipine-Valsartan-HCTZ (Oral Tablet)	2	QL ♦
Verapamil HCl (Oral Tablet Immediate Release)	2	♦	Atenolol-Chlorthalidone (Oral Tablet)	1	♦
Cardiovascular Agents, Other					
♦ We provide additional coverage of this prescription drug in the coverage gap. Refer to your Evidence of Coverage for more information.					

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Demser (Oral Capsule)	5		Olmesartan-Amlodipine-HCTZ (Oral Tablet)	2	QL ♦
Digitek (Oral Tablet)	2	HRM ♦	Pentoxifylline ER (Oral Tablet Extended Release)	2	♦
Digox (Oral Tablet)	2	HRM ♦	Propranolol-HCTZ (Oral Tablet)	2	♦
Digoxin (Oral Solution)	3	HRM	Quinapril-Hydrochlorothiazide (Oral Tablet)	1	QL ♦
Digoxin (Oral Tablet)	2	HRM ♦	Ranolazine ER (Oral Tablet Extended Release 12 Hour)	3	QL
Edarbyclor (Oral Tablet)	4	QL	Spironolactone-HCTZ (Oral Tablet)	2	♦
Enalapril-Hydrochlorothiazide (Oral Tablet)	1	QL ♦	Telmisartan-Amlodipine (Oral Tablet)	1	QL ♦
Entresto (Oral Tablet)	3	QL	Telmisartan-HCTZ (Oral Tablet)	1	QL ♦
Fosinopril Sodium-HCTZ (Oral Tablet)	1	QL ♦	Triamterene-HCTZ (Oral Capsule)	2	♦
Irbesartan-Hydrochlorothiazide (Oral Tablet)	1	QL ♦	Triamterene-HCTZ (Oral Tablet)	2	♦
Lanoxin (Oral Tablet)	4	HRM	Valsartan-Hydrochlorothiazide (Oral Tablet)	1	QL ♦
Lisinopril-Hydrochlorothiazide (Oral Tablet)	1	QL ♦	Vyndamax (Oral Capsule)	5	PA; QL
Losartan Potassium-HCTZ (Oral Tablet)	1	QL ♦	Vyndaqel (Oral Capsule)	5	PA; QL
Methyldopa-Hydrochlorothiazide (Oral Tablet)	3	HRM	Diuretics, Carbonic Anhydrase Inhibitors		
Metoprolol-Hydrochlorothiazide (Oral Tablet)	2	♦			
Olmesartan Medoxomil-HCTZ (Oral Tablet)	1	QL ♦			

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	4		Diuril (Oral Suspension)	4	
Acetazolamide (Oral Tablet)	3		Hydrochlorothiazide (Oral Capsule)	1	♦
Methazolamide (Oral Tablet)	4		Hydrochlorothiazide (Oral Tablet)	1	♦
Diuretics, Loop			Indapamide (Oral Tablet)	2	♦
Bumetanide (Injection Solution)	4		Metolazone (Oral Tablet)	3	
Bumetanide (Oral Tablet)	1	♦	Dyslipidemics, Fibric Acid Derivatives		
Ethacrynic Acid (Oral Tablet)	4		Fenofibrate Micronized (134MG Oral Capsule, 200MG Oral Capsule, 67MG Oral Capsule)	2	♦
Furosemide (Injection Solution)	4	B/D, PA	Fenofibrate (145MG Oral Tablet, 48MG Oral Tablet)	2	♦
Furosemide (Oral Solution)	2	♦	Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet)	1	♦
Furosemide (Oral Tablet)	1	♦	Fenofibric Acid (Oral Capsule Delayed Release)	3	
Torsemide (Oral Tablet)	2	♦	Gemfibrozil (Oral Tablet)	2	♦
Diuretics, Potassium-sparing			Dyslipidemics, HMG CoA Reductase Inhibitors		
Amiloride HCl (Oral Tablet)	2	♦	Atorvastatin Calcium (Oral Tablet)	1	QL ♦
Eplerenone (Oral Tablet)	3		Fluvastatin Sodium (Oral Capsule)	2	QL ♦
Spironolactone (Oral Tablet)	2	♦	Livalo (Oral Tablet)	3	QL
Triamterene (Oral Capsule)	4		Lovastatin (Oral Tablet)	1	QL ♦
Diuretics, Thiazide					
Chlorthalidone (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
Pravastatin Sodium (Oral Tablet)	1	QL ♦	Praluent (Subcutaneous Solution Auto-Injector)	3	PA; LA; QL
Rosuvastatin Calcium (Oral Tablet)	1	QL ♦	Prevalite (Oral Packet)	4	
Simvastatin (Oral Tablet)	1	QL ♦	Repatha Pushtronex System (Subcutaneous Solution Cartridge)	3	PA; QL
Dyslipidemics, Other			Repatha (Subcutaneous Solution Prefilled Syringe)	3	PA; QL
Cholestyramine Light (Oral Powder)	4		Repatha SureClick (Subcutaneous Solution Auto-Injector)	3	PA; QL
Cholestyramine (Oral Packet)	4		Vascepa (Oral Capsule)	4	
Colesevelam HCl (Oral Packet)	3		Vasodilators, Direct-acting Arterial		
Colesevelam HCl (Oral Tablet)	3		Hydralazine HCl (Oral Tablet)	2	♦
Colestipol HCl (Oral Packet)	4		Minoxidil (Oral Tablet)	2	♦
Colestipol HCl (Oral Tablet)	3		Vasodilators, Direct-acting Arterial/Venous		
Ezetimibe (Oral Tablet)	2	QL ♦	Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	2	♦
Ezetimibe-Simvastatin (Oral Tablet)	3	QL			
Juxtapid (Oral Capsule)	5	PA; LA			
Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release)	4				
Niacor (Oral Tablet)	2	♦			
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	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	
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour)	2	♦	Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)	4	QL	
Isosorbide Mononitrate (Oral Tablet Immediate Release)	2	♦	Dextroamphetamine Sulfate (Oral Tablet)	4	QL	
Minitran (Transdermal Patch 24 Hour)	2	♦	Vyvanse (Oral Capsule)	4		
Nitro-Bid (Transdermal Ointment)	4		Vyvanse (Oral Tablet Chewable)	4		
Nitroglycerin (Tablet Sublingual)	2	♦	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			
Nitroglycerin (Transdermal Patch 24 Hour)	2	♦	Atomoxetine HCl (Oral Capsule)	4	QL	
Nitroglycerin (Translingual Solution)	3		Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)	4	PA	
Nitrostat (Tablet Sublingual)	3		Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour)	4		
Rectiv (Rectal Ointment)	4		Dexmethylphenidate HCl (Oral Tablet)	3	QL	
Central Nervous System Agents			Guanfacine HCl ER (Oral Tablet Extended Release 24 Hour)	4	HRM	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release)	4	QL	
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	4	QL	Methylphenidate HCl (Oral Solution)	4	QL	
Amphetamine-Dextroamphetamine (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
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	3	QL	Pregabalin (Oral Capsule)	3	QL
Central Nervous System, Other			Pregabalin (Oral Solution)	3	QL
Austedo (Oral Tablet)	5	PA; LA; QL	Savella (Oral Tablet)	3	
Ingrezza (Oral Capsule)	5	PA; QL	Savella Titration Pack (Oral Tablet)	3	
Ingrezza (Oral Capsule Therapy Pack)	5	PA; QL	Multiple Sclerosis Agents		
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	3	PA; QL	Ampyra (Oral Tablet Extended Release 12 Hour)	5	QL
Namzaric (Oral Capsule Extended Release 24 Hour)	3	PA; QL	Aubagio (Oral Tablet)	5	LA; QL
Nuedexta (Oral Capsule)	4	PA	Avonex Pen (Intramuscular Auto-Injector Kit)	5	QL
Riluzole (Oral Tablet)	3		Avonex Prefilled (Intramuscular Prefilled Syringe Kit)	5	QL
Tetrabenazine (Oral Tablet)	5	PA; LA; QL	Betaseron (Subcutaneous Kit)	5	QL
Fibromyalgia Agents			Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	5	QL
Drizalma Sprinkle (Oral Capsule Delayed Release Sprinkle)	4	ST; QL	Gilenya (0.5MG Oral Capsule)	5	QL
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	2	QL ♦	Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	5	QL
			Glatopa (Subcutaneous Solution Prefilled Syringe)	5	QL
			Mayzent (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
Rebif Rebidose (Subcutaneous Solution Auto-Injector)	5	QL	Acitretin (Oral Capsule)	4	
Rebif Rebidose Titration Pack (Subcutaneous Solution Auto-Injector)	5	QL	Adapalene (External Cream)	4	
Rebif (Subcutaneous Solution Prefilled Syringe)	5	QL	Adapalene (0.1% External Gel)	3	
Rebif Titration Pack (Subcutaneous Solution Prefilled Syringe)	5	QL	Ammonium Lactate (External Cream)	3	
Tecfidera Starter Pack (Oral)	5	LA	Ammonium Lactate (External Lotion)	3	
Tecfidera (Oral Capsule Delayed Release)	5	LA; QL	Azelaic Acid (External Gel)	4	
Dental and Oral Agents			Benzoyl Peroxide-Erythromycin (External Gel)	4	
Dental and Oral Agents			Calcipotriene (External Cream)	4	
Chlorhexidine Gluconate (Mouth Solution)	2	♦	Calcipotriene (External Ointment)	4	
Pilocarpine HCl (Oral Tablet)	4		Calcipotriene (External Solution)	3	
Triamcinolone Acetonide (Dental Paste)	3		Calcitriol (External Ointment)	4	
Dermatological Agents			Carac (External Cream)	5	PA
Dermatological Agents			Claravis (Oral Capsule)	4	PA
			Clindamycin Phosphate (External Gel)	3	
			Clindamycin Phosphate (External Lotion)	3	
			Clindamycin Phosphate (External Solution)	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	Drug Name	Drug Tier	Coverage Rules or Limits on use
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	
Cortisporin (External Ointment)	4		Imiquimod Pump (3.75% External Cream)	5	PA
Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe)	5	PA; LA	Isotretinoin (Oral Capsule)	4	PA
Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector)	5	PA; LA	Methoxsalen Rapid (Oral Capsule)	5	
Diclofenac Sodium (3% Transdermal Gel)	4	PA	Mirvaso (External Gel)	4	
Doxepin HCl (External Cream)	5	PA; QL	Oxsoralen Ultra (Oral Capsule)	5	
Ery (External Pad)	3		Picato (External Gel)	3	
Erythromycin (External Gel)	4		Pimecrolimus (External Cream)	4	ST
Erythromycin (External Solution)	2	♦	Podofilox (External Solution)	3	
			Regranex (External Gel)	5	PA
			Santyl (External Ointment)	4	
			Selenium Sulfide (External Lotion)	2	♦
			Stelara (Subcutaneous Solution)	5	PA

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Stelara (Subcutaneous Solution Prefilled Syringe)	5	PA	Dextrose (10% Intravenous Solution)	4	
Tacrolimus (External Ointment)	4	ST	Dextrose (5% Intravenous Solution)	4	B/D, PA
Tazarotene (External Cream)	4	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, 5-0.45% Intravenous Solution)	4	
Tazorac (0.05% External Cream)	4	PA	Dextrose-NaCl (5-0.9% Intravenous Solution)	4	B/D, PA
Tazorac (0.05% External Gel)	5	PA	FreAmine HBC (Intravenous Solution)	4	B/D, PA
Tazorac (0.1% External Gel)	4	PA	HepatAmine (Intravenous Solution)	4	B/D, PA
Tolak (External Cream)	4		Intralipid (Intravenous Emulsion)	4	B/D, PA
Tretinoin (External Cream)	4	PA	Isolyte-P in D5W (Intravenous Solution)	4	
Tretinoin (0.01% External Gel, 0.025% External Gel)	4	PA	Isolyte-S (Intravenous Solution)	4	
Tretinoin Microsphere (External Gel)	4	PA	KCl in Dextrose-NaCl (Intravenous Solution)	4	
Zyclara Pump (External Cream)	5	PA	KCl-Lactated Ringers-D5W (Intravenous Solution)	4	
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			

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Klor-Con 10 (Oral Tablet Extended Release)	3		Nutrilipid (Intravenous Emulsion)	4	B/D, PA
Klor-Con M10 (Oral Tablet Extended Release)	2	♦	Plasma-Lyte 148 (Intravenous Solution)	4	
Klor-Con M15 (Oral Tablet Extended Release)	2	♦	Plasma-Lyte A (Intravenous Solution)	4	
Klor-Con M20 (Oral Tablet Extended Release)	2	♦	Plenamine (Intravenous Solution)	4	B/D, PA
Klor-Con (Oral Packet)	3		Potassium Chloride CR (Oral Tablet Extended Release)	2	♦
Klor-Con 8 (Oral Tablet Extended Release)	3		Potassium Chloride ER (Oral Capsule Extended Release)	2	♦
Levocarnitine (1GM/10ML Oral Solution)	3		Potassium Chloride in Dextrose (Intravenous Solution)	4	B/D, PA
Levocarnitine (330MG Oral Tablet)	3		Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution)	4	B/D, PA
Magnesium Sulfate (50% Injection Solution)	4		Potassium Chloride in NaCl (20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)	4	B/D, PA
Magnesium Sulfate (50% (10ML Syringe) Injection Solution)	4		Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 40MEQ/100ML Intravenous Solution)	4	B/D, PA
Nephramine (Intravenous Solution)	4	B/D, PA			
Normosol-M in D5W (Intravenous Solution)	4				
Normosol-R in D5W (Intravenous Solution)	4				
Normosol-R pH 7.4 (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		
Potassium Chloride (2MEQ/ML Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution)	4	B/D, PA	Electrolyte/Mineral/Metal Modifiers				
Potassium Chloride (Oral Packet)	3		Chemet (Oral Capsule)	5			
Potassium Chloride (Oral Solution)	3		Clovique (Oral Capsule)	5	PA; QL		
Potassium Citrate ER (Oral Tablet Extended Release)	3		Deferasirox (360MG Oral Tablet, 90MG Oral Tablet) (Generic Jadenu)	5	PA		
Premasol (Intravenous Solution)	4	B/D, PA	Deferasirox (Oral Tablet Soluble) (Generic Exjade)	5	PA		
Procalamine (Intravenous Solution)	4	B/D, PA	Ferriprox (Oral Solution)	5	PA		
Prosol (Intravenous Solution)	4	B/D, PA	Ferriprox (Oral Tablet)	5	PA		
Sodium Chloride (0.9% Intravenous Solution)	4	B/D, PA	Jadenu (Oral Tablet)	5	PA		
Sodium Chloride (3% Intravenous Solution, 5% Intravenous Solution)	4	B/D, PA	Jadenu Sprinkle (Oral Packet)	5	PA		
Sodium Chloride (Irrigation Solution)	3		Kionex (Oral Suspension)	3			
Sodium Fluoride (Oral Tablet)	2	♦	Lokelma (Oral Packet)	4	QL		
TPN Electrolytes (Intravenous Concentrate)	4		Sodium Polystyrene Sulfonate (Oral Powder)	3			
Travasol (Intravenous Solution)	4	B/D, PA	Sodium Polystyrene Sulfonate (Oral Suspension)	3			
TrophAmine (10% Intravenous Solution)	4	B/D, PA	SPS (Oral Suspension)	3			
			Trientine HCl (Oral Capsule)	5	PA; QL		
			Veltassa (Oral Packet)	5	QL		
			Phosphate Binders				

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Auryxia (Oral Tablet)	5	PA	Chenodal (Oral Tablet)	5	
Calcium Acetate (Phosphate Binder) (Oral Capsule)	3		Cromolyn Sodium (Oral Concentrate)	3	
Calcium Acetate (Phosphate Binder) (Oral Tablet)	3		Diphenoxylate-Atropine (Oral Liquid)	4	HRM
Lanthanum Carbonate (Oral Tablet Chewable)	5		Diphenoxylate-Atropine (Oral Tablet)	4	HRM
Phoslyra (Oral Solution)	3		Gattex (Subcutaneous Kit)	5	PA; LA
Sevelamer Carbonate (Oral Packet)	5		Loperamide HCl (Oral Capsule)	2	♦
Sevelamer Carbonate (Oral Tablet) (Generic Renvela)	4		Myalept (Subcutaneous Solution Reconstituted)	5	PA; LA
Velphoro (Oral Tablet Chewable)	5		Relistor (Oral Tablet)	5	PA; QL
Vitamins			Relistor (Subcutaneous Solution)	5	PA
VP-PNV-DHA (Oral Capsule)	2	♦	Serostim (Subcutaneous Solution Reconstituted)	5	PA; LA
Gastrointestinal Agents			Ursodiol (Oral Capsule)	3	
Antispasmodics, Gastrointestinal			Ursodiol (Oral Tablet)	4	
Cuvposa (Oral Solution)	4	PA	Zorbtive (Subcutaneous Solution Reconstituted)	5	PA; LA
Dicyclomine HCl (Oral Capsule)	2	HRM ♦	Histamine2 (H2) Receptor Antagonists		
Dicyclomine HCl (Oral Solution)	2	HRM ♦	Cimetidine HCl (Oral Solution)	2	♦
Dicyclomine HCl (Oral Tablet)	2	HRM ♦			
Methscopolamine Bromide (Oral Tablet)	4				
Gastrointestinal Agents, Other					

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Cimetidine (Oral Tablet)	2	♦	PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	2	♦
Famotidine (Oral Suspension Reconstituted)	4		PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	2	♦
Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	2	♦	Suprep Bowel Prep Kit (Oral Solution)	3	
Irritable Bowel Syndrome Agents			TriLyte (Oral Solution Reconstituted)	2	♦
Alosetron HCl (Oral Tablet)	5	PA	Protectants		
Amitiza (Oral Capsule)	3	QL	Carafate (Oral Suspension)	4	
Linzess (Oral Capsule)	3	QL	Misoprostol (Oral Tablet)	3	
Xifaxan (Oral Tablet)	5	PA	Sucralfate (Oral Suspension)	4	
Laxatives			Sucralfate (Oral Tablet)	2	♦
Clenpiq (Oral Solution)	3		Proton Pump Inhibitors		
Constulose (Oral Solution)	2	♦	Dexilant (Oral Capsule Delayed Release)	4	QL
Enulose (Oral Solution)	2	♦	Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)	3	QL
GaviLyte-C (Oral Solution Reconstituted)	2	♦	Lansoprazole (Oral Capsule Delayed Release)	2	QL ♦
GaviLyte-G (Oral Solution Reconstituted)	2	♦	Omeprazole (10MG Oral Capsule Delayed Release)	2	QL ♦
GaviLyte-N with Flavor Pack (Oral Solution Reconstituted)	2	♦			
Generlac (Oral Solution)	2	♦			
Lactulose (10GM/15ML Oral 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
Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	2	♦	Ocaliva (Oral Tablet)	5	PA; QL
Pantoprazole Sodium (Oral Tablet Delayed Release)	1	QL ♦	Orfadin (Oral Capsule)	5	LA
Prilosec (Oral Packet)	4	PA	Orfadin (Oral Suspension)	5	LA
Rabeprazole Sodium (Oral Tablet Delayed Release)	3		Procysbi (Oral Packet)	5	LA
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment			Prolastin-C (Intravenous Solution Reconstituted)	5	PA; LA
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment			RAVICTI (Oral Liquid)	5	LA; QL
Aralast NP (1000MG Intravenous Solution Reconstituted)	5	PA; LA	Sodium Phenylbutyrate (Oral Powder)	5	
Cholbam (Oral Capsule)	5	PA	Sodium Phenylbutyrate (Oral Tablet)	5	
Creon (Oral Capsule Delayed Release Particles)	3		Sucraid (Oral Solution)	5	LA
Cystadane (Oral Powder)	5		Tegsedi (Subcutaneous Solution Prefilled Syringe)	5	PA; LA
Cystagon (Oral Capsule)	4	LA	Zemaira (Intravenous Solution Reconstituted)	5	PA; LA
Glassia (Intravenous Solution)	5	PA; LA	Zenpep (Oral Capsule Delayed Release Particles)	3	
Kuvan (Oral Packet)	5	LA	Genitourinary Agents		
Kuvan (Oral Tablet Soluble)	5	LA	Antispasmodics, Urinary		
Miglustat (Oral Capsule)	5	PA; LA	Myrbetriq (Oral Tablet Extended Release 24 Hour)	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
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	2	QL ♦	Penicillamine (250MG Oral Capsule)	5	PA
Oxybutynin Chloride (Oral Syrup)	2	♦	Penicillamine (250MG Oral Tablet)	5	
Oxybutynin Chloride (Oral Tablet Immediate Release)	2	♦	Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Solifenacin Succinate (Oral Tablet)	3	QL	Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Benign Prostatic Hypertrophy Agents					
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	2	♦	Alcmetasone Dipropionate (External Cream)	3	
Dutasteride (Oral Capsule)	3	QL	Alcmetasone Dipropionate (External Ointment)	3	
Finasteride (5MG Oral Tablet) (Generic Proscar)	1	♦	Betamethasone Dipropionate Aug (External Cream)	3	
Silodosin (Oral Capsule)	3	QL	Betamethasone Dipropionate Aug (External Gel)	3	
Tamsulosin HCl (Oral Capsule)	1	♦	Betamethasone Dipropionate Aug (External Lotion)	3	
Terazosin HCl (Oral Capsule)	2	♦	Betamethasone Dipropionate Aug (External Ointment)	3	
Genitourinary Agents, Other					
Bethanechol Chloride (Oral Tablet)	2	♦	Betamethasone Dipropionate (External Cream)	3	
Depen Titratabs (Oral Tablet)	5		Betamethasone Dipropionate (External Lotion)	3	
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
Betamethasone Dipropionate (External Ointment)	3		Dexamethasone (Oral Elixir)	2	♦
Betamethasone Valerate (External Cream)	3		Dexamethasone (Oral Tablet)	2	♦
Betamethasone Valerate (External Lotion)	3		Fludrocortisone Acetate (Oral Tablet)	2	♦
Betamethasone Valerate (External Ointment)	3		Fluocinolone Acetonide (External Cream)	3	
Clobetasol Propionate Emollient Base (External Cream)	4		Fluocinolone Acetonide (External Ointment)	3	
Clobetasol Propionate (External Cream)	4		Fluocinolone Acetonide (External Solution)	3	
Clobetasol Propionate (External Gel)	4		Fluocinolone Acetonide Scalp (External Oil)	4	
Clobetasol Propionate (External Ointment)	4		Fluocinonide Emulsified Base (External Cream)	3	
Clobetasol Propionate (External Shampoo)	4		Fluocinonide (External Gel)	3	
Clobetasol Propionate (External Solution)	3		Fluocinonide (External Ointment)	3	
Cordran (External Tape)	4		Fluocinonide (External Solution)	3	
Cortisone Acetate (Oral Tablet)	4		Fluticasone Propionate (External Cream)	3	
Desonide (External Ointment)	4		Fluticasone Propionate (External Ointment)	3	
Desoximetasone (External Cream)	4		Halobetasol Propionate (External Cream)	4	
Dexamethasone Intensol (Oral Concentrate)	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
Halobetasol Propionate (External Ointment)	4		Prednicarbate (External Ointment)	4	
Hydrocortisone Butyrate (External Ointment)	3		Prednisolone (Oral Solution)	2	◆
Hydrocortisone (1% External Cream, 2.5% External Cream)	2	◆	Prednisolone Sodium Phosphate (25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution)	2	◆
Hydrocortisone (2.5% External Lotion)	3		Prednisone Intensol (Oral Concentrate)	2	◆
Hydrocortisone (1% External Ointment, 2.5% External Ointment)	2	◆	Prednisone (5MG/5ML Oral Solution)	2	◆
Hydrocortisone (Oral Tablet)	3		Prednisone (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 50MG Oral Tablet, 5MG Oral Tablet)	1	◆
Hydrocortisone Valerate (External Cream)	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	◆
Hydrocortisone Valerate (External Ointment)	4		Triamcinolone Acetonide (External Cream)	2	◆
Methylprednisolone (Oral Tablet)	2	◆	Triamcinolone Acetonide (External Lotion)	2	◆
Methylprednisolone (Oral Tablet Therapy Pack)	2	◆			
Mometasone Furoate (External Cream)	2	◆			
Mometasone Furoate (External Ointment)	2	◆			
Mometasone Furoate (External Solution)	2	◆			
Prednicarbate (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
Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment)	2	♦	Nutropin AQ NuSpin 10 (Subcutaneous Solution)	5	PA
Triderm (0.1% External Cream)	2	♦	Nutropin AQ NuSpin 20 (Subcutaneous Solution)	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			Nutropin AQ NuSpin 5 (Subcutaneous Solution)	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			Saizen (Injection Solution Reconstituted)	5	PA; LA
Desmopressin Acetate (Oral Tablet)	3		Saizenprep (Injection Solution Reconstituted)	5	PA; LA
Desmopressin Acetate Spray (Nasal Solution)	4		Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Genotropin MiniQuick (Subcutaneous Solution Reconstituted)	5	PA	Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Genotropin (Subcutaneous Solution Reconstituted)	5	PA	Korlym (Oral Tablet)	5	PA; LA; QL
Humatrope (Injection Solution Reconstituted), Humatrope Combo Pack (Injection)	5	PA	Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Increlex (Subcutaneous Solution)	5	PA; LA	Androgens		
Norditropin FlexPro (Subcutaneous Solution)	5	PA	Anadrol-50 (Oral Tablet)	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
Testosterone Cypionate (Intramuscular Solution)	2	◆	Blisovi 24 Fe (Oral Tablet)	4	
Testosterone Enanthate (Intramuscular Solution)	3		Blisovi Fe 1.5/30 (Oral Tablet)	4	
Testosterone (25MG/2.5GM 1% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel)	3		Briellyn (Oral Tablet)	4	
Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel), Testosterone Pump (1.62% Transdermal Gel)	4		Camrese Lo (Oral Tablet)	4	
Estrogens			Caziant (Oral Tablet)	4	
Altavera (Oral Tablet)	4		Climara Pro (Transdermal Patch Weekly)	4	HRM
Alyacen 1/35 (Oral Tablet)	4		Cryselle-28 (Oral Tablet)	4	
Amethia Lo (Oral Tablet)	4		Cyclafem 1/35 (Oral Tablet)	4	
Amethia (Oral Tablet)	4		Cyclafem 7/7/7 (Oral Tablet)	4	
Apri (Oral Tablet)	4		Cyred (Oral Tablet)	4	
Aranelle (Oral Tablet)	4		Depo-Estradiol (Intramuscular Oil)	4	
Ashlyna (Oral Tablet)	4		Desogestrel-Ethinyl Estradiol (Oral Tablet)	4	
Aubra (Oral Tablet)	4		Drospirenone-Ethinyl Estradiol (Oral Tablet)	4	
Aviane (Oral Tablet)	4		Duavee (Oral Tablet)	4	HRM
Balziva (Oral Tablet)	4		Elestrin (Transdermal Gel)	4	HRM

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Estradiol (Oral Tablet)	3	HRM	Junel 1.5/30 (Oral Tablet)	4	
Estradiol (Transdermal Patch Weekly)	3	HRM; QL	Junel 1/20 (Oral Tablet)	4	
Estradiol (Vaginal Cream)	4		Junel Fe 1.5/30 (Oral Tablet)	4	
Estradiol (Vaginal Tablet)	4	QL	Junel Fe 1/20 (Oral Tablet)	4	
Estradiol Valerate (Intramuscular Oil)	4		Junel Fe 24 (Oral Tablet)	4	
Estring (Vaginal Ring)	4		Kaitlib Fe (Oral Tablet Chewable)	4	
Ethynodiol Diacetate-Ethinyl Estradiol (Oral Tablet)	4		Kariva (Oral Tablet)	4	
Etonogestrel-Ethinyl Estradiol (Vaginal Ring)	4		Kelnor 1/35 (Oral Tablet)	4	
Falmina (Oral Tablet)	4		Kelnor 1/50 (Oral Tablet)	4	
Fayosim (Oral Tablet)	4		Kurvelo (Oral Tablet)	4	
Femring (Vaginal Ring)	4		LARIN 1.5/30 (Oral Tablet)	4	
Femynor (Oral Tablet)	4		LARIN 1/20 (Oral Tablet)	4	
Fyavolv (Oral Tablet)	4	HRM	LARIN Fe 1.5/30 (Oral Tablet)	4	
Gianvi (Oral Tablet)	4		LARIN Fe 1/20 (Oral Tablet)	4	
Hailey 24 Fe (Oral Tablet)	4		Larissia (Oral Tablet)	4	
Imvexxy Maintenance Pack (Vaginal Insert)	3	PA; QL	Layolis Fe (Oral Tablet Chewable)	4	
Imvexxy Starter Pack (Vaginal Insert)	3	PA; QL	Leena (Oral Tablet)	4	
Introvale (Oral Tablet)	4		Lessina (Oral Tablet)	4	
Isibloom (Oral Tablet)	4		Levonest (Oral Tablet)	4	
Jasmiel (Oral Tablet)	4				
Jintel (Oral Tablet)	4	HRM			
Juleber (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
Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet)	4		Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-20MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)	4	
Levonorgestrel-Ethinyl Estradiol 91-Day (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	
Loryna (Oral Tablet)	4		Norgestimate-Ethinyl Estradiol (Oral Tablet)	4	
Low-Ogestrel (Oral Tablet)	4		Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)	4	
Lutera (Oral Tablet)	4		Nortrel 0.5/35 (28) (Oral Tablet)	4	
Marlissa (Oral Tablet)	4		Nortrel 1/35 (21) (Oral Tablet)	4	
Melodetta 24 Fe (Oral Tablet Chewable)	4		Nortrel 1/35 (28) (Oral Tablet)	4	
Menest (Oral Tablet)	3	HRM	Nortrel 7/7/7 (Oral Tablet)	4	
Mibelas 24 Fe (Oral Tablet Chewable)	4		Ocella (Oral Tablet)	4	
Microgestin 1.5/30 (Oral Tablet)	4		Ogestrel (0.5-50MG-MCG Oral Tablet)	4	
Microgestin 1/20 (Oral Tablet)	4		Orsythia (Oral Tablet)	4	
Microgestin Fe 1.5/30 (Oral Tablet)	4		Pimtrea (Oral Tablet)	4	
Microgestin Fe 1/20 (Oral Tablet)	4		Pirmella 1/35 (Oral Tablet)	4	
Mili (Oral Tablet)	4				
Necon 0.5/35 (28) (Oral Tablet)	4				
Nikki (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
Portia-28 (Oral Tablet)	4		Trivora (28) (Oral Tablet)	4	
Premarin (Oral Tablet)	4	HRM; QL	Tri-VyLibra Lo (Oral Tablet)	4	
Premarin (Vaginal Cream)	3		Tri-VyLibra (Oral Tablet)	4	
Premphase (Oral Tablet)	4	HRM; QL	Velivet (Oral Tablet)	4	
Prempro (Oral Tablet)	4	HRM; QL	Vienna (Oral Tablet)	4	
Previfem (Oral Tablet)	4		Vyfemla (Oral Tablet)	4	
Reclipsen (Oral Tablet)	4		VyLibra (Oral Tablet)	4	
Rivelsa (Oral Tablet)	4		WYMZYA Fe (Oral Tablet Chewable)	4	
Setlakin (Oral Tablet)	4		Xulane (Transdermal Patch Weekly)	4	
Sprintec 28 (Oral Tablet)	4		Yuvaferm (Vaginal Tablet)	4	QL
Sronyx (Oral Tablet)	4		Zarah (Oral Tablet)	4	
Syeda (Oral Tablet)	4		Zovia 1/35E (28) (Oral Tablet)	4	
Tarina 24 Fe (Oral Tablet)	4		Progestins		
Tarina Fe 1/20 (Oral Tablet)	4		Camila (Oral Tablet)	3	
Tri-Estarrylla (Oral Tablet)	4		Crinone (Vaginal Gel)	4	PA
Tri-Legest Fe (Oral Tablet)	4		Deblitane (Oral Tablet)	3	
Tri-Lo-Estarrylla (Oral Tablet)	4		Depo-Provera (400MG/ML Intramuscular Suspension)	4	
Tri-Lo-Sprintec (Oral Tablet)	4		Errin (Oral Tablet)	3	
Tri-Mili (Oral Tablet)	4		Incassia (Oral Tablet)	3	
Tri-Previfem (Oral Tablet)	4		Lyza (Oral Tablet)	3	
Tri-Sprintec (Oral Tablet)	4		Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension)	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
Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension Prefilled Syringe)	4		Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Medroxyprogesterone Acetate (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	2	♦	Euthyrox (Oral Tablet)	3	
Megestrol Acetate (40MG/ML Oral Suspension)	3	HRM	Levo-T (Oral Tablet)	3	
Megestrol Acetate (625MG/5ML Oral Suspension)	4	HRM	Levothyroxine Sodium (Oral Tablet)	1	♦
Megestrol Acetate (Oral Tablet)	3	HRM	Levoxyl (Oral Tablet)	3	
Nora-BE (Oral Tablet)	3		Liothyronine Sodium (Oral Tablet)	2	♦
Norethindrone Acetate (5MG Oral Tablet)	2	♦	Synthroid (Oral Tablet)	3	
Norethindrone (0.35MG 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	
Progesterone Micronized (Oral Capsule)	2	♦	Hormonal Agents, Suppressant (Adrenal)		
Sharobel (Oral Tablet)	3		Hormonal Agents, Suppressant (Adrenal)		
Selective Estrogen Receptor Modifying Agents			Lysodren (Oral Tablet)	5	
Osphena (Oral Tablet)	3	PA; QL	Hormonal Agents, Suppressant (Pituitary)		
Raloxifene HCl (Oral Tablet)	3	QL	Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			Cabergoline (Oral Tablet)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Egrifta (1MG Subcutaneous Solution Reconstituted)	5	PA; LA	Octreotide Acetate (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 50MCG/ML Injection Solution)	4	PA
Firmagon (240 MG Dose) (Subcutaneous Solution Reconstituted)	5	PA	Signifor (Subcutaneous Solution)	5	PA; LA
Firmagon (80MG Subcutaneous Solution Reconstituted)	4	PA	Somatuline Depot (Subcutaneous Solution)	5	
Leuprolide Acetate (Injection Kit)	4	PA	Somavert (Subcutaneous Solution Reconstituted)	5	PA; LA; QL
Lupaneta Pack (Combination Kit)	5	PA	Synarel (Nasal Solution)	5	
Lupron Depot (1-Month) (Intramuscular Kit)	5	PA	Trelstar Mixject (Intramuscular Suspension Reconstituted)	5	PA
Lupron Depot (3-Month) (Intramuscular Kit)	5	PA	Hormonal Agents, Suppressant (Thyroid)		
Lupron Depot (4-Month) (Intramuscular Kit)	5	PA	Antithyroid Agents		
Lupron Depot (6-Month) (Intramuscular Kit)	5	PA	Methimazole (Oral Tablet)	2	♦
Octreotide Acetate (1000MCG/ML Injection Solution, 500MCG/ML Injection Solution)	5	PA	Propylthiouracil (Oral Tablet)	2	♦
			Immunological Agents		
			Angioedema Agents		
			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
Firazyr (Subcutaneous Solution)	5	PA; QL	Enbrel (Subcutaneous Solution Reconstituted)	5	PA
Haegarda (Subcutaneous Solution Reconstituted)	5	PA; LA	Enbrel SureClick (Subcutaneous Solution Auto-Injector)	5	PA
Icatibant Acetate (Subcutaneous Solution)	5	PA; QL	Envarsus XR (Oral Tablet Extended Release 24 Hour)	4	B/D, PA
Ruconest (Intravenous Solution Reconstituted)	5	PA; LA	Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet)	5	B/D, PA
Immune Suppressants			Gengraf (Oral Capsule)	3	B/D, PA
Azathioprine (Oral Tablet)	2	B/D, PA ♦	Gengraf (Oral Solution)	3	B/D, PA
Cimzia Prefilled (Subcutaneous Kit)	5	PA	Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit)	5	PA
Cimzia (Subcutaneous Kit)	5	PA	Humira Pen (Subcutaneous Pen-Injector Kit)	5	PA
Cyclosporine Modified (Oral Capsule)	3	B/D, PA	Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit)	5	PA
Cyclosporine Modified (Oral Solution)	3	B/D, PA	Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit)	5	PA
Cyclosporine (Oral Capsule)	3	B/D, PA	Humira (Subcutaneous Prefilled Syringe Kit)	5	PA
Enbrel Mini (Subcutaneous Solution Cartridge)	5	PA			
Enbrel (Subcutaneous Solution Prefilled Syringe)	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
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
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	2	♦	Simponi (Subcutaneous Solution Auto-Injector)	5	PA
Methotrexate Sodium (50MG/2ML Injection Solution)	2	♦	Simponi (Subcutaneous Solution Prefilled Syringe)	5	PA
Mycophenolate Mofetil (Oral Capsule)	3	B/D, PA	Sirolimus (Oral Solution)	5	B/D, PA
Mycophenolate Mofetil (Oral Suspension Reconstituted)	5	B/D, PA	Sirolimus (Oral Tablet)	4	B/D, PA
Mycophenolate Mofetil (Oral Tablet)	3	B/D, PA	Tacrolimus (Oral Capsule)	3	B/D, PA
Mycophenolate Sodium (Oral Tablet Delayed Release)	4	B/D, PA	Trexall (Oral Tablet)	4	
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	5	PA	Xatmep (Oral Solution)	4	PA
Orencia (Subcutaneous Solution Prefilled Syringe)	5	PA	Xeljanz (Oral Tablet Immediate Release)	5	PA; QL
Prograf (Oral Packet)	5	B/D, PA	Xeljanz XR (Oral Tablet Extended Release 24 Hour)	5	PA; QL
			Zortress (Oral Tablet)	5	B/D, PA
			Immunizing Agents, Passive		
			BIVIGAM (Intravenous Solution)	5	PA
			Flebogamma DIF (5GM/50ML Intravenous 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
Gammagard (2.5GM/25ML Injection Solution)	5	PA	Actemra ACTPen (Subcutaneous Solution Auto-Injector)	5	PA
Gammagard S/D Less IgA (Intravenous Solution Reconstituted)	5	PA	Actemra (Subcutaneous Solution Prefilled Syringe)	5	PA
Gammaked (1GM/10ML Injection Solution)	5	PA	Actimmune (Subcutaneous Solution)	5	LA
Gammoplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)	5	PA	Arcalyst (Subcutaneous Solution Reconstituted)	5	PA; LA
Gamunex-C (1GM/10ML Injection Solution)	5	PA	Benlysta (Subcutaneous Solution Auto-Injector)	5	PA
Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)	5	PA	Benlysta (Subcutaneous Solution Prefilled Syringe)	5	PA
Panzyga (Intravenous Solution)	5	PA	Leflunomide (Oral Tablet)	2	♦
Privigen (20GM/200ML Intravenous Solution)	5	PA	Otezla (Oral Tablet)	5	PA; LA
Varizig (Intramuscular Solution)	5		Otezla (Oral Tablet Therapy Pack)	5	PA; LA
Immunomodulators			Ridaura (Oral Capsule)	5	
			Xolair (Subcutaneous Solution Prefilled Syringe)	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
Xolair (Subcutaneous Solution Reconstituted)	5	PA; LA	Gardasil 9 (Intramuscular Suspension)	3	
Vaccines					
ActHIB (Intramuscular Solution Reconstituted)	3		Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	3	
Adacel (Intramuscular Suspension)	3		Havrix (Intramuscular Suspension)	3	PA
BCG Vaccine (Injection)	3		Hiberix (Injection Solution Reconstituted)	3	
Bexsero (Intramuscular Suspension Prefilled Syringe)	3		Imovax Rabies (Intramuscular Injectable)	3	B/D, PA
Boostrix (5-2.5-18.5 Intramuscular Suspension, 5-2.5-18.5 (0.5ML Syringe) Intramuscular Suspension)	3		Infanrix (Intramuscular Suspension)	3	
Daptacel (Intramuscular Suspension)	3		I-POL (Injection)	3	
Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension)	3		Ixiaro (Intramuscular Suspension)	3	
Engerix-B (Injection Suspension)	3	B/D, PA	Kinrix (Intramuscular Suspension)	3	
			Menactra (Intramuscular Injectable)	3	
			Mencevo (Intramuscular Solution Reconstituted)	3	
			M-M-R II (Injection Solution Reconstituted)	3	

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Pediarix (Intramuscular Suspension)	3		Tenivac (Intramuscular Injectable)	3	
Pedvax HIB (Intramuscular Suspension)	3		Trumenba (Intramuscular Suspension Prefilled Syringe)	3	
ProQuad (Subcutaneous Suspension Reconstituted)	3		Twinrix (Intramuscular Suspension Prefilled Syringe)	3	
Quadracel (Intramuscular Suspension)	3		Typhim Vi (Intramuscular Solution)	3	
RabAvert (Intramuscular Suspension Reconstituted)	3	B/D, PA	VAQTA (Intramuscular Suspension)	3	PA
Recombivax HB (Injection Suspension)	3	B/D, PA	Varivax (Subcutaneous Injectable)	3	
Rotarix (Oral Suspension Reconstituted)	3		YF-Vax (Subcutaneous Injectable)	3	
RotaTeq (Oral Solution)	3		Zostavax (Subcutaneous Suspension Reconstituted)	4	PA
Shingrix (Intramuscular Suspension Reconstituted)	3	PA	Inflammatory Bowel Disease Agents		
TDVAX (Intramuscular Suspension)	3		Aminosalicylates		
			Apriso (Oral Capsule Extended Release 24 Hour)	3	QL
			Balsalazide Disodium (Oral Capsule)	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
Canasa (Rectal Suppository)	5		Proctozone-HC (External Cream)	2	♦
Dipentum (Oral Capsule)	5		Sulfonamides		
Mesalamine ER (0.375MG Oral Capsule Extended Release 24 Hour) (Generic Apriso)	3	QL	Sulfasalazine (Oral Tablet Immediate Release)	2	♦
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	3	QL	Sulfasalazine (Oral Tablet Delayed Release)	2	♦
Mesalamine (Rectal Enema)	4	QL	Metabolic Bone Disease Agents		
Mesalamine (Rectal Suppository)	5		Metabolic Bone Disease Agents		
Pentasa (Oral Capsule Extended Release)	4	QL	Alendronate Sodium (Oral Solution)	4	
Glucocorticoids			Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet)	1	QL ♦
Budesonide ER (Oral Tablet Extended Release 24 Hour)	5	ST	Binosto (Oral Tablet Effervescent)	4	QL
Budesonide (Oral Capsule Delayed Release Particles)	4		Calcitonin Salmon (Nasal Solution)	3	QL
Hydrocortisone (Rectal Enema)	4		Calcitriol (Oral Capsule)	2	B/D, PA ♦
Procto-Med HC (External Cream)	2	♦	Calcitriol (Oral Solution)	2	B/D, PA ♦
Procto-Pak (External Cream)	2	♦	Cinacalcet HCl (30MG Oral Tablet)	4	B/D, PA; QL
Proctosol HC (External Cream)	2	♦	Cinacalcet HCl (60MG Oral Tablet, 90MG Oral Tablet)	5	B/D, PA; QL
			Doxercalciferol (Oral Capsule)	4	B/D, PA; QL
			Forteo (Subcutaneous Solution Pen-Injector)	5	PA; QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ibandronate Sodium (Oral Tablet)	2	QL ♦	Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	3	
Natpara (Subcutaneous Cartridge)	5	PA; LA	Blephamide (Ophthalmic Suspension)	4	
Paricalcitol (Oral Capsule)	4	B/D, PA	Blephamide S.O.P. (Ophthalmic Ointment)	4	
Prolia (Subcutaneous Solution Prefilled Syringe)	4	QL	Cystaran (Ophthalmic Solution)	5	LA
Rayaldee (Oral Capsule Extended Release)	5	QL	Lacrisert (Ophthalmic Insert)	4	
Risedronate Sodium (Oral Tablet Immediate Release)	3	QL	Lastacraft (Ophthalmic Solution)	3	
Tymlos (Subcutaneous Solution Pen-Injector)	5	PA; QL	Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)	3	
Xgeva (Subcutaneous Solution)	5	PA	Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	2	♦
Miscellaneous Therapeutic Agents					
Miscellaneous Therapeutic Agents					
Alcohol Prep Pads	3		Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	2	♦
Gauze (Non-medicated 2X2 Pad)	3		Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	3	
Insulin Syringes, Needles	3		Neomycin-Polymyxin-HC (Ophthalmic Suspension)	4	
Ophthalmic Agents					
Ophthalmic Agents, Other					
Atropine Sulfate (1% Ophthalmic Solution)	3		Polymyxin B-Trimethoprim (Ophthalmic Solution)	2	♦
Bacitracin-Polymyxin B (Ophthalmic Ointment)	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	
Pred-G (Ophthalmic Suspension)	4		Bepreve (Ophthalmic Solution)	4		
Pred-G S.O.P. (Ophthalmic Ointment)	4		Cromolyn Sodium (Ophthalmic Solution)	2	♦	
Proparacaine HCl (Ophthalmic Solution)	2	♦	Epinastine HCl (Ophthalmic Solution)	3		
Restasis Single-Use Vials (Ophthalmic Emulsion)	3	QL	Olopatadine HCl (Ophthalmic Solution)	3		
Rhopressa (Ophthalmic Solution)	3	ST	Pazeo (Ophthalmic Solution)	3		
Sulfacetamide-Prednisolone (Ophthalmic Solution)	2	♦	Ophthalmic Antiglaucoma Agents			
TobraDex (Ophthalmic Ointment)	3		Alphagan P (0.1% Ophthalmic Solution)	3		
TobraDex ST (Ophthalmic Suspension)	4		Apraclonidine HCl (Ophthalmic Solution)	3		
Tobramycin-Dexamethasone (Ophthalmic Suspension)	3		Azopt (Ophthalmic Suspension)	3		
Xiidra (Ophthalmic Solution)	4	QL	Betaxolol HCl (Ophthalmic Solution)	3		
Ophthalmic Anti-allergy Agents			Betimol (Ophthalmic Solution)	4		
Alocril (Ophthalmic Solution)	4		Brimonidine Tartrate (0.15% Ophthalmic Solution)	4		
Alomide (Ophthalmic Solution)	4		Brimonidine Tartrate (0.2% Ophthalmic Solution)	2	♦	
Azelastine HCl (Ophthalmic Solution)	3		Carteolol HCl (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
Dorzolamide HCl (Ophthalmic Solution)	2	♦	Diclofenac Sodium (Ophthalmic Solution)	2	♦
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	2	♦	Durezol (Ophthalmic Emulsion)	3	
Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution)	4		Flarex (Ophthalmic Suspension)	4	
Levobunolol HCl (Ophthalmic Solution)	2	♦	Fluorometholone (Ophthalmic Suspension)	3	
Phospholine Iodide (Ophthalmic Solution Reconstituted)	4		Flurbiprofen Sodium (Ophthalmic Solution)	2	♦
Pilocarpine HCl (Ophthalmic Solution)	3		FML Forte (Ophthalmic Suspension)	4	
Rocklatan (Ophthalmic Solution)	3	ST	FML (Ophthalmic Ointment)	4	
Simbrinza (Ophthalmic Suspension)	3		Ilevro (Ophthalmic Suspension)	3	
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	3		Ketorolac Tromethamine (Ophthalmic Solution)	3	
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic)	2	♦	Lotemax (Ophthalmic Gel)	4	
Ophthalmic Anti-inflammatories			Lotemax (Ophthalmic Ointment)	4	
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	2	♦	Lotemax (Ophthalmic Suspension)	4	
			Lotemax SM (Ophthalmic Gel)	4	
			Loteprednol Etabonate (Ophthalmic Suspension)	4	
			Pred Mild (Ophthalmic Suspension)	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 Acetate (Ophthalmic Suspension)	3		Neomycin-Polymyxin-HC (1% Otic Solution)	3	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	2	♦	Neomycin-Polymyxin-HC (Otic Suspension)	3	
Prolensa (Ophthalmic Solution)	4		Respiratory Tract/Pulmonary Agents		
Ophthalmic Prostaglandin and Prostamide Analogs			Antihistamines		
Latanoprost (Ophthalmic Solution)	1	♦	Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution)	3	
Lumigan (Ophthalmic Solution)	3		Cetirizine HCl (1MG/ML Oral Solution)	2	♦
Travoprost (BAK Free) (Ophthalmic Solution)	3		Cyproheptadine HCl (Oral Syrup)	4	HRM
Vyzulta (Ophthalmic Solution)	4		Cyproheptadine HCl (Oral Tablet)	4	HRM
Zioptan (Ophthalmic Solution)	4		Levocetirizine Dihydrochloride (Oral Tablet)	1	QL ♦
Otic Agents			Phenadoz (12.5MG Rectal Suppository)	4	HRM
Otic Agents			Promethazine HCl (Oral Syrup)	3	HRM
Acetic Acid (Otic Solution)	2	♦	Promethazine HCl (Oral Tablet)	3	HRM
Cipro HC (Otic Suspension)	4		Promethazine HCl (Rectal Suppository)	4	HRM
Ciprodex (Otic Suspension)	3		Promethegan (25MG Rectal Suppository)	4	HRM
Flac (Otic Oil)	4		Anti-inflammatories, Inhaled Corticosteroids		
Fluocinolone Acetonide (Otic Oil)	4		Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	3	QL
Hydrocortisone-Acetic Acid (Otic Solution)	3		Budesonide (Inhalation Suspension)	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
Flovent Diskus (Inhalation Aerosol Powder Breath Activated)	3	QL	Ipratropium Bromide (Inhalation Solution)	2	B/D, PA ♦
Flovent HFA (Inhalation Aerosol)	3	QL	Ipratropium Bromide (Nasal Solution)	2	♦
Flunisolide (Nasal Solution)	1	♦	Lonhala Magnair (Inhalation Solution)	5	QL
Fluticasone Propionate (Nasal Suspension)	2	♦	Spiriva HandiHaler (Inhalation Capsule)	3	QL
Mometasone Furoate (Nasal Suspension)	4		Spiriva Respimat (Inhalation Aerosol Solution)	3	QL
Antileukotrienes					
Montelukast Sodium (Oral Packet)	2	QL ♦	Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution (Generic Proair), 108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil)	2	♦
Montelukast Sodium (Oral Tablet)	1	QL ♦	Albuterol Sulfate (Inhalation Nebulization Solution)	2	B/D, PA ♦
Montelukast Sodium (Oral Tablet Chewable)	2	QL ♦	Albuterol Sulfate (Oral Syrup)	4	
Zafirlukast (Oral Tablet)	3	QL	Albuterol Sulfate (Oral Tablet Immediate Release)	4	
Zileuton ER (Oral Tablet Extended Release 12 Hour)	5	ST	Epinephrine (Injection Solution Auto-Injector)	3	QL
Zyflo (Oral Tablet Immediate Release)	5	ST	EpiPen 2-Pak (Injection Solution Auto-Injector)	3	QL
Bronchodilators, Anticholinergic					
Atrovent HFA (Inhalation Aerosol Solution)	4				
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	3	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
EpiPen Jr 2-Pak (Injection Solution Auto-Injector)	3	QL	TOBI Podhaler (Inhalation Capsule)	5	PA; QL
Levalbuterol HCl (Inhalation Nebulization Solution)	4	B/D, PA	Tobramycin (Inhalation Nebulization Solution)	5	B/D, PA; QL
Metaproterenol Sulfate (Oral Syrup)	4		Mast Cell Stabilizers		
Perforomist (Inhalation Nebulization Solution)	4	B/D, PA; QL	Cromolyn Sodium (Inhalation Nebulization Solution)	3	B/D, PA
ProAir HFA (Inhalation Aerosol Solution)	3		Phosphodiesterase Inhibitors, Airways Disease		
ProAir RespiClick (Inhalation Aerosol Powder Breath Activated)	3		Daliresp (Oral Tablet)	4	PA; QL
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	3	QL	Theophylline ER (300MG Oral Tablet Extended Release 12 Hour)	2	♦
Cystic Fibrosis Agents			Theophylline ER (Oral Tablet Extended Release 24 Hour)	2	♦
Bethkis (Inhalation Nebulization Solution)	5	B/D, PA; QL	Theophylline (Oral Solution)	2	♦
Cayston (Inhalation Solution Reconstituted)	5	PA; LA	Pulmonary Antihypertensives		
Orkambi (Oral Packet)	5	PA; LA; QL	Adempas (Oral Tablet)	5	PA; LA
Orkambi (Oral Tablet)	5	PA; LA; QL	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

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
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	Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	3	QL
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	3	PA; QL	Azelastine-Fluticasone (Nasal Suspension)	4	
Tadalafil (PAH) (20MG Oral Tablet)	5	PA; QL	Bevespi Aerosphere (Inhalation Aerosol)	3	QL
Tracleer (Oral Tablet Soluble)	5	PA; LA; QL	Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	3	QL
Ventavis (Inhalation Solution)	5	PA; LA; QL	Combivent Respimat (Inhalation Aerosol Solution)	3	QL
Pulmonary Fibrosis Agents			Dulera (Inhalation Aerosol)	4	QL
Esbriet (Oral Capsule)	5	PA; LA; QL	Dymista (Nasal Suspension)	4	
Esbriet (Oral Tablet)	5	PA; LA; QL	Fasenra Pen (Subcutaneous Solution Auto-Injector)	5	PA; LA
Ofev (Oral Capsule)	5	PA; LA; QL	Fasenra (Subcutaneous Solution Prefilled Syringe)	5	PA; LA
Respiratory Tract Agents, Other			Fluticasone-Salmeterol (Inhalation Aerosol Powder Breath Activated)	3	QL
Acetylcysteine (Inhalation Solution)	2	B/D, PA ♦	Ipratropium-Albuterol (Inhalation Solution)	1	B/D, PA ♦
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	3	QL	Kalydeco (Oral Packet)	5	PA; LA; QL
Advair HFA (Inhalation Aerosol)	3	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
Kalydeco (Oral Tablet)	5	PA; LA; QL	Skeletal Muscle Relaxants		
Nucala (Subcutaneous Solution Auto-Injector)	5	PA; LA; QL	Baclofen (Oral Tablet)	2	♦
Nucala (Subcutaneous Solution Prefilled Syringe)	5	PA; LA; QL	Chlorzoxazone (500MG Oral Tablet)	3	HRM
Nucala (Subcutaneous Solution Reconstituted)	5	PA; LA; QL	Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet)	2	HRM ♦
Pulmozyme (Inhalation Solution)	5	B/D, PA; QL	Cyclobenzaprine HCl (7.5MG Oral Tablet)	4	HRM
Stiolto Respimat (Inhalation Aerosol Solution)	3	QL	Dantrolene Sodium (Oral Capsule)	4	
Symbicort (Inhalation Aerosol)	3	QL	Tizanidine HCl (Oral Tablet)	2	♦
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	3	QL	Sleep Disorder Agents		
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	3	QL	GABA Receptor Modulators		
Skeletal Muscle Relaxants			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 ♦
			Sleep Disorders, Other		
			Belsomra (Oral Tablet)	3	QL
			Hetlioz (Oral Capsule)	5	PA; LA; QL
			Modafinil (Oral Tablet)	4	PA; QL
			Ramelteon (Oral Tablet)	4	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 pen (1 ml) per 30 days
Aimovig (70MG/ML Subcutaneous Solution Auto-Injector)	Maximum of 2 pens (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)	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

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
Aptom (200MG Oral Tablet, 400MG Oral Tablet)	Maximum of 1 tablet per day
Aptom (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

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 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
Ayvakit (Oral Tablet)	Maximum of 1 tablet per day
Balversa (3MG Oral Tablet)	Maximum of 3 tablets per day
Balversa (4MG Oral Tablet)	Maximum of 2 tablets per day
Balversa (5MG Oral Tablet)	Maximum of 1 tablet per day
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 2 ampules (8 ml) 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

Bold type = Brand name drug

Plain type = Generic drug

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
Brukinsa (Oral Capsule)	Maximum of 4 capsules 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

Drug Name	Quantity Limit
Calcitonin Salmon (Nasal Solution)	Maximum of 1 bottle per 28 days
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
Caplyta (Oral Capsule)	Maximum of 1 capsule 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
Clovique (Oral Capsule)	Maximum of 8 capsules 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

Drug Name	Quantity Limit
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
Codeine Sulfate (15MG Oral Tablet)	Maximum of 6 tablets per day
Codeine Sulfate (30MG Oral Tablet, 60MG 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) (Generic 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 Solution)	Maximum of 15 ml 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
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

Drug Name	Quantity Limit
Dextroamphetamine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour)	Maximum of 6 capsules per day
Dextroamphetamine Sulfate ER (15MG Oral Capsule Extended Release 24 Hour)	Maximum of 4 capsules per day
Dextroamphetamine Sulfate ER (5MG Oral Capsule Extended Release 24 Hour)	Maximum of 3 capsules per day
Dextroamphetamine Sulfate (Oral Tablet)	Maximum of 6 tablets per day
Diazepam Intensol (5MG/ML Oral Concentrate)	Maximum of 8 ml per day
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	Maximum of 4 tablets per day
Diclofenac Epolamine (Transdermal Patch)	Maximum of 2 patches per day
Didanosine (200MG Oral Capsule Delayed Release)	Maximum of 2 capsules per day
Didanosine (250MG Oral Capsule Delayed Release, 400MG Oral Capsule Delayed Release)	Maximum of 1 capsule per day
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
Drizalma Sprinkle (20MG Oral Capsule Delayed Release Sprinkle, 30MG Oral Capsule Delayed Release Sprinkle, 60MG Oral Capsule Delayed Release Sprinkle)	Maximum of 2 capsules per day
Drizalma Sprinkle (40MG Oral Capsule Delayed Release Sprinkle)	Maximum of 3 capsules per day
Dulera (120 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

Bold type = Brand name drug**Plain type = Generic drug**

Drug Name	Quantity Limit
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 Starter Pack (Oral Tablet)	Maximum of 1 pack (74 tablets) per 30 days
Eliquis (Oral Tablet)	Maximum of 2 tablets per day
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	Maximum of 3 syringes or pens (3 ml) per 30 days
Emgality (Subcutaneous Solution Auto-Injector)	Maximum of 2 syringes or pens (2 ml) per 30 days
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	Maximum of 2 syringes or pens (2 ml) per 30 days
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 (Injection Solution Auto-Injector)	Maximum of 4 pens (2 boxes) per 30 days

Drug Name	Quantity Limit
EpiPen 2-Pak (Injection Solution Auto-Injector)	Maximum of 4 pens (2 boxes) per 30 days
EpiPen Jr 2-Pak (Injection Solution Auto-Injector)	Maximum of 4 pens (2 boxes) per 30 days
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

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 Pen-Injector)	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

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
Ibrance (Oral Tablet)	Maximum of 1 tablet per day
Icatibant Acetate (Subcutaneous Solution)	Maximum of 9 ml per day

Drug Name	Quantity Limit
Iclusig (15MG Oral Tablet)	Maximum of 2 tablets per day
Iclusig (45MG Oral Tablet)	Maximum of 1 tablet per day
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 1 pack (28 capsules) per 28 days
Inlyta (Oral Tablet)	Maximum of 4 tablets per day
Inrebic (Oral Capsule)	Maximum of 4 capsules per day
Intelence (100MG Oral Tablet, 200MG Oral Tablet)	Maximum of 2 tablets per day
Intelence (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

Drug Name	Quantity Limit
Janumet XR (50-1000MG Oral Tablet Extended Release 24 Hour, 50-500MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Januvia (Oral Tablet)	Maximum of 1 tablet per day
Jardiance (Oral Tablet)	Maximum of 1 tablet per day
Jentadueto (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Jentadueto XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Jentadueto 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
Koselugo (10MG Oral Capsule)	Maximum of 8 capsules per day
Koselugo (25MG Oral Capsule)	Maximum of 4 capsules 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

Drug Name	Quantity Limit
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
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 (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

Drug Name	Quantity Limit
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 (2MG/ML 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 ER (0.375MG Oral Capsule Extended Release 24 Hour) (Generic Apriso)	Maximum of 4 capsules 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
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 (500MG/5ML Oral Solution)	Maximum of 25.5 ml 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

Drug Name	Quantity Limit
Miglitol (100MG Oral Tablet)	Maximum of 3 tablets per day
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) (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) (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 1 vial (300 mg) 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

Bold type = Brand name drug**Plain type = Generic drug**

Drug Name	Quantity Limit
Nevirapine (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
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
Nubeqa (Oral Tablet)	Maximum of 4 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

Drug Name	Quantity Limit
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	Maximum of 4 capsules per day
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 (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	Maximum of 12 tablets per day
Oxycodone-Aspirin (Oral Tablet)	Maximum of 12 tablets per day
Oxycodone-Ibuprofen (5-400MG 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

Drug Name	Quantity Limit
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
Pantoprazole Sodium (40MG Oral Tablet Delayed Release)	Maximum of 2 tablets per day
Pemazyre (Oral Tablet)	Maximum of 1 tablet per day
Pentamidine Isethionate (Inhalation Solution Reconstituted)	Maximum of 1 vial (300 mg) per 28 days
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
Pifetro (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
Piqrax (200MG Daily Dose) (Oral Tablet Therapy Pack)	Maximum of 1 tablet per day
Piqrax (250MG Daily Dose) (Oral Tablet Therapy Pack)	Maximum of 2 tablets per day
Piqrax (300MG Daily Dose) (Oral Tablet Therapy Pack)	Maximum of 2 tablets per day
Pomalyst (Oral Capsule)	Maximum of 1 capsule per day
Posaconazole (Oral Tablet Delayed Release)	Maximum of 6 tablets per day
Praluent (Subcutaneous Solution Auto-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
Pregabalin (100MG Oral Capsule, 150MG Oral Capsule, 200MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	Maximum of 3 capsules per day
Pregabalin (225MG Oral Capsule, 300MG Oral Capsule)	Maximum of 2 capsules per day

Drug Name	Quantity Limit
Pregabalin (Oral Solution)	Maximum of 30 ml 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
Promacta (50MG Oral Tablet, 75MG Oral Tablet)	Maximum of 2 tablets per day
Pulmozyme (Inhalation Solution)	Maximum of 2 ampules (5 ml) 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

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Drug Name	Quantity Limit
Ramelteon (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 Rebidoze (Subcutaneous Solution Auto-Injector)	Maximum of 12 pens (6 ml) per 28 days
Rebif Rebidoze 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
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
Repatha Pushtronex 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
Restasis Single-Use Vials (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 ER (Oral Suspension Reconstituted ER)	Maximum of 20 ml 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

Drug Name	Quantity Limit
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
Rozlytrek (100MG Oral Capsule)	Maximum of 5 capsules per day
Rozlytrek (200MG Oral Capsule)	Maximum of 3 capsules per day
Rubraca (Oral Tablet)	Maximum of 4 tablets per day
Rybelsus (Oral Tablet)	Maximum of 1 tablet per day
Rydapt (Oral Capsule)	Maximum of 8 capsules per day
Saphris (Tablet Sublingual)	Maximum of 2 tablets per day
Secudo (Transdermal Patch 24 Hour)	Maximum of 1 patch per day
Selzentry (Oral Solution)	Maximum of 8 bottles (1840 ml) per 30 days
Selzentry (150MG Oral Tablet, 75MG Oral Tablet)	Maximum of 2 tablets per day
Selzentry (25MG Oral Tablet, 300MG Oral Tablet)	Maximum of 4 tablets per day
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 6 pens (18 ml) per 30 days
Somavert (Subcutaneous Solution Reconstituted)	Maximum of 1 vial per day
Sovaldi (400MG 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

Drug Name	Quantity Limit
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
Stiolo 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, 6MG/0.5ML Subcutaneous Solution Auto-Injector)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex 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 (120 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
Syntuza (Oral Tablet)	Maximum of 1 tablet per day
Synjardy (Oral Tablet Immediate Release)	Maximum of 2 tablets per day

Drug Name	Quantity Limit
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
Tazverik (Oral Tablet)	Maximum of 8 tablets 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
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 2 ampules (10 ml) 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

Drug Name	Quantity Limit
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 (50MG 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
Turalio (Oral Capsule)	Maximum of 4 capsules 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
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
Valtoco 10 MG Dose (Nasal Liquid)	Maximum of 10 blister packs (10 spray devices) per 30 days
Valtoco 15 MG Dose (Nasal Liquid Therapy Pack)	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 20 MG Dose (Nasal Liquid Therapy Pack)	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 5 MG Dose (Nasal Liquid)	Maximum of 10 blister packs (10 spray devices) per 30 days

Drug Name	Quantity Limit
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
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
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	Maximum of 1 capsule per day
Vyndamax (Oral Capsule)	Maximum of 1 capsule per day
Vyndaqel (Oral Capsule)	Maximum of 4 capsules 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

Drug Name	Quantity Limit
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 (40 MG Dose) (Oral Tablet Therapy Pack)	Maximum of 2 tablets per 30 days
Xofluza (80 MG Dose) (Oral Tablet Therapy Pack)	Maximum of 2 tablets per 30 days
Xospata (Oral Tablet)	Maximum of 3 tablets per day
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	Maximum of 20 tablets per 28 days
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	Maximum of 12 tablets per 28 days
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	Maximum of 16 tablets per 28 days
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	Maximum of 32 tablets per 28 days
Xtampza ER (13.5MG Oral Capsule ER 12 Hour Abuse-Deterrent, 18MG Oral Capsule ER 12 Hour Abuse-Deterrent, 9MG Oral Capsule ER 12 Hour Abuse-Deterrent)	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
Yuvafem (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

Drug Name	Quantity Limit
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 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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