

2020 COMPLETE DRUG LIST (FORMULARY)



Prescription drug list information

Peoples Health Secure Choice #011 (HMO D-SNP)
Peoples Health Secure Health (HMO D-SNP)

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:



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What is a drug list?

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

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

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

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

Note to existing members:

This **complete** list of prescription drugs covered by your plan is current as of 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.

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.** Your plan has 1 tier named "Covered Drugs." All covered drugs are in this tier. The chart below shows your cost-sharing amount.

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	Your Cost-Sharing Amount
Tier 1 "Covered Drugs"	25% coinsurance

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.

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.

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 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 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.

For more information

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

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

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

Covered drugs by name (Drug index)

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

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
Ashlyna.....	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	70
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	70	Blephamide S.O.P.....	100
Atovaquone-Proguanil HCl....	53		70	Blisovi 24 Fe.....	88
Atripila.....	58	Benlysta.....	96	Blisovi Fe 1.5/30.....	88
Atropine Sulfate.....	100	Benznidazole.....	53	Boostrix.....	97
Atrovent HFA.....	104	Benzoyl Peroxide-Erythromycin	76	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	84, 85	Brimonidine Tartrate.....	101
Avonex Prefilled.....	75		84, 85	BRIVIACT.....	40
Ayvakit.....	50	Betamethasone Dipropionate	84	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	Carac.....	76	Chantix.....	33
Buprenorphine HCl-Naloxone HCl.....	33	Carafate.....	82	Chantix Continuing Month Pak	33
Bupropion HCl.....	43	Carbaglu.....	78	Chantix Starting Month Pak...33	
Bupropion HCl SR.....	33, 43	Carbamazepine.....	42	Chemet.....	80
Bupropion HCl XL.....	43	Carbamazepine ER.....	42	Chenodal.....	81
Buspirone HCl.....	61	Carbidopa.....	54	Chlordiazepoxide HCl.....	61
Butalbital-Acetaminophen-Caffeine.....	29	Carbidopa-Levodopa.....	54	Chlorhexidine Gluconate.....	76
Butalbital-Aspirin-Caffeine.....	29	Carbidopa-Levodopa ER.....	54	Chloroquine Phosphate.....	53
Butorphanol Tartrate.....	31	Carbidopa-Levodopa ODT.....	54	Chlorpromazine HCl.....	54
Bydureon.....	62	Carbidopa-Levodopa-Entacapone.....	54	Chlorthalidone.....	72
Bydureon BCise.....	62	Carteolol HCl.....	101	Chlorzoxazone.....	107
Byetta 10MCG Pen.....	62	Cartia XT.....	69	Cholbam.....	83
Byetta 5MCG Pen.....	62	Carvedilol.....	69	Cholestyramine.....	73
Bystolic.....	68	Cayston.....	105	Cholestyramine Light.....	73
C		Caziant.....	88	Ciclopirox.....	45
Cabergoline.....	92	Cefaclor.....	35	Ciclopirox Olamine.....	45
Cablivi.....	67	Cefadroxil.....	35	Cilostazol.....	67
Cabometyx.....	51	Cefazolin Sodium.....	35	Ciloxan.....	38
Calcipotriene.....	76	Cefdinir.....	35	Cimduo.....	59
Calcitonin Salmon.....	99	Cefepime HCl.....	35	Cimetidine.....	82
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Calcium Acetate.....	81	Cefotetan Disodium.....	35	Cimzia.....	94
Calquence.....	51	Cefoxitin Sodium.....	35	Cimzia Prefilled.....	94
Camila.....	91	Cefpodoxime Proxetil.....	36	Cinacalcet HCl.....	99
Camrese Lo.....	88	Cefprozil.....	36	Cinryze.....	93
Canasa.....	99	Ceftazidime.....	36	Cipro HC.....	103
Candesartan Cilexetil.....	68	Ceftriaxone Sodium.....	36	Ciprodex.....	103
Candesartan Cilexetil-HCTZ	70	Cefuroxime Axetil.....	36	Ciprofloxacin HCl.....	39
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Rebif.....	76	Risperidone ODT.....	57	Serevent Diskus.....	105
Rebif Rebidose.....	76	Ritonavir.....	60	Serostim.....	81
Rebif Rebidose Titration Pack	76	Rivastigmine.....	42	Sertraline HCl.....	44
Rebif Titration Pack.....	76	Rivastigmine Tartrate.....	42	Setlakin.....	91
Reclipsen.....	91	Rivelsa.....	91	Sevelamer Carbonate.....	81
Recombivax HB.....	98	Rizatriptan Benzoate.....	47	Sharobel.....	92
Rectiv.....	74	Rizatriptan Benzoate ODT.....	47	Shingrix.....	98
Regranex.....	77	Rocklatan.....	102	Signifor.....	93
Relenza Diskhaler.....	60	Ropinirole HCl.....	54	Sildenafil Citrate.....	106
Relistor.....	81	Rosuvastatin Calcium.....	73	Silodosin.....	84
Repaglinide.....	63	Rotarix.....	98	Silver Sulfadiazine.....	39
Repatha.....	73	RotaTeq.....	98	Simbrinza.....	102
Repatha Pushtronex System	73	Roweepra.....	40	Simponi.....	95
Repatha SureClick.....	73	Roweepra XR.....	40	Simvastatin.....	73
Restasis Single-Use Vials.....	101	Rozlytrek.....	50	Sirolimus.....	95
		Rubraca.....	50	Sirturo.....	48
		Ruconest.....	94	Sodium Chloride.....	80

Sodium Fluoride.....	80	Sulfadiazine.....	39	Tamsulosin HCl.....	84	
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	
Spirolactone.....	72	Symfi.....	59	Telmisartan.....	68	
Spirolactone-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	

Tiadyt 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-Estarylla.....	91	U	
Tobramycin Sulfate.....	33	Tri-Legest Fe.....	91	Udenyca.....	67
Tobramycin-Dexamethasone	101	Tri-Lo-Estarylla.....	91	Unithroid.....	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	71
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
Tranlycypromine Sulfate.....	43	Trintellix.....	44	Vascepa.....	73

Velivet.....	91	Vyfemla.....	91	Z	
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
Vitrakvi.....	52	Xpovio.....	49	Zyclara Pump.....	78
Vivitrol.....	32	Xtampza ER.....	31	Zydelig.....	52
Vizimpro.....	52	Xtandi.....	49	Zyflo.....	104
Voriconazole.....	46, 47	Xulane.....	91	Zykadia.....	52
Vosevi.....	58	Xyrem.....	107	Zyprexa Relprevv.....	57
Votrient.....	52	Y			
VP-PNV-DHA.....	81	YF-Vax.....	98		
Vraylar.....	57	Yuvaferm.....	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. Your plan has 1 tier named “Covered Drugs.” All covered drugs are in this tier. 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: For information on what drugs are covered by Medicaid, call Louisiana Medicaid at 1-888-342-6207. TTY users may call 1-800-220-5404.

Drug Name	Drug Tier	Coverage Rules or Limits on use
Analgesics		
Analgesics		
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	1	HRM; QL
Butalbital-Aspirin-Caffeine (Oral Capsule)	1	HRM; QL
Nonsteroidal Anti-inflammatory Drugs		
Celecoxib (Oral Capsule)	1	QL
Diclofenac Epolamine (Transdermal Patch)	1	PA; QL
Diclofenac Potassium (Oral Tablet)	1	
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	1	
Diclofenac Sodium (Oral Tablet Delayed Release)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Diclofenac Sodium (1% Transdermal Gel)	1	
Diflunisal (Oral Tablet)	1	
Etodolac ER (Oral Tablet Extended Release 24 Hour)	1	
Etodolac (Oral Capsule)	1	
Etodolac (Oral Tablet Immediate Release)	1	
Flector (Transdermal Patch)	1	PA; QL
Flurbiprofen (100MG Oral Tablet)	1	
Ibu (600MG Oral Tablet, 800MG Oral Tablet)	1	
Ibuprofen (Oral Suspension)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	1		Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour)	1	7D; MME; DL; QL
Indomethacin (25MG Oral Capsule Immediate Release, 50MG Oral Capsule Immediate Release)	1	HRM	Hydromorphone HCl ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	1	7D; MME; DL; QL
Ketoprofen (Oral Capsule Immediate Release)	1		Hysingla ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	1	7D; MME; DL; QL
Meloxicam (Oral Tablet)	1		Levorphanol Tartrate (Oral Tablet)	1	7D; MME; DL; QL
Nabumetone (Oral Tablet)	1		Methadone HCl (Oral Solution)	1	7D; MME; DL; QL
Naproxen DR (Oral Tablet Delayed Release) (Generic EC-Naprosyn)	1		Methadone HCl (Oral Tablet)	1	7D; MME; DL; QL
Naproxen (Oral Suspension)	1		Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	1	7D; MME; DL; QL
Naproxen (Oral Tablet Immediate Release)	1		Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	1	7D; MME; DL; QL
Piroxicam (Oral Capsule)	1				
Sulindac (Oral Tablet)	1				
Opioid Analgesics, Long-acting					
Buprenorphine (Transdermal Patch Weekly)	1	7D; DL; QL			

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

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

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Morphine Sulfate (Oral Solution)	1	7D; MME; DL; QL
Morphine Sulfate (Oral Tablet Immediate Release)	1	7D; MME; DL; QL
Oxycodone HCl (100MG/5ML Oral Concentrate)	1	7D; MME; DL; QL
Oxycodone HCl (5MG/5ML Oral Solution)	1	7D; MME; DL; QL
Oxycodone HCl (10MG Oral Tablet Immediate Release, 15MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	1	7D; MME; DL; QL
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	1	7D; MME; DL; QL
Oxycodone-Aspirin (Oral Tablet)	1	7D; MME; DL; QL
Oxycodone-Ibuprofen (5-400MG Oral Tablet)	1	7D; MME; DL; QL
Tramadol HCl (50MG Oral Tablet Immediate Release)	1	7D; MME; DL; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tramadol-Acetaminophen (Oral Tablet)	1	7D; MME; DL; QL
Trelix (Oral Capsule)	1	7D; MME; DL; QL
Anesthetics		
Local Anesthetics		
Lidocaine (5% External Ointment)	1	QL
Lidocaine (5% External Patch)	1	PA; QL
Lidocaine HCl (4% External Solution)	1	
Lidocaine HCl (External Gel)	1	
Lidocaine Viscous (2% Mouth/Throat Solution)	1	
Lidocaine-Prilocaine (External Cream)	1	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
Acamprosate Calcium (Oral Tablet Delayed Release)	1	
Disulfiram (Oral Tablet)	1	
Naltrexone HCl (Oral Tablet)	1	
Vivitrol (Intramuscular Suspension Reconstituted)	1	
Opioid Dependence Treatments		

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
Buprenorphine HCl (Tablet Sublingual)	1	QL
Buprenorphine HCl-Naloxone HCl (Sublingual Film)	1	QL
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	1	QL
Suboxone (Sublingual Film)	1	QL
Opioid Reversal Agents		
Naloxone HCl (0.4MG/ML Injection Solution)	1	
Naloxone HCl (Injection Solution Cartridge)	1	
Naloxone HCl (Injection Solution Prefilled Syringe)	1	
Narcan (Nasal Liquid)	1	
Smoking Cessation Agents		
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	1	
Chantix Continuing Month Pak (Oral Tablet)	1	
Chantix (Oral Tablet)	1	
Chantix Starting Month Pak (Oral Tablet)	1	
Nicotrol (Inhalation Inhaler)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Nicotrol NS (Nasal Solution)	1	
Antibacterials		
Aminoglycosides		
Amikacin Sulfate (500MG/2ML Injection Solution)	1	
Gentak (Ophthalmic Ointment)	1	
Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	1	
Gentamicin Sulfate (External Cream)	1	
Gentamicin Sulfate (External Ointment)	1	
Gentamicin Sulfate (40MG/ML Injection Solution)	1	
Gentamicin Sulfate (Ophthalmic Solution)	1	
Neomycin Sulfate (Oral Tablet)	1	
Paromomycin Sulfate (Oral Capsule)	1	
Streptomycin Sulfate (Intramuscular Solution Reconstituted)	1	
Tobramycin (Ophthalmic Solution)	1	
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	1	

Bold type = Brand name drug
Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Tobrex (Ophthalmic Ointment)	1		Linezolid (Intravenous Solution)	1	
Antibacterials, Other			Linezolid (Oral Suspension Reconstituted)	1	
Bacitracin (Ophthalmic Ointment)	1		Linezolid (Oral Tablet)	1	QL
Clindamycin HCl (Oral Capsule)	1		Methenamine Hippurate (Oral Tablet)	1	
Clindamycin Palmitate HCl (Oral Solution Reconstituted)	1		Metronidazole (0.75% External Cream)	1	
Clindamycin Phosphate in D5W (Intravenous Solution)	1		Metronidazole (0.75% External Gel, 1% External Gel)	1	
Clindamycin Phosphate (300MG/2ML Injection Solution, 600MG/4ML Injection Solution, 900MG/6ML Injection Solution)	1		Metronidazole (0.75% External Lotion)	1	
Clindamycin Phosphate (Vaginal Cream)	1		Metronidazole in NaCl 0.79% (Intravenous Solution)	1	
Colistimethate Sodium (CBA) (Injection Solution Reconstituted)	1		Metronidazole (250MG Oral Tablet, 500MG Oral Tablet)	1	
Dalvance (Intravenous Solution Reconstituted)	1	PA	Metronidazole (0.75% Vaginal Gel)	1	
Daptomycin (350MG Intravenous Solution Reconstituted)	1		Mupirocin Calcium (External Cream)	1	
Daptomycin (500MG Intravenous Solution Reconstituted)	1		Mupirocin (External Ointment)	1	
			Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrobid)	1	HRM
			Nitrofurantoin Monohydrate (Generic Macrobid)	1	HRM

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Nitrofurantoin (Oral Suspension)	1	HRM
Polymyxin B Sulfate (Injection Solution Reconstituted)	1	
Sulfamylon (External Cream)	1	
Tigecycline (Intravenous Solution Reconstituted)	1	
Tinidazole (Oral Tablet)	1	
Trimethoprim (Oral Tablet)	1	
Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)	1	
Vancomycin HCl (250MG Intravenous Solution Reconstituted)	1	
Vancomycin HCl (Oral Capsule)	1	QL
Vandazole (Vaginal Gel)	1	
Beta-lactam, Cephalosporins		
Cefaclor (Oral Capsule)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Cefadroxil (Oral Capsule)	1	
Cefadroxil (Oral Suspension Reconstituted)	1	
Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	1	
Cefdinir (Oral Capsule)	1	
Cefdinir (Oral Suspension Reconstituted)	1	
Cefepime HCl (Injection Solution Reconstituted)	1	
Cefixime (Oral Capsule)	1	
Cefixime (Oral Suspension Reconstituted)	1	
Cefotetan Disodium (Injection Solution Reconstituted)	1	
Cefoxitin Sodium (Injection Solution Reconstituted)	1	
Cefoxitin Sodium (Intravenous Solution Reconstituted)	1	

Bold type = Brand name drug

 Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Cefpodoxime Proxetil (Oral Suspension Reconstituted)	1	
Cefpodoxime Proxetil (Oral Tablet)	1	
Cefprozil (Oral Suspension Reconstituted)	1	
Cefprozil (Oral Tablet)	1	
Ceftazidime (Injection Solution Reconstituted)	1	
Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	1	
Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	1	
Cefuroxime Axetil (Oral Tablet)	1	
Cefuroxime Sodium (Injection Solution Reconstituted)	1	
Cefuroxime Sodium (Intravenous Solution Reconstituted)	1	
Cephalexin (Oral Capsule)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Cephalexin (Oral Suspension Reconstituted)	1	
Suprax (Oral Capsule)	1	
Suprax (500MG/5ML Oral Suspension Reconstituted)	1	
Suprax (Oral Tablet Chewable)	1	
Tazicef (Injection Solution Reconstituted)	1	
Zerbaxa (Intravenous Solution Reconstituted)	1	PA
Beta-lactam, Other		
Aztreonam (1GM Injection Solution Reconstituted)	1	
Ertapenem Sodium (Injection Solution Reconstituted)	1	
Imipenem-Cilastatin (Intravenous Solution Reconstituted)	1	
Meropenem (Intravenous Solution Reconstituted)	1	
Beta-lactam, Penicillins		
Amoxicillin (Oral Capsule)	1	
Amoxicillin (Oral Suspension Reconstituted)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Amoxicillin (Oral Tablet)	1	
Amoxicillin (Oral Tablet Chewable)	1	
Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour)	1	
Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted)	1	
Amoxicillin-Potassium Clavulanate (Oral Tablet Immediate Release)	1	
Amoxicillin-Potassium Clavulanate (Oral Tablet Chewable)	1	
Ampicillin (Oral Capsule)	1	
Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted)	1	
Ampicillin Sodium (10GM Intravenous Solution Reconstituted)	1	
Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted)	1	
Bicillin C-R 900/300 (Intramuscular Suspension)	1	
Bicillin C-R (Intramuscular Suspension)	1	
Bicillin L-A (Intramuscular Suspension)	1	
Dicloxacillin Sodium (Oral Capsule)	1	
Nafcillin Sodium (1GM Injection Solution Reconstituted, 2GM Injection Solution Reconstituted)	1	
Nafcillin Sodium (10GM Intravenous Solution Reconstituted)	1	
Oxacillin Sodium in Dextrose (Intravenous Solution)	1	
Oxacillin Sodium (Injection Solution Reconstituted)	1	
Oxacillin Sodium (Intravenous Solution Reconstituted)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)	1	
Penicillin G Procaine (Intramuscular Suspension)	1	
Penicillin G Sodium (Injection Solution Reconstituted)	1	
Penicillin V Potassium (Oral Solution Reconstituted)	1	
Penicillin V Potassium (Oral Tablet)	1	
Piperacillin-Tazobactam (Intravenous Solution Reconstituted)	1	
Macrolides		
Azasite (Ophthalmic Solution)	1	
Azithromycin (Intravenous Solution Reconstituted)	1	
Azithromycin (Oral Suspension Reconstituted)	1	
Azithromycin (Oral Tablet)	1	
Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	1	
Clarithromycin (Oral Suspension Reconstituted)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Clarithromycin (Oral Tablet Immediate Release)	1	
Difacid (Oral Tablet)	1	
E.E.S. Granules (Oral Suspension Reconstituted)	1	
Erythrocin Lactobionate (Intravenous Solution Reconstituted)	1	
Erythromycin Base (Oral Capsule Delayed Release Particles)	1	
Erythromycin Base (Oral Tablet Immediate Release)	1	
Erythromycin Base (Oral Tablet Delayed Release)	1	
Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted)	1	
Erythromycin Ethylsuccinate (Oral Tablet)	1	
Erythromycin (Ophthalmic Ointment)	1	
Quinolones		
Besivance (Ophthalmic Suspension)	1	
Ciloxan (Ophthalmic Ointment)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ciprofloxacin HCl (Ophthalmic Solution)	1	
Ciprofloxacin HCl (100MG Oral Tablet Immediate Release)	1	
Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	1	
Ciprofloxacin in D5W (200MG/100ML Intravenous Solution)	1	
Gatifloxacin (Ophthalmic Solution)	1	
Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution)	1	
Levofloxacin (25MG/ML Intravenous Solution)	1	
Levofloxacin (0.5% Ophthalmic Solution)	1	
Levofloxacin (25MG/ML Oral Solution)	1	
Levofloxacin (250MG Oral Tablet, 500MG Oral Tablet, 750MG Oral Tablet)	1	
Moxifloxacin HCl in NaCl (Intravenous Solution)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox)	1	
Moxifloxacin HCl (Oral Tablet)	1	
Ofloxacin (Ophthalmic Solution)	1	
Ofloxacin (Oral Tablet)	1	
Ofloxacin (Otic Solution)	1	
Sulfonamides		
Silver Sulfadiazine (External Cream)	1	
SSD (External Cream)	1	
Sulfacetamide Sodium (Ophthalmic Ointment)	1	
Sulfacetamide Sodium (Ophthalmic Solution)	1	
Sulfadiazine (Oral Tablet)	1	
Sulfamethoxazole-Trimethoprim (Oral Suspension)	1	
Sulfamethoxazole-Trimethoprim (Oral Tablet)	1	
Tetracyclines		
Demeclocycline HCl (Oral Tablet)	1	
Doxy 100 (Intravenous Solution Reconstituted)	1	
Doxycycline Hyclate (Oral Capsule)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release)	1	
Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule)	1	
Doxycycline Monohydrate (Oral Suspension Reconstituted)	1	
Doxycycline Monohydrate (100MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	1	
Minocycline HCl (Oral Capsule)	1	
Minocycline HCl (Oral Tablet Immediate Release)	1	
Tetracycline HCl (Oral Capsule)	1	
Vibramycin (50MG/5ML Oral Syrup)	1	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT (Oral Solution)	1	PA; QL
BRIVIACT (Oral Tablet)	1	PA; QL
Epidiolex (Oral Solution)	1	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Levetiracetam ER (Oral Tablet Extended Release 24 Hour)	1	
Levetiracetam (Oral Solution)	1	
Levetiracetam (Oral Tablet Immediate Release)	1	
Nayzilam (Nasal Solution)	1	
Roweepra (Oral Tablet Immediate Release)	1	
Roweepra XR (Oral Tablet Extended Release 24 Hour)	1	
Spritam (Oral Tablet Disintegrating Soluble)	1	
Calcium Channel Modifying Agents		
Celontin (Oral Capsule)	1	
Ethosuximide (Oral Capsule)	1	
Ethosuximide (Oral Solution)	1	
Zonisamide (Oral Capsule)	1	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
Clobazam (2.5MG/ML Oral Suspension)	1	PA; QL
Clobazam (10MG Oral Tablet)	1	PA; QL
Clobazam (20MG Oral Tablet)	1	PA; QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Diastat AcuDial (Rectal Gel)	1	
Diastat Pediatric (Rectal Gel)	1	
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	1	
Gabapentin (Oral Capsule)	1	
Gabapentin (250MG/5ML Oral Solution)	1	
Gabapentin (Oral Tablet)	1	
Phenobarbital (Oral Elixir)	1	HRM
Phenobarbital (Oral Tablet)	1	HRM
Primidone (Oral Tablet)	1	
Sympazan (Oral Film)	1	PA; QL
Tiagabine HCl (Oral Tablet)	1	
Valproic Acid (Oral Capsule)	1	
Valproic Acid (Oral Solution)	1	
Valtoco 10 MG Dose (Nasal Liquid)	1	QL
Valtoco 15 MG Dose (Nasal Liquid Therapy Pack)	1	QL
Valtoco 20 MG Dose (Nasal Liquid Therapy Pack)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Valtoco 5 MG Dose (Nasal Liquid)	1	QL
Vigabatrin (Oral Packet)	1	PA; LA; QL
Vigabatrin (Oral Tablet)	1	PA; LA; QL
Vigadrone (Oral Packet)	1	PA; LA; QL
Glutamate Reducing Agents		
Felbamate (Oral Suspension)	1	
Felbamate (Oral Tablet)	1	
Fycompa (Oral Suspension)	1	
Fycompa (Oral Tablet)	1	
Lamotrigine (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release)	1	
Lamotrigine (25MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	1	
Topiramate (Oral Capsule Sprinkle Immediate Release)	1	
Topiramate (Oral Tablet)	1	
Sodium Channel Agents		

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Aptiom (Oral Tablet)	1	QL
Banzel (Oral Suspension)	1	
Banzel (Oral Tablet)	1	
Carbamazepine ER (Oral Capsule Extended Release 12 Hour)	1	
Carbamazepine ER (Oral Tablet Extended Release 12 Hour)	1	
Carbamazepine (Oral Suspension)	1	
Carbamazepine (Oral Tablet Immediate Release)	1	
Carbamazepine (Oral Tablet Chewable)	1	
Dilantin INFATABS (Oral Tablet Chewable)	1	
Dilantin (Oral Capsule)	1	
Epitol (Oral Tablet)	1	
Oxcarbazepine (300MG/5ML Oral Suspension)	1	
Oxcarbazepine (150MG Oral Tablet, 300MG Oral Tablet, 600MG Oral Tablet)	1	
Peganone (Oral Tablet)	1	
Phenytek (Oral Capsule)	1	
Phenytoin (Oral Suspension)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Phenytoin (Oral Tablet Chewable)	1	
Phenytoin Sodium Extended (Oral Capsule)	1	
Vimpat (Oral Solution)	1	QL
Vimpat (Oral Tablet)	1	QL
Antidementia Agents		
Cholinesterase Inhibitors		
Donepezil HCl (Oral Tablet)	1	QL
Donepezil HCl ODT (Oral Tablet Dispersible)	1	QL
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	1	QL
Galantamine Hydrobromide (Oral Solution)	1	QL
Galantamine Hydrobromide (Oral Tablet)	1	QL
Rivastigmine Tartrate (Oral Capsule)	1	QL
Rivastigmine (Transdermal Patch 24 Hour)	1	ST; QL
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	1	PA; QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Memantine HCl (2MG/ML Oral Solution)	1	PA; QL
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet)	1	PA; QL
Memantine HCl Titration Pak (Oral Tablet)	1	PA
Antidepressants		
Antidepressants, Other		
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	1	
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	1	
Bupropion HCl (Oral Tablet Immediate Release)	1	
Mirtazapine (Oral Tablet)	1	
Mirtazapine ODT (Oral Tablet Dispersible)	1	
Monoamine Oxidase Inhibitors		
Emsam (Transdermal Patch 24 Hour)	1	QL
Marplan (Oral Tablet)	1	
Phenelzine Sulfate (Oral Tablet)	1	
Tranylcypromine Sulfate (Oral Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
Citalopram Hydrobromide (Oral Solution)	1	
Citalopram Hydrobromide (Oral Tablet)	1	
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	1	QL
Escitalopram Oxalate (Oral Solution)	1	
Escitalopram Oxalate (Oral Tablet)	1	
Fetzima (Oral Capsule Extended Release 24 Hour)	1	ST; QL
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	1	ST
Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)	1	
Fluoxetine HCl (90MG Oral Capsule Delayed Release)	1	
Fluoxetine HCl (20MG/5ML Oral Solution)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Fluvoxamine Maleate (Oral Tablet)	1	
Maprotiline HCl (Oral Tablet)	1	
Nefazodone HCl (Oral Tablet)	1	
Paroxetine HCl (Oral Tablet Immediate Release)	1	HRM
Paxil (Oral Suspension)	1	HRM
Sertraline HCl (Oral Concentrate)	1	
Sertraline HCl (Oral Tablet)	1	
Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	1	
Trazodone HCl (300MG Oral Tablet)	1	
Trintellix (Oral Tablet)	1	QL
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	1	
Venlafaxine HCl (Oral Tablet Immediate Release)	1	
Viibryd (Oral Tablet)	1	QL
Viibryd Starter Pack (Oral Kit)	1	QL
Tricyclics		
Amitriptyline HCl (Oral Tablet)	1	HRM

Drug Name	Drug Tier	Coverage Rules or Limits on use
Amoxapine (Oral Tablet)	1	HRM
Clomipramine HCl (Oral Capsule)	1	HRM
Desipramine HCl (Oral Tablet)	1	HRM
Doxepin HCl (Oral Capsule)	1	HRM
Doxepin HCl (Oral Concentrate)	1	HRM
Imipramine HCl (Oral Tablet)	1	HRM
Imipramine Pamoate (Oral Capsule)	1	HRM
Nortriptyline HCl (Oral Capsule)	1	HRM
Nortriptyline HCl (Oral Solution)	1	HRM
Protriptyline HCl (Oral Tablet)	1	HRM
Trimipramine Maleate (Oral Capsule)	1	HRM
Antiemetics		
Antiemetics, Other		
Compro (Rectal Suppository)	1	
Hydroxyzine Pamoate (Oral Capsule)	1	HRM
Meclizine HCl (Oral Tablet)	1	HRM
Metoclopramide HCl (5MG/5ML Oral Solution)	1	
Metoclopramide HCl (Oral Tablet)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Perphenazine (Oral Tablet)	1	
Prochlorperazine Maleate (Oral Tablet)	1	
Prochlorperazine (Rectal Suppository)	1	
Scopolamine (Transdermal Patch 72 Hour)	1	HRM
Transderm-Scop (1.5MG) (Transdermal Patch 72 Hour)	1	HRM
Emetogenic Therapy Adjuncts		
Aprepitant (Oral Therapy Pack, Oral Capsule)	1	PA
Dronabinol (Oral Capsule)	1	PA
Granisetron HCl (Oral Tablet)	1	B/D, PA; QL
Ondansetron HCl (Oral Solution)	1	B/D, PA
Ondansetron HCl (Oral Tablet)	1	B/D, PA
Ondansetron ODT (Oral Tablet Dispersible)	1	B/D, PA
Sancuso (Transdermal Patch)	1	
Antifungals		
Antifungals		
Abelcet (Intravenous Suspension)	1	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
AmBisome (Intravenous Suspension Reconstituted)	1	B/D, PA
Amphotericin B (Intravenous Solution Reconstituted)	1	B/D, PA
Ciclopirox (External Gel)	1	
Ciclopirox (External Shampoo)	1	
Ciclopirox (External Solution)	1	
Ciclopirox Olamine (External Cream)	1	
Ciclopirox Olamine (External Suspension)	1	
Clotrimazole (External Cream)	1	
Clotrimazole (External Solution)	1	
Clotrimazole (Mouth/Throat Lozenge)	1	
Econazole Nitrate (External Cream)	1	QL
Eraxis (100MG Intravenous Solution Reconstituted)	1	
Eraxis (50MG Intravenous Solution Reconstituted)	1	
Fluconazole in Sodium Chloride (Intravenous Solution)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Fluconazole (Oral Suspension Reconstituted)	1	
Fluconazole (Oral Tablet)	1	
Flucytosine (Oral Capsule)	1	
Griseofulvin Microsize (Oral Suspension)	1	
Griseofulvin Microsize (Oral Tablet)	1	
Griseofulvin Ultramicrosize (Oral Tablet)	1	
Itraconazole (Oral Capsule)	1	PA; QL
Itraconazole (Oral Solution)	1	PA
Jublia (External Solution)	1	
Ketoconazole (External Cream)	1	QL
Ketoconazole (External Shampoo)	1	
Ketoconazole (Oral Tablet)	1	
Mentax (External Cream)	1	
Miconazole 3 (Vaginal Suppository)	1	
Mycamine (Intravenous Solution Reconstituted)	1	
Naftifine HCl (External Cream)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Naftin (External Gel)	1	
Natacyn (Ophthalmic Suspension)	1	
Noxafil (Oral Suspension)	1	QL
Noxafil (Oral Tablet Delayed Release)	1	PA; QL
Nyamyc (External Powder)	1	
Nystatin (External Cream)	1	
Nystatin (External Ointment)	1	
Nystatin (External Powder)	1	
Nystatin (Mouth/Throat Suspension)	1	
Nystatin (Oral Tablet)	1	
Nystop (External Powder)	1	
Posaconazole (Oral Tablet Delayed Release)	1	PA; QL
Terbinafine HCl (Oral Tablet)	1	
Terconazole (Vaginal Cream)	1	
Terconazole (Vaginal Suppository)	1	
Voriconazole (Intravenous Solution Reconstituted)	1	
Voriconazole (Oral Suspension Reconstituted)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Voriconazole (Oral Tablet)	1	
Antigout Agents		
Antigout Agents		
Allopurinol (Oral Tablet)	1	
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	1	QL
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	1	QL
Colcrys (Oral Tablet)	1	QL
Febuxostat (Oral Tablet)	1	ST
Probenecid (Oral Tablet)	1	
Probenecid-Colchicine (Oral Tablet)	1	
Antimigraine Agents		
Ergot Alkaloids		
Dihydroergotamine Mesylate (Nasal Solution)	1	
Ergotamine-Caffeine (Oral Tablet)	1	
Migergot (Rectal Suppository)	1	
Prophylactic		
Aimovig (Subcutaneous Solution Auto-Injector)	1	PA; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	1	PA; QL
Emgality (Subcutaneous Solution Auto-Injector)	1	PA; QL
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	1	PA; QL
Timolol Maleate (Oral Tablet)	1	
Serotonin (5-HT) 1b/1d Receptor Agonists		
Naratriptan HCl (Oral Tablet)	1	QL
Rizatriptan Benzoate (Oral Tablet)	1	QL
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	1	QL
Sumatriptan (Nasal Solution)	1	QL
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	1	QL
Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)	1	QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	1	QL
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 6MG/0.5ML Subcutaneous Solution Auto-Injector)	1	QL
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Auto-Injector) (Generic Imitrex STATdose)	1	QL
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution Prefilled Syringe)	1	QL
Antimyasthenic Agents		
Parasympathomimetics		
Guanidine HCl (Oral Tablet)	1	
Pyridostigmine Bromide ER (Oral Tablet Extended Release)	1	
Pyridostigmine Bromide (Oral Solution)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Pyridostigmine Bromide (60MG Oral Tablet Immediate Release)	1	
Antimycobacterials		
Antimycobacterials, Other		
Dapsone (Oral Tablet)	1	
Rifabutin (Oral Capsule)	1	
Antituberculars		
Ethambutol HCl (Oral Tablet)	1	
Isoniazid (Oral Syrup)	1	
Isoniazid (Oral Tablet)	1	
Paser (Oral Packet)	1	
Priftin (Oral Tablet)	1	
Pyrazinamide (Oral Tablet)	1	
Rifampin (600MG Intravenous Solution Reconstituted)	1	
Rifampin (150MG Oral Capsule, 300MG Oral Capsule)	1	
Rifater (Oral Tablet)	1	
Sirturo (Oral Tablet)	1	PA; LA
Trecator (Oral Tablet)	1	
Antineoplastics		
Alkylating Agents		
Cyclophosphamide (Oral Capsule)	1	B/D, PA
Gleostine (100MG Oral Capsule)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Gleostine (10MG Oral Capsule, 40MG Oral Capsule)	1	
Leukeran (Oral Tablet)	1	
Matulane (Oral Capsule)	1	LA
Valchlor (External Gel)	1	PA; LA
Antandrogens		
Abiraterone Acetate (Oral Tablet)	1	PA; QL
Bicalutamide (Oral Tablet)	1	
Erleada (Oral Tablet)	1	PA; QL
Flutamide (Oral Capsule)	1	
Nilutamide (Oral Tablet)	1	
Nubeqa (Oral Tablet)	1	PA; QL
Xtandi (Oral Capsule)	1	PA; LA; QL
Antiangiogenic Agents		
Pomalyst (Oral Capsule)	1	PA; QL
Revlimid (Oral Capsule)	1	PA; LA; QL
Thalomid (Oral Capsule)	1	PA; QL
Antiestrogens/Modifiers		
Emcyt (Oral Capsule)	1	
Soltamox (Oral Solution)	1	
Tamoxifen Citrate (Oral Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Toremifene Citrate (Oral Tablet)	1	
Antimetabolites		
Droxia (Oral Capsule)	1	
Hydroxyurea (Oral Capsule)	1	
Mercaptopurine (Oral Tablet)	1	
Purixan (Oral Suspension)	1	PA
Tabloid (Oral Tablet)	1	PA
Antineoplastics		
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	1	PA; QL
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	1	PA; QL
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	1	PA; QL
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	1	PA; QL
Antineoplastics, Other		
Copiktra (Oral Capsule)	1	PA; QL
Inrebic (Oral Capsule)	1	PA; QL
Kisqali (200MG Dose) (Oral Tablet)	1	PA; QL
Kisqali (400MG Dose) (Oral Tablet)	1	PA; QL
Kisqali (600MG Dose) (Oral Tablet)	1	PA; QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Kisqali Femara (400MG Dose) (Oral Tablet Therapy Pack)	1	PA; QL
Kisqali Femara (600MG Dose) (Oral Tablet Therapy Pack)	1	PA; QL
Kisqali Femara (200MG Dose) (Oral Tablet Therapy Pack)	1	PA; QL
Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet, 5MG Oral Tablet)	1	
Leucovorin Calcium (25MG Oral Tablet)	1	
Lonsurf (Oral Tablet)	1	PA; LA; QL
Lorbrena (Oral Tablet)	1	PA; QL
Ninlaro (Oral Capsule)	1	PA; QL
Pemazyre (Oral Tablet)	1	PA; QL
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	1	PA; QL
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	1	PA; QL
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	1	PA; QL
Rozlytrek (Oral Capsule)	1	PA; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Synribo (Subcutaneous Solution Reconstituted)	1	PA
Tazverik (Oral Tablet)	1	PA; QL
Verzenio (Oral Tablet)	1	PA; LA; QL
Zolinza (Oral Capsule)	1	PA
Aromatase Inhibitors, 3rd Generation		
Anastrozole (Oral Tablet)	1	
Exemestane (Oral Tablet)	1	
Letrozole (Oral Tablet)	1	
Enzyme Inhibitors		
Balversa (Oral Tablet)	1	PA; QL
Rubraca (Oral Tablet)	1	PA; LA; QL
Talzenna (Oral Capsule)	1	PA; LA; QL
Zejula (Oral Capsule)	1	PA; LA; QL
Molecular Target Inhibitors		
Afinitor Disperz (Oral Tablet Soluble)	1	PA
Afinitor (Oral Tablet)	1	PA
Alecensa (Oral Capsule)	1	PA; LA; QL
Alunbrig (Oral Tablet)	1	PA; LA; QL
Alunbrig (Oral Tablet Therapy Pack)	1	PA; LA; QL
Ayvakit (Oral Tablet)	1	PA; LA; QL
Bosulif (Oral Tablet)	1	PA; QL
Braftovi (Oral Capsule)	1	PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Brukinsa (Oral Capsule)	1	PA; LA; QL
Cabometyx (Oral Tablet)	1	PA; LA; QL
Calquence (Oral Capsule)	1	PA; QL
Caprelsa (Oral Tablet)	1	PA; LA
Cometriq (100MG Daily Dose) (Oral Kit)	1	PA; LA
Cometriq (140MG Daily Dose) (Oral Kit)	1	PA; LA
Cometriq (60MG Daily Dose) (Oral Kit)	1	PA; LA
Cotellic (Oral Tablet)	1	PA; LA; QL
Daurismo (Oral Tablet)	1	PA; LA; QL
Erivedge (Oral Capsule)	1	PA; LA; QL
Erlotinib HCl (Oral Tablet)	1	PA; QL
Everolimus (2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	1	PA
Farydak (Oral Capsule)	1	PA
Gilotrif (Oral Tablet)	1	PA; LA
Ibrance (Oral Capsule)	1	PA; LA; QL
Ibrance (Oral Tablet)	1	PA; LA; QL
Iclusig (Oral Tablet)	1	PA; LA; QL
IDHIFA (Oral Tablet)	1	PA; LA; QL
Imatinib Mesylate (Oral Tablet)	1	PA; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Imbruvica (Oral Capsule)	1	PA; LA; QL
Imbruvica (Oral Tablet)	1	PA; QL
Inlyta (Oral Tablet)	1	PA; LA; QL
Iressa (Oral Tablet)	1	PA; LA; QL
Jakafi (Oral Tablet)	1	PA; LA; QL
Koselugo (Oral Capsule)	1	PA; QL
Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)	1	PA; LA
Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)	1	PA; LA
Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)	1	PA; LA
Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)	1	PA; LA
Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)	1	PA; LA
Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)	1	PA; LA
Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)	1	PA; LA
Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)	1	PA; LA

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Lynparza (Oral Tablet)	1	PA; LA; QL
Mekinist (Oral Tablet)	1	PA; LA
Mektovi (Oral Tablet)	1	PA
Nerlynx (Oral Tablet)	1	PA; LA; QL
Nexavar (Oral Tablet)	1	PA; LA
Odomzo (Oral Capsule)	1	PA; LA; QL
Rydapt (Oral Capsule)	1	PA; QL
Sprycel (Oral Tablet)	1	PA; QL
Stivarga (Oral Tablet)	1	PA; LA; QL
Sutent (Oral Capsule)	1	PA; QL
Tafinlar (Oral Capsule)	1	PA; LA
Tagrisso (Oral Tablet)	1	PA; LA; QL
Tasigna (Oral Capsule)	1	PA; QL
Tibsovo (Oral Tablet)	1	PA; QL
Turalio (Oral Capsule)	1	PA; LA; QL
Tykerb (Oral Tablet)	1	PA; LA
Venclexta (100MG Oral Tablet, 50MG Oral Tablet)	1	PA; LA; QL
Venclexta (10MG Oral Tablet)	1	PA; LA; QL
Venclexta Starting Pack (Oral Tablet Therapy Pack)	1	PA; LA
Vitrakvi (Oral Capsule)	1	PA; LA; QL
Vitrakvi (Oral Solution)	1	PA; LA; QL
Vizimpro (Oral Tablet)	1	PA; LA; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Votrient (Oral Tablet)	1	PA; LA; QL
Xalkori (Oral Capsule)	1	PA; LA
Xospata (Oral Tablet)	1	PA; QL
Zelboraf (Oral Tablet)	1	PA; LA; QL
Zydelig (Oral Tablet)	1	PA; LA; QL
Zykadia (Oral Tablet)	1	PA; QL
Retinoids		
Bexarotene (Oral Capsule)	1	PA
Panretin (External Gel)	1	
Targretin (External Gel)	1	PA
Tretinoin (Oral Capsule)	1	
Treatment Adjuncts		
Mesnex (Oral Tablet)	1	
Antiparasitics		
Anthelmintics		
Albendazole (Oral Tablet)	1	QL
Ivermectin (Oral Tablet)	1	
Praziquantel (Oral Tablet)	1	
Antiprotozoals		
Alinia (Oral Suspension Reconstituted)	1	
Alinia (Oral Tablet)	1	
Atovaquone (Oral Suspension)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Atovaquone-Proguanil HCl (Oral Tablet)	1	
Benznidazole (Oral Tablet)	1	
Chloroquine Phosphate (Oral Tablet)	1	
Coartem (Oral Tablet)	1	
DARAPRIM (Oral Tablet)	1	
Hydroxychloroquine Sulfate (Oral Tablet)	1	
Mefloquine HCl (Oral Tablet)	1	
Nebupent (Inhalation Solution Reconstituted)	1	B/D, PA; QL
PENTAM 300 (Injection Solution Reconstituted)	1	
Pentamidine Isethionate (Inhalation Solution Reconstituted)	1	B/D, PA; QL
Pentamidine Isethionate (Injection Solution Reconstituted)	1	
Primaquine Phosphate (Oral Tablet)	1	
Pyrimethamine (Oral Tablet)	1	
Quinine Sulfate (Oral Capsule)	1	PA
Pediculicides/Scabicides		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Lindane (External Shampoo)	1	
Malathion (External Lotion)	1	
Permethrin (External Cream)	1	
Antiparkinson Agents		
Anticholinergics		
Benztropine Mesylate (Oral Tablet)	1	HRM
Trihexyphenidyl HCl (Oral Solution)	1	HRM
Trihexyphenidyl HCl (Oral Tablet)	1	HRM
Antiparkinson Agents, Other		
Amantadine HCl (Oral Capsule)	1	
Amantadine HCl (Oral Syrup)	1	
Amantadine HCl (Oral Tablet)	1	
Entacapone (Oral Tablet)	1	
Tolcapone (Oral Tablet)	1	QL
Dopamine Agonists		
Apokyn (Subcutaneous Solution Cartridge)	1	PA; LA; QL
Bromocriptine Mesylate (Oral Capsule)	1	
Bromocriptine Mesylate (Oral Tablet)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Neupro (Transdermal Patch 24 Hour)	1	
Pramipexole Dihydrochloride (Oral Tablet Immediate Release)	1	
Ropinirole HCl (Oral Tablet Immediate Release)	1	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
Carbidopa (Oral Tablet)	1	
Carbidopa-Levodopa ER (Oral Tablet Extended Release)	1	
Carbidopa-Levodopa (Oral Tablet Immediate Release)	1	
Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	1	
Carbidopa-Levodopa-Entacapone (Oral Tablet)	1	
Rytary (Oral Capsule Extended Release)	1	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
Rasagiline Mesylate (Oral Tablet)	1	
Selegiline HCl (Oral Capsule)	1	
Selegiline HCl (Oral Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Zelapar (Oral Tablet Dispersible)	1	
Antipsychotics		
1st Generation/Typical		
Chlorpromazine HCl (Oral Tablet)	1	
Fluphenazine Decanoate (Injection Solution)	1	
Fluphenazine HCl (2.5MG/ML Injection Solution)	1	
Fluphenazine HCl (5MG/ML Oral Concentrate)	1	
Fluphenazine HCl (2.5MG/5ML Oral Elixir)	1	
Fluphenazine HCl (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	1	
Haloperidol Decanoate (Intramuscular Solution)	1	
Haloperidol Lactate (Injection Solution)	1	
Haloperidol Lactate (Oral Concentrate)	1	
Haloperidol (Oral Tablet)	1	
Loxapine Succinate (Oral Capsule)	1	
Molindone HCl (Oral Tablet)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Pimozide (Oral Tablet)	1	
Thioridazine HCl (Oral Tablet)	1	
Thiothixene (Oral Capsule)	1	
Trifluoperazine HCl (Oral Tablet)	1	
2nd Generation/Atypical		
Abilify Maintena (Intramuscular Prefilled Syringe)	1	
Abilify Maintena (Intramuscular Suspension Reconstituted ER)	1	
Aripiprazole (1MG/ML Oral Solution)	1	QL
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	1	QL
Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	1	QL
Aristada Initio (Intramuscular Prefilled Syringe)	1	
Aristada (Intramuscular Prefilled Syringe)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Caplyta (Oral Capsule)	1	ST; QL
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	1	ST; QL
Fanapt (1MG Oral Tablet, 2MG Oral Tablet)	1	ST; QL
Fanapt Titration Pack (Oral Tablet)	1	ST
Geodon (Intramuscular Solution Reconstituted)	1	
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)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)	1	
Invega Trinza (Intramuscular Suspension Prefilled Syringe)	1	
Latuda (Oral Tablet)	1	QL
Nuplazid (Oral Capsule)	1	PA; QL
Nuplazid (Oral Tablet)	1	PA; QL
Olanzapine (10MG Intramuscular Solution Reconstituted)	1	
Olanzapine (10MG Oral Tablet, 15MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	1	QL
Olanzapine ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	1	QL
Paliperidone ER (Oral Tablet Extended Release 24 Hour)	1	QL

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
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)	1	
Saphris (Tablet Sublingual)	1	QL
Secuado (Transdermal Patch 24 Hour)	1	PA; QL
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	1	ST; QL
Vraylar (Oral Capsule Therapy Pack)	1	ST
Ziprasidone HCl (Oral Capsule)	1	QL
Zyprexa Relprevv (210MG Intramuscular Suspension Reconstituted)	1	
Treatment-Resistant		
Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)	1	QL
Versacloz (Oral Suspension)	1	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
Valganciclovir HCl (Oral Solution Reconstituted)	1	QL
Valganciclovir HCl (Oral Tablet)	1	QL
Zirgan (Ophthalmic Gel)	1	
Anti-hepatitis B (HBV) Agents		
Adefovir Dipivoxil (Oral Tablet)	1	
Baraclude (Oral Solution)	1	
Entecavir (Oral Tablet)	1	
Epivir HBV (Oral Solution)	1	
Lamivudine (100MG Oral Tablet)	1	
Vemlidy (Oral Tablet)	1	QL
Anti-hepatitis C (HCV) Agents, Other		

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Intron A (Injection Solution)	1	PA; LA
Intron A (Injection Solution Reconstituted)	1	PA; LA
Pegasys ProClick (Subcutaneous Solution)	1	PA
Pegasys (Subcutaneous Solution)	1	PA
Ribavirin (Oral Tablet)	1	
Sylatron (200MCG Subcutaneous Kit, 300MCG Subcutaneous Kit)	1	PA
Anti-hepatitis C (HCV) Direct Acting Agents		
Epclusa (Oral Tablet)	1	PA; QL
Mavyret (Oral Tablet)	1	PA; QL
Sofosbuvir-Velpatasvir (Oral Tablet)	1	PA; QL
Sovaldi (400MG Oral Tablet)	1	PA; QL
Vosevi (Oral Tablet)	1	PA; QL
Antitherpetic Agents		
Acyclovir (External Ointment)	1	QL
Acyclovir (Oral Capsule)	1	
Acyclovir (Oral Suspension)	1	
Acyclovir (Oral Tablet)	1	
Acyclovir Sodium (Intravenous Solution)	1	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Denavir (External Cream)	1	QL
Famciclovir (Oral Tablet)	1	QL
Trifluridine (Ophthalmic Solution)	1	
Valacyclovir HCl (Oral Tablet)	1	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
Dovato (Oral Tablet)	1	QL
Genvoya (Oral Tablet)	1	QL
Isentress HD (Oral Tablet)	1	QL
Isentress (Oral Packet)	1	QL
Isentress (Oral Tablet)	1	QL
Isentress (100MG Oral Tablet Chewable)	1	QL
Isentress (25MG Oral Tablet Chewable)	1	QL
Stribild (Oral Tablet)	1	QL
Tivicay (10MG Oral Tablet)	1	QL
Tivicay (25MG Oral Tablet, 50MG Oral Tablet)	1	QL
Triumeq (Oral Tablet)	1	QL
Tyboost (Oral Tablet)	1	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
Atripla (Oral Tablet)	1	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Complera (Oral Tablet)	1	QL
Delstrigo (Oral Tablet)	1	QL
Edurant (Oral Tablet)	1	QL
Efavirenz (Oral Capsule)	1	QL
Efavirenz (Oral Tablet)	1	QL
Intence (100MG Oral Tablet, 200MG Oral Tablet)	1	QL
Intence (25MG Oral Tablet)	1	QL
Juluca (Oral Tablet)	1	QL
Nevirapine ER (Oral Tablet Extended Release 24 Hour)	1	QL
Nevirapine (Oral Suspension)	1	QL
Nevirapine (Oral Tablet Immediate Release)	1	QL
Odefsey (Oral Tablet)	1	QL
Pifeltro (Oral Tablet)	1	QL
Symfi Lo (Oral Tablet)	1	QL
Symfi (Oral Tablet)	1	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
Abacavir Sulfate (Oral Solution)	1	QL
Abacavir Sulfate (Oral Tablet)	1	QL
Abacavir Sulfate-Lamivudine (Oral Tablet)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Abacavir-Lamivudine-Zidovudine (Oral Tablet)	1	QL
Biktarvy (Oral Tablet)	1	QL
Cimduo (Oral Tablet)	1	QL
Descovy (Oral Tablet)	1	QL
Didanosine (Oral Capsule Delayed Release)	1	QL
Emtriva (Oral Capsule)	1	QL
Emtriva (Oral Solution)	1	QL
Lamivudine (10MG/ML Oral Solution)	1	QL
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet)	1	QL
Lamivudine-Zidovudine (Oral Tablet)	1	QL
Stavudine (Oral Capsule)	1	QL
Tenofovir Disoproxil Fumarate (Oral Tablet)	1	QL
Truvada (Oral Tablet)	1	QL
Viread (Oral Powder)	1	QL
Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	1	QL
Zidovudine (Oral Capsule)	1	QL
Zidovudine (Oral Syrup)	1	QL

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Zidovudine (Oral Tablet)	1	QL
Anti-HIV Agents, Other		
Fuzeon (Subcutaneous Solution Reconstituted)	1	QL
Selzentry (Oral Solution)	1	QL
Selzentry (150MG Oral Tablet, 300MG Oral Tablet, 75MG Oral Tablet)	1	QL
Selzentry (25MG Oral Tablet)	1	QL
Anti-HIV Agents, Protease Inhibitors		
Aptivus (Oral Capsule)	1	QL
Aptivus (Oral Solution)	1	QL
Atazanavir Sulfate (Oral Capsule)	1	QL
Crixivan (Oral Capsule)	1	QL
Evotaz (Oral Tablet)	1	QL
Fosamprenavir Calcium (Oral Tablet)	1	QL
Invirase (Oral Tablet)	1	QL
Kaletra (100-25MG Oral Tablet)	1	QL
Kaletra (200-50MG Oral Tablet)	1	QL
Lexiva (Oral Suspension)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Lopinavir-Ritonavir (Oral Solution)	1	QL
Norvir (Oral Packet)	1	QL
Norvir (Oral Solution)	1	QL
Prezcobix (Oral Tablet)	1	QL
Prezista (Oral Suspension)	1	QL
Prezista (150MG Oral Tablet, 75MG Oral Tablet)	1	QL
Prezista (600MG Oral Tablet, 800MG Oral Tablet)	1	QL
Reyataz (Oral Packet)	1	QL
Ritonavir (Oral Tablet)	1	QL
Symtuza (Oral Tablet)	1	QL
Viracept (Oral Tablet)	1	QL
Anti-influenza Agents		
Oseltamivir Phosphate (Oral Capsule)	1	QL
Oseltamivir Phosphate (Oral Suspension Reconstituted)	1	QL
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	1	QL
Rimantadine HCl (Oral Tablet)	1	
Xofluza (40 MG Dose) (Oral Tablet Therapy Pack)	1	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Xofluza (80 MG Dose) (Oral Tablet Therapy Pack)	1	QL
Anxiolytics		
Anxiolytics, Other		
Buspirone HCl (Oral Tablet)	1	
Hydroxyzine HCl (Oral Syrup)	1	HRM
Hydroxyzine HCl (Oral Tablet)	1	HRM
Benzodiazepines		
Alprazolam (Oral Tablet Immediate Release)	1	QL
Chlordiazepoxide HCl (Oral Capsule)	1	
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet)	1	QL
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible)	1	QL
Clorazepate Dipotassium (Oral Tablet)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Diazepam Intensol (5MG/ML Oral Concentrate)	1	QL
Diazepam (5MG/5ML Oral Solution)	1	
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	1	QL
Lorazepam (2MG/ML Oral Concentrate)	1	QL
Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet)	1	QL
Bipolar Agents		
Mood Stabilizers		
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	1	
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	1	
Divalproex Sodium (Oral Tablet Delayed Release)	1	
Lithium Carbonate ER (Oral Tablet Extended Release)	1	
Lithium Carbonate (Oral Capsule)	1	
Lithium Carbonate (Oral Tablet Immediate Release)	1	
Lithium (Oral Solution)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Blood Glucose Regulators		
Antidiabetic Agents		
Acarbose (Oral Tablet)	1	QL
Bydureon BCise (Subcutaneous Auto-Injector)	1	QL
Bydureon (Subcutaneous Pen-Injector)	1	QL
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	1	QL
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	1	QL
Cycloset (Oral Tablet)	1	PA; QL
Glimepiride (Oral Tablet)	1	QL
Glipizide ER (Oral Tablet Extended Release 24 Hour)	1	QL
Glipizide (Oral Tablet Immediate Release)	1	QL
Glipizide-Metformin HCl (Oral Tablet)	1	QL
Glyxambi (Oral Tablet)	1	QL
Invokamet (Oral Tablet Immediate Release)	1	QL
Invokamet XR (Oral Tablet Extended Release 24 Hour)	1	QL
Invokana (Oral Tablet)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Janumet (Oral Tablet Immediate Release)	1	QL
Janumet XR (Oral Tablet Extended Release 24 Hour)	1	QL
Januvia (Oral Tablet)	1	QL
Jardiance (Oral Tablet)	1	QL
Jentadueto (Oral Tablet Immediate Release)	1	QL
Jentadueto XR (Oral Tablet Extended Release 24 Hour)	1	QL
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	1	QL
Metformin HCl (500MG/5ML Oral Solution)	1	QL
Metformin HCl (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 850MG Oral Tablet Immediate Release)	1	QL
Miglitol (Oral Tablet)	1	QL
Nateglinide (Oral Tablet)	1	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ozempic (0.25 or 0.5MG/DOSE) (Subcutaneous Solution Pen-Injector)	1	QL
Ozempic (1MG/DOSE) (Subcutaneous Solution Pen-Injector)	1	QL
Pioglitazone HCl (Oral Tablet)	1	QL
Pioglitazone HCl-Glimepiride (Oral Tablet)	1	QL
Pioglitazone HCl-Metformin HCl (Oral Tablet)	1	QL
Repaglinide (Oral Tablet)	1	QL
Riomet ER (Oral Suspension Reconstituted ER)	1	QL
Riomet (Oral Solution)	1	QL
Rybelsus (Oral Tablet)	1	QL
Soliqua (Subcutaneous Solution Pen-Injector)	1	QL
SymlinPen 120 (Subcutaneous Solution Pen-Injector)	1	PA
SymlinPen 60 (Subcutaneous Solution Pen-Injector)	1	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Synjardy (Oral Tablet Immediate Release)	1	QL
Synjardy XR (Oral Tablet Extended Release 24 Hour)	1	QL
Tradjenta (Oral Tablet)	1	QL
Trulicity (Subcutaneous Solution Pen-Injector)	1	QL
Victoza (Subcutaneous Solution Pen-Injector)	1	QL
Glycemic Agents		
Baqsimi Two Pack (Nasal Powder)	1	
Diazoxide (Oral Suspension)	1	
GlucaGen HypoKit (Injection Solution Reconstituted)	1	
Glucagon (Injection Kit) (Lilly)	1	
Gvoke PFS (Subcutaneous Solution Prefilled Syringe)	1	
Proglycem (Oral Suspension)	1	
Insulins		
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)	1	

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Humalog KwikPen (Subcutaneous Solution Pen-Injector)	1	
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)	1	
Humalog Mix 50/50 (Subcutaneous Suspension)	1	
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)	1	
Humalog Mix 75/25 (Subcutaneous Suspension)	1	
Humalog (Subcutaneous Solution)	1	
Humalog (Subcutaneous Solution Cartridge)	1	
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)	1	
Humulin 70/30 (Subcutaneous Suspension)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)	1	
Humulin N (Subcutaneous Suspension)	1	
Humulin R (Injection Solution)	1	
Humulin R U-500 (Concentrated) (Subcutaneous Solution)	1	
Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)	1	
Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)	1	
Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)	1	
Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Insulin Lispro (Subcutaneous Solution) (Brand Equivalent Humalog)	1	
Lantus SoloStar (Subcutaneous Solution Pen-Injector)	1	
Lantus (Subcutaneous Solution)	1	
Levemir FlexTouch (Subcutaneous Solution Pen-Injector)	1	
Levemir (Subcutaneous Solution)	1	
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)	1	
Toujeo SoloStar (Subcutaneous Solution Pen-Injector)	1	
Tresiba FlexTouch (Subcutaneous Solution Pen-Injector)	1	
Tresiba (Subcutaneous Solution)	1	
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
Coumadin (Oral Tablet)	1	
Eliquis Starter Pack (Oral Tablet)	1	QL

Eliquis (Oral Tablet)	1	QL
Enoxaparin Sodium (Subcutaneous Solution)	1	QL
Fondaparinux Sodium (10MG/0.8ML Subcutaneous Solution, 5MG/0.4ML Subcutaneous Solution, 7.5MG/0.6ML Subcutaneous Solution)	1	
Fondaparinux Sodium (2.5MG/0.5ML Subcutaneous Solution)	1	
Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution)	1	
Heparin Sodium (1000UNIT/ML Injection Solution)	1	B/D, PA
Jantoven (Oral Tablet)	1	
Warfarin Sodium (Oral Tablet)	1	
Xarelto (Oral Tablet)	1	QL
Xarelto Starter Pack (Oral Tablet Therapy Pack)	1	QL
Blood Formation Modifiers		
Anagrelide HCl (Oral Capsule)	1	

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 300MCG/ML Injection Solution, 60MCG/ML Injection Solution)	1	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)	1	PA
Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution)	1	PA	Granix (Subcutaneous Solution)	1	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)	1	PA	Granix (Subcutaneous Solution Prefilled Syringe)	1	ST
			Leukine (Injection Solution Reconstituted)	1	PA
			Neulasta (Subcutaneous Solution Prefilled Syringe)	1	PA
			Neupogen (Injection Solution)	1	ST
			Neupogen (Injection Solution Prefilled Syringe)	1	ST

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
Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	1	PA
Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution)	1	PA
Promacta (Oral Packet)	1	PA; LA; QL
Promacta (Oral Tablet)	1	PA; LA; QL
Retacrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	1	PA
Retacrit (40000UNIT/ML Injection Solution)	1	PA
Udenyca (Subcutaneous Solution Prefilled Syringe)	1	PA
Zarxio (Injection Solution Prefilled Syringe)	1	
Hemostasis Agents		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tranexamic Acid (Oral Tablet)	1	
Platelet Modifying Agents		
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	1	QL
Brilinta (Oral Tablet)	1	QL
Cablivi (Injection Kit)	1	PA; QL
Cilostazol (Oral Tablet)	1	
Clopidogrel Bisulfate (75MG Oral Tablet)	1	QL
Prasugrel HCl (Oral Tablet)	1	QL
Cardiovascular Agents		
Alpha-adrenergic Agonists		
Clonidine HCl (Oral Tablet Immediate Release)	1	
Clonidine (Transdermal Patch Weekly)	1	
Methyldopa (Oral Tablet)	1	HRM
Midodrine HCl (Oral Tablet)	1	
Northera (Oral Capsule)	1	PA; LA; QL
Alpha-adrenergic Blocking Agents		
Doxazosin Mesylate (Oral Tablet)	1	
Phenoxybenzamine HCl (Oral Capsule)	1	
Prazosin HCl (Oral Capsule)	1	

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Angiotensin II Receptor Antagonists		
Candesartan Cilexetil (Oral Tablet)	1	QL
Edarbi (Oral Tablet)	1	QL
Irbesartan (Oral Tablet)	1	QL
Losartan Potassium (Oral Tablet)	1	QL
Olmesartan Medoxomil (Oral Tablet)	1	QL
Telmisartan (Oral Tablet)	1	QL
Valsartan (Oral Tablet)	1	QL
Angiotensin-converting Enzyme (ACE) Inhibitors		
Benazepril HCl (Oral Tablet)	1	QL
Captopril (Oral Tablet)	1	QL
Enalapril Maleate (Oral Tablet)	1	QL
Fosinopril Sodium (Oral Tablet)	1	QL
Lisinopril (Oral Tablet)	1	QL
Moexipril HCl (Oral Tablet)	1	QL
Perindopril Erbumine (Oral Tablet)	1	QL
Quinapril HCl (Oral Tablet)	1	QL
Ramipril (Oral Capsule)	1	QL
Trandolapril (Oral Tablet)	1	QL
Antiarrhythmics		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Amiodarone HCl (200MG Oral Tablet)	1	
Dofetilide (Oral Capsule)	1	
Flecainide Acetate (Oral Tablet)	1	
Mexiletine HCl (Oral Capsule)	1	
Multaq (Oral Tablet)	1	QL
Pacerone (200MG Oral Tablet)	1	
Propafenone HCl ER (Oral Capsule Extended Release 12 Hour)	1	
Propafenone HCl (Oral Tablet)	1	
Quinidine Gluconate ER (Oral Tablet Extended Release)	1	
Quinidine Sulfate (Oral Tablet)	1	
Sotalol HCl AF (Oral Tablet)	1	
Sotalol HCl (Oral Tablet)	1	
Beta-adrenergic Blocking Agents		
Acebutolol HCl (Oral Capsule)	1	
Atenolol (Oral Tablet)	1	
Betaxolol HCl (Oral Tablet)	1	
Bisoprolol Fumarate (Oral Tablet)	1	
Bystolic (Oral Tablet)	1	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use	Drug Name	Drug Tier	Coverage Rules or Limits on use
Carvedilol (Oral Tablet)	1		Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	1	
Labetalol HCl (Oral Tablet)	1		Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour)	1	
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	1		Diltiazem HCl (Oral Tablet Immediate Release)	1	
Metoprolol Tartrate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	1		Dilt-XR (Oral Capsule Extended Release 24 Hour)	1	
Nadolol (Oral Tablet)	1		Felodipine ER (Oral Tablet Extended Release 24 Hour)	1	
Pindolol (Oral Tablet)	1		Matzim LA (Oral Tablet Extended Release 24 Hour)	1	
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour)	1		Nicardipine HCl (Oral Capsule)	1	
Propranolol HCl (Oral Solution)	1		Nifedipine ER (Oral Tablet Extended Release 24 Hour)	1	QL
Propranolol HCl (Oral Tablet)	1		Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	1	QL
Calcium Channel Blocking Agents					
Amlodipine Besylate (Oral Tablet)	1				
Cartia XT (Oral Capsule Extended Release 24 Hour)	1				
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour)	1				

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Nimodipine (Oral Capsule)	1	
Nymalize (60MG/20ML Oral Solution)	1	
Taztia XT (Oral Capsule Extended Release 24 Hour)	1	
Tiadyt ER (Oral Capsule Extended Release 24 Hour)	1	
Verapamil HCl ER (100MG Oral Capsule Extended Release 24 Hour, 120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 200MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	1	
Verapamil HCl ER (360MG Oral Capsule Extended Release 24 Hour)	1	
Verapamil HCl ER (Oral Tablet Extended Release)	1	
Verapamil HCl (Oral Tablet Immediate Release)	1	
Cardiovascular Agents, Other		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Aliskiren Fumarate (Oral Tablet)	1	QL
Amiloride-Hydrochlorothiazide (Oral Tablet)	1	
Amlodipine-Atorvastatin (Oral Tablet)	1	QL
Amlodipine-Benazepril (Oral Capsule)	1	QL
Amlodipine-Olmesartan (Oral Tablet)	1	QL
Amlodipine-Valsartan (Oral Tablet)	1	QL
Amlodipine-Valsartan-HCTZ (Oral Tablet)	1	QL
Atenolol-Chlorthalidone (Oral Tablet)	1	
Benazepril-Hydrochlorothiazide (Oral Tablet)	1	QL
BiDil (Oral Tablet)	1	QL
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	1	QL
Candesartan Cilexetil-HCTZ (Oral Tablet)	1	QL
Captopril-Hydrochlorothiazide (Oral Tablet)	1	QL
Corlanor (Oral Solution)	1	PA; QL
Corlanor (Oral Tablet)	1	PA; QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Demser (Oral Capsule)	1	
Digitek (Oral Tablet)	1	HRM
Digox (Oral Tablet)	1	HRM
Digoxin (Oral Solution)	1	HRM
Digoxin (Oral Tablet)	1	HRM
Edarbyclor (Oral Tablet)	1	QL
Enalapril-Hydrochlorothiazide (Oral Tablet)	1	QL
Entresto (Oral Tablet)	1	QL
Fosinopril Sodium-HCTZ (Oral Tablet)	1	QL
Irbesartan-Hydrochlorothiazide (Oral Tablet)	1	QL
Lanoxin (Oral Tablet)	1	HRM
Lisinopril-Hydrochlorothiazide (Oral Tablet)	1	QL
Losartan Potassium-HCTZ (Oral Tablet)	1	QL
Methyldopa-Hydrochlorothiazide (Oral Tablet)	1	HRM
Metoprolol-Hydrochlorothiazide (Oral Tablet)	1	
Olmesartan Medoxomil-HCTZ (Oral Tablet)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	1	QL
Pentoxifylline ER (Oral Tablet Extended Release)	1	
Propranolol-HCTZ (Oral Tablet)	1	
Quinapril-Hydrochlorothiazide (Oral Tablet)	1	QL
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	1	QL
Spironolactone-HCTZ (Oral Tablet)	1	
Telmisartan-Amlodipine (Oral Tablet)	1	QL
Telmisartan-HCTZ (Oral Tablet)	1	QL
Triamterene-HCTZ (Oral Capsule)	1	
Triamterene-HCTZ (Oral Tablet)	1	
Valsartan-Hydrochlorothiazide (Oral Tablet)	1	QL
Vyndamax (Oral Capsule)	1	PA; QL
Vyndaqel (Oral Capsule)	1	PA; QL
Diuretics, Carbonic Anhydrase Inhibitors		

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	1	
Acetazolamide (Oral Tablet)	1	
Methazolamide (Oral Tablet)	1	
Diuretics, Loop		
Bumetanide (Injection Solution)	1	
Bumetanide (Oral Tablet)	1	
Ethacrynic Acid (Oral Tablet)	1	
Furosemide (Injection Solution)	1	B/D, PA
Furosemide (Oral Solution)	1	
Furosemide (Oral Tablet)	1	
Torsemide (Oral Tablet)	1	
Diuretics, Potassium-sparing		
Amiloride HCl (Oral Tablet)	1	
Eplerenone (Oral Tablet)	1	
Spironolactone (Oral Tablet)	1	
Triamterene (Oral Capsule)	1	
Diuretics, Thiazide		
Chlorthalidone (Oral Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Diuril (Oral Suspension)	1	
Hydrochlorothiazide (Oral Capsule)	1	
Hydrochlorothiazide (Oral Tablet)	1	
Indapamide (Oral Tablet)	1	
Metolazone (Oral Tablet)	1	
Dyslipidemics, Fibric Acid Derivatives		
Fenofibrate Micronized (134MG Oral Capsule, 200MG Oral Capsule, 67MG Oral Capsule)	1	
Fenofibrate (145MG Oral Tablet, 48MG Oral Tablet)	1	
Fenofibrate (160MG Oral Tablet, 54MG Oral Tablet)	1	
Fenofibric Acid (Oral Capsule Delayed Release)	1	
Gemfibrozil (Oral Tablet)	1	
Dyslipidemics, HMG CoA Reductase Inhibitors		
Atorvastatin Calcium (Oral Tablet)	1	QL
Fluvastatin Sodium (Oral Capsule)	1	QL
Livalo (Oral Tablet)	1	QL
Lovastatin (Oral Tablet)	1	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Pravastatin Sodium (Oral Tablet)	1	QL
Rosuvastatin Calcium (Oral Tablet)	1	QL
Simvastatin (Oral Tablet)	1	QL
Dyslipidemics, Other		
Cholestyramine Light (Oral Powder)	1	
Cholestyramine (Oral Packet)	1	
Colesevelam HCl (Oral Packet)	1	
Colesevelam HCl (Oral Tablet)	1	
Colestipol HCl (Oral Packet)	1	
Colestipol HCl (Oral Tablet)	1	
Ezetimibe (Oral Tablet)	1	QL
Ezetimibe-Simvastatin (Oral Tablet)	1	QL
Juxtapid (Oral Capsule)	1	PA; LA
Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release)	1	
Niacor (Oral Tablet)	1	
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Praluent (Subcutaneous Solution Auto-Injector)	1	PA; LA; QL
Prevalite (Oral Packet)	1	
Repatha Pushtronex System (Subcutaneous Solution Cartridge)	1	PA; QL
Repatha (Subcutaneous Solution Prefilled Syringe)	1	PA; QL
Repatha SureClick (Subcutaneous Solution Auto-Injector)	1	PA; QL
Vascepa (Oral Capsule)	1	
Vasodilators, Direct-acting Arterial		
Hydralazine HCl (Oral Tablet)	1	
Minoxidil (Oral Tablet)	1	
Vasodilators, Direct-acting Arterial/Venous		
Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour)	1	
Isosorbide Mononitrate (Oral Tablet Immediate Release)	1	
Minitran (Transdermal Patch 24 Hour)	1	
Nitro-Bid (Transdermal Ointment)	1	
Nitroglycerin (Tablet Sublingual)	1	
Nitroglycerin (Transdermal Patch 24 Hour)	1	
Nitroglycerin (Translingual Solution)	1	
Nitrostat (Tablet Sublingual)	1	
Rectiv (Rectal Ointment)	1	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	1	QL
Amphetamine-Dextroamphetamine (Oral Tablet)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)	1	QL
Dextroamphetamine Sulfate (Oral Tablet)	1	QL
Vyvanse (Oral Capsule)	1	
Vyvanse (Oral Tablet Chewable)	1	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
Atomoxetine HCl (Oral Capsule)	1	QL
Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)	1	PA
Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour)	1	
Dexmethylphenidate HCl (Oral Tablet)	1	QL
Guanfacine HCl ER (Oral Tablet Extended Release 24 Hour)	1	HRM
Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release)	1	QL
Methylphenidate HCl (Oral Solution)	1	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	1	QL
Central Nervous System, Other		
Austedo (Oral Tablet)	1	PA; LA; QL
Ingrezza (Oral Capsule)	1	PA; QL
Ingrezza (Oral Capsule Therapy Pack)	1	PA; QL
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	1	PA; QL
Namzaric (Oral Capsule Extended Release 24 Hour)	1	PA; QL
Nuedexta (Oral Capsule)	1	PA
Riluzole (Oral Tablet)	1	
Tetrabenazine (Oral Tablet)	1	PA; LA; QL
Fibromyalgia Agents		
Drizalma Sprinkle (Oral Capsule Delayed Release Sprinkle)	1	ST; QL
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Pregabalin (Oral Capsule)	1	QL
Pregabalin (Oral Solution)	1	QL
Savella (Oral Tablet)	1	
Savella Titration Pack (Oral Tablet)	1	
Multiple Sclerosis Agents		
Ampyra (Oral Tablet Extended Release 12 Hour)	1	QL
Aubagio (Oral Tablet)	1	LA; QL
Avonex Pen (Intramuscular Auto-Injector Kit)	1	QL
Avonex Prefilled (Intramuscular Prefilled Syringe Kit)	1	QL
Betaseron (Subcutaneous Kit)	1	QL
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	1	QL
Gilenya (0.5MG Oral Capsule)	1	QL
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	1	QL
Glatopa (Subcutaneous Solution Prefilled Syringe)	1	QL
Mayzent (Oral Tablet)	1	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Acitretin (Oral Capsule)	1	
Adapalene (External Cream)	1	
Adapalene (0.1% External Gel)	1	
Ammonium Lactate (External Cream)	1	
Ammonium Lactate (External Lotion)	1	
Azelaic Acid (External Gel)	1	
Benzoyl Peroxide-Erythromycin (External Gel)	1	
Calcipotriene (External Cream)	1	
Calcipotriene (External Ointment)	1	
Calcipotriene (External Solution)	1	
Calcitriol (External Ointment)	1	
Carac (External Cream)	1	PA
Claravis (Oral Capsule)	1	PA
Clindamycin Phosphate (External Gel)	1	
Clindamycin Phosphate (External Lotion)	1	
Clindamycin Phosphate (External Solution)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Clindamycin Phosphate (External Swab)	1	
Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel)	1	
Clotrimazole-Betamethasone (External Cream)	1	
Clotrimazole-Betamethasone (External Lotion)	1	
Cortisporin (External Cream)	1	
Cortisporin (External Ointment)	1	
Cosentyx (300 MG Dose) (Subcutaneous Solution Prefilled Syringe)	1	PA; LA
Cosentyx Sensoready (300 MG) (Subcutaneous Solution Auto-Injector)	1	PA; LA
Diclofenac Sodium (3% Transdermal Gel)	1	PA
Doxepin HCl (External Cream)	1	PA; QL
Ery (External Pad)	1	
Erythromycin (External Gel)	1	
Erythromycin (External Solution)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Finacea (External Foam)	1	
Fluorouracil (0.5% External Cream)	1	
Fluorouracil (5% External Cream)	1	
Fluorouracil (External Solution)	1	
Imiquimod (5% External Cream)	1	
Imiquimod Pump (3.75% External Cream)	1	PA
Isotretinoin (Oral Capsule)	1	PA
Methoxsalen Rapid (Oral Capsule)	1	
Mirvaso (External Gel)	1	
Oxsoralen Ultra (Oral Capsule)	1	
Picato (External Gel)	1	
Pimecrolimus (External Cream)	1	ST
Podofilox (External Solution)	1	
Regranex (External Gel)	1	PA
Santyl (External Ointment)	1	
Selenium Sulfide (External Lotion)	1	
Stelara (Subcutaneous Solution)	1	PA

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Stelara (Subcutaneous Solution Prefilled Syringe)	1	PA
Tacrolimus (External Ointment)	1	ST
Tazarotene (External Cream)	1	PA
Tazorac (0.05% External Cream)	1	PA
Tazorac (0.05% External Gel)	1	PA
Tazorac (0.1% External Gel)	1	PA
Tolak (External Cream)	1	
Tretinoin (External Cream)	1	PA
Tretinoin (0.01% External Gel, 0.025% External Gel)	1	PA
Tretinoin Microsphere (External Gel)	1	PA
Zyclara Pump (External Cream)	1	PA
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
Aminosyn II (Intravenous Solution)	1	B/D, PA
Aminosyn-PF (Intravenous Solution)	1	B/D, PA
Carbaglu (Oral Tablet)	1	LA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Dextrose (10% Intravenous Solution)	1	
Dextrose (5% Intravenous Solution)	1	B/D, PA
Dextrose-NaCl (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 2.5-0.45% Intravenous Solution, 5-0.2% Intravenous Solution, 5-0.225% Intravenous Solution, 5-0.45% Intravenous Solution)	1	
Dextrose-NaCl (5-0.9% Intravenous Solution)	1	B/D, PA
FreAmine HBC (Intravenous Solution)	1	B/D, PA
HepatAmine (Intravenous Solution)	1	B/D, PA
Intralipid (Intravenous Emulsion)	1	B/D, PA
Isolyte-P in D5W (Intravenous Solution)	1	
Isolyte-S (Intravenous Solution)	1	
KCl in Dextrose-NaCl (Intravenous Solution)	1	
KCl-Lactated Ringers-D5W (Intravenous Solution)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Klor-Con 10 (Oral Tablet Extended Release)	1	
Klor-Con M10 (Oral Tablet Extended Release)	1	
Klor-Con M15 (Oral Tablet Extended Release)	1	
Klor-Con M20 (Oral Tablet Extended Release)	1	
Klor-Con (Oral Packet)	1	
Klor-Con 8 (Oral Tablet Extended Release)	1	
Levocarnitine (1GM/10ML Oral Solution)	1	
Levocarnitine (330MG Oral Tablet)	1	
Magnesium Sulfate (50% Injection Solution)	1	
Magnesium Sulfate (50% (10ML Syringe) Injection Solution)	1	
NephrAmine (Intravenous Solution)	1	B/D, PA
Normosol-M in D5W (Intravenous Solution)	1	
Normosol-R in D5W (Intravenous Solution)	1	
Normosol-R pH 7.4 (Intravenous Solution)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Nutrilipid (Intravenous Emulsion)	1	B/D, PA
Plasma-Lyte 148 (Intravenous Solution)	1	
Plasma-Lyte A (Intravenous Solution)	1	
Plenamine (Intravenous Solution)	1	B/D, PA
Potassium Chloride CR (Oral Tablet Extended Release)	1	
Potassium Chloride ER (Oral Capsule Extended Release)	1	
Potassium Chloride in Dextrose (Intravenous Solution)	1	B/D, PA
Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution)	1	B/D, PA
Potassium Chloride in NaCl (20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)	1	B/D, PA
Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 40MEQ/100ML Intravenous Solution)	1	B/D, PA

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Potassium Chloride (2MEQ/ML Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution)	1	B/D, PA
Potassium Chloride (Oral Packet)	1	
Potassium Chloride (Oral Solution)	1	
Potassium Citrate ER (Oral Tablet Extended Release)	1	
Premasol (Intravenous Solution)	1	B/D, PA
Procalamine (Intravenous Solution)	1	B/D, PA
Prosol (Intravenous Solution)	1	B/D, PA
Sodium Chloride (0.9% Intravenous Solution)	1	B/D, PA
Sodium Chloride (3% Intravenous Solution, 5% Intravenous Solution)	1	B/D, PA
Sodium Chloride (Irrigation Solution)	1	
Sodium Fluoride (Oral Tablet)	1	
TPN Electrolytes (Intravenous Concentrate)	1	
Travasol (Intravenous Solution)	1	B/D, PA
TrophAmine (10% Intravenous Solution)	1	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Electrolyte/Mineral/Metal Modifiers		
Chemet (Oral Capsule)	1	
Clovique (Oral Capsule)	1	PA; QL
Deferasirox (360MG Oral Tablet, 90MG Oral Tablet) (Generic Jadenu)	1	PA
Deferasirox (Oral Tablet Soluble) (Generic Exjade)	1	PA
Ferriprox (Oral Solution)	1	PA
Ferriprox (Oral Tablet)	1	PA
Jadenu (Oral Tablet)	1	PA
Jadenu Sprinkle (Oral Packet)	1	PA
Kionex (Oral Suspension)	1	
Lokelma (Oral Packet)	1	QL
Sodium Polystyrene Sulfonate (Oral Powder)	1	
Sodium Polystyrene Sulfonate (Oral Suspension)	1	
SPS (Oral Suspension)	1	
Trientine HCl (Oral Capsule)	1	PA; QL
Veltassa (Oral Packet)	1	QL
Phosphate Binders		

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
Auryxia (Oral Tablet)	1	PA
Calcium Acetate (Phosphate Binder) (Oral Capsule)	1	
Calcium Acetate (Phosphate Binder) (Oral Tablet)	1	
Lanthanum Carbonate (Oral Tablet Chewable)	1	
Phoslyra (Oral Solution)	1	
Sevelamer Carbonate (Oral Packet)	1	
Sevelamer Carbonate (Oral Tablet) (Generic Renvela)	1	
Velphoro (Oral Tablet Chewable)	1	
Vitamins		
VP-PNV-DHA (Oral Capsule)	1	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
Cuvposa (Oral Solution)	1	PA
Dicyclomine HCl (Oral Capsule)	1	HRM
Dicyclomine HCl (Oral Solution)	1	HRM
Dicyclomine HCl (Oral Tablet)	1	HRM
Methscopolamine Bromide (Oral Tablet)	1	
Gastrointestinal Agents, Other		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Chenodal (Oral Tablet)	1	
Cromolyn Sodium (Oral Concentrate)	1	
Diphenoxylate-Atropine (Oral Liquid)	1	HRM
Diphenoxylate-Atropine (Oral Tablet)	1	HRM
Gattex (Subcutaneous Kit)	1	PA; LA
Loperamide HCl (Oral Capsule)	1	
Myalept (Subcutaneous Solution Reconstituted)	1	PA; LA
Relistor (Oral Tablet)	1	PA; QL
Relistor (Subcutaneous Solution)	1	PA
Serostim (Subcutaneous Solution Reconstituted)	1	PA; LA
Ursodiol (Oral Capsule)	1	
Ursodiol (Oral Tablet)	1	
Zorbtive (Subcutaneous Solution Reconstituted)	1	PA; LA
Histamine2 (H2) Receptor Antagonists		
Cimetidine HCl (Oral Solution)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Cimetidine (Oral Tablet)	1	
Famotidine (Oral Suspension Reconstituted)	1	
Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	1	
Irritable Bowel Syndrome Agents		
Alosetron HCl (Oral Tablet)	1	PA
Amitiza (Oral Capsule)	1	QL
Linzess (Oral Capsule)	1	QL
Xifaxan (Oral Tablet)	1	PA
Laxatives		
Clenpiq (Oral Solution)	1	
Constulose (Oral Solution)	1	
Enulose (Oral Solution)	1	
GaviLyte-C (Oral Solution Reconstituted)	1	
GaviLyte-G (Oral Solution Reconstituted)	1	
GaviLyte-N with Flavor Pack (Oral Solution Reconstituted)	1	
Generlac (Oral Solution)	1	
Lactulose (10GM/15ML Oral Solution)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	1	
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	1	
Suprep Bowel Prep Kit (Oral Solution)	1	
TriLyte (Oral Solution Reconstituted)	1	
Protectants		
Carafate (Oral Suspension)	1	
Misoprostol (Oral Tablet)	1	
Sucralfate (Oral Suspension)	1	
Sucralfate (Oral Tablet)	1	
Proton Pump Inhibitors		
Dexilant (Oral Capsule Delayed Release)	1	QL
Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)	1	QL
Lansoprazole (Oral Capsule Delayed Release)	1	QL
Omeprazole (10MG Oral Capsule Delayed Release)	1	QL

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ocaliva (Oral Tablet)	1	PA; QL
Orfadin (Oral Capsule)	1	LA
Orfadin (Oral Suspension)	1	LA
Procysbi (Oral Packet)	1	LA
Prolastin-C (Intravenous Solution Reconstituted)	1	PA; LA
RAVICTI (Oral Liquid)	1	LA; QL
Sodium Phenylbutyrate (Oral Powder)	1	
Sodium Phenylbutyrate (Oral Tablet)	1	
Sucraid (Oral Solution)	1	LA
Tegsedi (Subcutaneous Solution Prefilled Syringe)	1	PA; LA
Zemaira (Intravenous Solution Reconstituted)	1	PA; LA
Zenpep (Oral Capsule Delayed Release Particles)	1	
Genitourinary Agents		
Antispasmodics, Urinary		
Myrbetriq (Oral Tablet Extended Release 24 Hour)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	1	QL
Oxybutynin Chloride (Oral Syrup)	1	
Oxybutynin Chloride (Oral Tablet Immediate Release)	1	
Solifenacin Succinate (Oral Tablet)	1	QL
Benign Prostatic Hypertrophy Agents		
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	1	
Dutasteride (Oral Capsule)	1	QL
Finasteride (5MG Oral Tablet) (Generic Proscar)	1	
Silodosin (Oral Capsule)	1	QL
Tamsulosin HCl (Oral Capsule)	1	
Terazosin HCl (Oral Capsule)	1	
Genitourinary Agents, Other		
Bethanechol Chloride (Oral Tablet)	1	
Depen Titratabs (Oral Tablet)	1	
Elmiron (Oral Capsule)	1	
Lithostat (Oral Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Penicillamine (250MG Oral Capsule)	1	PA
Penicillamine (250MG Oral Tablet)	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Ala-Cort (1% External Cream)	1	
Alclometasone Dipropionate (External Cream)	1	
Alclometasone Dipropionate (External Ointment)	1	
Betamethasone Dipropionate Aug (External Cream)	1	
Betamethasone Dipropionate Aug (External Gel)	1	
Betamethasone Dipropionate Aug (External Lotion)	1	
Betamethasone Dipropionate Aug (External Ointment)	1	
Betamethasone Dipropionate (External Cream)	1	
Betamethasone Dipropionate (External Lotion)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Betamethasone Dipropionate (External Ointment)	1	
Betamethasone Valerate (External Cream)	1	
Betamethasone Valerate (External Lotion)	1	
Betamethasone Valerate (External Ointment)	1	
Clobetasol Propionate Emollient Base (External Cream)	1	
Clobetasol Propionate (External Cream)	1	
Clobetasol Propionate (External Gel)	1	
Clobetasol Propionate (External Ointment)	1	
Clobetasol Propionate (External Shampoo)	1	
Clobetasol Propionate (External Solution)	1	
Cordran (External Tape)	1	
Cortisone Acetate (Oral Tablet)	1	
Desonide (External Ointment)	1	
Desoximetasone (External Cream)	1	
Dexamethasone Intensol (Oral Concentrate)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Dexamethasone (Oral Elixir)	1	
Dexamethasone (Oral Tablet)	1	
Fludrocortisone Acetate (Oral Tablet)	1	
Fluocinolone Acetonide (External Cream)	1	
Fluocinolone Acetonide (External Ointment)	1	
Fluocinolone Acetonide (External Solution)	1	
Fluocinolone Acetonide Scalp (External Oil)	1	
Fluocinonide Emulsified Base (External Cream)	1	
Fluocinonide (External Gel)	1	
Fluocinonide (External Ointment)	1	
Fluocinonide (External Solution)	1	
Fluticasone Propionate (External Cream)	1	
Fluticasone Propionate (External Ointment)	1	
Halobetasol Propionate (External Cream)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Halobetasol Propionate (External Ointment)	1	
Hydrocortisone Butyrate (External Ointment)	1	
Hydrocortisone (1% External Cream, 2.5% External Cream)	1	
Hydrocortisone (2.5% External Lotion)	1	
Hydrocortisone (1% External Ointment, 2.5% External Ointment)	1	
Hydrocortisone (Oral Tablet)	1	
Hydrocortisone Valerate (External Cream)	1	
Hydrocortisone Valerate (External Ointment)	1	
Methylprednisolone (Oral Tablet)	1	
Methylprednisolone (Oral Tablet Therapy Pack)	1	
Mometasone Furoate (External Cream)	1	
Mometasone Furoate (External Ointment)	1	
Mometasone Furoate (External Solution)	1	
Prednicarbate (External Cream)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Prednicarbate (External Ointment)	1	
Prednisolone (Oral Solution)	1	
Prednisolone Sodium Phosphate (25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution)	1	
Prednisone Intensol (Oral Concentrate)	1	
Prednisone (5MG/5ML Oral Solution)	1	
Prednisone (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 20MG Oral Tablet, 50MG Oral Tablet, 5MG Oral Tablet)	1	
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	
Triamcinolone Acetonide (External Cream)	1	
Triamcinolone Acetonide (External Lotion)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Triamcinolone Acetonide (0.025% External Ointment, 0.1% External Ointment, 0.5% External Ointment)	1	
Triderm (0.1% External Cream)	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Desmopressin Acetate (Oral Tablet)	1	
Desmopressin Acetate Spray (Nasal Solution)	1	
Genotropin MiniQuick (Subcutaneous Solution Reconstituted)	1	PA
Genotropin (Subcutaneous Solution Reconstituted)	1	PA
Humatrope (Injection Solution Renconstituted), Humatrope Combo Pack (Injection)	1	PA
Increlex (Subcutaneous Solution)	1	PA; LA
Norditropin FlexPro (Subcutaneous Solution)	1	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Nutropin AQ NuSpin 10 (Subcutaneous Solution)	1	PA
Nutropin AQ NuSpin 20 (Subcutaneous Solution)	1	PA
Nutropin AQ NuSpin 5 (Subcutaneous Solution)	1	PA
Saizen (Injection Solution Reconstituted)	1	PA; LA
Saizenprep (Injection Solution Reconstituted)	1	PA; LA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Korlym (Oral Tablet)	1	PA; LA; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
Anadrol-50 (Oral Tablet)	1	PA
Androderm (Transdermal Patch 24 Hour)	1	QL
Danazol (Oral Capsule)	1	
Oxandrolone (10MG Oral Tablet)	1	PA; QL
Oxandrolone (2.5MG Oral Tablet)	1	PA; QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Blisovi 24 Fe (Oral Tablet)	1	
Blisovi Fe 1.5/30 (Oral Tablet)	1	
Briellyn (Oral Tablet)	1	
Camrese Lo (Oral Tablet)	1	
Caziant (Oral Tablet)	1	
Climara Pro (Transdermal Patch Weekly)	1	HRM
Cryselle-28 (Oral Tablet)	1	
Cyclafem 1/35 (Oral Tablet)	1	
Cyclafem 7/7/7 (Oral Tablet)	1	
Cyred (Oral Tablet)	1	
Depo-Estradiol (Intramuscular Oil)	1	
Desogestrel-Ethinyl Estradiol (Oral Tablet)	1	
Drospirenone-Ethinyl Estradiol (Oral Tablet)	1	
Duavee (Oral Tablet)	1	HRM
Elestrin (Transdermal Gel)	1	HRM
EluRyng (Vaginal Ring)	1	
Emoquette (Oral Tablet)	1	
Enpresse-28 (Oral Tablet)	1	
Enskyce (Oral Tablet)	1	
Estarylla (Oral Tablet)	1	

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Junel 1.5/30 (Oral Tablet)	1	
Junel 1/20 (Oral Tablet)	1	
Junel Fe 1.5/30 (Oral Tablet)	1	
Junel Fe 1/20 (Oral Tablet)	1	
Junel Fe 24 (Oral Tablet)	1	
Kaitlib Fe (Oral Tablet Chewable)	1	
Kariva (Oral Tablet)	1	
Kelnor 1/35 (Oral Tablet)	1	
Kelnor 1/50 (Oral Tablet)	1	
Kurvelo (Oral Tablet)	1	
LARIN 1.5/30 (Oral Tablet)	1	
LARIN 1/20 (Oral Tablet)	1	
LARIN Fe 1.5/30 (Oral Tablet)	1	
LARIN Fe 1/20 (Oral Tablet)	1	
Larissia (Oral Tablet)	1	
Layolis Fe (Oral Tablet Chewable)	1	
Leena (Oral Tablet)	1	
Lessina (Oral Tablet)	1	
Levonest (Oral Tablet)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet)	1	
Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet)	1	
Levonorgestrel-Ethinyl Estradiol (Oral Tablet)	1	
Levora 0.15/30 (28) (Oral Tablet)	1	
Loryna (Oral Tablet)	1	
Low-Ogestrel (Oral Tablet)	1	
Lutera (Oral Tablet)	1	
Marlissa (Oral Tablet)	1	
Melodetta 24 Fe (Oral Tablet Chewable)	1	
Menest (Oral Tablet)	1	HRM
Mibelas 24 Fe (Oral Tablet Chewable)	1	
Microgestin 1.5/30 (Oral Tablet)	1	
Microgestin 1/20 (Oral Tablet)	1	
Microgestin Fe 1.5/30 (Oral Tablet)	1	
Microgestin Fe 1/20 (Oral Tablet)	1	
Mili (Oral Tablet)	1	
Necon 0.5/35 (28) (Oral Tablet)	1	
Nikki (Oral Tablet)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-20MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)	1	
Norethindrone Acetate-Ethinyl Estradiol-Fe (0.4-35MG-MCG Oral Tablet Chewable, 0.8-25MG-MCG Oral Tablet Chewable, 1-20MG-MCG(24) Oral Tablet Chewable)	1	
Norgestimate-Ethinyl Estradiol (Oral Tablet)	1	
Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)	1	
Nortrel 0.5/35 (28) (Oral Tablet)	1	
Nortrel 1/35 (21) (Oral Tablet)	1	
Nortrel 1/35 (28) (Oral Tablet)	1	
Nortrel 7/7/7 (Oral Tablet)	1	
Ocella (Oral Tablet)	1	
Ogestrel (0.5-50MG-MCG Oral Tablet)	1	
Orsythia (Oral Tablet)	1	
Pimtrea (Oral Tablet)	1	
Pirmella 1/35 (Oral Tablet)	1	

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

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Trivora (28) (Oral Tablet)	1	
Tri-VyLibra Lo (Oral Tablet)	1	
Tri-VyLibra (Oral Tablet)	1	
Velivet (Oral Tablet)	1	
Vienva (Oral Tablet)	1	
Vyfemla (Oral Tablet)	1	
VyLibra (Oral Tablet)	1	
WYMZYA Fe (Oral Tablet Chewable)	1	
Xulane (Transdermal Patch Weekly)	1	
Yuvaferm (Vaginal Tablet)	1	QL
Zarah (Oral Tablet)	1	
Zovia 1/35E (28) (Oral Tablet)	1	
Progestins		
Camila (Oral Tablet)	1	
Crinone (Vaginal Gel)	1	PA
Deblitane (Oral Tablet)	1	
Depo-Provera (400MG/ML Intramuscular Suspension)	1	
Errin (Oral Tablet)	1	
Incassia (Oral Tablet)	1	
Lyza (Oral Tablet)	1	
Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension)	1	

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Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Medroxyprogesterone Acetate (150MG/ML Intramuscular Suspension Prefilled Syringe)	1	
Medroxyprogesterone Acetate (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	1	
Megestrol Acetate (40MG/ML Oral Suspension)	1	HRM
Megestrol Acetate (625MG/5ML Oral Suspension)	1	HRM
Megestrol Acetate (Oral Tablet)	1	HRM
Nora-BE (Oral Tablet)	1	
Norethindrone Acetate (5MG Oral Tablet)	1	
Norethindrone (0.35MG Oral Tablet)	1	
Progesterone Micronized (Oral Capsule)	1	
Sharobel (Oral Tablet)	1	
Selective Estrogen Receptor Modifying Agents		
Osphena (Oral Tablet)	1	PA; QL
Raloxifene HCl (Oral Tablet)	1	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		

Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Euthyrox (Oral Tablet)	1	
Levo-T (Oral Tablet)	1	
Levothyroxine Sodium (Oral Tablet)	1	
Levoxyl (Oral Tablet)	1	
Liothyronine Sodium (Oral Tablet)	1	
Synthroid (Oral Tablet)	1	
Unithroid (100MCG Oral Tablet, 112MCG Oral Tablet, 125MCG Oral Tablet, 150MCG Oral Tablet, 175MCG Oral Tablet, 200MCG Oral Tablet, 25MCG Oral Tablet, 300MCG Oral Tablet, 50MCG Oral Tablet, 75MCG Oral Tablet, 88MCG Oral Tablet)	1	
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
Lysodren (Oral Tablet)	1	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
Cabergoline (Oral Tablet)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Egrifta (1MG Subcutaneous Solution Reconstituted)	1	PA; LA
Firmagon (240 MG Dose) (Subcutaneous Solution Reconstituted)	1	PA
Firmagon (80MG Subcutaneous Solution Reconstituted)	1	PA
Leuprolide Acetate (Injection Kit)	1	PA
Lupaneta Pack (Combination Kit)	1	PA
Lupron Depot (1-Month) (Intramuscular Kit)	1	PA
Lupron Depot (3-Month) (Intramuscular Kit)	1	PA
Lupron Depot (4-Month) (Intramuscular Kit)	1	PA
Lupron Depot (6-Month) (Intramuscular Kit)	1	PA
Octreotide Acetate (1000MCG/ML Injection Solution, 500MCG/ML Injection Solution)	1	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Octreotide Acetate (100MCG/ML Injection Solution, 200MCG/ML Injection Solution, 50MCG/ML Injection Solution)	1	PA
Signifor (Subcutaneous Solution)	1	PA; LA
Somatuline Depot (Subcutaneous Solution)	1	
Somavert (Subcutaneous Solution Reconstituted)	1	PA; LA; QL
Synarel (Nasal Solution)	1	
Trelstar Mixject (Intramuscular Suspension Reconstituted)	1	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
Methimazole (Oral Tablet)	1	
Propylthiouracil (Oral Tablet)	1	
Immunological Agents		
Angioedema Agents		
Berinert (Intravenous Kit)	1	PA; LA
Cinryze (Intravenous Solution Reconstituted)	1	PA; LA

Bold type = Brand name drug

Plain type = Generic drug

Drug Name	Drug Tier	Coverage Rules or Limits on use
Firazyr (Subcutaneous Solution)	1	PA; QL
Haegarda (Subcutaneous Solution Reconstituted)	1	PA; LA
Icatibant Acetate (Subcutaneous Solution)	1	PA; QL
Ruconest (Intravenous Solution Reconstituted)	1	PA; LA
Immune Suppressants		
Azathioprine (Oral Tablet)	1	B/D, PA
Cimzia Prefilled (Subcutaneous Kit)	1	PA
Cimzia (Subcutaneous Kit)	1	PA
Cyclosporine Modified (Oral Capsule)	1	B/D, PA
Cyclosporine Modified (Oral Solution)	1	B/D, PA
Cyclosporine (Oral Capsule)	1	B/D, PA
Enbrel Mini (Subcutaneous Solution Cartridge)	1	PA
Enbrel (Subcutaneous Solution Prefilled Syringe)	1	PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Enbrel (Subcutaneous Solution Reconstituted)	1	PA
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	1	PA
Envarsus XR (Oral Tablet Extended Release 24 Hour)	1	B/D, PA
Everolimus (0.25MG Oral Tablet, 0.5MG Oral Tablet, 0.75MG Oral Tablet)	1	B/D, PA
Gengraf (Oral Capsule)	1	B/D, PA
Gengraf (Oral Solution)	1	B/D, PA
Humira Pediatric Crohns Start (Subcutaneous Prefilled Syringe Kit)	1	PA
Humira Pen (Subcutaneous Pen-Injector Kit)	1	PA
Humira Pen Crohns Disease Starter (Subcutaneous Pen-Injector Kit)	1	PA
Humira Pen Psoriasis Starter (Subcutaneous Pen-Injector Kit)	1	PA
Humira (Subcutaneous Prefilled Syringe Kit)	1	PA

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Kineret (Subcutaneous Solution Prefilled Syringe)	1	PA
Methotrexate (Oral Tablet)	1	
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	1	
Methotrexate Sodium (50MG/2ML Injection Solution)	1	
Mycophenolate Mofetil (Oral Capsule)	1	B/D, PA
Mycophenolate Mofetil (Oral Suspension Reconstituted)	1	B/D, PA
Mycophenolate Mofetil (Oral Tablet)	1	B/D, PA
Mycophenolate Sodium (Oral Tablet Delayed Release)	1	B/D, PA
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	1	PA
Orencia (Subcutaneous Solution Prefilled Syringe)	1	PA
Prograf (Oral Packet)	1	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Rasuvo (Subcutaneous Solution Auto-Injector)	1	PA
Sandimmune (Oral Solution)	1	B/D, PA
Simponi (Subcutaneous Solution Auto-Injector)	1	PA
Simponi (Subcutaneous Solution Prefilled Syringe)	1	PA
Sirolimus (Oral Solution)	1	B/D, PA
Sirolimus (Oral Tablet)	1	B/D, PA
Tacrolimus (Oral Capsule)	1	B/D, PA
Trexall (Oral Tablet)	1	
Xatmep (Oral Solution)	1	PA
Xeljanz (Oral Tablet Immediate Release)	1	PA; QL
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	1	PA; QL
Zortress (Oral Tablet)	1	B/D, PA
Immunizing Agents, Passive		
BIVIGAM (Intravenous Solution)	1	PA
Flebogamma DIF (5GM/50ML Intravenous Solution)	1	PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Gammagard (2.5GM/25ML Injection Solution)	1	PA
Gammagard S/D Less IgA (Intravenous Solution Reconstituted)	1	PA
Gammaked (1GM/10ML Injection Solution)	1	PA
Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)	1	PA
Gamunex-C (1GM/10ML Injection Solution)	1	PA
Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)	1	PA
Panzyga (Intravenous Solution)	1	PA
Privigen (20GM/200ML Intravenous Solution)	1	PA
Varizig (Intramuscular Solution)	1	
Immunomodulators		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Actemra ACTPen (Subcutaneous Solution Auto-Injector)	1	PA
Actemra (Subcutaneous Solution Prefilled Syringe)	1	PA
Actimmune (Subcutaneous Solution)	1	LA
Arcalyst (Subcutaneous Solution Reconstituted)	1	PA; LA
Benlysta (Subcutaneous Solution Auto-Injector)	1	PA
Benlysta (Subcutaneous Solution Prefilled Syringe)	1	PA
Leflunomide (Oral Tablet)	1	
Otezla (Oral Tablet)	1	PA; LA
Otezla (Oral Tablet Therapy Pack)	1	PA; LA
Ridaura (Oral Capsule)	1	
Xolair (Subcutaneous Solution Prefilled Syringe)	1	PA; LA

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
Xolair (Subcutaneous Solution Reconstituted)	1	PA; LA
Vaccines		
ActHIB (Intramuscular Solution Reconstituted)	1	
Adacel (Intramuscular Suspension)	1	
BCG Vaccine (Injection)	1	
Bexsero (Intramuscular Suspension Prefilled Syringe)	1	
Boostrix (5-2.5-18.5 Intramuscular Suspension, 5-2.5-18.5 (0.5ML Syringe) Intramuscular Suspension)	1	
Daptacel (Intramuscular Suspension)	1	
Diphtheria-Tetanus Toxoids DT (Intramuscular Suspension)	1	
Engerix-B (Injection Suspension)	1	B/D, PA

Drug Name	Drug Tier	Coverage Rules or Limits on use
Gardasil 9 (Intramuscular Suspension)	1	
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	1	
Havrix (Intramuscular Suspension)	1	PA
Hiberix (Injection Solution Reconstituted)	1	
Imovax Rabies (Intramuscular Injectable)	1	B/D, PA
Infanrix (Intramuscular Suspension)	1	
IPOL (Injection)	1	
Ixiaro (Intramuscular Suspension)	1	
Kinrix (Intramuscular Suspension)	1	
Menactra (Intramuscular Injectable)	1	
Menveo (Intramuscular Solution Reconstituted)	1	
M-M-R II (Injection Solution Reconstituted)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Pediarix (Intramuscular Suspension)	1	
Pedvax HIB (Intramuscular Suspension)	1	
ProQuad (Subcutaneous Suspension Reconstituted)	1	
Quadracel (Intramuscular Suspension)	1	
RabAvert (Intramuscular Suspension Reconstituted)	1	B/D, PA
Recombivax HB (Injection Suspension)	1	B/D, PA
Rotarix (Oral Suspension Reconstituted)	1	
RotaTeq (Oral Solution)	1	
Shingrix (Intramuscular Suspension Reconstituted)	1	PA
TDVAX (Intramuscular Suspension)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Tenivac (Intramuscular Injectable)	1	
Trumenba (Intramuscular Suspension Prefilled Syringe)	1	
Twinrix (Intramuscular Suspension Prefilled Syringe)	1	
Typhim Vi (Intramuscular Solution)	1	
VAQTA (Intramuscular Suspension)	1	PA
Varivax (Subcutaneous Injectable)	1	
YF-Vax (Subcutaneous Injectable)	1	
Zostavax (Subcutaneous Suspension Reconstituted)	1	PA
Inflammatory Bowel Disease Agents		
Aminosalicylates		
Apriso (Oral Capsule Extended Release 24 Hour)	1	QL
Balsalazide Disodium (Oral Capsule)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Canasa (Rectal Suppository)	1	
Dipentum (Oral Capsule)	1	
Mesalamine ER (0.375MG Oral Capsule Extended Release 24 Hour) (Generic Apriso)	1	QL
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	1	QL
Mesalamine (Rectal Enema)	1	QL
Mesalamine (Rectal Suppository)	1	
Pentasa (Oral Capsule Extended Release)	1	QL
Glucocorticoids		
Budesonide ER (Oral Tablet Extended Release 24 Hour)	1	ST
Budesonide (Oral Capsule Delayed Release Particles)	1	
Hydrocortisone (Rectal Enema)	1	
Procto-Med HC (External Cream)	1	
Procto-Pak (External Cream)	1	
Proctosol HC (External Cream)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Proctozone-HC (External Cream)	1	
Sulfonamides		
Sulfasalazine (Oral Tablet Immediate Release)	1	
Sulfasalazine (Oral Tablet Delayed Release)	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
Alendronate Sodium (Oral Solution)	1	
Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet)	1	QL
Binosto (Oral Tablet Effervescent)	1	QL
Calcitonin Salmon (Nasal Solution)	1	QL
Calcitriol (Oral Capsule)	1	B/D, PA
Calcitriol (Oral Solution)	1	B/D, PA
Cinacalcet HCl (30MG Oral Tablet)	1	B/D, PA; QL
Cinacalcet HCl (60MG Oral Tablet, 90MG Oral Tablet)	1	B/D, PA; QL
Doxercalciferol (Oral Capsule)	1	B/D, PA; QL
Forteo (Subcutaneous Solution Pen-Injector)	1	PA; QL

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Ibandronate Sodium (Oral Tablet)	1	QL
Natpara (Subcutaneous Cartridge)	1	PA; LA
Paricalcitol (Oral Capsule)	1	B/D, PA
Prolia (Subcutaneous Solution Prefilled Syringe)	1	QL
Rayaldee (Oral Capsule Extended Release)	1	QL
Risedronate Sodium (Oral Tablet Immediate Release)	1	QL
Tymlos (Subcutaneous Solution Pen-Injector)	1	PA; QL
Xgeva (Subcutaneous Solution)	1	PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
Alcohol Prep Pads	1	
Gauze (Non-medicated 2X2 Pad)	1	
Insulin Syringes, Needles	1	
Ophthalmic Agents		
Ophthalmic Agents, Other		
Atropine Sulfate (1% Ophthalmic Solution)	1	
Bacitracin-Polymyxin B (Ophthalmic Ointment)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	1	
Blephamide (Ophthalmic Suspension)	1	
Blephamide S.O.P. (Ophthalmic Ointment)	1	
Cystaran (Ophthalmic Solution)	1	LA
Lacrisert (Ophthalmic Insert)	1	
Lastacraft (Ophthalmic Solution)	1	
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)	1	
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	1	
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	1	
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	1	
Neomycin-Polymyxin-HC (Ophthalmic Suspension)	1	
Polymyxin B-Trimethoprim (Ophthalmic Solution)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Pred-G (Ophthalmic Suspension)	1	
Pred-G S.O.P. (Ophthalmic Ointment)	1	
Proparacaine HCl (Ophthalmic Solution)	1	
Restasis Single-Use Vials (Ophthalmic Emulsion)	1	QL
Rhopressa (Ophthalmic Solution)	1	ST
Sulfacetamide-Prednisolone (Ophthalmic Solution)	1	
TobraDex (Ophthalmic Ointment)	1	
TobraDex ST (Ophthalmic Suspension)	1	
Tobramycin-Dexamethasone (Ophthalmic Suspension)	1	
Xiidra (Ophthalmic Solution)	1	QL
Ophthalmic Anti-allergy Agents		
Alocril (Ophthalmic Solution)	1	
Alomide (Ophthalmic Solution)	1	
Azelastine HCl (Ophthalmic Solution)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Bepreve (Ophthalmic Solution)	1	
Cromolyn Sodium (Ophthalmic Solution)	1	
Epinastine HCl (Ophthalmic Solution)	1	
Olopatadine HCl (Ophthalmic Solution)	1	
Pazeo (Ophthalmic Solution)	1	
Ophthalmic Antiglaucoma Agents		
Alphagan P (0.1% Ophthalmic Solution)	1	
Apraclonidine HCl (Ophthalmic Solution)	1	
Azopt (Ophthalmic Suspension)	1	
Betaxolol HCl (Ophthalmic Solution)	1	
Betimol (Ophthalmic Solution)	1	
Brimonidine Tartrate (0.15% Ophthalmic Solution)	1	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	1	
Carteolol HCl (Ophthalmic Solution)	1	
Combigan (Ophthalmic Solution)	1	
Cosopt PF (Ophthalmic Solution)	1	

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Dorzolamide HCl (Ophthalmic Solution)	1	
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	1	
Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution)	1	
Levobunolol HCl (Ophthalmic Solution)	1	
Phospholine Iodide (Ophthalmic Solution Reconstituted)	1	
Pilocarpine HCl (Ophthalmic Solution)	1	
Rocklatan (Ophthalmic Solution)	1	ST
Simbrinza (Ophthalmic Suspension)	1	
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	1	
Timolol Maleate (0.25% Ophthalmic Solution, 0.5% Ophthalmic Solution) (Generic Timoptic)	1	
Ophthalmic Anti-inflammatories		
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Diclofenac Sodium (Ophthalmic Solution)	1	
Durezol (Ophthalmic Emulsion)	1	
Flarex (Ophthalmic Suspension)	1	
Fluorometholone (Ophthalmic Suspension)	1	
Flurbiprofen Sodium (Ophthalmic Solution)	1	
FML Forte (Ophthalmic Suspension)	1	
FML (Ophthalmic Ointment)	1	
Ilevro (Ophthalmic Suspension)	1	
Ketorolac Tromethamine (Ophthalmic Solution)	1	
Lotemax (Ophthalmic Gel)	1	
Lotemax (Ophthalmic Ointment)	1	
Lotemax (Ophthalmic Suspension)	1	
Lotemax SM (Ophthalmic Gel)	1	
Loteprednol Etabonate (Ophthalmic Suspension)	1	
Pred Mild (Ophthalmic Suspension)	1	

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Prednisolone Acetate (Ophthalmic Suspension)	1	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	1	
Prolensa (Ophthalmic Solution)	1	
Ophthalmic Prostaglandin and Prostanoid Analogs		
Latanoprost (Ophthalmic Solution)	1	
Lumigan (Ophthalmic Solution)	1	
Travoprost (BAK Free) (Ophthalmic Solution)	1	
Vyzulta (Ophthalmic Solution)	1	
Zioptan (Ophthalmic Solution)	1	
Otic Agents		
Otic Agents		
Acetic Acid (Otic Solution)	1	
Cipro HC (Otic Suspension)	1	
Ciprodex (Otic Suspension)	1	
Flac (Otic Oil)	1	
Fluocinolone Acetonide (Otic Oil)	1	
Hydrocortisone-Acetic Acid (Otic Solution)	1	

Drug Name	Drug Tier	Coverage Rules or Limits on use
Neomycin-Polymyxin-HC (1% Otic Solution)	1	
Neomycin-Polymyxin-HC (Otic Suspension)	1	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
Azelastine HCl (0.1% Nasal Solution, 0.15% Nasal Solution)	1	
Cetirizine HCl (1MG/ML Oral Solution)	1	
Cyproheptadine HCl (Oral Syrup)	1	HRM
Cyproheptadine HCl (Oral Tablet)	1	HRM
Levocetirizine Dihydrochloride (Oral Tablet)	1	QL
Phenadoz (12.5MG Rectal Suppository)	1	HRM
Promethazine HCl (Oral Syrup)	1	HRM
Promethazine HCl (Oral Tablet)	1	HRM
Promethazine HCl (Rectal Suppository)	1	HRM
Promethegan (25MG Rectal Suppository)	1	HRM
Anti-inflammatories, Inhaled Corticosteroids		
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	1	QL
Budesonide (Inhalation Suspension)	1	B/D, PA

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Drug Name	Drug Tier	Coverage Rules or Limits on use
Flovent Diskus (Inhalation Aerosol Powder Breath Activated)	1	QL
Flovent HFA (Inhalation Aerosol)	1	QL
Flunisolide (Nasal Solution)	1	
Fluticasone Propionate (Nasal Suspension)	1	
Mometasone Furoate (Nasal Suspension)	1	
Antileukotrienes		
Montelukast Sodium (Oral Packet)	1	QL
Montelukast Sodium (Oral Tablet)	1	QL
Montelukast Sodium (Oral Tablet Chewable)	1	QL
Zafirlukast (Oral Tablet)	1	QL
Zileuton ER (Oral Tablet Extended Release 12 Hour)	1	ST
Zyflo (Oral Tablet Immediate Release)	1	ST
Bronchodilators, Anticholinergic		
Atrovent HFA (Inhalation Aerosol Solution)	1	
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Ipratropium Bromide (Inhalation Solution)	1	B/D, PA
Ipratropium Bromide (Nasal Solution)	1	
Lonhala Magnair (Inhalation Solution)	1	QL
Spiriva HandiHaler (Inhalation Capsule)	1	QL
Spiriva Respimat (Inhalation Aerosol Solution)	1	QL
Bronchodilators, Sympathomimetic		
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution (Generic Proair), 108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil)	1	
Albuterol Sulfate (Inhalation Nebulization Solution)	1	B/D, PA
Albuterol Sulfate (Oral Syrup)	1	
Albuterol Sulfate (Oral Tablet Immediate Release)	1	
Epinephrine (Injection Solution Auto-Injector)	1	QL
EpiPen 2-Pak (Injection Solution Auto-Injector)	1	QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
EpiPen Jr 2-Pak (Injection Solution Auto-Injector)	1	QL
Levalbuterol HCl (Inhalation Nebulization Solution)	1	B/D, PA
Metaproterenol Sulfate (Oral Syrup)	1	
Perforomist (Inhalation Nebulization Solution)	1	B/D, PA; QL
ProAir HFA (Inhalation Aerosol Solution)	1	
ProAir RespiClick (Inhalation Aerosol Powder Breath Activated)	1	
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	1	QL
Cystic Fibrosis Agents		
Bethkis (Inhalation Nebulization Solution)	1	B/D, PA; QL
Cayston (Inhalation Solution Reconstituted)	1	PA; LA
Orkambi (Oral Packet)	1	PA; LA; QL
Orkambi (Oral Tablet)	1	PA; LA; QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
TOBI Podhaler (Inhalation Capsule)	1	PA; QL
Tobramycin (Inhalation Nebulization Solution)	1	B/D, PA; QL
Mast Cell Stabilizers		
Cromolyn Sodium (Inhalation Nebulization Solution)	1	B/D, PA
Phosphodiesterase Inhibitors, Airways Disease		
Daliresp (Oral Tablet)	1	PA; QL
Theophylline ER (300MG Oral Tablet Extended Release 12 Hour)	1	
Theophylline ER (Oral Tablet Extended Release 24 Hour)	1	
Theophylline (Oral Solution)	1	
Pulmonary Antihypertensives		
Adempas (Oral Tablet)	1	PA; LA
Alyq (Oral Tablet)	1	PA; QL
Ambrisentan (Oral Tablet)	1	PA; LA; QL
Bosentan (Oral Tablet)	1	PA; LA; QL
Opsumit (Oral Tablet)	1	PA; LA
Orenitram (0.125MG Oral Tablet Extended Release)	1	PA; LA

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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)	1	PA; LA
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	1	PA; QL
Tadalafil (PAH) (20MG Oral Tablet)	1	PA; QL
Tracleer (Oral Tablet Soluble)	1	PA; LA; QL
Ventavis (Inhalation Solution)	1	PA; LA; QL
Pulmonary Fibrosis Agents		
Esbriet (Oral Capsule)	1	PA; LA; QL
Esbriet (Oral Tablet)	1	PA; LA; QL
Ofev (Oral Capsule)	1	PA; LA; QL
Respiratory Tract Agents, Other		
Acetylcysteine (Inhalation Solution)	1	B/D, PA
Advair Diskus (Inhalation Aerosol Powder Breath Activated)	1	QL
Advair HFA (Inhalation Aerosol)	1	QL

Drug Name	Drug Tier	Coverage Rules or Limits on use
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	1	QL
Azelastine-Fluticasone (Nasal Suspension)	1	
Bevespi Aerosphere (Inhalation Aerosol)	1	QL
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	1	QL
Combivent Respimat (Inhalation Aerosol Solution)	1	QL
Dulera (Inhalation Aerosol)	1	QL
Dymista (Nasal Suspension)	1	
Fasenra Pen (Subcutaneous Solution Auto-Injector)	1	PA; LA
Fasenra (Subcutaneous Solution Prefilled Syringe)	1	PA; LA
Fluticasone-Salmeterol (Inhalation Aerosol Powder Breath Activated)	1	QL
Ipratropium-Albuterol (Inhalation Solution)	1	B/D, PA
Kalydeco (Oral Packet)	1	PA; LA; QL

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

Drug Name	Drug Tier	Coverage Rules or Limits on use
Kalydeco (Oral Tablet)	1	PA; LA; QL
Nucala (Subcutaneous Solution Auto-Injector)	1	PA; LA; QL
Nucala (Subcutaneous Solution Prefilled Syringe)	1	PA; LA; QL
Nucala (Subcutaneous Solution Reconstituted)	1	PA; LA; QL
Pulmozyme (Inhalation Solution)	1	B/D, PA; QL
Stiolto Respimat (Inhalation Aerosol Solution)	1	QL
Symbicort (Inhalation Aerosol)	1	QL
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	1	QL
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	1	QL
Skeletal Muscle Relaxants		

Drug Name	Drug Tier	Coverage Rules or Limits on use
Skeletal Muscle Relaxants		
Baclofen (Oral Tablet)	1	
Chlorzoxazone (500MG Oral Tablet)	1	HRM
Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet)	1	HRM
Cyclobenzaprine HCl (7.5MG Oral Tablet)	1	HRM
Dantrolene Sodium (Oral Capsule)	1	
Tizanidine HCl (Oral Tablet)	1	
Sleep Disorder Agents		
GABA Receptor Modulators		
Temazepam (15MG Oral Capsule, 30MG Oral Capsule)	1	HRM; QL
Zaleplon (Oral Capsule)	1	HRM; QL
Zolpidem Tartrate (Oral Tablet Immediate Release)	1	HRM; QL
Sleep Disorders, Other		
Belsomra (Oral Tablet)	1	QL
Hetlioz (Oral Capsule)	1	PA; LA; QL
Modafinil (Oral Tablet)	1	PA; QL
Ramelteon (Oral Tablet)	1	QL
Xyrem (Oral Solution)	1	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

Bold type = Brand name drug

Plain type = Generic drug

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

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Plain type = Generic drug

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

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Drug Name	Quantity Limit
Binosto (Oral Tablet Effervescent)	Maximum of 4 tablets per 28 days
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	Maximum of 2 tablets per day
Bosentan (Oral Tablet)	Maximum of 2 tablets per day
Bosulif (100MG Oral Tablet)	Maximum of 6 tablets per day
Bosulif (400MG Oral Tablet, 500MG Oral Tablet)	Maximum of 1 tablet per day
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	Maximum of 1 inhaler (60 blisters) per 30 days
Brilinta (Oral Tablet)	Maximum of 2 tablets per day
BRIVIACT (10MG/ML Oral Solution)	Maximum of 20 ml per day
BRIVIACT (100MG Oral Tablet, 10MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	Maximum of 2 tablets per day
Brukisa (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

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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

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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

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

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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

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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

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Drug Name	Quantity Limit
Flovent HFA (110MCG/ACT Inhalation Aerosol)	Maximum of 1 inhaler (12 grams) per 30 days
Flovent HFA (220MCG/ACT Inhalation Aerosol)	Maximum of 2 inhalers (24 grams) per 30 days
Flovent HFA (44MCG/ACT Inhalation Aerosol)	Maximum of 1 inhaler (10.6 grams) per 30 days
Fluticasone-Salmeterol (100-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 250-50MCG/DOSE Inhalation Aerosol Powder Breath Activated, 500-50MCG/DOSE Inhalation Aerosol Powder Breath Activated) (Generic Advair)	Maximum of 1 inhaler (60 blisters) per 30 days
Fluticasone-Salmeterol (113-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 232-14MCG/ACT Inhalation Aerosol Powder Breath Activated, 55-14MCG/ACT Inhalation Aerosol Powder Breath Activated) (Brand Equivalent AirDuo)	Maximum of 1 inhaler per 30 days
Fluvastatin Sodium (20MG Oral Capsule)	Maximum of 1 capsule per day
Fluvastatin Sodium (40MG Oral Capsule)	Maximum of 2 capsules per day
Forteo (Subcutaneous Solution 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

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Drug Name	Quantity Limit
Glimepiride (2MG Oral Tablet)	Maximum of 4 tablets per day
Glimepiride (4MG Oral Tablet)	Maximum of 2 tablets per day
Glipizide ER (10MG Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Glipizide ER (2.5MG Oral Tablet Extended Release 24 Hour)	Maximum of 8 tablets per day
Glipizide ER (5MG Oral Tablet Extended Release 24 Hour)	Maximum of 4 tablets per day
Glipizide (10MG Oral Tablet Immediate Release)	Maximum of 4 tablets per day
Glipizide (5MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-250MG Oral Tablet)	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)	Maximum of 4 tablets per day
Glyxambi (Oral Tablet)	Maximum of 1 tablet per day
Granisetron HCl (Oral Tablet)	Maximum of 2 tablets per day
Hetlioz (Oral Capsule)	Maximum of 1 capsule per day
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	Maximum of 180 ml per day
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	Maximum of 12 tablets per day
Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	Maximum of 5 tablets per day
Hydromorphone HCl ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	Maximum of 2 tablets per day
Hydromorphone HCl (1MG/ML Oral Liquid)	Maximum of 50 ml per day
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Hydromorphone HCl (8MG Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Hysingla ER (Oral Tablet ER 24 Hour Abuse-Deterrent)	Maximum of 1 tablet per day
Ibandronate Sodium (Oral Tablet)	Maximum of 1 tablet per 28 days
Ibrance (Oral Capsule)	Maximum of 1 capsule per day
Ibrance (Oral Tablet)	Maximum of 1 tablet per day
Icatibant Acetate (Subcutaneous Solution)	Maximum of 9 ml per day

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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
Intence (100MG Oral Tablet, 200MG Oral Tablet)	Maximum of 2 tablets per day
Intence (25MG Oral Tablet)	Maximum of 4 tablets per day
Invirase (Oral Tablet)	Maximum of 4 tablets per day
Invokamet (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Invokamet XR (Oral Tablet Extended Release 24 Hour)	Maximum of 2 tablets per day
Invokana (Oral Tablet)	Maximum of 1 tablet per day
Irbesartan (150MG Oral Tablet, 300MG Oral Tablet)	Maximum of 1 tablet per day
Irbesartan (75MG Oral Tablet)	Maximum of 3 tablets per day
Irbesartan-Hydrochlorothiazide (Oral Tablet)	Maximum of 1 tablet per day
Iressa (Oral Tablet)	Maximum of 2 tablets per day
Isentress HD (Oral Tablet)	Maximum of 2 tablets per day
Isentress (Oral Packet)	Maximum of 2 packets per day
Isentress (Oral Tablet)	Maximum of 2 tablets per day
Isentress (Oral Tablet Chewable)	Maximum of 6 tablets per day
Itraconazole (Oral Capsule)	Maximum of 4 capsules per day
Jakafi (Oral Tablet)	Maximum of 2 tablets per day
Janumet (Oral Tablet Immediate Release)	Maximum of 2 tablets per day
Janumet XR (100-1000MG Oral Tablet Extended Release 24 Hour)	Maximum of 1 tablet per day

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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

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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

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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

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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, 15MG Oral Tablet Extended Release) (Generic MS Contin)	Maximum of 3 tablets per day
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	Maximum of 2 tablets per day
Morphine Sulfate ER (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	Maximum of 4 tablets per day
Morphine Sulfate (10MG/5ML Oral Solution)	Maximum of 100 ml per day
Morphine Sulfate (20MG/5ML Oral Solution)	Maximum of 50 ml per day
Morphine Sulfate (15MG Oral Tablet Immediate Release)	Maximum of 8 tablets per day
Morphine Sulfate (30MG Oral Tablet Immediate Release)	Maximum of 6 tablets per day
Multaq (Oral Tablet)	Maximum of 2 tablets per day
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	Maximum of 1 capsule per day
Namzaric (Oral Capsule Extended Release 24 Hour)	Maximum of 1 capsule per day
Naratriptan HCl (Oral Tablet)	Maximum of 12 tablets per 30 days
Nateglinide (120MG Oral Tablet)	Maximum of 3 tablets per day
Nateglinide (60MG Oral Tablet)	Maximum of 6 tablets per day
Nebupent (Inhalation Solution Reconstituted)	Maximum of 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

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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

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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

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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
Pifeltro (Oral Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl (15MG Oral Tablet)	Maximum of 3 tablets per day
Pioglitazone HCl (30MG Oral Tablet, 45MG Oral Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl-Glimepiride (Oral Tablet)	Maximum of 1 tablet per day
Pioglitazone HCl-Metformin HCl (Oral Tablet)	Maximum of 3 tablets per day
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	Maximum of 1 tablet per day
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	Maximum of 2 tablets per day
Piqray (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

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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 Rebidosé (Subcutaneous Solution Auto-Injector)	Maximum of 12 pens (6 ml) per 28 days
Rebif Rebidosé 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

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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
Secuado (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

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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
Stiolto Respimat (Inhalation Aerosol Solution)	Maximum of 1 inhaler (4 grams) per 30 days
Stivarga (Oral Tablet)	Maximum of 4 tablets per day
Stribild (Oral Tablet)	Maximum of 1 tablet per day
Suboxone (12-3MG Sublingual Film, 4-1MG Sublingual Film)	Maximum of 2 films per day
Suboxone (2-0.5MG Sublingual Film, 8-2MG Sublingual Film)	Maximum of 3 films per day
Sumatriptan (Nasal Solution)	Maximum of 12 devices per 30 days
Sumatriptan Succinate (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	Maximum of 12 tablets per 30 days
Sumatriptan Succinate Refill (Subcutaneous Solution Cartridge)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (6MG/0.5ML Subcutaneous Solution)	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (4MG/0.5ML Subcutaneous Solution Auto-Injector, 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
Symtuza (Oral Tablet)	Maximum of 1 tablet per day
Synjardy (Oral Tablet Immediate Release)	Maximum of 2 tablets per day

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Plain type = Generic drug

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

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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
Trexix (Oral Capsule)	Maximum of 10 capsules per day
Trintine 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

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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

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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
Yuvaferm (Vaginal Tablet)	Maximum of 1 tablet per day
Zafirlukast (Oral Tablet)	Maximum of 2 tablets per day
Zaleplon (10MG Oral Capsule)	Maximum of 2 capsules per day
Zaleplon (5MG Oral Capsule)	Maximum of 1 capsule per day
Zejula (Oral Capsule)	Maximum of 3 capsules per day
Zelboraf (Oral Tablet)	Maximum of 8 tablets per day
Zidovudine (Oral Capsule)	Maximum of 6 capsules per day
Zidovudine (Oral Syrup)	Maximum of 64 ml per day
Zidovudine (Oral Tablet)	Maximum of 2 tablets per day

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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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For more up-to-date information or if you have other questions,
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Toll-free **1-800-222-8600**, TTY **711**

8 a.m. - 8 p.m. local time, 7 days a week

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