Complete Drug List (Formulary) 2025

UHC Dual Complete TX-D002 (HMO-POS D-SNP)
UHC Dual Complete TX-D007 (HMO-POS D-SNP)
UHC Dual Complete TX-S003 (HMO-POS D-SNP)
UHC Dual Complete TX-V001 (HMO-POS D-SNP)
UHC Dual Complete TX-V010 (HMO-POS D-SNP)
UHC Dual Complete TX-S5 (HMO-POS 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, contact Customer Service:

MyUHC.com/CommunityPlan

Toll-free **1-866-944-4983,** TTY **711**
8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept

United Healthcare®

Formulary ID Number 00025002
Y0066_070524_102030_C v209.00

Last updated September 1, 2024

Table of contents

What is a Drug List? 3
Note to existing members: 3
How can I find a drug on the Drug List? 4
What are generic drugs? 4
What are original biological products and how are they related to biosimilars? 4
What is a compounded drug? 5
Are there any rules or limits on my drug coverage? 5
What if my drug is not on this list? 7
How can I get an exception? 7
Can I get my drug while I wait for an exception? 8
Can the Drug List change? 9
Covered drugs by name **(Drug index)** 11
Covered drugs by category 29
Covered drugs with a quantity limit (QL) 92

Questions?

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

Toll- free **1-866-944-4983**, TTY **711**
8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept

What is a Drug List?

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

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

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

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

Note to existing members:

This **complete** list of prescription drugs covered by your plan is current as of September 1, 2024.

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

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

When this Drug List refers to “we,” “us,” or “our,” it means UnitedHealthcare. When it refers to “plan,” “our plan,” or “your plan,” it means UHC Dual Complete.

Important message about what you pay for vaccines - Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most adult Part D vaccines at no cost to you. Call Customer Service for more information.

How can I find a drug on the Drug List?

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

1. **By name**. Turn to the section "Covered drugs by name **(Drug index)**" on pages 11-28 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 the section "Covered drugs by category" on pages 29-91. The drugs in this Drug List are grouped into categories depending on the type of medical condition they are used to treat. For example, if you have a heart condition, you should look in the category Cardiovascular Agents. This is where you will find drugs that treat heart conditions.

Can't find your drug?

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

What are generic drugs?

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

Talk with your doctor or prescriber to see if any of the brand name drugs you take have generic versions.

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

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

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

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

What is a compounded drug?

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

Are there any rules or limits on my drug coverage?

Yes, some drugs may have coverage rules or have limits on the amount you can get. If your drug has any coverage rules or limits, there will be a code(s) in the "Coverage rules or limits on use" column of the "Covered drugs by category" chart starting on page 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 Customer Service. Our contact information is on the cover.

Coverage rules and limits

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

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

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

You and your doctor or prescriber may ask the plan for an exception to the coverage rules and/or limits for your drug. See the section "How can I get an exception?" on page 7 or see your Evidence of Coverage to learn more.

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

Other special coverage rules

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

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

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

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

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

What if my drug is not on this list?

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

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

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

How can I get an exception?

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

Types of exceptions you can ask for

- **Drug List exception:** Ask the plan to cover your Medicare Part D drug even if it's not on the Drug List.
- **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, doctor or prescriber can ask for an exception by calling Customer Service. Your doctor or prescriber must give us a supporting statement with the reason for the exception.

How long does it take to get an exception?

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

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

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

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

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

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

Can the Drug List change?

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

Changes that can affect you this year

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

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

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

  If we make such a change, you or your doctor or prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section "How can I get an exception?" on page 7.

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

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

  If we make these other changes, you or your doctor or prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception. For more information, see the section "How can I get an exception?" on page 7.

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

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

For more information

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

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

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

Covered drugs by name (Drug index)

A

Abacavir Sulfate 52
Abacavir Sulfate -Lamivudine 52
Abelcet 41
Abilify Maintena 54
Abiraterone Acetate 43
Abrysvo 82
Acamprosate Calcium 31
Acarbose 55
Accutane 65
Acebutolol HCl 59
Acetaminophen -Caffeine -Dihydrocodeine 30
Acetaminophen -Codeine 30
Acetazolamide 60
Acetazolamide ER 60
Acetic Acid 88
Acetylcysteine 90
Acitretin 65
ActHIB 82
Actimmune 81
Acyclovir 51
Acyclovir Sodium 51
Adacel 83
Adalimumab -aaty 81
Adalimumab -adbm 81
Adapalene 65
Adefovir Dipivoxil 50
Adempas 90
Aimovig 42
Akeega 44
Ala -Cort 66
Albendazole 48
Albuterol Sulfate 89
Albuterol Sulfate HFA 89
Alclometasone Dipropionate 66
Alcohol Prep Pads.....85
Alecensa 44
Alendronate Sodium 84
Alfuzosin HCl ER 73
Aliskiren Fumarate 61
Allopurinol 42
Alomide 86
Alosetron HCl 71
Alphagan P 87
Alprazolam 53
Altavera 74
Alunbrig 44
Alyacen 1/35 74
Amantadine HCl 48
Ambrisentan 90
Amethia 74
Amikacin Sulfate 32
Amiloride HCl 62
Amiloride -Hydrochlorothiazide 61
Amiodarone HCl 59
Amitriptyline HCl 40
Amlodipine Besylate 60
Amlodipine -Atorvastatin 61
Amlodipine -Benazepril 61
Amlodipine -Olmesartan 61
Amlodipine -Valsartan 61
Amlodipine -Valsartan -HCTZ 61
Ammonium Lactate 66
Amnesteem 65
Amoxapine 40
Amoxicillin 34
Amoxicillin -Potassium Clavulanate 34
Amoxicillin -Potassium Clavulanate ER 34
Amphetamine -Dextroamphetamine 64
Amphetamine -Dextroamphetamine ER 64
Amphotericin B 41
Amphotericin B Liposome 41
Ampicillin 34
Ampicillin Sodium 34
Ampicillin -Sulbactam Sodium 34
Anagrelide HCl 57
Anastrozole 44
Anoro Ellipta 90
Anzemet 41
Apraclonidine HCl 87
Aprepitant 41
Apri 74
Apriso 84
Aptiom 37
Aptivus 52
Aralast NP 72

Aranelle 74
Aranesp 58
Arcalyst 80
Arexvy 83
Arformoterol Tartrate 89
Arikayce 32
Aripiprazole 54
Aripiprazole ODT 54
Aristada 54
Aristada Initio 54
Armodafinil 91
Arnuity Ellipta 88
Asenapine Maleate 54
Ashlyna 74
Aspirin -Dipyridamole ER 58
Atazanavir Sulfate 52
Atenolol 59
Atenolol -Chlorthalidone 61
Atomoxetine HCl 64
Atorvastatin Calcium 62
Atovaquone 48
Atovaquone -Proguanil HCl . 48
Atropine Sulfate 85
Atrovent HFA 89
Aubra EQ 74
Augtyro 44
Austedo 64
Auvelity 39
Aviane 74
Ayvakit 44
Azathioprine 81
Azelaic Acid 65
Azelastine HCl 88
Azithromycin 35
Aztreonam 32

B

BCG Vaccine 83
BIVIGAM 80
BRIVIACT 36
Bacitracin 86
Bacitracin -Polymyxin B 86
Baclofen 50
Balsalazide Disodium 84
Balversa 44
Balziva 74
Baqsimi One Pack 56
Baraclude 50
Belsomra 91
Benazepril HCl 59
Benazepril -Hydrochlorothiazide 61
Benlysta 80
Benznidazole 48
Benzoyl Peroxide -Erythromycin 65
Benztropine Mesylate 48
Bepotastine Besilate 86
Bepreve 86
Berinert 80
Besivance 86
Besremi 81
Betaine 72
Betamethasone Dipropionate 66
Betamethasone Dipropionate Aug 66
Betamethasone Valerate 66
Betaseron 65
Betaxolol HCl 87
Bethanechol Chloride 73
Betimol 87
Bevespi Aerosphere 90
Bexarotene 48
Bexsero 83
Bicalutamide 43
Bicillin C -R 34
Bicillin C -R 900/300 34
Bicillin L -A 34
Biktarvy 51
Bisoprolol Fumarate 60
Bisoprolol -Hydrochlorothiazide 61
Blisovi 24 Fe 74
Blisovi Fe 1.5/30 74
Boostrix 83
Bosentan 90
Bosulif 44
Braftovi 44
Breo Ellipta 90
Breztri Aerosphere 90
Briellyn 74
Brilinta 58

Brimonidine Tartrate 87
Brimonidine Tartrate -Timolol 85
Brinzolamide 87
Bromfenac Sodium 87
Bromocriptine Mesylate 79
Bronchitol 90
Brukinsa 44
Budesonide 88
Budesonide ER 84
Bumetanide 62
Buprenorphine 29
Buprenorphine HCl 31
Buprenorphine HCl -Naloxone HCl 31
Bupropion HCl 39
Bupropion HCl SR 39
Bupropion HCl XL 39
Buspirone HCl 53
Butalbital -Acetaminophen -Caffeine 30
Butalbital -Aspirin -Caffeine ..30
Butorphanol Tartrate 30
Bydureon BCise 55
Byetta 10MCG Pen 55
Byetta 5MCG Pen 55

C

Cabergoline 79
Cablivi 58
Cabometyx 44
Calcipotriene 67
Calcitonin Salmon 85
Calcitriol 85
Calquence 44
Camila 78
Camrese Lo 74
Candesartan Cilexetil 59
Candesartan Cilexetil -HCTZ 61
Caplyta 50
Caprelsa 44
Captopril 59
Carbamazepine 37
Carbamazepine ER 37
Carbidopa 49
Carbidopa -Levodopa 49
Carbidopa -Levodopa ER 49
Carbidopa -Levodopa ODT ..49
Carbidopa -Levodopa -Entacapone 48
Carglumic Acid 69
Carteolol HCl 87
Cartia XT 60
Carvedilol 60
Cayston 89
Cefaclor 33
Cefadroxil 33
Cefazolin Sodium 33
Cefdinir 33
Cefepime HCl 33
Cefixime 33
Cefotetan Disodium 33
Cefoxitin Sodium 33
Cefpodoxime Proxetil 33
Cefprozil 33
Ceftazidime 33
Ceftriaxone Sodium 33
Cefuroxime Axetil 33
Cefuroxime Sodium 33
Celecoxib 29
Cephalexin 33
Cetirizine HCl 88
Chemet 70
Chenodal 71
Chlordiazepoxide HCl 53
Chlorhexidine Gluconate 65
Chloroquine Phosphate 48
Chlorpromazine HCl 49
Chlorthalidone 62
Chlorzoxazone 90
Cholbam 72
Cholestyramine 62
Cholestyramine Light 62
Ciclopirox 68
Ciclopirox Olamine 68
Cilostazol 58
Ciloxan 86
Cimduo 52
Cimetidine 71
Cinacalcet HCl 85
Cipro HC 88
Ciprofloxacin HCl 86

Ciprofloxacin in D5W 35
Ciprofloxacin -Dexamethasone 88
Citalopram Hydrobromide 39
Claravis 65
Clarithromycin 35
Clarithromycin ER 35
Clenpiq 71
Climara Pro 75
Clindacin ETZ 68
Clindamycin HCl 32
Clindamycin Palmitate HCl . .32
Clindamycin Phosphate 68
Clindamycin Phosphate in D5W 32
Clindamycin Phosphate -Benzoyl Peroxide 65
Clobazam 37
Clobetasol Propionate 66
Clobetasol Propionate Emollient Base 66
Clodan 66
Clomipramine HCl 40
Clonazepam 54
Clonazepam ODT 54
Clonidine 58
Clonidine HCl 58
Clonidine HCl ER 64
Clopidogrel Bisulfate 58
Clorazepate Dipotassium 54
Clotrimazole 68
Clotrimazole -Betamethasone 67
Clozapine 50
Clozapine ODT 50
Coartem 48
Colchicine 42
Colchicine -Probenecid 42
Colesevelam HCl 63
Colestipol HCl 63
Colistimethate Sodium 32
Combigan 85
Combivent Respimat 90
Cometriq 45
Complera 51
Compro 40
Copiktra 45
Cordran 66
Corlanor 61
Cosentyx 80
Cosentyx Sensoready 80
Cosentyx UnoReady 80
Cotellic 45
Creon 72
Crinone 78
Cromolyn Sodium 89
Cryselle -28 75
Cyclobenzaprine HCl 90
Cyclophosphamide 43
Cycloserine 43
Cycloset 55
Cyclosporine 81
Cyclosporine Modified 81
Cyproheptadine HCl 88
Cyred EQ 75
Cystagon 72
Cystaran 85

D

Dalfampridine ER 65
Danazol 74
Dantrolene Sodium 50
Dapsone 42
Daptacel 83
Daptomycin 32
Darunavir 52
Daurismo 45
Deblitane 78
Deferasirox 70
Deferasirox Granules 70
Deferiprone 70
Delstrigo 51
Demeclocycline HCl 35
Depo -Estradiol 75
Depo -SubQ Provera 104 78
Descovy 52
Desipramine HCl 40
Desloratadine 88
Desmopressin Acetate 74
Desmopressin Acetate Spray 74
Desogestrel -Ethinyl Estradiol 75
Desonide 66

Desoximetasone 66
Desvenlafaxine Succinate ER 39
Dexamethasone 73
Dexamethasone Sodium Phosphate 87
Dexlansoprazole 71
Dexmethylphenidate HCl 64
Dexmethylphenidate HCl ER 64
Dextroamphetamine Sulfate 64
Dextroamphetamine Sulfate ER 64
Dextrose 69
Dextrose -Sodium Chloride ..69
Diacomit 37
Diazepam 54
Diazepam Intensol 54
Diazoxide 56
Diclofenac Epolamine 29
Diclofenac Potassium 29
Diclofenac Sodium 87
Diclofenac Sodium ER 29
Dicloxacillin Sodium 34
Dicyclomine HCl 71
Dificid 35
Diflunisal 29
Digoxin 61
Dihydroergotamine Mesylate 42
Dilantin 38
Dilantin INFATABS 38
Dilt -XR 60
Diltiazem HCl 60
Diltiazem HCl ER 60
Diltiazem HCl ER Beads 60
Diltiazem HCl ER Coated Beads 60
Dimethyl Fumarate 65
Dimethyl Fumarate Starter Pack 65
Dipentum 84
Diphenoxylate -Atropine 71
Diphtheria -Tetanus Toxoids DT 83
Disulfiram 31
Diuril 62
Divalproex Sodium 55
Divalproex Sodium ER 55
Dofetilide 59
Dolishale 75
Donepezil HCl 38
Donepezil HCl ODT 38
Doptelet 58
Dorzolamide HCl 87
Dorzolamide HCl -Timolol Maleate 85
Dorzolamide HCl -Timolol Maleate Preservative Free 85
Dovato 51
Doxazosin Mesylate 59
Doxepin HCl 66
Doxercalciferol 85
Doxy 100 35
Doxycycline Hyclate 36
Doxycycline Monohydrate 36
Dronabinol 41
Drospirenone -Ethinyl Estradiol 75
Droxia 44
Droxidopa 58
Duavee 75
Dulera 90
Duloxetine HCl 64
Dupixent 80
Dutasteride 73
Dymista 88

E

EC -Naproxen 29
Econazole Nitrate 68
Edarbi 59
Edarbyclor 61
Edurant 51
Efavirenz 51
Efavirenz -Emtricitabine -Tenofovir 51
Efavirenz -Lamivudine -Tenofovir 51
Elestrin 75
Eligard 79
Eliquis 57
Eliquis Starter Pack 57
Elmiron 73
EluRyng 75
Emgality 42
Emsam 39
Emtricitabine 52
Emtricitabine -Tenofovir Disoproxil Fumarate 52

Emtriva 52
Enalapril Maleate 59
Enalapril -Hydrochlorothiazide 61
Enbrel 82
Enbrel Mini 81
Enbrel SureClick 82
Endari 69
Endocet 30
Engerix -B 83
EnilloRing 75
Enoxaparin Sodium 57
Enpresse -28 75
Enskyce 75
Entacapone 49
Entecavir 50
Entresto 61
Enulose 70
Envarsus XR 82
Epidiolex 36
Epinastine HCl 86
Epinephrine 89
Epitol 38
Eplerenone 63
Eprontia 36
Ergoloid Mesylates 38
Ergotamine -Caffeine 42
Erivedge 45
Erleada 43
Erlotinib HCl 45
Errin 78
Ertapenem Sodium 35
Ery 68
Erythromycin 86
Erythromycin Base 35
Erythromycin Ethylsuccinate 35
Escitalopram Oxalate 39
Esomeprazole Magnesium . . 72
Estarylla 75
Estradiol 75
Estradiol Valerate 75
Estring 75
Eszopiclone 91
Ethacrynic Acid 62
Ethambutol HCl 43
Ethosuximide 37
Ethynodiol Diacetate -Ethinyl Estradiol 75
Etodolac 29
Etodolac ER 29
Etonogestrel -Ethinyl Estradiol 75
Etravirine 51
Euthyrox 79
Everolimus 82
Evotaz 52
Exemestane 44
Ezetimibe 63
Ezetimibe -Simvastatin 63

F

FML Forte 87
Falmina 75
Famciclovir 51
Famotidine 71
Fanapt 50
Fanapt Titration Pack 50
Farxiga 63
Fasenra 90
Fasenra Pen 90
Febuxostat 42
Felbamate 36
Felodipine ER 60
Femring 75
Fenofibrate 62
Fenofibrate Micronized 62
Fenofibric Acid 62
Fentanyl 30
Fentanyl Citrate 30
Fetzima 39
Fetzima Titration 39
Finacea 65
Finasteride 73
Fingolimod HCl 65
Fintepla 36
Finzala 75
Firmagon 79
Flac 88
Flarex 87
Flecainide Acetate 59
Fluconazole 41

Fluconazole in Sodium Chloride 41
Flucytosine 41
Fludrocortisone Acetate 73
Flunisolide 88
Fluocinolone Acetonide 88
Fluocinolone Acetonide Scalp 66
Fluocinonide 67
Fluocinonide Emulsified Base 66
Fluorometholone 87
Fluorouracil 67
Fluoxetine HCl 39
Fluphenazine Decanoate 49
Fluphenazine HCl 49
Flurbiprofen 29
Flurbiprofen Sodium 87
Fluticasone Propionate 88
Fluticasone -Salmeterol 90
Fluvastatin Sodium 62
Fluvastatin Sodium ER 62
Fluvoxamine Maleate 39
Fondaparinux Sodium 57
Formoterol Fumarate 89
Forteo 85
Fosamprenavir Calcium 53
Fosinopril Sodium 59
Fosinopril Sodium -HCTZ 61
Fotivda 45
Fruzaqla 45
Furosemide 62
Fuzeon 52
Fyavolv 75
Fycompa 36

G

Gabapentin 37
Galantamine Hydrobromide 38
Galantamine Hydrobromide ER 38
Gammagard 80
Gammagard S/D Less IgA ...80
Gammaked 80
Gammaplex 80
Gamunex -C 80
Gardasil 9 83
Gatifloxacin 86
Gauze 85
GaviLyte -C 71
GaviLyte -G 71
Gavreto 45
Gefitinib 45
Gemfibrozil 62
Gemtesa 73
Generlac 70
Gengraf 82
Genotropin 74
Genotropin MiniQuick 74
Gentamicin Sulfate 86
Gentamicin Sulfate -0.9% Sodium Chloride 32
Genvoya 51
Gilotrif 45
Glatiramer Acetate 65
Glatopa 65
Gleostine 43
Glimepiride 55
Glipizide 55
Glipizide ER 55
Glipizide -Metformin HCl 55
Glucagon 56
Glycopyrrolate 71
Glyxambi 55
Granisetron HCl 41
Griseofulvin Microsize 41
Griseofulvin Ultramicrosize ...41
Guanfacine HCl ER 64
Gvoke HypoPen 2 -Pack 56
Gvoke Kit 56
Gvoke PFS 56

H

Haegarda 80
Hailey 24 Fe 75
Halobetasol Propionate 67
Haloette 75
Haloperidol 49
Haloperidol Decanoate 49
Haloperidol Lactate 49
Havrix 83
Heather 78
Heparin Sodium 57
Heplisav -B 83

Hiberix 83
Humalog 56
Humalog Junior KwikPen 56
Humalog KwikPen 56
Humalog Mix 50/50 KwikPen 56
Humalog Mix 75/25 56
Humalog Mix 75/25 KwikPen 56
Humira 82
Humira Pen Crohn's Disease/Ulcerative Colitis/Hidradenitis Suppurativa Starter 82
Humira Pen Psoriasis/Uveitis Starter 82
Humira Pen -Pediatric Ulcerative Colitis Starter 82
Humulin 70/30 56
Humulin 70/30 KwikPen 56
Humulin N 57
Humulin N KwikPen 57
Humulin R 57
Humulin R U -500 57
Humulin R U -500 KwikPen .57
Hydralazine HCl 63
Hydrochlorothiazide 62
Hydrocodone -Acetaminophen 30
Hydrocodone -Ibuprofen 30
Hydrocortisone 84
Hydrocortisone Butyrate 67
Hydrocortisone Valerate 67
Hydrocortisone -Acetic Acid 88
Hydromorphone HCl 30
Hydromorphone HCl Preservative Free 30
Hydroxychloroquine Sulfate .48
Hydroxyurea 44
Hydroxyzine HCl 53
Hydroxyzine Pamoate 53

I

IDHIFA 45
IPOL 83
Ibandronate Sodium 85
Ibrance 45
Ibu 29
Ibuprofen 29
Icatibant Acetate 80
Iclevia 75
Iclusig 45
Imatinib Mesylate 45
Imbruvica 45
Imipenem -Cilastatin 35
Imipramine HCl 40
Imipramine Pamoate 40
Imiquimod 67
Imovax Rabies 83
Impavido 48
Imvexxy Maintenance Pack . 75
Imvexxy Starter Pack 75
Inbrija 49
Incassia 78
Increlex 74
Incruse Ellipta 89
Indapamide 62
Indomethacin 29
Infanrix 83
Ingrezza 64
Inlyta 45
Inqovi 44
Inrebic 45
Insulin Lispro 57
Insulin Lispro Junior KwikPen 57
Insulin Lispro Prot & Lispro ..57
Insulin Syringes, Needles. 85
Intelence 51
Intralipid 69
Introvale 75
Invega Hafyera 50
Invega Sustenna 50
Invega Trinza 50
Ipratropium Bromide 89
Ipratropium -Albuterol 90
Irbesartan 59
Irbesartan -Hydrochlorothiazide 61
Isentress 51
Isentress HD 51
Isibloom 75
Isolyte -P in D5W 69
Isolyte -S pH 7.4 69
Isoniazid 43
Isosorbide Dinitrate 63
Isosorbide Dinitrate -Hydralazine 61

Isosorbide Mononitrate 63
Isosorbide Mononitrate ER . . 63
Isotretinoin 65
Isturisa 79
Itraconazole 41
Ivermectin 48
Iwilfin 44
Ixchiq 83
Ixiaro 83

J

Jakafi 45
Jantoven 57
Janumet 55
Janumet XR 55
Januvia 55
Jardiance 63
Jasmiel 75
Jaypirca 45
Jentadueto 55
Jentadueto XR 55
Jinteli 75
Jublia 68
Juleber 75
Juluca 51
Junel 1.5/30 75
Junel 1/20 75
Junel Fe 1.5/30 75
Junel Fe 1/20 76
Junel Fe 24 76
Jylamvo 82
Jynneos 83

K

KCl in Dextrose -NaCl 69
KCl -Lactated Ringers -D5W 69
Kaitlib Fe 76
Kalydeco 89
Kariva 76
Kelnor 1/35 76
Kelnor 1/50 76
Kerendia 63
Kesimpta 65
Ketoconazole 68
Ketoprofen 29
Ketorolac Tromethamine 87
Kinrix 83
Kisqali 45
Kisqali Femara 45
Klor -Con 69
Klor -Con 10 69
Klor -Con 8 69
Klor -Con M10 69
Klor -Con M15 69
Klor -Con M20 69
Kloxxado 31
Koselugo 45
Kourzeq 65
Krazati 45
Kurvelo 76

L

LARIN 1.5/30 76
LARIN 1/20 76
LARIN Fe 1.5/30 76
LARIN Fe 1/20 76
Labetalol HCl 60
Lacosamide 38
Lacrisert 85
Lactulose 70
Lamivudine 52
Lamivudine -Zidovudine 52
Lamotrigine 36
Lanoxin 61
Lansoprazole 72
Lantus 57
Lantus SoloStar 57
Lapatinib Ditosylate 45
Latanoprost 88
Layolis Fe 76
Leena 76
Leflunomide 82
Lenalidomide 43
Lenvima 10MG Daily Dose . . 46
Lenvima 12MG Daily Dose . . 46
Lenvima 14MG Daily Dose . . 46
Lenvima 18MG Daily Dose . . 46
Lenvima 20MG Daily Dose . . 46
Lenvima 24MG Daily Dose . . 46
Lenvima 4MG Daily Dose 46

Lenvima 8MG Daily Dose 46
Lessina 76
Letrozole 44
Leucovorin Calcium 48
Leukeran 43
Leuprolide Acetate 79
Levalbuterol HCl 89
Levalbuterol Tartrate 89
Levetiracetam 36
Levetiracetam ER 36
Levobunolol HCl 87
Levocarnitine 72
Levocetirizine Dihydrochloride 88
Levofloxacin 86
Levofloxacin in D5W 35
Levonest 76
Levonorgestrel -Ethinyl Estradiol 76
Levonorgestrel -Ethinyl Estradiol & Ethinyl Estradiol . 76
Levonorgestrel -Ethinyl Estradiol 91 -Day 76
Levonorgestrel -Ethinyl Estradiol Triphasic 76
Levora 0.15/30 76
Levothyroxine Sodium 79
Levoxyl 79
Libervant 37
Lidocaine 31
Lidocaine HCl 31
Lidocaine Viscous 31
Lidocaine -Prilocaine 31
Liletta 78
Linezolid 32
Linzess 70
Liothyronine Sodium 79
Lisdexamfetamine Dimesylate 64
Lisinopril 59
Lisinopril -Hydrochlorothiazide 61
Lithium 55
Lithium Carbonate 55
Lithium Carbonate ER 55
Livalo 62
Livtencity 53
Lokelma 70
Lonsurf 44
Loperamide HCl 71
Lopinavir -Ritonavir 53
Lorazepam 54
Lorazepam Intensol 54
Lorbrena 46
Loryna 76
Losartan Potassium 59
Losartan Potassium -HCTZ ..61
Lotemax 87
Lotemax SM 87
Loteprednol Etabonate 87
Lovastatin 62
Low -Ogestrel 76
Loxapine Succinate 49
Lubiprostone 70
Lumakras 46
Lumigan 88
Lumryz 91
Lupron Depot 79
Lupron Depot -Ped 79
Lurasidone HCl 54
Lutera 76
Lybalvi 54
Lyleq 78
Lynparza 46
Lysodren 44
Lytgobi 46
Lyumjev 57
Lyumjev KwikPen 57
Lyza 78

M

M -M -R II 83
Magnesium Sulfate 69
Malathion 68
Maraviroc 52
Marlissa 76
Marplan 39
Matulane 43
Matzim LA 60
Mavyret 51
Mayzent 65
Mayzent Starter Pack 65
Meclizine HCl 40
Medroxyprogesterone Acetate 78

Mefloquine HCl 48
Megestrol Acetate 78
Mekinist 46
Mektovi 46
Meloxicam 29
Memantine HCl 39
Memantine HCl ER 39
Memantine HCl Titration Pak 39
MenQuadfi 83
Menactra 83
Menest 76
Menveo 83
Mercaptopurine 44
Meropenem 35
Mesalamine 84
Mesalamine ER 84
Mesnex 48
Metformin HCl 55
Metformin HCl ER 55
Methadone HCl 30
Methazolamide 87
Methenamine Hippurate 32
Methimazole 80
Methocarbamol 90
Methotrexate Sodium 82
Methoxsalen Rapid 67
Methscopolamine Bromide . 71
Methsuximide 37
Methylphenidate HCl 64
Methylphenidate HCl ER 64
Methylprednisolone 73
Metoclopramide HCl 40
Metolazone 62
Metoprolol Succinate ER 60
Metoprolol Tartrate 60
Metoprolol -Hydrochlorothiazide 61
Metronidazole 32
Metyrosine 61
Mexiletine HCl 59
Mibelas 24 Fe 76
Micafungin Sodium 41
Miconazole 3 41
Microgestin 1.5/30 76
Microgestin 1/20 76
Microgestin 24 Fe 76
Microgestin Fe 1.5/30 76
Microgestin Fe 1/20 76
Midodrine HCl 58
Mifepristone 79
Miglitol 55
Miglustat 72
Mili 76
Minocycline HCl 36
Minoxidil 63
Mirtazapine 39
Mirtazapine ODT 39
Misoprostol 71
Modafinil 91
Moexipril HCl 59
Molindone HCl 49
Mometasone Furoate 88
Montelukast Sodium 88
Morphine Sulfate 31
Morphine Sulfate ER 30
Motegrity 70
Mounjaro 55
Movantik 70
Moxifloxacin HCl 86
Moxifloxacin HCl in NaCl 35
Multaq 59
Multiple Electrolytes Type 1 pH 5.5 69
Mupirocin 68
Mupirocin Calcium 68
Mycophenolate Mofetil 82
Mycophenolate Sodium 82
Myhibbin 82
Myrbetriq 73

N

Nabumetone 29
Nadolol 60
Nafcillin Sodium 34
Naloxone HCl 31
Naltrexone HCl 31
Namzaric 38
Naproxen 29
Naratriptan HCl 42
Natacyn 86

Nateglinide 55
Nayzilam 37
Nebivolol HCl 60
Necon 0.5/35 76
Nefazodone HCl 39
Neo -Polycin 86
Neo -Polycin HC 85
Neomycin Sulfate 32
Neomycin -Bacitracin -Polymyxin 86
Neomycin -Polymyxin -Bacitracin -Hydrocortisone ..85
Neomycin -Polymyxin -Dexamethasone 85
Neomycin -Polymyxin -Gramicidin 86
Neomycin -Polymyxin -HC 88
Nerlynx 46
Neuac 65
Neulasta 58
Neupro 49
Nevirapine 51
Nevirapine ER 51
Nexplanon 79
Niacin 63
Niacin ER 63
Niacor 63
Nicardipine HCl 60
Nicotrol 31
Nicotrol NS 32
Nifedipine ER 60
Nifedipine ER Osmotic Release 60
Nikki 76
Nilutamide 43
Nimodipine 60
Ninlaro 46
Nitazoxanide 48
Nitisinone 72
Nitro -Bid 63
Nitrofurantoin Macrocrystal ..32
Nitrofurantoin Monohydrate .32
Nitroglycerin 63
Nizatidine 71
Nora -BE 79
Norelgestromin -Ethinyl Estradiol 76
Norethindrone 79
Norethindrone Acetate 79
Norethindrone Acetate -Ethinyl Estradiol 77
Norethindrone Acetate -Ethinyl Estradiol -Fe 77
Norethindrone -Ethinyl Estradiol -Fe 77
Norgestimate -Ethinyl Estradiol 77
Norgestimate -Ethinyl Estradiol Triphasic 77
Nortrel 0.5/35 77
Nortrel 1/35 77
Nortrel 7/7/7 77
Nortriptyline HCl 40
Norvir 53
Nubeqa 43
Nuedexta 64
Nuplazid 50
Nurtec ODT 42
Nutrilipid 69
Nyamyc 68
Nylia 1/35 77
Nylia 7/7/7 77
Nymyo 77
Nystatin 68
Nystop 68

O

Ocella 77
Octagam 80
Octreotide Acetate 79
Odefsey 52
Odomzo 46
Ofev 90
Ofloxacin 88
Ogsiveo 44
Ojemda 46
Ojjaara 46
Olanzapine 54
Olanzapine ODT 54
Olmesartan Medoxomil 59
Olmesartan Medoxomil -HCTZ 61
Olmesartan -Amlodipine -HCTZ 61
Omega -3 -Acid Ethyl Esters 63
Omeprazole 72
Ondansetron HCl 41
Ondansetron ODT 41
Onureg 44

Opsumit 90
Opvee 31
Orencia 80
Orencia ClickJect 80
Orgovyx 44
Orkambi 89
Orserdu 43
Oseltamivir Phosphate 53
Osphena 79
Otezla 80
Oxacillin Sodium 34
Oxacillin Sodium in Dextrose 34
Oxcarbazepine 38
Oxybutynin Chloride 73
Oxybutynin Chloride ER 73
Oxycodone HCl 31
Oxycodone -Acetaminophen 31
Ozempic 56

P

PEG -3350 -Electrolytes 71
PEG -3350 -NaCl -Na Bicarbonate -KCl 71
Paliperidone ER 50
Panretin 48
Pantoprazole Sodium 72
Panzyga 80
Paricalcitol 85
Paroxetine HCl 40
Paxlovid 53
Pazopanib HCl 46
Pediarix 83
Pedvax HIB 83
Pegasys 81
Pemazyre 46
Penbraya 83
Penicillamine 73
Penicillin G Potassium 34
Penicillin G Sodium 34
Penicillin V Potassium 34
Pentacel 83
Pentamidine Isethionate 48
Pentasa 84
Pentoxifylline ER 61
Perindopril Erbumine 59
Periogard 65
Permethrin 68
Perphenazine 40
Perseris 54
Phenelzine Sulfate 39
Phenobarbital 37
Phenytek 38
Phenytoin 38
Phenytoin Sodium Extended 38
Pifeltro 52
Pilocarpine HCl 87
Pimecrolimus 67
Pimozide 49
Pimtrea 77
Pindolol 60
Pioglitazone HCl 56
Pioglitazone HCl -Glimepiride 56
Pioglitazone HCl -Metformin HCl 56
Piperacillin -Tazobactam 34
Piqray 46
Pirfenidone 90
Piroxicam 29
Plenamine 69
Podofilox 67
Polycin 86
Polymyxin B Sulfate 32
Polymyxin B -Trimethoprim ..86
Pomalyst 43
Portia -28 77
Posaconazole 41
Potassium Chloride 69
Potassium Chloride ER 69
Potassium Chloride Microencapsulated ER 69
Potassium Chloride in Dextrose 5% 69
Potassium Chloride in NaCl .69
Potassium Citrate ER 69
Pramipexole Dihydrochloride 49
Prasugrel HCl 58
Pravastatin Sodium 62
Praziquantel 48
Prazosin HCl 59
PreHevbrio 83
Pred Mild 87

Prednisolone 73
Prednisolone Acetate 87
Prednisolone Sodium Phosphate 87
Prednisone 73
Prednisone Intensol 73
Pregabalin 64
Premarin 77
Premasol 70
Premphase 77
Prempro 77
Prenatal 70
Prevalite 63
Prevymis 53
Prezcobix 53
Prezista 53
Priftin 43
Primaquine Phosphate 48
Primidone 37
Priorix 83
Privigen 80
ProQuad 83
Probenecid 42
Prochlorperazine 40
Prochlorperazine Maleate 40
Procrit 58
Procto -Med HC 84
Progesterone 79
Prograf 82
Prolastin -C 72
Prolia 85
Promacta 58
Promethazine HCl 40
Promethegan 40
Propafenone HCl 59
Propafenone HCl ER 59
Propranolol HCl 60
Propranolol HCl ER 60
Propylthiouracil 80
Prosol 70
Protriptyline HCl 40
Pulmozyme 89
Purixan 44
Pyrazinamide 43
Pyridostigmine Bromide 42
Pyridostigmine Bromide ER .42
Pyrimethamine 48
Pyrukynd 72
Pyrukynd Taper Pack 72

Q

Qinlock 46
Quadracel 83
Quetiapine Fumarate 54
Quetiapine Fumarate ER 54
Quinapril HCl 59
Quinidine Gluconate ER 59
Quinidine Sulfate 59
Quinine Sulfate 48
Qulipta 42
Quviviq 91
Qvar RediHaler 88

R

RabAvert 83
Rabeprazole Sodium 72
Raloxifene HCl 79
Ramelteon 91
Ramipril 59
Ranolazine ER 61
Rasagiline Mesylate 49
Rasuvo 82
Rayaldee 85
Reclipsen 77
Recombivax HB 83
Regranex 67
Relenza Diskhaler 53
Repaglinide 56
Repatha 63
Repatha Pushtronex System 63
Repatha SureClick 63
Restasis MultiDose 85
Restasis Single -Use Vials 85
Retacrit 58
Retevmo 46
Revcovi 72
Rexulti 50
Reyataz 53
Rezlidhia 46
Rhopressa 87

Ribavirin 51
Ridaura 81
Rifabutin 43
Rifampin 43
Riluzole 64
Rimantadine HCl 53
Rinvoq 81
Risedronate Sodium 85
Risperidone 54
Risperidone Microspheres ER 54
Risperidone ODT 54
Ritonavir 53
Rivastigmine 38
Rivastigmine Tartrate 38
Rivelsa 77
Rizatriptan Benzoate 42
Rizatriptan Benzoate ODT 42
Rocklatan 85
Roflumilast 89
Ropinirole HCl 49
Rosuvastatin Calcium 62
RotaTeq 84
Rotarix 84
Roweepra 36
Rozlytrek 46
Rubraca 46
Rufinamide 38
Rukobia 52
Ryaltris 88
Rybelsus 56
Rydapt 46
Rytary 49

S

SPS 70
SSD 68
Sandimmune 82
Santyl 67
Sapropterin Dihydrochloride 72
Savella 64
Savella Titration Pack 64
Scemblix 46
Scopolamine 41
Secuado 54
Selegiline HCl 49
Selenium Sulfide 67
Selzentry 52
Serevent Diskus 89
Sertraline HCl 40
Setlakin 77
Sharobel 79
Shingrix 84
Signifor 79
Sildenafil Citrate 90
Silodosin 73
Silver Sulfadiazine 68
Simbrinza 87
Simvastatin 62
Sirolimus 82
Sirturo 43
Skyclarys 64
Skyrizi 81
Skyrizi Pen 81
Sodium Chloride 70
Sodium Fluoride 70
Sodium Phenylbutyrate 72
Sodium Polystyrene Sulfonate 70
Sodium Sulfate -Potassium Sulfate -Magnesium Sulfate 71
Solifenacin Succinate 73
Soliqua 56
Soltamox 43
Somavert 79
Sorafenib Tosylate 46
Sorine 59
Sotalol HCl 59
Sotyktu 81
Spiriva HandiHaler 89
Spiriva Respimat 89
Spironolactone 63
Spironolactone -HCTZ 61
Sprintec 28 77
Spritam ODT 36
Sprycel 47
Sronyx 77
Stelara 81
Stiolto Respimat 90
Stivarga 47
Streptomycin Sulfate 32

Stribild 51
Suboxone 31
Subvenite 36
Sucraid 72
Sucralfate 71
Suflave 71
Sulfacetamide Sodium 86
Sulfacetamide -Prednisolone 86
Sulfadiazine 35
Sulfamethoxazole -Trimethoprim 35
Sulfamylon 68
Sulfasalazine 84
Sulindac 29
Sumatriptan 42
Sumatriptan Succinate 42
Sunitinib Malate 47
Sunlenca 52
Sutab 71
Syeda 77
Symbicort 90
Sympazan 37
Symtuza 53
Synarel 79
Synjardy 56
Synjardy XR 56
Synthroid 79

T

TDVAX 84
TPN Electrolytes 70
Tabloid 44
Tabrecta 47
Tacrolimus 82
Tadalafil 90
Tafinlar 47
Tagrisso 47
Talzenna 47
Tamoxifen Citrate 43
Tamsulosin HCl 73
Tarina 24 Fe 77
Tarina Fe 1/20 EQ 77
Tasigna 47
Tasimelteon 91
Tazarotene 65
Tazicef 34
Tazverik 47
Teflaro 34
Telmisartan 59
Telmisartan -Amlodipine 61
Telmisartan -HCTZ 61
Temazepam 91
Tenivac 84
Tenofovir Disoproxil Fumarate 52
Tepmetko 47
Terazosin HCl 73
Terbinafine HCl 41
Terconazole 41
Teriflunomide 65
Teriparatide 85
Testosterone 74
Testosterone Cypionate 74
Testosterone Enanthate 74
Tetrabenazine 64
Tetracycline HCl 36
Thalomid 43
Theophylline 89
Theophylline ER 89
Thioridazine HCl 49
Thiothixene 49
Tiadylt ER 60
Tiagabine HCl 37
Tibsovo 47
Ticovac 84
Tigecycline 32
Tilia Fe 77
Timolol Maleate 87
Timolol Maleate Ophthalmic Gel Forming 87
Tinidazole 33
Tivicay 51
Tivicay PD 51
Tizanidine HCl 50
Tobi Podhaler 89
TobraDex 86
TobraDex ST 86
Tobramycin 89
Tobramycin Sulfate 32
Tobramycin -Dexamethasone 86
Tobrex 86

Tolterodine Tartrate 73
Tolterodine Tartrate ER 73
Topiramate 36
Toremifene Citrate 43
Torsemide 62
Toujeo Max SoloStar 57
Toujeo SoloStar 57
Tradjenta 56
Tramadol HCl 31
Tramadol HCl ER 30
Tramadol -Acetaminophen . .31
Trandolapril 59
Trandolapril -Verapamil HCl ER 61
Tranexamic Acid 58
Tranylcypromine Sulfate 39
Travasol 70
Travoprost 88
Trazodone HCl 40
Trecator 43
Trelegy Ellipta 90
Tretinoin 66
Tretinoin Microsphere 66
Trexall 82
Tri -Estarylla 77
Tri -Legest Fe 77
Tri -Lo -Estarylla 77
Tri -Lo -Sprintec 78
Tri -Mili 78
Tri -Nymyo 78
Tri -Sprintec 78
Tri -VyLibra 78
Tri -VyLibra Lo 78
Triamcinolone Acetonide 67
Triamterene 62
Triamterene -HCTZ 61
Triderm 67
Trientine HCl 70
Trifluoperazine HCl 49
Trifluridine 86
Trihexyphenidyl HCl 48
Trijardy XR 56
Trimethoprim 33
Trimipramine Maleate 40
Trintellix 40
Triumeq 52
Triumeq PD 52
Trivora 78
TrophAmine 70
Trospium Chloride 73
Trulance 70
Trulicity 56
Trumenba 84
Truqap 47
Tukysa 47
Turalio 47
Turqoz 78
Twinrix 84
Tyblume 78
Tybost 52
Tymlos 85
Typhim VI 84
Tyrvaya 86

U

Ubrelvy 42
Udenyca 58
Ursodiol 71

V

Valacyclovir HCl 51
Valchlor 43
Valganciclovir HCl 53
Valproic Acid 36
Valsartan 59
Valsartan -Hydrochlorothiazide 61
Valtoco 10MG Dose 37
Valtoco 15MG Dose 37
Valtoco 20MG Dose 37
Valtoco 5MG Dose 37
Vancomycin HCl 33
Vanflyta 47
Vaqta 84
Varenicline Tartrate 32
Varivax 84
Vascepa 63
Velivet 78
Veltassa 70
Vemlidy 50
Venclexta 47

Venclexta Starting Pack 47
Venlafaxine Besylate ER 40
Venlafaxine HCl 40
Venlafaxine HCl ER 40
Ventolin HFA 89
Veozah 64
Verapamil HCl 60
Verapamil HCl ER 60
Verquvo 63
Versacloz 50
Verzenio 47
Vestura 78
Vienva 78
Vigabatrin 37
Vigadrone 37
Vigpoder 37
Vilazodone HCl 40
Viracept 53
Viread 52
Vitrakvi 47
Vivitrol 31
Vizimpro 47
Vonjo 44
Voriconazole 41
Vosevi 51
Vowst 71
Vraylar 50
Vumerity 65
VyLibra 78
Vyfemla 78
Vyndaqel 72
Vyzulta 88

W

Warfarin Sodium 57
Welireg 72
Wixela Inhub 90
Wymzya Fe 78

X

Xalkori 47
Xarelto 57
Xarelto Starter Pack 57
Xatmep 82
Xcopri 38
Xdemvy 86
Xeljanz 81
Xeljanz XR 81
Xermelo 71
Xgeva 85
Xifaxan 33
Xigduo XR 56
Xiidra 86
Xofluza 53
Xolair 81
Xospata 47
Xpovio 47
Xtampza ER 30
Xtandi 43
Xulane 78

Y

YF -VAX 84
Yargesa 72
Yuvafem 78

Z

Zafemy 78
Zafirlukast 88
Zaleplon 91
Zarxio 58
Zejula 47
Zelboraf 47
Zemaira 72
Zenatane 66
Zenpep 72
Zidovudine 52
Ziprasidone HCl 55
Ziprasidone Mesylate 55
Zirgan 53
Zokinvy 72
Zolinza 44
Zolpidem Tartrate 91
Zonisade 38
Zonisamide 38
Zovia 1/35 78
Ztalmy 37
Zurzuvae 39
Zydelig 47
Zykadia 47
Zyprexa Relprevv 55

Covered drugs by category

The list below has information about the drugs covered by this plan. If you have trouble finding your drug, turn to the "Covered drugs by name **(Drug index)"** on pages 11-28.

The first column lists the drug name, which may include the dosage form and strength. **Brand name (B)** drugs are listed in **bold** type (for example, **Humalog**) and generic (G) drugs are listed in plain type (for example, Simvastatin). The **(B)** or (G) identifier is listed in the "Brand or Generic" column. The information in the "Coverage rules or limits on use" column lists any special requirements for coverage of your drug. If quantity limits (QL) apply to a drug, the restriction amounts are shown in the chart on pages 92-124.

Drug name	Brand or Generic	Coverage rules or limits on use
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
Celecoxib (Oral Capsule)	G	QL
Diclofenac Epolamine (External Patch)	B	PA; QL
Diclofenac Potassium (50MG Oral Tablet)	G	
Diclofenac Sodium ER (Oral Tablet Extended Release 24 Hour)	G	
Diclofenac Sodium (Oral Tablet Delayed Release)	G	
Diflunisal (Oral Tablet)	G	
EC-Naproxen (500MG Oral Tablet Delayed Release)	G	
Etodolac ER (Oral Tablet Extended Release 24 Hour)	G	
Etodolac (Oral Capsule)	G	
Etodolac (Oral Tablet Immediate Release)	G	
Flurbiprofen (100MG Oral Tablet)	G	
Ibu (600MG Oral Tablet, 800MG Oral Tablet)	G	
Ibuprofen (Oral Suspension)	G	
Ibuprofen (400MG Oral Tablet, 600MG Oral Tablet, 800MG Oral Tablet)	G	
Indomethacin (Oral Capsule Immediate Release)	G	
Ketoprofen (50MG Oral Capsule Immediate Release)	G	
Meloxicam (Oral Tablet)	G	
Nabumetone (Oral Tablet)	G	
Naproxen (Oral Tablet Immediate Release)	G	
Naproxen (375MG Oral Tablet Delayed Release) (Generic EC-Naprosyn)	G	
Piroxicam (Oral Capsule)	G	
Sulindac (Oral Tablet)	G	
Opioid Analgesics, Long-acting		
Buprenorphine (Transdermal Patch Weekly)	G	7D; DL; QL

Drug name	Brand or Generic	Coverage rules or limits on use
Fentanyl (100MCG/HR Transdermal Patch 72 Hour, 12MCG/HR Transdermal Patch 72 Hour, 25MCG/HR Transdermal Patch 72 Hour, 50MCG/HR Transdermal Patch 72 Hour, 75MCG/HR Transdermal Patch 72 Hour)	G	7D; MME; DL; QL
Methadone HCl (Oral Solution)	G	7D; MME; DL; QL
Methadone HCl (Oral Tablet)	G	7D; MME; DL; QL
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release, 30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	G	7D; MME; DL; QL
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	G	7D; MME; DL; QL
Tramadol HCl (ER Biphasic) (Oral Tablet Extended Release 24 Hour)	G	7D; MME; DL; QL
Tramadol HCl ER (Oral Tablet Extended Release 24 Hour)	G	7D; MME; DL; QL
Xtampza ER (Oral Capsule ER 12 Hour Abuse-Deterrent)	B	7D; MME; DL; QL
Opioid Analgesics, Short-acting		
Acetaminophen-Caffeine-Dihydrocodeine (Oral Capsule)	G	7D; MME; DL; QL
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	7D; MME; DL; QL
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	7D; MME; DL; QL
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	G	QL
Butalbital-Aspirin-Caffeine (Oral Capsule)	G	QL
Butorphanol Tartrate (Nasal Solution)	G	7D; MME; DL; QL
Endocet (Oral Tablet)	G	7D; MME; DL; QL
Fentanyl Citrate (1200MCG Buccal Lozenge On A Handle, 1600MCG Buccal Lozenge On A Handle, 600MCG Buccal Lozenge On A Handle, 800MCG Buccal Lozenge On A Handle)	G	PA; DL; QL
Fentanyl Citrate (200MCG Buccal Lozenge On A Handle, 400MCG Buccal Lozenge On A Handle)	G	PA; DL; QL
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	G	7D; MME; DL; QL
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	7D; MME; DL; QL
Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	G	7D; MME; DL; QL
Hydromorphone HCl (1MG/ML Oral Liquid)	G	7D; MME; DL; QL
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release, 8MG Oral Tablet Immediate Release)	G	7D; MME; DL; QL
Hydromorphone HCl Preservative Free (10MG/ML Injection Solution, 50MG/5ML Injection Solution)	G	7D; DL
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)	G	7D; MME; DL; QL

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Coverage rules or limits on use
Morphine Sulfate (10MG/5ML Oral Solution, 20MG/5ML Oral Solution)	G	7D; MME; DL; QL
Morphine Sulfate (Oral Tablet Immediate Release)	G	7D; MME; DL; QL
Oxycodone HCl (Oral Concentrate)	G	7D; MME; DL; QL
Oxycodone HCl (Oral Solution)	G	7D; MME; DL; QL
Oxycodone HCl (Oral Tablet Immediate Release)	G	7D; MME; DL; QL
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	7D; MME; DL; QL
Tramadol HCl (50MG Oral Tablet Immediate Release)	G	7D; MME; DL; QL
Tramadol-Acetaminophen (Oral Tablet)	G	7D; MME; DL; QL
Anesthetics		
Local Anesthetics		
Lidocaine (5% External Ointment)	G	QL
Lidocaine (5% External Patch)	G	PA; QL
Lidocaine HCl (4% External Solution)	G	
Lidocaine Viscous (2% Mouth/Throat Solution)	G	
Lidocaine-Prilocaine (External Cream)	G	
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
Acamprosate Calcium (Oral Tablet Delayed Release)	G	
Disulfiram (Oral Tablet)	G	
Naltrexone HCl (Oral Tablet)	G	
Vivitrol (Intramuscular Suspension Reconstituted)	B	DL
Opioid Dependence		
Buprenorphine HCl (Tablet Sublingual)	G	QL
Buprenorphine HCl-Naloxone HCl (Sublingual Film)	G	QL
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	G	QL
Suboxone (Sublingual Film)	B	QL
Opioid Reversal Agents		
Kloxxado (Nasal Liquid)	B	
Naloxone HCl (0.4MG/ML Injection Solution)	G	
Naloxone HCl (Injection Solution Cartridge)	G	
Naloxone HCl (2MG/2ML Injection Solution Prefilled Syringe)	G	
Naloxone HCl (Nasal Liquid)	G	
Opvee (Nasal Solution)	B	
Smoking Cessation Agents		
Bupropion HCl SR (150MG Oral Tablet Extended Release 12 Hour Smoking-Deterrent)	G	
Nicotrol (Inhalation Inhaler)	B	

Drug name	Brand or Generic	Coverage rules or limits on use
Nicotrol NS (Nasal Solution)	B	
Varenicline Tartrate (Starter) (Oral Tablet Therapy Pack)	G	
Varenicline Tartrate (Oral Tablet)	G	
Antibacterials		
Aminoglycosides		
Amikacin Sulfate (500MG/2ML Injection Solution)	G	
Arikayce (Inhalation Suspension)	B	PA; DL
Gentamicin Sulfate-0.9% Sodium Chloride (Intravenous Solution)	G	
Gentamicin Sulfate (40MG/ML Injection Solution)	G	
Neomycin Sulfate (Oral Tablet)	G	
Streptomycin Sulfate (Intramuscular Solution Reconstituted)	G	DL
Tobramycin Sulfate (10MG/ML Injection Solution, 80MG/2ML Injection Solution)	G	
Antibacterials, Other		
Aztreonam (Injection Solution Reconstituted)	G	
Clindamycin HCl (Oral Capsule)	G	
Clindamycin Palmitate HCl (Oral Solution Reconstituted)	G	
Clindamycin Phosphate in D5W (Intravenous Solution)	G	
Clindamycin Phosphate (900MG/6ML Injection Solution)	G	
Clindamycin Phosphate (Vaginal Cream)	G	
Colistimethate Sodium (CBA) (Injection Solution Reconstituted)	G	DL
Daptomycin (Intravenous Solution Reconstituted)	G	DL
Linezolid (Intravenous Solution)	G	
Linezolid (Oral Suspension Reconstituted)	G	DL; QL
Linezolid (Oral Tablet)	G	QL
Methenamine Hippurate (Oral Tablet)	G	
Metronidazole (0.75% External Cream)	G	
Metronidazole (0.75% External Gel)	G	
Metronidazole (1% External Gel)	G	
Metronidazole (0.75% External Lotion)	G	
Metronidazole (500MG/100ML Intravenous Solution)	G	
Metronidazole (250MG Oral Tablet, 500MG Oral Tablet)	G	
Metronidazole (0.75% Vaginal Gel)	G	
Nitrofurantoin Macrocrystal (100MG Oral Capsule, 50MG Oral Capsule) (Generic Macrodantin)	G	
Nitrofurantoin Monohydrate (Generic Macrobid)	G	
Polymyxin B Sulfate (Injection Solution Reconstituted)	G	
Tigecycline (Intravenous Solution Reconstituted)	G	DL

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Coverage rules or limits on use
Tinidazole (Oral Tablet)	G	
Trimethoprim (Oral Tablet)	G	
Vancomycin HCl (10GM Intravenous Solution Reconstituted, 1GM Intravenous Solution Reconstituted, 500MG Intravenous Solution Reconstituted, 750MG Intravenous Solution Reconstituted)	G	
Vancomycin HCl (Oral Capsule)	G	QL
Xifaxan (200MG Oral Tablet)	B	PA
Xifaxan (550MG Oral Tablet)	B	PA; DL
Beta-lactam, Cephalosporins		
Cefaclor (Oral Capsule)	G	
Cefadroxil (Oral Capsule)	G	
Cefadroxil (Oral Suspension Reconstituted)	G	
Cefazolin Sodium (10GM Injection Solution Reconstituted, 1GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	
Cefdinir (Oral Capsule)	G	
Cefdinir (Oral Suspension Reconstituted)	G	
Cefepime HCl (Injection Solution Reconstituted)	G	
Cefepime HCl (2GM Intravenous Solution Reconstituted)	G	
Cefixime (Oral Capsule)	G	
Cefixime (Oral Suspension Reconstituted)	G	
Cefotetan Disodium (Injection Solution Reconstituted)	G	
Cefoxitin Sodium (Intravenous Solution Reconstituted)	G	
Cefpodoxime Proxetil (Oral Suspension Reconstituted)	G	
Cefpodoxime Proxetil (Oral Tablet)	G	
Cefprozil (Oral Suspension Reconstituted)	G	
Cefprozil (Oral Tablet)	G	
Ceftazidime (Injection Solution Reconstituted)	G	
Ceftazidime (Intravenous Solution Reconstituted)	G	
Ceftriaxone Sodium (1GM Injection Solution Reconstituted, 250MG Injection Solution Reconstituted, 2GM Injection Solution Reconstituted, 500MG Injection Solution Reconstituted)	G	
Ceftriaxone Sodium (10GM Intravenous Solution Reconstituted)	G	
Cefuroxime Axetil (Oral Tablet)	G	
Cefuroxime Sodium (Injection Solution Reconstituted)	G	
Cefuroxime Sodium (Intravenous Solution Reconstituted)	G	
Cephalexin (250MG Oral Capsule, 500MG Oral Capsule)	G	
Cephalexin (750MG Oral Capsule)	G	
Cephalexin (Oral Suspension Reconstituted)	G	
Tazicef (Injection Solution Reconstituted)	G	

Drug name	Brand or Generic	Coverage rules or limits on use
Tazicef (2GM Intravenous Solution Reconstituted, 6GM Intravenous Solution Reconstituted)	G	
Teflaro (Intravenous Solution Reconstituted)	B	DL
Beta-lactam, Penicillins		
Amoxicillin (Oral Capsule)	G	
Amoxicillin (Oral Suspension Reconstituted)	G	
Amoxicillin (Oral Tablet Immediate Release)	G	
Amoxicillin (Oral Tablet Chewable)	G	
Amoxicillin-Potassium Clavulanate ER (Oral Tablet Extended Release 12 Hour)	G	
Amoxicillin-Potassium Clavulanate (Oral Suspension Reconstituted)	G	
Amoxicillin-Potassium Clavulanate (Oral Tablet Immediate Release)	G	
Amoxicillin-Potassium Clavulanate (Oral Tablet Chewable)	G	
Ampicillin (Oral Capsule)	G	
Ampicillin Sodium (125MG Injection Solution Reconstituted, 1GM Injection Solution Reconstituted)	G	
Ampicillin Sodium (10GM Intravenous Solution Reconstituted)	G	
Ampicillin-Sulbactam Sodium (Injection Solution Reconstituted)	G	
Ampicillin-Sulbactam Sodium (15 (10-5)GM Intravenous Solution Reconstituted)	G	
Bicillin C-R 900/300 (Intramuscular Suspension)	B	
Bicillin C-R (Intramuscular Suspension)	B	
Bicillin L-A (Intramuscular Suspension Prefilled Syringe)	B	
Dicloxacillin Sodium (Oral Capsule)	G	
Nafcillin Sodium (Injection Solution Reconstituted)	G	
Nafcillin Sodium (10GM Intravenous Solution Reconstituted)	G	
Oxacillin Sodium in Dextrose (Intravenous Solution)	B	
Oxacillin Sodium (Injection Solution Reconstituted)	G	
Oxacillin Sodium (Intravenous Solution Reconstituted)	G	
Penicillin G Potassium (20000000UNIT Injection Solution Reconstituted)	G	
Penicillin G Sodium (Injection Solution Reconstituted)	G	
Penicillin V Potassium (Oral Solution Reconstituted)	G	
Penicillin V Potassium (Oral Tablet)	G	
Piperacillin-Tazobactam (2.25 (2-0.25)GM Intravenous Solution Reconstituted, 3.375 (3-0.375)GM Intravenous Solution Reconstituted, 4.5 (4-0.5)GM Intravenous Solution Reconstituted, 40.5 (36-4.5)GM Intravenous Solution Reconstituted)	G	

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Coverage rules or limits on use
Carbapenems		
Ertapenem Sodium (Injection Solution Reconstituted)	G	
Imipenem-Cilastatin (Intravenous Solution Reconstituted)	G	
Meropenem (1GM Intravenous Solution Reconstituted)	G	
Meropenem (500MG Intravenous Solution Reconstituted)	G	
Macrolides		
Azithromycin (Intravenous Solution Reconstituted)	G	
Azithromycin (Oral Suspension Reconstituted)	G	
Azithromycin (Oral Tablet)	G	
Clarithromycin ER (Oral Tablet Extended Release 24 Hour)	G	
Clarithromycin (Oral Suspension Reconstituted)	G	
Clarithromycin (Oral Tablet Immediate Release)	G	
Dificid (Oral Suspension Reconstituted)	B	DL
Dificid (Oral Tablet)	B	DL
Erythromycin Base (Oral Capsule Delayed Release Particles)	G	
Erythromycin Base (Oral Tablet Immediate Release)	G	
Erythromycin Ethylsuccinate (200MG/5ML Oral Suspension Reconstituted)	G	
Erythromycin Ethylsuccinate (Oral Tablet)	G	
Erythromycin (Oral Tablet Delayed Release)	G	
Quinolones		
Ciprofloxacin HCl (250MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 750MG Oral Tablet Immediate Release)	G	
Ciprofloxacin in D5W (200MG/100ML Intravenous Solution)	G	
Levofloxacin in D5W (500MG/100ML Intravenous Solution, 750MG/150ML Intravenous Solution)	G	
Levofloxacin (Oral Solution)	G	
Levofloxacin (Oral Tablet)	G	
Moxifloxacin HCl in NaCl (Intravenous Solution)	G	
Moxifloxacin HCl (Oral Tablet)	G	
Ofloxacin (Oral Tablet)	G	
Sulfonamides		
Sulfadiazine (Oral Tablet)	G	
Sulfamethoxazole-Trimethoprim (Oral Suspension)	G	
Sulfamethoxazole-Trimethoprim (Oral Tablet)	G	
Tetracyclines		
Demeclocycline HCl (Oral Tablet)	G	
Doxy 100 (Intravenous Solution Reconstituted)	G	
Doxycycline Hyclate (Oral Capsule)	G	

Drug name	Brand or Generic	Coverage rules or limits on use
Doxycycline Hyclate (100MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release)	G	
Doxycycline Monohydrate (100MG Oral Capsule, 50MG Oral Capsule)	G	
Doxycycline Monohydrate (Oral Suspension Reconstituted)	G	
Doxycycline Monohydrate (100MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	G	
Minocycline HCl (Oral Capsule)	G	
Minocycline HCl (Oral Tablet Immediate Release)	G	
Tetracycline HCl (Oral Capsule)	G	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT (Oral Solution)	B	PA; DL; QL
BRIVIACT (Oral Tablet)	B	PA; DL; QL
Epidiolex (Oral Solution)	B	PA; DL
Eprontia (Oral Solution)	B	
Felbamate (Oral Suspension)	G	
Felbamate (Oral Tablet)	G	
Fintepla (Oral Solution)	B	PA; DL; QL
Fycompa (Oral Suspension)	B	DL; QL
Fycompa (10MG Oral Tablet, 12MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	DL; QL
Fycompa (2MG Oral Tablet)	B	QL
Lamotrigine (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 25MG Oral Tablet Immediate Release)	G	
Lamotrigine (25MG Oral Tablet Chewable, 5MG Oral Tablet Chewable)	G	
Levetiracetam ER (Oral Tablet Extended Release 24 Hour)	G	
Levetiracetam (100MG/ML Oral Solution)	G	
Levetiracetam (Oral Tablet Immediate Release)	G	
Roweepra (Oral Tablet Immediate Release)	G	
Spritam ODT (Oral Tablet Disintegrating Soluble)	B	QL
Subvenite (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet)	G	
Topiramate (Oral Capsule Sprinkle Immediate Release)	G	
Topiramate (Oral Tablet)	G	
Valproic Acid (Oral Capsule)	G	
Valproic Acid (Oral Solution)	G	
Xcopri (25MG Oral Tablet)	B	PA; DL; QL

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Coverage rules or limits on use
Calcium Channel Modifying Agents		
Ethosuximide (Oral Capsule)	G	
Ethosuximide (Oral Solution)	G	
Methsuximide (Oral Capsule)	G	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
Libervant (Buccal Film)	B	PA; DL; QL
Gamma-aminobutyric Acid (GABA) Modulating Agents		
Clobazam (Oral Suspension)	G	PA; QL
Clobazam (Oral Tablet)	G	PA; QL
Diacomit (Oral Capsule)	B	DL; QL
Diacomit (Oral Packet)	B	DL; QL
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	G	QL
Gabapentin (Oral Capsule)	G	
Gabapentin (250MG/5ML Oral Solution)	G	
Gabapentin (600MG Oral Tablet, 800MG Oral Tablet)	G	
Nayzilam (Nasal Solution)	B	PA; QL
Phenobarbital (Oral Elixir)	G	
Phenobarbital (Oral Tablet)	G	
Primidone (Oral Tablet)	G	
Sympazan (10MG Oral Film, 20MG Oral Film)	B	PA; DL; QL
Sympazan (5MG Oral Film)	B	PA; QL
Tiagabine HCl (Oral Tablet)	G	
Valtoco 10MG Dose (Nasal Liquid)	B	PA; DL; QL
Valtoco 15MG Dose (Nasal Liquid Therapy Pack)	B	PA; DL; QL
Valtoco 20MG Dose (Nasal Liquid Therapy Pack)	B	PA; DL; QL
Valtoco 5MG Dose (Nasal Liquid)	B	PA; DL; QL
Vigabatrin (Oral Packet)	G	PA; DL; QL
Vigabatrin (Oral Tablet)	G	PA; DL; QL
Vigadrone (Oral Packet)	G	PA; DL; QL
Vigadrone (Oral Tablet)	G	PA; DL; QL
Vigpoder (Oral Packet)	G	PA; DL; QL
Ztalmy (Oral Suspension)	B	PA; DL
Sodium Channel Agents		
Aptiom (Oral Tablet)	B	DL; QL
Carbamazepine ER (Oral Capsule Extended Release 12 Hour)	G	
Carbamazepine ER (Oral Tablet Extended Release 12 Hour)	G	
Carbamazepine (Oral Suspension)	G	
Carbamazepine (Oral Tablet Immediate Release)	G	
Carbamazepine (Oral Tablet Chewable)	G	

Drug name	Brand or Generic	Coverage rules or limits on use
Dilantin INFATABS (Oral Tablet Chewable)	B	
Dilantin (Oral Capsule)	B	
Epitol (Oral Tablet)	G	
Lacosamide (10MG/ML Oral Solution)	G	QL
Lacosamide (Oral Tablet)	G	QL
Oxcarbazepine (Oral Suspension)	G	
Oxcarbazepine (Oral Tablet)	G	
Phenytek (Oral Capsule)	G	
Phenytoin (Oral Suspension)	G	
Phenytoin (Oral Tablet Chewable)	G	
Phenytoin Sodium Extended (Oral Capsule)	G	
Rufinamide (Oral Suspension)	G	DL
Rufinamide (200MG Oral Tablet)	G	
Rufinamide (400MG Oral Tablet)	G	DL
Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	PA; DL; QL
Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack)	B	PA; DL; QL
Xcopri (100MG Oral Tablet, 150MG Oral Tablet, 200MG Oral Tablet, 50MG Oral Tablet)	B	PA; DL; QL
Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack)	B	PA; QL
Xcopri (14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack)	B	PA; DL; QL
Zonisade (Oral Suspension)	B	ST
Zonisamide (Oral Capsule)	G	
Antidementia Agents		
Antidementia Agents, Other		
Ergoloid Mesylates (Oral Tablet)	G	PA
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	B	PA; QL
Namzaric (Oral Capsule Extended Release 24 Hour)	B	PA; QL
Cholinesterase Inhibitors		
Donepezil HCl (Oral Tablet)	G	QL
Donepezil HCl ODT (Oral Tablet Dispersible)	G	QL
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	G	QL
Galantamine Hydrobromide (Oral Solution)	G	QL
Galantamine Hydrobromide (Oral Tablet)	G	QL
Rivastigmine Tartrate (Oral Capsule)	G	QL
Rivastigmine (Transdermal Patch 24 Hour)	G	ST; QL
N-methyl-D-aspartate (NMDA) Receptor Antagonist		

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Coverage rules or limits on use
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	PA; QL
Memantine HCl (Oral Solution)	G	PA; QL
Memantine HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	PA; QL
Memantine HCl Titration Pak (Oral Tablet)	G	PA; QL
Antidepressants		
Antidepressants, Other		
Auvelity (Oral Tablet Extended Release)	B	DL
Bupropion HCl SR (Oral Tablet Extended Release 12 Hour)	G	
Bupropion HCl XL (150MG Oral Tablet Extended Release 24 Hour, 300MG Oral Tablet Extended Release 24 Hour)	G	
Bupropion HCl (Oral Tablet Immediate Release)	G	
Mirtazapine (Oral Tablet)	G	
Mirtazapine ODT (Oral Tablet Dispersible)	G	
Zurzuvae (Oral Capsule)	B	PA; DL; QL
Monoamine Oxidase Inhibitors		
Emsam (Transdermal Patch 24 Hour)	B	DL; QL
Marplan (Oral Tablet)	B	
Phenelzine Sulfate (Oral Tablet)	G	
Tranylcypromine Sulfate (Oral Tablet)	G	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
Citalopram Hydrobromide (Oral Capsule)	B	
Citalopram Hydrobromide (Oral Solution)	G	
Citalopram Hydrobromide (Oral Tablet)	G	
Desvenlafaxine Succinate ER (Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	QL
Escitalopram Oxalate (Oral Solution)	G	
Escitalopram Oxalate (Oral Tablet)	G	
Fetzima (Oral Capsule Extended Release 24 Hour)	B	ST; QL
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	B	ST; QL
Fluoxetine HCl (10MG Oral Capsule Immediate Release, 20MG Oral Capsule Immediate Release, 40MG Oral Capsule Immediate Release)	G	
Fluoxetine HCl (90MG Oral Capsule Delayed Release)	G	
Fluoxetine HCl (20MG/5ML Oral Solution)	G	
Fluoxetine HCl (10MG Oral Tablet, 20MG Oral Tablet, 60MG Oral Tablet)	G	
Fluvoxamine Maleate (Oral Tablet)	G	
Nefazodone HCl (Oral Tablet)	G	
Paroxetine HCl (Oral Suspension)	G	

Drug name	Brand or Generic	Coverage rules or limits on use
Paroxetine HCl (Oral Tablet Immediate Release)	G	
Sertraline HCl (Oral Concentrate)	G	
Sertraline HCl (Oral Tablet)	G	
Trazodone HCl (100MG Oral Tablet, 150MG Oral Tablet, 50MG Oral Tablet)	G	
Trazodone HCl (300MG Oral Tablet)	G	
Trintellix (Oral Tablet)	B	QL
Venlafaxine Besylate ER (Oral Tablet Extended Release 24 Hour)	B	
Venlafaxine HCl ER (Oral Capsule Extended Release 24 Hour)	G	
Venlafaxine HCl (Oral Tablet Immediate Release)	G	
Vilazodone HCl (Oral Tablet)	G	QL
Tricyclics		
Amitriptyline HCl (Oral Tablet)	G	
Amoxapine (Oral Tablet)	G	
Clomipramine HCl (Oral Capsule)	G	
Desipramine HCl (Oral Tablet)	G	
Doxepin HCl (Oral Capsule)	G	
Doxepin HCl (Oral Concentrate)	G	
Imipramine HCl (Oral Tablet)	G	
Imipramine Pamoate (Oral Capsule)	G	
Nortriptyline HCl (Oral Capsule)	G	
Nortriptyline HCl (Oral Solution)	G	
Protriptyline HCl (Oral Tablet)	G	
Trimipramine Maleate (Oral Capsule)	G	
Antiemetics		
Antiemetics, Other		
Compro (Rectal Suppository)	G	
Meclizine HCl (12.5MG Oral Tablet, 25MG Oral Tablet)	G	
Metoclopramide HCl (5MG/5ML Oral Solution)	G	
Metoclopramide HCl (Oral Tablet)	G	
Perphenazine (Oral Tablet)	G	
Prochlorperazine Maleate (Oral Tablet)	G	
Prochlorperazine (Rectal Suppository)	G	
Promethazine HCl (Oral Solution)	G	
Promethazine HCl (Oral Tablet)	G	
Promethazine HCl (Rectal Suppository)	G	QL
Promethegan (25MG Rectal Suppository)	G	QL

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Coverage rules or limits on use
Scopolamine (Transdermal Patch 72 Hour)	G	
Emetogenic Therapy Adjuncts		
Anzemet (Oral Tablet)	B	B/D,PA; QL
Aprepitant (Oral Therapy Pack, Oral Capsule)	G	PA; QL
Dronabinol (Oral Capsule)	G	PA
Granisetron HCl (Oral Tablet)	G	B/D,PA; QL
Ondansetron HCl (Oral Solution)	G	B/D,PA; QL
Ondansetron HCl (4MG Oral Tablet, 8MG Oral Tablet)	G	B/D,PA; QL
Ondansetron ODT (4MG Oral Tablet Dispersible, 8MG Oral Tablet Dispersible)	G	B/D,PA; QL
Antifungals		
Antifungals		
Abelcet (Intravenous Suspension)	B	B/D,PA
Amphotericin B (Intravenous Solution Reconstituted)	G	B/D,PA
Amphotericin B Liposome (Intravenous Suspension Reconstituted)	G	B/D,PA; DL
Clotrimazole (Mouth/Throat Troche)	G	
Fluconazole in Sodium Chloride (200-0.9MG/100ML-% Intravenous Solution, 400-0.9MG/200ML-% Intravenous Solution)	G	
Fluconazole (Oral Suspension Reconstituted)	G	
Fluconazole (Oral Tablet)	G	
Flucytosine (Oral Capsule)	G	PA; DL
Griseofulvin Microsize (Oral Suspension)	G	
Griseofulvin Microsize (Oral Tablet)	G	
Griseofulvin Ultramicrosize (Oral Tablet)	G	
Itraconazole (Oral Capsule)	G	PA; QL
Ketoconazole (Oral Tablet)	G	
Micafungin Sodium (Intravenous Solution Reconstituted)	G	
Miconazole 3 (Vaginal Suppository)	G	
Nystatin (Mouth/Throat Suspension)	G	
Nystatin (Oral Tablet)	G	
Posaconazole (Oral Suspension)	G	DL; QL
Posaconazole (Oral Tablet Delayed Release)	G	PA; DL; QL
Terbinafine HCl (Oral Tablet)	G	QL
Terconazole (Vaginal Cream)	G	
Terconazole (Vaginal Suppository)	G	
Voriconazole (Intravenous Solution Reconstituted)	G	PA; DL
Voriconazole (Oral Suspension Reconstituted)	G	DL; QL
Voriconazole (Oral Tablet)	G	QL

Drug name	Brand or Generic	Coverage rules or limits on use
Antigout Agents		
Antigout Agents		
Allopurinol (100MG Oral Tablet, 300MG Oral Tablet)	G	
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	G	QL
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	G	QL
Colchicine-Probenecid (Oral Tablet)	G	
Febuxostat (Oral Tablet)	G	ST
Probenecid (Oral Tablet)	G	
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
Aimovig (Subcutaneous Solution Auto-Injector)	B	PA; QL
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	B	PA; QL
Emgality (Subcutaneous Solution Auto-Injector)	B	PA; QL
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	B	PA; QL
Nurtec ODT (Oral Tablet Dispersible)	B	PA; DL; QL
Qulipta (Oral Tablet)	B	PA; DL; QL
Ubrelvy (Oral Tablet)	B	PA; DL; QL
Ergot Alkaloids		
Dihydroergotamine Mesylate (Nasal Solution)	G	PA; DL; QL
Ergotamine-Caffeine (Oral Tablet)	G	
Prophylactic		
Timolol Maleate (Oral Tablet)	G	
Serotonin (5-HT) Receptor Agonist		
Naratriptan HCl (Oral Tablet)	G	QL
Rizatriptan Benzoate (Oral Tablet)	G	QL
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	QL
Sumatriptan (Nasal Solution)	G	QL
Sumatriptan Succinate (Oral Tablet)	G	QL
Sumatriptan Succinate (Subcutaneous Solution Auto-Injector)	G	QL
Sumatriptan Succinate (Subcutaneous Solution)	G	QL
Antimyasthenic Agents		
Parasympathomimetics		
Pyridostigmine Bromide ER (Oral Tablet Extended Release)	G	
Pyridostigmine Bromide (60MG Oral Tablet Immediate Release)	G	
Antimycobacterials		
Antimycobacterials, Other		
Dapsone (Oral Tablet)	G	

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Coverage rules or limits on use
Rifabutin (Oral Capsule)	G	
Antituberculars		
Cycloserine (Oral Capsule)	G	
Ethambutol HCl (Oral Tablet)	G	
Isoniazid (Oral Syrup)	G	
Isoniazid (Oral Tablet)	G	
Priftin (Oral Tablet)	B	
Pyrazinamide (Oral Tablet)	G	
Rifampin (Intravenous Solution Reconstituted)	G	
Rifampin (Oral Capsule)	G	
Sirturo (Oral Tablet)	B	PA; DL
Trecator (Oral Tablet)	B	
Antineoplastics		
Alkylating Agents		
Cyclophosphamide (Oral Capsule)	G	B/D,PA
Cyclophosphamide (Oral Tablet)	B	B/D,PA
Gleostine (100MG Oral Capsule)	B	DL
Gleostine (10MG Oral Capsule, 40MG Oral Capsule)	B	
Leukeran (Oral Tablet)	B	DL
Matulane (Oral Capsule)	B	DL
Valchlor (External Gel)	B	PA; DL; QL
Antiandrogens		
Abiraterone Acetate (250MG Oral Tablet)	G	PA; QL
Abiraterone Acetate (500MG Oral Tablet)	G	PA; DL; QL
Bicalutamide (Oral Tablet)	G	
Erleada (Oral Tablet)	B	PA; DL; QL
Nilutamide (Oral Tablet)	G	DL
Nubeqa (Oral Tablet)	B	PA; DL; QL
Xtandi (Oral Capsule)	B	PA; DL; QL
Xtandi (Oral Tablet)	B	PA; DL; QL
Antiangiogenic Agents		
Lenalidomide (Oral Capsule)	G	PA; DL; QL
Pomalyst (Oral Capsule)	B	PA; DL; QL
Thalomid (Oral Capsule)	B	PA; DL; QL
Antiestrogens/Modifiers		
Orserdu (Oral Tablet)	B	PA; DL; QL
Soltamox (Oral Solution)	B	DL
Tamoxifen Citrate (Oral Tablet)	G	
Toremifene Citrate (Oral Tablet)	G	

Drug name	Brand or Generic	Coverage rules or limits on use
Antimetabolites		
Hydroxyurea (Oral Capsule)	G	
Mercaptopurine (Oral Tablet)	G	
Onureg (Oral Tablet)	B	PA; DL; QL
Purixan (Oral Suspension)	B	PA; DL
Tabloid (Oral Tablet)	B	PA; DL
Antineoplastics, Other		
Akeega (Oral Tablet)	B	PA; DL; QL
Droxia (Oral Capsule)	B	
Inqovi (Oral Tablet)	B	PA; DL; QL
Iwilfin (Oral Tablet)	B	PA; DL; QL
Lonsurf (Oral Tablet)	B	PA; DL; QL
Lysodren (Oral Tablet)	B	DL
Ogsiveo (Oral Tablet)	B	PA; DL; QL
Orgovyx (Oral Tablet)	B	PA; DL; QL
Vonjo (Oral Capsule)	B	PA; DL; QL
Zolinza (Oral Capsule)	B	PA; DL
Aromatase Inhibitors, 3rd Generation		
Anastrozole (Oral Tablet)	G	
Exemestane (Oral Tablet)	G	
Letrozole (Oral Tablet)	G	
Molecular Target Inhibitors		
Alecensa (Oral Capsule)	B	PA; DL; QL
Alunbrig (Oral Tablet)	B	PA; DL; QL
Alunbrig (Oral Tablet Therapy Pack)	B	PA; DL; QL
Augtyro (Oral Capsule)	B	PA; DL; QL
Ayvakit (Oral Tablet)	B	PA; DL; QL
Balversa (Oral Tablet)	B	PA; DL; QL
Bosulif (Oral Capsule)	B	PA; DL; QL
Bosulif (Oral Tablet)	B	PA; DL; QL
Braftovi (Oral Capsule)	B	PA; DL
Brukinsa (Oral Capsule)	B	PA; DL; QL
Cabometyx (Oral Tablet)	B	PA; DL; QL
Calquence (100MG Oral Capsule)	B	PA; DL; QL
Calquence (Oral Tablet)	B	PA; DL; QL
Caprelsa (Oral Tablet)	B	PA; DL
Cometriq (100MG Daily Dose) (Oral Kit)	B	PA; DL; QL

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Coverage rules or limits on use
Cometriq (140MG Daily Dose) (Oral Kit)	B	PA; DL; QL
Cometriq (60MG Daily Dose) (Oral Kit)	B	PA; DL; QL
Copiktra (Oral Capsule)	B	PA; DL; QL
Cotellic (Oral Tablet)	B	PA; DL; QL
Daurismo (Oral Tablet)	B	PA; DL; QL
Erivedge (Oral Capsule)	B	PA; DL
Erlotinib HCl (Oral Tablet)	G	PA; QL
Everolimus (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	PA; DL
Everolimus (Oral Tablet Soluble)	G	PA; DL
Fotivda (Oral Capsule)	B	PA; DL; QL
Fruzaqla (Oral Capsule)	B	PA; DL; QL
Gavreto (Oral Capsule)	B	PA; DL; QL
Gefitinib (Oral Tablet)	G	PA; DL; QL
Gilotrif (Oral Tablet)	B	PA; DL
Ibrance (Oral Capsule)	B	PA; DL; QL
Ibrance (Oral Tablet)	B	PA; DL; QL
Iclusig (Oral Tablet)	B	PA; DL; QL
IDHIFA (Oral Tablet)	B	PA; DL; QL
Imatinib Mesylate (Oral Tablet)	G	PA; QL
Imbruvica (Oral Capsule)	B	PA; DL; QL
Imbruvica (Oral Suspension)	B	PA; DL; QL
Imbruvica (140MG Oral Tablet, 280MG Oral Tablet, 420MG Oral Tablet)	B	PA; DL; QL
Inlyta (Oral Tablet)	B	PA; DL; QL
Inrebic (Oral Capsule)	B	PA; DL; QL
Jakafi (Oral Tablet)	B	PA; DL; QL
Jaypirca (Oral Tablet)	B	PA; DL; QL
Kisqali (200MG Dose) (Oral Tablet)	B	PA; DL; QL
Kisqali (400MG Dose) (Oral Tablet)	B	PA; DL; QL
Kisqali (600MG Dose) (Oral Tablet)	B	PA; DL; QL
Kisqali Femara (200MG Dose) (200 & 2.5MG Oral Tablet Therapy Pack)	B	PA; DL; QL
Kisqali Femara (400MG Dose) (200 & 2.5MG Oral Tablet Therapy Pack)	B	PA; DL; QL
Kisqali Femara (600MG Dose) (200 & 2.5MG Oral Tablet Therapy Pack)	B	PA; DL; QL
Koselugo (Oral Capsule)	B	PA; DL; QL
Krazati (Oral Tablet)	B	PA; DL; QL
Lapatinib Ditosylate (Oral Tablet)	G	PA; DL

Drug name	Brand or Generic	Coverage rules or limits on use
Lenvima 10MG Daily Dose (Oral Capsule Therapy Pack)	B	PA; DL
Lenvima 12MG Daily Dose (Oral Capsule Therapy Pack)	B	PA; DL
Lenvima 14MG Daily Dose (Oral Capsule Therapy Pack)	B	PA; DL
Lenvima 18MG Daily Dose (Oral Capsule Therapy Pack)	B	PA; DL
Lenvima 20MG Daily Dose (Oral Capsule Therapy Pack)	B	PA; DL
Lenvima 24MG Daily Dose (Oral Capsule Therapy Pack)	B	PA; DL
Lenvima 4MG Daily Dose (Oral Capsule Therapy Pack)	B	PA; DL
Lenvima 8MG Daily Dose (Oral Capsule Therapy Pack)	B	PA; DL
Lorbrena (Oral Tablet)	B	PA; DL; QL
Lumakras (Oral Tablet)	B	PA; DL; QL
Lynparza (Oral Tablet)	B	PA; DL; QL
Lytgobi (12MG Daily Dose) (Oral Tablet Therapy Pack)	B	PA; DL; QL
Lytgobi (16MG Daily Dose) (Oral Tablet Therapy Pack)	B	PA; DL; QL
Lytgobi (20MG Daily Dose) (Oral Tablet Therapy Pack)	B	PA; DL; QL
Mekinist (Oral Solution Reconstituted)	B	PA; DL
Mekinist (Oral Tablet)	B	PA; DL
Mektovi (Oral Tablet)	B	PA; DL
Nerlynx (Oral Tablet)	B	PA; DL; QL
Ninlaro (Oral Capsule)	B	PA; DL; QL
Odomzo (Oral Capsule)	B	PA; DL
Ojemda (Oral Suspension Reconstituted)	B	PA; DL; QL
Ojemda (Oral Tablet)	B	PA; DL; QL
Ojjaara (Oral Tablet)	B	PA; DL; QL
Pazopanib HCl (Oral Tablet)	G	PA; DL; QL
Pemazyre (Oral Tablet)	B	PA; DL; QL
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	B	PA; DL; QL
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	B	PA; DL; QL
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	B	PA; DL; QL
Qinlock (Oral Tablet)	B	PA; DL; QL
Retevmo (Oral Capsule)	B	PA; DL; QL
Rezlidhia (Oral Capsule)	B	PA; DL; QL
Rozlytrek (Oral Capsule)	B	PA; DL; QL
Rozlytrek (Oral Packet)	B	PA; DL; QL
Rubraca (Oral Tablet)	B	PA; DL; QL
Rydapt (Oral Capsule)	B	PA; DL; QL
Scemblix (Oral Tablet)	B	PA; DL; QL
Sorafenib Tosylate (Oral Tablet)	G	PA; DL

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Coverage rules or limits on use
Sprycel (Oral Tablet)	B	PA; DL; QL
Stivarga (Oral Tablet)	B	PA; DL; QL
Sunitinib Malate (Oral Capsule)	G	PA; DL; QL
Tabrecta (Oral Tablet)	B	PA; DL; QL
Tafinlar (Oral Capsule)	B	PA; DL
Tafinlar (Oral Tablet Soluble)	B	PA; DL
Tagrisso (Oral Tablet)	B	PA; DL; QL
Talzenna (Oral Capsule)	B	PA; DL; QL
Tasigna (Oral Capsule)	B	PA; DL; QL
Tazverik (Oral Tablet)	B	PA; DL; QL
Tepmetko (Oral Tablet)	B	PA; DL; QL
Tibsovo (Oral Tablet)	B	PA; DL; QL
Truqap (Oral Tablet)	B	PA; DL; QL
Tukysa (Oral Tablet)	B	PA; DL; QL
Turalio (125MG Oral Capsule)	B	PA; DL; QL
Vanflyta (Oral Tablet)	B	PA; DL; QL
Venclexta (100MG Oral Tablet, 50MG Oral Tablet)	B	PA; DL; QL
Venclexta (10MG Oral Tablet)	B	PA; QL
Venclexta Starting Pack (Oral Tablet Therapy Pack)	B	PA; DL; QL
Verzenio (Oral Tablet)	B	PA; DL; QL
Vitrakvi (Oral Capsule)	B	PA; DL; QL
Vitrakvi (Oral Solution)	B	PA; DL; QL
Vizimpro (Oral Tablet)	B	PA; DL; QL
Xalkori (Oral Capsule)	B	PA; DL
Xalkori (Oral Capsule Sprinkle)	B	PA; DL
Xospata (Oral Tablet)	B	PA; DL; QL
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	B	PA; DL; QL
Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack)	B	PA; DL; QL
Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)	B	PA; DL; QL
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	B	PA; DL; QL
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)	B	PA; DL; QL
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	B	PA; DL; QL
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	B	PA; DL; QL
Zejula (Oral Tablet)	B	PA; DL; QL
Zelboraf (Oral Tablet)	B	PA; DL
Zydelig (Oral Tablet)	B	PA; DL; QL
Zykadia (Oral Tablet)	B	PA; DL; QL
Retinoids		
Bexarotene (External Gel)	G	PA; DL; QL

Drug name	Brand or Generic	Coverage rules or limits on use
Bexarotene (Oral Capsule)	G	PA; DL
Panretin (External Gel)	B	PA; DL
Tretinoin (Oral Capsule)	G	DL
Treatment Adjuncts		
Leucovorin Calcium (10MG Oral Tablet, 15MG Oral Tablet, 5MG Oral Tablet)	G	
Leucovorin Calcium (25MG Oral Tablet)	G	
Mesnex (Oral Tablet)	B	DL
Antiparasitics		
Anthelmintics		
Albendazole (Oral Tablet)	G	QL
Ivermectin (Oral Tablet)	G	PA
Praziquantel (Oral Tablet)	G	
Antiprotozoals		
Atovaquone (Oral Suspension)	G	QL
Atovaquone-Proguanil HCl (Oral Tablet)	G	
Benznidazole (Oral Tablet)	B	
Chloroquine Phosphate (Oral Tablet)	G	QL
Coartem (Oral Tablet)	B	
Hydroxychloroquine Sulfate (200MG Oral Tablet)	G	QL
Impavido (Oral Capsule)	B	DL
Mefloquine HCl (Oral Tablet)	G	
Nitazoxanide (Oral Tablet)	G	DL; QL
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	B/D,PA; QL
Pentamidine Isethionate (Injection Solution Reconstituted)	G	
Primaquine Phosphate (Oral Tablet)	G	
Pyrimethamine (Oral Tablet)	G	DL
Quinine Sulfate (Oral Capsule)	G	PA
Antiparkinson Agents		
Anticholinergics		
Benztropine Mesylate (Oral Tablet)	G	
Trihexyphenidyl HCl (Oral Solution)	G	
Trihexyphenidyl HCl (Oral Tablet)	G	
Antiparkinson Agents, Other		
Amantadine HCl (Oral Capsule)	G	
Amantadine HCl (Oral Solution)	G	
Amantadine HCl (Oral Tablet)	G	
Carbidopa-Levodopa-Entacapone (Oral Tablet)	G	

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Coverage rules or limits on use
Entacapone (Oral Tablet)	G	
Dopamine Agonists		
Neupro (Transdermal Patch 24 Hour)	B	
Pramipexole Dihydrochloride (Oral Tablet Immediate Release)	G	
Ropinirole HCl (Oral Tablet Immediate Release)	G	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
Carbidopa (Oral Tablet)	G	
Carbidopa-Levodopa ER (Oral Tablet Extended Release)	G	
Carbidopa-Levodopa (Oral Tablet Immediate Release)	G	
Carbidopa-Levodopa ODT (Oral Tablet Dispersible)	G	
Inbrija (Inhalation Capsule)	B	PA; DL
Rytary (Oral Capsule Extended Release)	B	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
Rasagiline Mesylate (Oral Tablet)	G	
Selegiline HCl (Oral Capsule)	G	
Selegiline HCl (Oral Tablet)	G	
Antipsychotics		
1st Generation/Typical		
Chlorpromazine HCl (Oral Concentrate)	G	
Chlorpromazine HCl (Oral Tablet)	G	
Fluphenazine Decanoate (Injection Solution)	G	
Fluphenazine HCl (2.5MG/ML Injection Solution)	G	
Fluphenazine HCl (5MG/ML Oral Concentrate)	G	
Fluphenazine HCl (2.5MG/5ML Oral Elixir)	G	
Fluphenazine HCl (10MG Oral Tablet, 1MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	G	
Haloperidol Decanoate (Intramuscular Solution)	G	
Haloperidol Lactate (Injection Solution)	G	
Haloperidol Lactate (2MG/ML Oral Concentrate)	G	
Haloperidol (Oral Tablet)	G	
Loxapine Succinate (Oral Capsule)	G	
Molindone HCl (10MG Oral Tablet, 25MG Oral Tablet)	G	
Molindone HCl (5MG Oral Tablet)	G	DL
Pimozide (Oral Tablet)	G	
Thioridazine HCl (Oral Tablet)	G	
Thiothixene (Oral Capsule)	G	
Trifluoperazine HCl (Oral Tablet)	G	
2nd Generation/Atypical		

Drug name	Brand or Generic	Coverage rules or limits on use
Caplyta (Oral Capsule)	B	PA; DL; QL
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	B	ST; DL; QL
Fanapt Titration Pack (Oral Tablet)	B	ST; QL
Invega Hafyera (Intramuscular Suspension Prefilled Syringe)	B	DL
Invega Sustenna (117MG/0.75ML Intramuscular Suspension Prefilled Syringe, 156MG/ML Intramuscular Suspension Prefilled Syringe, 234MG/1.5ML Intramuscular Suspension Prefilled Syringe, 78MG/0.5ML Intramuscular Suspension Prefilled Syringe)	B	DL
Invega Sustenna (39MG/0.25ML Intramuscular Suspension Prefilled Syringe)	B	
Invega Trinza (Intramuscular Suspension Prefilled Syringe)	B	DL
Nuplazid (Oral Capsule)	B	PA; DL; QL
Nuplazid (Oral Tablet)	B	PA; DL; QL
Paliperidone ER (Oral Tablet Extended Release 24 Hour)	G	QL
Rexulti (Oral Tablet)	B	DL; QL
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	B	DL; QL
Treatment-Resistant		
Clozapine (100MG Oral Tablet, 200MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	G	
Clozapine ODT (100MG Oral Tablet Dispersible, 12.5MG Oral Tablet Dispersible, 150MG Oral Tablet Dispersible, 200MG Oral Tablet Dispersible, 25MG Oral Tablet Dispersible)	G	QL
Versacloz (Oral Suspension)	B	DL
Antispasticity Agents		
Antispasticity Agents		
Baclofen (10MG Oral Tablet, 20MG Oral Tablet, 5MG Oral Tablet)	G	
Dantrolene Sodium (Oral Capsule)	G	
Tizanidine HCl (Oral Tablet)	G	
Antivirals		
Anti-hepatitis B (HBV) Agents		
Adefovir Dipivoxil (Oral Tablet)	G	
Baraclude (Oral Solution)	B	
Entecavir (Oral Tablet)	G	
Lamivudine (100MG Oral Tablet)	G	
Vemlidy (Oral Tablet)	B	DL; QL
Anti-hepatitis C (HCV) Agents		

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Coverage rules or limits on use
Mavyret (Oral Packet)	B	PA; DL; QL
Mavyret (Oral Tablet)	B	PA; DL; QL
Ribavirin (Oral Tablet)	G	
Vosevi (Oral Tablet)	B	PA; DL; QL
Antiherpetic Agents		
Acyclovir (External Ointment)	G	QL
Acyclovir (Oral Capsule)	G	
Acyclovir (Oral Suspension)	G	
Acyclovir (Oral Tablet)	G	
Acyclovir Sodium (Intravenous Solution)	G	B/D,PA
Famciclovir (Oral Tablet)	G	QL
Valacyclovir HCl (Oral Tablet)	G	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
Biktarvy (Oral Tablet)	B	DL; QL
Dovato (Oral Tablet)	B	DL; QL
Genvoya (Oral Tablet)	B	DL; QL
Isentress HD (Oral Tablet)	B	DL; QL
Isentress (Oral Packet)	B	QL
Isentress (Oral Tablet)	B	DL; QL
Isentress (100MG Oral Tablet Chewable)	B	QL
Isentress (25MG Oral Tablet Chewable)	B	QL
Juluca (Oral Tablet)	B	DL; QL
Stribild (Oral Tablet)	B	DL; QL
Tivicay (10MG Oral Tablet, 25MG Oral Tablet)	B	QL
Tivicay (50MG Oral Tablet)	B	DL; QL
Tivicay PD (Oral Tablet Soluble)	B	DL; QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
Complera (Oral Tablet)	B	DL; QL
Delstrigo (Oral Tablet)	B	DL; QL
Edurant (Oral Tablet)	B	DL; QL
Efavirenz (Oral Tablet)	G	QL
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)	G	QL
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)	G	DL; QL
Etravirine (Oral Tablet)	G	DL; QL
Intelence (25MG Oral Tablet)	B	QL
Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour)	G	QL
Nevirapine (Oral Suspension)	G	QL
Nevirapine (Oral Tablet Immediate Release)	G	QL

Drug name	Brand or Generic	Coverage rules or limits on use
Pifeltro (Oral Tablet)	B	DL; QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
Abacavir Sulfate (Oral Solution)	G	QL
Abacavir Sulfate (Oral Tablet)	G	QL
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	QL
Cimduo (Oral Tablet)	B	DL; QL
Descovy (Oral Tablet)	B	DL; QL
Emtricitabine (Oral Capsule)	G	QL
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet)	G	QL
Emtriva (Oral Solution)	B	QL
Lamivudine (10MG/ML Oral Solution)	G	QL
Lamivudine (150MG Oral Tablet, 300MG Oral Tablet)	G	QL
Lamivudine-Zidovudine (Oral Tablet)	G	QL
Odefsey (Oral Tablet)	B	DL; QL
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	QL
Triumeq (Oral Tablet)	B	DL; QL
Triumeq PD (Oral Tablet Soluble)	B	QL
Viread (Oral Powder)	B	DL; QL
Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	B	DL; QL
Zidovudine (Oral Capsule)	G	QL
Zidovudine (Oral Syrup)	G	QL
Zidovudine (Oral Tablet)	G	QL
Anti-HIV Agents, Other		
Fuzeon (Subcutaneous Solution Reconstituted)	B	DL; QL
Maraviroc (Oral Tablet)	G	DL; QL
Rukobia (Oral Tablet Extended Release 12 Hour)	B	DL; QL
Selzentry (Oral Solution)	B	DL; QL
Selzentry (25MG Oral Tablet)	B	QL
Selzentry (75MG Oral Tablet)	B	DL; QL
Sunlenca (Oral Tablet Therapy Pack)	B	DL; QL
Tybost (Oral Tablet)	B	QL
Anti-HIV Agents, Protease Inhibitors		
Aptivus (Oral Capsule)	B	DL; QL
Atazanavir Sulfate (Oral Capsule)	G	QL
Darunavir (Oral Tablet)	G	DL; QL
Evotaz (Oral Tablet)	B	DL; QL

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Coverage rules or limits on use
Fosamprenavir Calcium (Oral Tablet)	G	DL; QL
Lopinavir-Ritonavir (Oral Solution)	G	QL
Lopinavir-Ritonavir (Oral Tablet)	G	QL
Norvir (Oral Packet)	B	QL
Prezcobix (Oral Tablet)	B	DL; QL
Prezista (Oral Suspension)	B	DL; QL
Prezista (150MG Oral Tablet)	B	DL; QL
Prezista (75MG Oral Tablet)	B	QL
Reyataz (Oral Packet)	B	DL; QL
Ritonavir (Oral Tablet)	G	QL
Symtuza (Oral Tablet)	B	DL; QL
Viracept (Oral Tablet)	B	DL; QL
Anti-influenza Agents		
Oseltamivir Phosphate (Oral Capsule)	G	QL
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	QL
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	B	QL
Rimantadine HCl (Oral Tablet)	G	
Xofluza (40MG Dose) (Oral Tablet Therapy Pack)	B	QL
Xofluza (80MG Dose) (Oral Tablet Therapy Pack)	B	QL
Antiviral, Coronavirus Agents		
Paxlovid (150/100MG) (Oral Tablet Therapy Pack)	B	DL; QL
Paxlovid (300/100MG) (Oral Tablet Therapy Pack)	B	DL; QL
Anti-cytomegalovirus (CMV) Agents		
Prevymis (Oral Tablet)	B	PA; DL; QL
Valganciclovir HCl (Oral Solution Reconstituted)	G	DL; QL
Valganciclovir HCl (Oral Tablet)	G	QL
Zirgan (Ophthalmic Gel)	B	
Livtencity (Oral Tablet)	B	PA; DL; QL
Anxiolytics		
Anxiolytics, Other		
Buspirone HCl (Oral Tablet)	G	
Hydroxyzine HCl (Oral Syrup)	G	
Hydroxyzine HCl (Oral Tablet)	G	
Hydroxyzine Pamoate (Oral Capsule)	G	
Benzodiazepines		
Alprazolam (Oral Tablet Immediate Release)	G	QL
Chlordiazepoxide HCl (Oral Capsule)	G	

Drug name	Brand or Generic	Coverage rules or limits on use
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet)	G	QL
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible, 2MG Oral Tablet Dispersible)	G	QL
Clorazepate Dipotassium (Oral Tablet)	G	QL
Diazepam Intensol (Oral Concentrate)	G	QL
Diazepam (5MG/5ML Oral Solution)	G	
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	QL
Lorazepam Intensol (Oral Concentrate)	G	QL
Lorazepam (Oral Tablet)	G	QL
Bipolar Agents		
Bipolar Agents, Other		
Abilify Maintena (Intramuscular Prefilled Syringe)	B	DL
Abilify Maintena (Intramuscular Suspension Reconstituted ER)	B	DL
Aripiprazole (1MG/ML Oral Solution)	G	QL
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	QL
Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	G	QL
Aristada Initio (Intramuscular Prefilled Syringe)	B	DL
Aristada (Intramuscular Prefilled Syringe)	B	DL
Asenapine Maleate (Tablet Sublingual)	G	QL
Lurasidone HCl (Oral Tablet)	G	QL
Lybalvi (Oral Tablet)	B	ST; DL; QL
Olanzapine (Intramuscular Solution Reconstituted)	G	
Olanzapine (Oral Tablet)	G	QL
Olanzapine ODT (Oral Tablet Dispersible)	G	QL
Perseris (Subcutaneous Prefilled Syringe)	B	DL
Quetiapine Fumarate ER (Oral Tablet Extended Release 24 Hour)	G	QL
Quetiapine Fumarate (Oral Tablet Immediate Release)	G	QL
Risperidone Microspheres ER (12.5MG Intramuscular Suspension Reconstituted ER, 25MG Intramuscular Suspension Reconstituted ER, 37.5MG Intramuscular Suspension Reconstituted ER)	G	
Risperidone Microspheres ER (50MG Intramuscular Suspension Reconstituted ER)	G	DL
Risperidone (Oral Solution)	G	
Risperidone (Oral Tablet)	G	
Risperidone ODT (Oral Tablet Dispersible)	G	
Secuado (Transdermal Patch 24 Hour)	B	ST; DL; QL

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Coverage rules or limits on use
Ziprasidone HCl (Oral Capsule)	G	QL
Ziprasidone Mesylate (Intramuscular Solution Reconstituted)	G	
Zyprexa Relprevv (210MG Intramuscular Suspension Reconstituted)	B	
Mood Stabilizers		
Divalproex Sodium ER (Oral Tablet Extended Release 24 Hour)	G	
Divalproex Sodium (Oral Capsule Delayed Release Sprinkle)	G	
Divalproex Sodium (Oral Tablet Delayed Release)	G	
Lithium Carbonate ER (Oral Tablet Extended Release)	G	
Lithium Carbonate (Oral Capsule)	G	
Lithium Carbonate (Oral Tablet Immediate Release)	G	
Lithium (Oral Solution)	G	
Blood Glucose Regulators		
Antidiabetic Agents		
Acarbose (Oral Tablet)	G	QL
Bydureon BCise (Subcutaneous Auto-Injector)	B	PA; QL
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	B	PA; QL
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	B	PA; QL
Cycloset (Oral Tablet)	B	PA; QL
Glimepiride (Oral Tablet)	G	QL
Glipizide ER (Oral Tablet Extended Release 24 Hour)	G	QL
Glipizide (10MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	QL
Glipizide-Metformin HCl (Oral Tablet)	G	QL
Glyxambi (Oral Tablet)	B	QL
Janumet (Oral Tablet Immediate Release)	B	QL
Janumet XR (Oral Tablet Extended Release 24 Hour)	B	QL
Januvia (Oral Tablet)	B	QL
Jentadueto (2.5-1000MG Oral Tablet, 2.5-500MG Oral Tablet)	B	QL
Jentadueto XR (Oral Tablet Extended Release 24 Hour)	B	QL
Metformin HCl ER (Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	QL
Metformin HCl (Oral Solution)	G	QL
Metformin HCl (1000MG Oral Tablet Immediate Release, 500MG Oral Tablet Immediate Release, 850MG Oral Tablet Immediate Release)	G	QL
Miglitol (Oral Tablet)	G	QL
Mounjaro (Subcutaneous Solution Pen-Injector)	B	PA; QL
Nateglinide (Oral Tablet)	G	QL

Drug name	Brand or Generic	Coverage rules or limits on use
Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (2MG/3ML Subcutaneous Solution Pen-Injector)	B	PA; QL
Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector)	B	PA; QL
Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector)	B	PA; QL
Pioglitazone HCl (Oral Tablet)	G	QL
Pioglitazone HCl-Glimepiride (Oral Tablet)	G	QL
Pioglitazone HCl-Metformin HCl (Oral Tablet)	G	QL
Repaglinide (Oral Tablet)	G	QL
Rybelsus (Oral Tablet)	B	PA; QL
Soliqua (Subcutaneous Solution Pen-Injector)	B	QL
Synjardy (Oral Tablet Immediate Release)	B	QL
Synjardy XR (Oral Tablet Extended Release 24 Hour)	B	QL
Tradjenta (Oral Tablet)	B	QL
Trijardy XR (Oral Tablet Extended Release 24 Hour)	B	QL
Trulicity (Subcutaneous Solution Pen-Injector)	B	PA; QL
Xigduo XR (Oral Tablet Extended Release 24 Hour)	B	QL
Glycemic Agents		
Baqsimi One Pack (Nasal Powder)	B	
Diazoxide (Oral Suspension)	G	
Glucagon (Injection Kit) (Lilly)	G	
Gvoke HypoPen 2-Pack (Subcutaneous Solution Auto-Injector)	B	
Gvoke Kit (Subcutaneous Solution)	B	
Gvoke PFS (1MG/0.2ML Subcutaneous Solution Prefilled Syringe)	B	
Insulins		
Humalog (Injection Solution)	B	
Humalog Junior KwikPen (Subcutaneous Solution Pen-Injector)	B	
Humalog KwikPen (Subcutaneous Solution Pen-Injector)	B	
Humalog Mix 50/50 KwikPen (Subcutaneous Suspension Pen-Injector)	B	
Humalog Mix 75/25 KwikPen (Subcutaneous Suspension Pen-Injector)	B	
Humalog Mix 75/25 (Subcutaneous Suspension)	B	
Humalog (Subcutaneous Solution Cartridge)	B	
Humulin 70/30 KwikPen (Subcutaneous Suspension Pen-Injector)	B	
Humulin 70/30 (Subcutaneous Suspension)	B	

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Coverage rules or limits on use
Humulin N KwikPen (Subcutaneous Suspension Pen-Injector)	B	
Humulin N (Subcutaneous Suspension)	B	
Humulin R (Injection Solution)	B	
Humulin R U-500 (Concentrated) (Subcutaneous Solution)	B	
Humulin R U-500 KwikPen (Subcutaneous Solution Pen-Injector)	B	
Insulin Lispro (1 Unit Dial) (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)	B	
Insulin Lispro (Injection Solution) (Brand Equivalent Humalog)	B	
Insulin Lispro Junior KwikPen (Subcutaneous Solution Pen-Injector) (Brand Equivalent Humalog)	B	
Insulin Lispro Prot & Lispro (Subcutaneous Suspension Pen-Injector) (Brand Equivalent Humalog)	B	
Lantus SoloStar (Subcutaneous Solution Pen-Injector)	B	
Lantus (Subcutaneous Solution)	B	
Lyumjev (Injection Solution)	B	
Lyumjev KwikPen (Subcutaneous Solution Pen-Injector)	B	
Toujeo Max SoloStar (Subcutaneous Solution Pen-Injector)	B	
Toujeo SoloStar (Subcutaneous Solution Pen-Injector)	B	
Blood Products and Modifiers		
Anticoagulants		
Eliquis (Oral Tablet)	B	QL
Eliquis Starter Pack (Oral Tablet)	B	QL
Enoxaparin Sodium (Injection Solution Prefilled Syringe)	G	QL
Fondaparinux Sodium (10MG/0.8ML Subcutaneous Solution, 5MG/0.4ML Subcutaneous Solution, 7.5MG/0.6ML Subcutaneous Solution)	G	DL
Fondaparinux Sodium (2.5MG/0.5ML Subcutaneous Solution)	G	
Heparin Sodium (10000UNIT/ML Injection Solution, 20000UNIT/ML Injection Solution, 5000UNIT/ML Injection Solution)	G	
Heparin Sodium (1000UNIT/ML Injection Solution)	G	B/D,PA
Jantoven (Oral Tablet)	G	
Warfarin Sodium (Oral Tablet)	G	
Xarelto (Oral Tablet)	B	QL
Xarelto Starter Pack (Oral Tablet Therapy Pack)	B	QL
Blood Products and Modifiers, Other		
Anagrelide HCl (Oral Capsule)	G	
Aranesp (Albumin Free) (100MCG/ML Injection Solution, 200MCG/ML Injection Solution)	B	PA; DL

Drug name	Brand or Generic	Coverage rules or limits on use
Aranesp (Albumin Free) (25MCG/ML Injection Solution, 40MCG/ML Injection Solution, 60MCG/ML Injection Solution)	B	PA
Aranesp (Albumin Free) (100MCG/0.5ML Injection Solution Prefilled Syringe, 150MCG/0.3ML Injection Solution Prefilled Syringe, 200MCG/0.4ML Injection Solution Prefilled Syringe, 300MCG/0.6ML Injection Solution Prefilled Syringe, 500MCG/ML Injection Solution Prefilled Syringe)	B	PA; DL
Aranesp (Albumin Free) (10MCG/0.4ML Injection Solution Prefilled Syringe, 25MCG/0.42ML Injection Solution Prefilled Syringe, 40MCG/0.4ML Injection Solution Prefilled Syringe, 60MCG/0.3ML Injection Solution Prefilled Syringe)	B	PA
Neulasta (Subcutaneous Solution Prefilled Syringe)	B	PA; DL
Procrit (10000UNIT/ML Injection Solution, 2000UNIT/ML Injection Solution, 3000UNIT/ML Injection Solution, 4000UNIT/ML Injection Solution)	B	PA
Procrit (20000UNIT/ML Injection Solution, 40000UNIT/ML Injection Solution)	B	PA; DL
Promacta (Oral Packet)	B	PA; DL; QL
Promacta (Oral Tablet)	B	PA; DL; QL
Retacrit (Injection Solution)	B	PA
Udenyca (Subcutaneous Solution Auto-Injector)	B	PA; DL
Udenyca (Subcutaneous Solution Prefilled Syringe)	B	PA; DL
Zarxio (Injection Solution Prefilled Syringe)	B	DL
Hemostasis Agents		
Tranexamic Acid (Oral Tablet)	G	
Platelet Modifying Agents		
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	QL
Brilinta (Oral Tablet)	B	QL
Cablivi (Injection Kit)	B	PA; DL; QL
Cilostazol (Oral Tablet)	G	
Clopidogrel Bisulfate (75MG Oral Tablet)	G	QL
Doptelet (Oral Tablet)	B	PA; DL; QL
Prasugrel HCl (Oral Tablet)	G	QL
Cardiovascular Agents		
Alpha-adrenergic Agonists		
Clonidine HCl (Oral Tablet Immediate Release)	G	
Clonidine (Transdermal Patch Weekly)	G	
Droxidopa (Oral Capsule)	G	PA; QL
Midodrine HCl (Oral Tablet)	G	
Alpha-adrenergic Blocking Agents		

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Coverage rules or limits on use
Doxazosin Mesylate (Oral Tablet)	G	
Prazosin HCl (Oral Capsule)	G	
Angiotensin II Receptor Antagonists		
Candesartan Cilexetil (Oral Tablet)	G	
Edarbi (Oral Tablet)	B	QL
Irbesartan (Oral Tablet)	G	
Losartan Potassium (Oral Tablet)	G	
Olmesartan Medoxomil (Oral Tablet)	G	QL
Telmisartan (Oral Tablet)	G	QL
Valsartan (Oral Tablet)	G	QL
Angiotensin-converting Enzyme (ACE) Inhibitors		
Benazepril HCl (Oral Tablet)	G	
Captopril (Oral Tablet)	G	QL
Enalapril Maleate (Oral Solution)	G	
Enalapril Maleate (Oral Tablet)	G	QL
Fosinopril Sodium (Oral Tablet)	G	
Lisinopril (Oral Tablet)	G	QL
Moexipril HCl (Oral Tablet)	G	
Perindopril Erbumine (Oral Tablet)	G	
Quinapril HCl (Oral Tablet)	G	
Ramipril (Oral Capsule)	G	
Trandolapril (Oral Tablet)	G	
Antiarrhythmics		
Amiodarone HCl (200MG Oral Tablet)	G	
Dofetilide (Oral Capsule)	G	QL
Flecainide Acetate (Oral Tablet)	G	
Mexiletine HCl (Oral Capsule)	G	
Multaq (Oral Tablet)	B	QL
Propafenone HCl ER (Oral Capsule Extended Release 12 Hour)	G	
Propafenone HCl (Oral Tablet)	G	
Quinidine Gluconate ER (Oral Tablet Extended Release)	G	
Quinidine Sulfate (Oral Tablet)	G	
Sorine (120MG Oral Tablet, 160MG Oral Tablet)	G	
Sotalol HCl (AF) (Oral Tablet)	G	
Sotalol HCl (Oral Tablet)	G	
Beta-adrenergic Blocking Agents		
Acebutolol HCl (Oral Capsule)	G	
Atenolol (Oral Tablet)	G	
Betaxolol HCl (Oral Tablet)	G	

Drug name	Brand or Generic	Coverage rules or limits on use
Bisoprolol Fumarate (Oral Tablet)	G	
Carvedilol (Oral Tablet)	G	
Labetalol HCl (Oral Tablet)	G	
Metoprolol Succinate ER (Oral Tablet Extended Release 24 Hour)	G	
Metoprolol Tartrate (Oral Tablet)	G	
Nadolol (Oral Tablet)	G	
Nebivolol HCl (Oral Tablet)	G	QL
Pindolol (Oral Tablet)	G	
Propranolol HCl ER (Oral Capsule Extended Release 24 Hour)	G	
Propranolol HCl (Oral Solution)	G	
Propranolol HCl (Oral Tablet)	G	
Calcium Channel Blocking Agents, Dihydropyridines		
Amlodipine Besylate (Oral Tablet)	G	
Felodipine ER (Oral Tablet Extended Release 24 Hour)	G	
Nicardipine HCl (Oral Capsule)	G	
Nifedipine ER (Oral Tablet Extended Release 24 Hour)	G	QL
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	G	QL
Nimodipine (Oral Capsule)	G	
Calcium Channel Blocking Agents, Nondihydropyridines		
Cartia XT (Oral Capsule Extended Release 24 Hour)	G	
Diltiazem HCl ER Beads (360MG Oral Capsule Extended Release 24 Hour, 420MG Oral Capsule Extended Release 24 Hour)	G	
Diltiazem HCl ER Coated Beads (120MG Oral Capsule Extended Release 24 Hour, 180MG Oral Capsule Extended Release 24 Hour, 240MG Oral Capsule Extended Release 24 Hour, 300MG Oral Capsule Extended Release 24 Hour)	G	
Diltiazem HCl ER (Oral Capsule Extended Release 12 Hour)	G	
Diltiazem HCl ER (Oral Tablet Extended Release 24 Hour)	G	
Diltiazem HCl (Oral Tablet Immediate Release)	G	
Dilt-XR (Oral Capsule Extended Release 24 Hour)	G	
Matzim LA (Oral Tablet Extended Release 24 Hour)	G	
Tiadylt ER (Oral Capsule Extended Release 24 Hour)	G	
Verapamil HCl ER (Oral Capsule Extended Release 24 Hour)	G	
Verapamil HCl ER (Oral Tablet Extended Release)	G	
Verapamil HCl (Oral Tablet Immediate Release)	G	
Cardiovascular Agents, Other		
Acetazolamide ER (Oral Capsule Extended Release 12 Hour)	G	
Acetazolamide (Oral Tablet)	G	

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Coverage rules or limits on use
Aliskiren Fumarate (Oral Tablet)	G	
Amiloride-Hydrochlorothiazide (Oral Tablet)	G	
Amlodipine-Atorvastatin (Oral Tablet)	G	
Amlodipine-Benazepril (Oral Capsule)	G	
Amlodipine-Olmesartan (Oral Tablet)	G	QL
Amlodipine-Valsartan (Oral Tablet)	G	QL
Amlodipine-Valsartan-HCTZ (Oral Tablet)	G	QL
Atenolol-Chlorthalidone (Oral Tablet)	G	
Benazepril-Hydrochlorothiazide (Oral Tablet)	G	
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	QL
Candesartan Cilexetil-HCTZ (Oral Tablet)	G	
Corlanor (Oral Solution)	B	PA; QL
Corlanor (Oral Tablet)	B	PA; QL
Digoxin (Oral Solution)	G	
Digoxin (125MCG Oral Tablet, 250MCG Oral Tablet)	G	
Digoxin (62.5MCG Oral Tablet)	G	
Edarbyclor (Oral Tablet)	B	QL
Enalapril-Hydrochlorothiazide (Oral Tablet)	G	QL
Entresto (Oral Tablet)	B	QL
Fosinopril Sodium-HCTZ (Oral Tablet)	G	
Irbesartan-Hydrochlorothiazide (Oral Tablet)	G	
Isosorbide Dinitrate-Hydralazine (Oral Tablet)	G	QL
Lanoxin (Oral Tablet)	B	
Lisinopril-Hydrochlorothiazide (Oral Tablet)	G	QL
Losartan Potassium-HCTZ (Oral Tablet)	G	
Metoprolol-Hydrochlorothiazide (Oral Tablet)	G	
Metyrosine (Oral Capsule)	G	DL
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	QL
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	G	QL
Pentoxifylline ER (Oral Tablet Extended Release)	G	
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	QL
Spironolactone-HCTZ (Oral Tablet)	G	
Telmisartan-Amlodipine (Oral Tablet)	G	QL
Telmisartan-HCTZ (Oral Tablet)	G	QL
Trandolapril-Verapamil HCl ER (Oral Tablet Extended Release)	G	
Triamterene-HCTZ (Oral Capsule)	G	
Triamterene-HCTZ (Oral Tablet)	G	
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	QL
Diuretics, Loop		

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

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Coverage rules or limits on use
Colesevelam HCl (Oral Tablet)	G	
Colestipol HCl (Oral Packet)	G	
Colestipol HCl (Oral Tablet)	G	
Ezetimibe (Oral Tablet)	G	QL
Ezetimibe-Simvastatin (Oral Tablet)	G	
Niacin (Antihyperlipidemic) (Oral Tablet Immediate Release)	G	
Niacin ER (Antihyperlipidemic) (Oral Tablet Extended Release)	G	
Niacor (Oral Tablet)	G	
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	G	QL
Prevalite (Oral Packet)	G	
Repatha Pushtronex System (Subcutaneous Solution Cartridge)	B	PA; QL
Repatha (Subcutaneous Solution Prefilled Syringe)	B	PA; QL
Repatha SureClick (Subcutaneous Solution Auto-Injector)	B	PA; QL
Vascepa (Oral Capsule)	B	
Mineralocorticoid Receptor Antagonists		
Eplerenone (Oral Tablet)	G	
Kerendia (Oral Tablet)	B	PA; QL
Spironolactone (Oral Tablet)	G	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
Farxiga (Oral Tablet)	B	QL
Jardiance (Oral Tablet)	B	QL
Vasodilators, Direct-acting Arterial		
Hydralazine HCl (Oral Tablet)	G	
Minoxidil (Oral Tablet)	G	
Vasodilators, Direct-acting Arterial/Venous		
Isosorbide Dinitrate (10MG Oral Tablet Immediate Release, 20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	
Isosorbide Mononitrate ER (Oral Tablet Extended Release 24 Hour)	G	
Isosorbide Mononitrate (Oral Tablet Immediate Release)	G	
Nitro-Bid (Transdermal Ointment)	B	
Nitroglycerin (Rectal Ointment)	G	QL
Nitroglycerin (Tablet Sublingual)	G	
Nitroglycerin (Transdermal Patch 24 Hour)	G	
Nitroglycerin (Translingual Solution)	G	
Verquvo (Oral Tablet)	B	PA; QL
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		

Drug name	Brand or Generic	Coverage rules or limits on use
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	QL
Amphetamine-Dextroamphetamine (Oral Tablet)	G	QL
Dextroamphetamine Sulfate ER (Oral Capsule Extended Release 24 Hour)	G	QL
Dextroamphetamine Sulfate (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	QL
Lisdexamfetamine Dimesylate (Oral Capsule)	G	
Lisdexamfetamine Dimesylate (Oral Tablet Chewable)	G	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
Atomoxetine HCl (Oral Capsule)	G	QL
Clonidine HCl ER (Oral Tablet Extended Release 12 Hour)	G	PA
Dexmethylphenidate HCl ER (Oral Capsule Extended Release 24 Hour)	G	
Dexmethylphenidate HCl (Oral Tablet)	G	QL
Guanfacine HCl ER (Oral Tablet Extended Release 24 Hour)	G	
Methylphenidate HCl ER (10MG Oral Tablet Extended Release, 20MG Oral Tablet Extended Release)	G	QL
Methylphenidate HCl (Oral Solution)	G	QL
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	G	QL
Central Nervous System, Other		
Austedo (Oral Tablet)	B	PA; DL; QL
Ingrezza (Oral Capsule)	B	PA; DL; QL
Ingrezza (Oral Capsule Sprinkle)	B	PA; DL; QL
Ingrezza (Oral Capsule Therapy Pack)	B	PA; DL; QL
Nuedexta (Oral Capsule)	B	PA; DL; QL
Riluzole (Oral Tablet)	G	
Skyclarys (Oral Capsule)	B	PA; DL; QL
Tetrabenazine (Oral Tablet)	G	PA; QL
Veozah (Oral Tablet)	B	PA; QL
Fibromyalgia Agents		
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles, 30MG Oral Capsule Delayed Release Particles, 60MG Oral Capsule Delayed Release Particles)	G	QL
Pregabalin (Oral Capsule)	G	QL
Pregabalin (Oral Solution)	G	QL
Savella (Oral Tablet)	B	
Savella Titration Pack (Oral Tablet)	B	

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Coverage rules or limits on use
Multiple Sclerosis Agents		
Betaseron (Subcutaneous Kit)	B	DL; QL
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	QL
Dimethyl Fumarate (Oral Capsule Delayed Release)	G	QL
Dimethyl Fumarate Starter Pack (Oral Capsule Delayed Release Therapy Pack)	G	QL
Fingolimod HCl (Oral Capsule)	G	DL; QL
Glatiramer Acetate (Subcutaneous Solution Prefilled Syringe)	G	DL; QL
Glatopa (Subcutaneous Solution Prefilled Syringe)	G	DL; QL
Kesimpta (Subcutaneous Solution Auto-Injector)	B	DL
Mayzent (Oral Tablet)	B	DL; QL
Mayzent Starter Pack (12 x 0.25MG Oral Tablet Therapy Pack)	B	DL; QL
Mayzent Starter Pack (7 x 0.25MG Oral Tablet Therapy Pack)	B	QL
Teriflunomide (Oral Tablet)	G	QL
Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)	B	ST; DL; QL
Dental and Oral Agents		
Dental and Oral Agents		
Chlorhexidine Gluconate (Mouth Solution)	G	
Kourzeq (Mouth/Throat Paste)	G	
Periogard (Mouth Solution)	G	
Pilocarpine HCl (Oral Tablet)	G	
Triamcinolone Acetonide (Dental Paste)	G	
Dermatological Agents		
Acne and Rosacea Agents		
Accutane (10MG Oral Capsule, 20MG Oral Capsule, 40MG Oral Capsule)	G	PA
Acitretin (Oral Capsule)	G	
Adapalene (External Cream)	G	
Adapalene (0.3% External Gel)	G	
Amnesteem (Oral Capsule)	G	PA
Azelaic Acid (External Gel)	G	QL
Benzoyl Peroxide-Erythromycin (External Gel)	G	
Claravis (Oral Capsule)	G	PA
Clindamycin Phosphate-Benzoyl Peroxide (1-5% External Gel, 1.2-5% External Gel)	G	
Finacea (External Foam)	B	QL
Isotretinoin (Oral Capsule)	G	PA
Neuac (External Gel)	G	
Tazarotene (External Cream)	G	PA; QL

Drug name	Brand or Generic	Coverage rules or limits on use
Tretinoin (External Cream)	G	PA
Tretinoin (0.01% External Gel, 0.025% External Gel)	G	PA
Tretinoin Microsphere (0.04% External Gel, 0.1% External Gel)	G	PA
Zenatane (Oral Capsule)	G	PA
Dermatitis and Pruritus Agents		
Ala-Cort (External Cream)	G	
Alclometasone Dipropionate (External Cream)	G	
Alclometasone Dipropionate (External Ointment)	G	
Ammonium Lactate (External Cream)	G	
Ammonium Lactate (External Lotion)	G	
Betamethasone Dipropionate Aug (External Cream)	G	
Betamethasone Dipropionate Aug (External Gel)	G	
Betamethasone Dipropionate Aug (External Lotion)	G	
Betamethasone Dipropionate Aug (External Ointment)	G	
Betamethasone Dipropionate (External Cream)	G	
Betamethasone Dipropionate (External Lotion)	G	
Betamethasone Dipropionate (External Ointment)	G	
Betamethasone Valerate (External Cream)	G	
Betamethasone Valerate (External Lotion)	G	
Betamethasone Valerate (External Ointment)	G	
Clobetasol Propionate Emollient Base (External Cream)	G	
Clobetasol Propionate (External Cream)	G	
Clobetasol Propionate (External Gel)	G	
Clobetasol Propionate (External Ointment)	G	
Clobetasol Propionate (External Shampoo)	G	
Clobetasol Propionate (External Solution)	G	
Clodan (External Shampoo)	G	
Cordran (External Tape)	B	
Desonide (External Ointment)	G	QL
Desoximetasone (External Cream)	G	QL
Doxepin HCl (External Cream)	G	PA; QL
Fluocinolone Acetonide (External Cream)	G	
Fluocinolone Acetonide (External Ointment)	G	
Fluocinolone Acetonide (External Solution)	G	
Fluocinolone Acetonide Scalp (External Oil)	G	
Fluocinonide Emulsified Base (External Cream)	G	QL
Fluocinonide (0.05% External Cream)	G	QL

You can find information on what the abbreviations in this table mean on pages 5-6.

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

Drug name	Brand or Generic	Coverage rules or limits on use
Silver Sulfadiazine (External Cream)	G	
SSD (External Cream)	B	
Pediculicides/Scabicides		
Malathion (External Lotion)	G	
Permethrin (External Cream)	G	
Topical Anti-infectives		
Ciclopirox (External Gel)	G	
Ciclopirox (External Shampoo)	G	
Ciclopirox (External Solution)	G	
Ciclopirox Olamine (External Cream)	G	
Ciclopirox Olamine (External Suspension)	G	
Clindacin ETZ (External Swab)	G	QL
Clindamycin Phosphate (External Gel)	G	QL
Clindamycin Phosphate (External Lotion)	G	QL
Clindamycin Phosphate (External Solution)	G	QL
Clindamycin Phosphate (External Swab)	G	QL
Clotrimazole (External Cream)	G	
Clotrimazole (External Solution)	G	
Econazole Nitrate (External Cream)	G	QL
Ery (External Pad)	G	
Erythromycin (External Gel)	G	
Erythromycin (External Solution)	G	
Gentamicin Sulfate (External Cream)	G	
Gentamicin Sulfate (External Ointment)	G	
Jublia (External Solution)	B	
Ketoconazole (External Cream)	G	QL
Ketoconazole (External Shampoo)	G	
Mupirocin Calcium (External Cream)	G	
Mupirocin (External Ointment)	G	QL
Nyamyc (External Powder)	G	QL
Nystatin (External Cream)	G	
Nystatin (External Ointment)	G	
Nystatin (External Powder)	G	QL
Nystop (External Powder)	G	QL
Sulfamylon (External Cream)	B	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Coverage rules or limits on use
Carglumic Acid (Oral Tablet Soluble)	G	DL
Dextrose (10% Intravenous Solution)	G	
Dextrose (5% Intravenous Solution)	G	B/D,PA
Dextrose-Sodium Chloride (10-0.2% Intravenous Solution, 10-0.45% Intravenous Solution, 2.5-0.45% Intravenous Solution, 5-0.2% Intravenous Solution, 5-0.45% Intravenous Solution)	G	
Dextrose-Sodium Chloride (5-0.9% Intravenous Solution)	G	B/D,PA
Endari (Oral Packet)	B	PA; DL
Intralipid (Intravenous Emulsion)	B	B/D,PA
Isolyte-P in D5W (Intravenous Solution)	B	
Isolyte-S pH 7.4 (Intravenous Solution)	B	
KCl in Dextrose-NaCl (Intravenous Solution)	G	
KCl-Lactated Ringers-D5W (Intravenous Solution)	G	
Klor-Con 10 (Oral Tablet Extended Release)	B	
Klor-Con M10 (Oral Tablet Extended Release)	G	
Klor-Con M15 (Oral Tablet Extended Release)	G	
Klor-Con M20 (Oral Tablet Extended Release)	G	
Klor-Con (Oral Packet)	G	
Klor-Con 8 (Oral Tablet Extended Release)	B	
Magnesium Sulfate (Injection Solution)	G	
Multiple Electrolytes Type 1 pH 5.5 (Intravenous Solution)	G	
Nutrilipid (Intravenous Emulsion)	B	B/D,PA
Plenamine (Intravenous Solution)	B	B/D,PA
Potassium Chloride Microencapsulated ER (Oral Tablet Extended Release)	G	
Potassium Chloride ER (Oral Capsule Extended Release)	G	
Potassium Chloride ER (10MEQ Oral Tablet Extended Release, 20MEQ Oral Tablet Extended Release, 8MEQ Oral Tablet Extended Release)	G	
Potassium Chloride in NaCl (20-0.45MEQ/L-% Intravenous Solution, 20-0.9MEQ/L-% Intravenous Solution, 40-0.9MEQ/L-% Intravenous Solution)	G	B/D,PA
Potassium Chloride (10MEQ/100ML Intravenous Solution, 20MEQ/100ML Intravenous Solution, 2MEQ/ML (30ML) Intravenous Solution, 2MEQ/ML (20ML) Intravenous Solution, 40MEQ/100ML Intravenous Solution)	G	B/D,PA
Potassium Chloride (Oral Packet)	G	
Potassium Chloride (20MEQ/15ML(10%) Oral Solution, 40MEQ/15ML(20%) Oral Solution)	G	
Potassium Citrate ER (Oral Tablet Extended Release)	G	
Potassium Chloride in Dextrose 5% (20MEQ/L Intravenous Solution)	G	B/D,PA

Drug name	Brand or Generic	Coverage rules or limits on use
Premasol (Intravenous Solution)	B	B/D,PA; DL
Prosol (Intravenous Solution)	B	B/D,PA
Sodium Chloride (0.45% Intravenous Solution)	G	
Sodium Chloride (0.9% Intravenous Solution, 3% Intravenous Solution, 5% Intravenous Solution)	G	B/D,PA
Sodium Chloride (Irrigation Solution)	G	
Sodium Fluoride (Oral Tablet)	G	
TPN Electrolytes (Intravenous Concentrate)	B	
Travasol (Intravenous Solution)	B	B/D,PA
TrophAmine (Intravenous Solution)	B	B/D,PA
Electrolyte/Mineral/Metal Modifiers		
Chemet (Oral Capsule)	B	DL
Deferasirox Granules (180MG Oral Packet, 360MG Oral Packet)	G	PA; DL
Deferasirox Granules (90MG Oral Packet)	G	PA
Deferasirox (Oral Tablet) (Generic Jadenu)	G	PA
Deferasirox (125MG Oral Tablet Soluble, 250MG Oral Tablet Soluble) (Generic Exjade)	G	PA
Deferasirox (500MG Oral Tablet Soluble) (Generic Exjade)	G	PA; DL
Deferiprone (Oral Tablet)	G	PA; DL
Trientine HCl (Oral Capsule)	G	PA; DL; QL
Potassium Binders		
Lokelma (Oral Packet)	B	QL
Sodium Polystyrene Sulfonate (Oral Powder)	G	
SPS (Oral Suspension)	B	
Veltassa (Oral Packet)	B	QL
Vitamins		
Prenatal (27-1MG Oral Tablet)	G	
Gastrointestinal Agents		
Anti-Constipation Agents		
Enulose (Oral Solution)	G	
Generlac (Oral Solution)	G	
Lactulose (10GM/15ML Oral Solution)	G	
Linzess (Oral Capsule)	B	QL
Lubiprostone (Oral Capsule)	G	QL
Motegrity (Oral Tablet)	B	QL
Movantik (Oral Tablet)	B	QL
Trulance (Oral Tablet)	B	QL
Anti-Diarrheal Agents		

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Coverage rules or limits on use
Alosetron HCl (0.5MG Oral Tablet)	G	PA
Alosetron HCl (1MG Oral Tablet)	G	PA; DL
Diphenoxylate-Atropine (Oral Liquid)	G	
Diphenoxylate-Atropine (Oral Tablet)	G	
Loperamide HCl (Oral Capsule)	G	
Xermelo (Oral Tablet)	B	PA; DL; QL
Antispasmodics, Gastrointestinal		
Dicyclomine HCl (Oral Capsule)	G	
Dicyclomine HCl (Oral Solution)	G	
Dicyclomine HCl (Oral Tablet)	G	
Glycopyrrolate (Oral Solution) (Generic Cuvposa)	G	PA
Methscopolamine Bromide (Oral Tablet)	G	
Gastrointestinal Agents, Other		
Chenodal (Oral Tablet)	B	PA; DL
Clenpiq (Oral Solution)	B	
GaviLyte-C (Oral Solution Reconstituted)	G	
GaviLyte-G (Oral Solution Reconstituted)	G	
Sodium Sulfate-Potassium Sulfate-Magnesium Sulfate (Oral Solution)	G	
PEG-3350-NaCl-Na Bicarbonate-KCl (Oral Solution) (Generic NuLYTELY)	G	
PEG-3350-Electrolytes (Oral Solution) (Generic GoLYTELY)	G	
Suflave (Oral Solution Reconstituted)	B	
Sutab (Oral Tablet)	B	
Ursodiol (300MG Oral Capsule)	G	
Ursodiol (Oral Tablet)	G	
Vowst (Oral Capsule)	B	PA; DL
Histamine2 (H2) Receptor Antagonists		
Cimetidine (Oral Tablet)	G	
Famotidine (Oral Suspension Reconstituted)	G	
Famotidine (20MG Oral Tablet, 40MG Oral Tablet)	G	
Nizatidine (Oral Capsule)	G	
Protectants		
Misoprostol (Oral Tablet)	G	
Sucralfate (Oral Suspension)	G	
Sucralfate (Oral Tablet)	G	
Proton Pump Inhibitors		
Dexlansoprazole (Oral Capsule Delayed Release)	G	QL

Drug name	Brand or Generic	Coverage rules or limits on use
Esomeprazole Magnesium (Oral Capsule Delayed Release) (Generic Nexium)	G	QL
Esomeprazole Magnesium (Oral Packet)	G	
Lansoprazole (Oral Capsule Delayed Release)	G	QL
Omeprazole (10MG Oral Capsule Delayed Release)	G	QL
Omeprazole (20MG Oral Capsule Delayed Release, 40MG Oral Capsule Delayed Release)	G	
Pantoprazole Sodium (Oral Tablet Delayed Release)	G	QL
Rabeprazole Sodium (Oral Tablet Delayed Release)	G	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Aralast NP (1000MG Intravenous Solution Reconstituted)	B	PA; DL
Betaine (Oral Powder)	G	DL
Cholbam (Oral Capsule)	B	PA; DL
Creon (Oral Capsule Delayed Release Particles)	B	
Cromolyn Sodium (Oral Concentrate)	G	
Cystagon (Oral Capsule)	B	
Levocarnitine (Oral Solution)	G	
Levocarnitine (Oral Tablet)	G	
Miglustat (Oral Capsule)	G	PA; DL
Nitisinone (Oral Capsule)	G	DL
Prolastin-C (Intravenous Solution)	B	PA; DL
Pyrukynd (Oral Tablet)	B	PA; DL; QL
Pyrukynd Taper Pack (Oral Tablet Therapy Pack)	B	PA; DL; QL
Revcovi (Intramuscular Solution)	B	PA; DL
Sapropterin Dihydrochloride (Oral Packet)	G	DL
Sapropterin Dihydrochloride (Oral Tablet)	G	DL
Sodium Phenylbutyrate (Oral Powder)	G	DL
Sodium Phenylbutyrate (Oral Tablet)	G	DL
Sucraid (Oral Solution)	B	DL
Vyndaqel (Oral Capsule)	B	PA; DL; QL
Welireg (Oral Tablet)	B	PA; DL; QL
Yargesa (Oral Capsule)	G	PA; DL
Zemaira (1000MG Intravenous Solution Reconstituted)	B	PA; DL
Zenpep (Oral Capsule Delayed Release Particles)	B	
Zokinvy (Oral Capsule)	B	PA; DL; QL
Genitourinary Agents		

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Coverage rules or limits on use
Antispasmodics, Urinary		
Gemtesa (Oral Tablet)	B	
Myrbetriq (Oral Suspension Reconstituted ER)	B	
Myrbetriq (Oral Tablet Extended Release 24 Hour)	B	
Oxybutynin Chloride ER (Oral Tablet Extended Release 24 Hour)	G	QL
Oxybutynin Chloride (Oral Solution)	G	
Oxybutynin Chloride (5MG Oral Tablet Immediate Release)	G	
Solifenacin Succinate (Oral Tablet)	G	QL
Tolterodine Tartrate ER (Oral Capsule Extended Release 24 Hour)	G	
Tolterodine Tartrate (Oral Tablet)	G	
Trospium Chloride (Oral Tablet)	G	
Benign Prostatic Hypertrophy Agents		
Alfuzosin HCl ER (Oral Tablet Extended Release 24 Hour)	G	
Dutasteride (Oral Capsule)	G	QL
Finasteride (5MG Oral Tablet) (Generic Proscar)	G	
Silodosin (Oral Capsule)	G	QL
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	G	PA; QL
Tamsulosin HCl (Oral Capsule)	G	
Terazosin HCl (Oral Capsule)	G	
Genitourinary Agents, Other		
Bethanechol Chloride (Oral Tablet)	G	
Elmiron (Oral Capsule)	B	DL
Penicillamine (Oral Tablet)	G	DL
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Dexamethasone (Oral Solution)	G	
Dexamethasone (Oral Tablet)	G	
Fludrocortisone Acetate (Oral Tablet)	G	
Hydrocortisone (Oral Tablet)	G	
Methylprednisolone (Oral Tablet)	G	
Methylprednisolone (Oral Tablet Therapy Pack)	G	
Prednisolone (Oral Solution)	G	
Prednisolone Sodium Phosphate (25MG/5ML Oral Solution, 6.7MG/5ML Oral Solution)	G	
Prednisone Intensol (Oral Concentrate)	G	
Prednisone (5MG/5ML Oral Solution)	G	
Prednisone (Oral Tablet)	G	
Prednisone (Oral Tablet Therapy Pack)	G	

Drug name	Brand or Generic	Coverage rules or limits on use
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Desmopressin Acetate (Oral Tablet)	G	
Desmopressin Acetate Spray (Nasal Solution)	G	
Genotropin MiniQuick (0.2MG Subcutaneous Prefilled Syringe)	B	PA
Genotropin MiniQuick (0.4MG Subcutaneous Prefilled Syringe, 0.6MG Subcutaneous Prefilled Syringe, 0.8MG Subcutaneous Prefilled Syringe, 1.2MG Subcutaneous Prefilled Syringe, 1.4MG Subcutaneous Prefilled Syringe, 1.6MG Subcutaneous Prefilled Syringe, 1.8MG Subcutaneous Prefilled Syringe, 1MG Subcutaneous Prefilled Syringe, 2MG Subcutaneous Prefilled Syringe)	B	PA; DL
Genotropin (Subcutaneous Cartridge)	B	PA; DL
Increlex (Subcutaneous Solution)	B	PA; DL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
Danazol (Oral Capsule)	G	
Testosterone Cypionate (Intramuscular Solution)	G	
Testosterone Enanthate (Intramuscular Solution)	G	
Testosterone (25MG/2.5GM 1% Transdermal Gel, 50MG/5GM 1% Transdermal Gel), Testosterone Pump (1% Transdermal Gel)	G	
Testosterone (20.25MG/1.25GM 1.62% Transdermal Gel, 40.5MG/2.5GM 1.62% Transdermal Gel), Testosterone Pump (1.62% Transdermal Gel)	G	
Estrogens		
Altavera (Oral Tablet)	G	
Alyacen 1/35 (Oral Tablet)	G	
Amethia (Oral Tablet)	G	
Apri (Oral Tablet)	G	
Aranelle (Oral Tablet)	G	
Ashlyna (Oral Tablet)	G	
Aubra EQ (Oral Tablet)	G	
Aviane (Oral Tablet)	G	
Balziva (Oral Tablet)	G	
Blisovi 24 Fe (Oral Tablet)	G	
Blisovi Fe 1.5/30 (Oral Tablet)	G	
Briellyn (Oral Tablet)	G	
Camrese Lo (Oral Tablet)	B	

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Coverage rules or limits on use
Climara Pro (Transdermal Patch Weekly)	B	
Cryselle-28 (Oral Tablet)	G	
Cyred EQ (Oral Tablet)	G	
Depo-Estradiol (Intramuscular Oil)	B	
Desogestrel-Ethinyl Estradiol (Oral Tablet)	G	
Dolishale (Oral Tablet)	G	
Drospirenone-Ethinyl Estradiol (Oral Tablet)	G	
Duavee (Oral Tablet)	B	
Elestrin (Transdermal Gel)	B	
EluRyng (Vaginal Ring)	G	
EnilloRing (Vaginal Ring)	G	
Enpresse-28 (Oral Tablet)	G	
Enskyce (Oral Tablet)	G	
Estarylla (Oral Tablet)	G	
Estradiol (Oral Tablet)	G	
Estradiol (Transdermal Patch Weekly)	G	QL
Estradiol (Vaginal Cream)	G	
Estradiol (Vaginal Tablet)	G	QL
Estradiol Valerate (Intramuscular Oil)	G	
Estring (Vaginal Ring)	B	
Ethynodiol Diacetate-Ethinyl Estradiol (Oral Tablet)	G	
Etonogestrel-Ethinyl Estradiol (Vaginal Ring)	G	
Falmina (Oral Tablet)	G	
Femring (Vaginal Ring)	B	
Finzala (Oral Tablet Chewable)	G	
Fyavolv (Oral Tablet)	G	
Hailey 24 Fe (Oral Tablet)	G	
Haloette (Vaginal Ring)	G	
Iclevia (Oral Tablet)	G	
Imvexxy Maintenance Pack (Vaginal Insert)	B	PA; QL
Imvexxy Starter Pack (Vaginal Insert)	B	PA; QL
Introvale (Oral Tablet)	G	
Isibloom (Oral Tablet)	G	
Jasmiel (Oral Tablet)	G	
Jinteli (Oral Tablet)	G	
Juleber (Oral Tablet)	G	
Junel 1.5/30 (Oral Tablet)	G	
Junel 1/20 (Oral Tablet)	G	
Junel Fe 1.5/30 (Oral Tablet)	G	

Drug name	Brand or Generic	Coverage rules or limits on use
Junel Fe 1/20 (Oral Tablet)	G	
Junel Fe 24 (Oral Tablet)	G	
Kaitlib Fe (Oral Tablet Chewable)	G	
Kariva (Oral Tablet)	G	
Kelnor 1/35 (Oral Tablet)	G	
Kelnor 1/50 (Oral Tablet)	G	
Kurvelo (Oral Tablet)	G	
LARIN 1.5/30 (Oral Tablet)	G	
LARIN 1/20 (Oral Tablet)	G	
LARIN Fe 1.5/30 (Oral Tablet)	G	
LARIN Fe 1/20 (Oral Tablet)	G	
Layolis Fe (Oral Tablet Chewable)	G	
Leena (Oral Tablet)	G	
Lessina (Oral Tablet)	G	
Levonest (Oral Tablet)	G	
Levonorgestrel-Ethinyl Estradiol & Ethinyl Estradiol (Oral Tablet)	G	
Levonorgestrel-Ethinyl Estradiol 91-Day (Oral Tablet)	G	
Levonorgestrel-Ethinyl Estradiol (0.1-20MG-MCG Oral Tablet, 90-20MCG Oral Tablet)	G	
Levonorgestrel-Ethinyl Estradiol (0.15-30MG-MCG Oral Tablet)	G	
Levonorgestrel-Ethinyl Estradiol Triphasic (Oral Tablet)	G	
Levora 0.15/30 (28) (Oral Tablet)	B	
Loryna (Oral Tablet)	G	
Low-Ogestrel (Oral Tablet)	G	
Lutera (Oral Tablet)	G	
Marlissa (Oral Tablet)	G	
Menest (Oral Tablet)	B	
Mibelas 24 Fe (Oral Tablet Chewable)	G	
Microgestin 1.5/30 (Oral Tablet)	G	
Microgestin 1/20 (Oral Tablet)	G	
Microgestin 24 Fe (Oral Tablet)	G	
Microgestin Fe 1.5/30 (Oral Tablet)	G	
Microgestin Fe 1/20 (Oral Tablet)	G	
Mili (Oral Tablet)	G	
Necon 0.5/35 (28) (Oral Tablet)	G	
Nikki (Oral Tablet)	G	
Norelgestromin-Ethinyl Estradiol (Transdermal Patch Weekly)	G	

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Coverage rules or limits on use
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG Oral Tablet)	G	
Norethindrone Acetate-Ethinyl Estradiol-Fe (1-20MG-MCG Oral Tablet Chewable)	G	
Norethindrone Acetate-Ethinyl Estradiol (1-20MG-MCG Oral Tablet)	G	
Norethindrone Acetate-Ethinyl Estradiol (0.5-2.5MG-MCG Oral Tablet, 1-5MG-MCG Oral Tablet)	G	
Norethindrone-Ethinyl Estradiol-Fe (1-20MG-MCG/1-30MG-MCG/1-35MG-MCG Oral Tablet)	G	
Norethindrone Acetate-Ethinyl Estradiol-Fe (0.4-35MG-MCG Oral Tablet Chewable, 0.8-25MG-MCG Oral Tablet Chewable)	G	
Norgestimate-Ethinyl Estradiol (Oral Tablet)	G	
Norgestimate-Ethinyl Estradiol Triphasic (Oral Tablet)	G	
Nortrel 0.5/35 (28) (Oral Tablet)	G	
Nortrel 1/35 (21) (Oral Tablet)	G	
Nortrel 1/35 (28) (Oral Tablet)	G	
Nortrel 7/7/7 (Oral Tablet)	G	
Nylia 1/35 (Oral Tablet)	G	
Nylia 7/7/7 (Oral Tablet)	G	
Nymyo (Oral Tablet)	G	
Ocella (Oral Tablet)	G	
Pimtrea (Oral Tablet)	G	
Portia-28 (Oral Tablet)	G	
Premarin (Oral Tablet)	B	QL
Premarin (Vaginal Cream)	B	
Premphase (Oral Tablet)	B	QL
Prempro (Oral Tablet)	B	QL
Reclipsen (Oral Tablet)	G	
Rivelsa (Oral Tablet)	B	
Setlakin (Oral Tablet)	G	
Sprintec 28 (Oral Tablet)	G	
Sronyx (Oral Tablet)	G	
Syeda (Oral Tablet)	G	
Tarina 24 Fe (Oral Tablet)	G	
Tarina Fe 1/20 EQ (Oral Tablet)	G	
Tilia Fe (Oral Tablet)	G	
Tri-Estarylla (Oral Tablet)	G	
Tri-Legest Fe (Oral Tablet)	G	
Tri-Lo-Estarylla (Oral Tablet)	G	

Drug name	Brand or Generic	Coverage rules or limits on use
Tri-Lo-Sprintec (Oral Tablet)	G	
Tri-Mili (Oral Tablet)	G	
Tri-Nymyo (Oral Tablet)	G	
Tri-Sprintec (Oral Tablet)	G	
Trivora (28) (Oral Tablet)	G	
Tri-VyLibra Lo (Oral Tablet)	G	
Tri-VyLibra (Oral Tablet)	G	
Turqoz (Oral Tablet)	G	
Tyblume (Oral Tablet Chewable)	B	
Velivet (Oral Tablet)	G	
Vestura (Oral Tablet)	G	
Vienva (Oral Tablet)	G	
Vyfemla (Oral Tablet)	G	
VyLibra (Oral Tablet)	G	
Wymzya Fe (Oral Tablet Chewable)	G	
Xulane (Transdermal Patch Weekly)	G	
Yuvafem (Vaginal Tablet)	G	QL
Zafemy (Transdermal Patch Weekly)	G	
Zovia 1/35 (28) (Oral Tablet)	G	
Progestins		
Camila (Oral Tablet)	G	
Crinone (Vaginal Gel)	B	PA
Deblitane (Oral Tablet)	G	
Depo-SubQ Provera 104 (Subcutaneous Suspension Prefilled Syringe)	B	
Errin (Oral Tablet)	G	
Heather (Oral Tablet)	G	
Incassia (Oral Tablet)	G	
Liletta (52MG) (Intrauterine Device)	B	
Lyleq (Oral Tablet)	G	
Lyza (Oral Tablet)	G	
Medroxyprogesterone Acetate (Intramuscular Suspension)	G	
Medroxyprogesterone Acetate (Intramuscular Suspension Prefilled Syringe)	G	
Medroxyprogesterone Acetate (Oral Tablet)	G	
Megestrol Acetate (40MG/ML Oral Suspension)	G	
Megestrol Acetate (625MG/5ML Oral Suspension)	G	
Megestrol Acetate (Oral Tablet)	G	

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Coverage rules or limits on use
Nexplanon (Subcutaneous Implant)	B	
Nora-BE (Oral Tablet)	G	
Norethindrone Acetate (5MG Oral Tablet)	G	
Norethindrone (0.35MG Oral Tablet)	G	
Progesterone (Oral Capsule)	G	
Sharobel (Oral Tablet)	G	
Selective Estrogen Receptor Modifying Agents		
Osphena (Oral Tablet)	B	PA; QL
Raloxifene HCl (Oral Tablet)	G	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Euthyrox (Oral Tablet)	B	
Levothyroxine Sodium (Oral Tablet)	G	
Levoxyl (Oral Tablet)	B	
Liothyronine Sodium (Oral Tablet)	G	
Synthroid (Oral Tablet)	B	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Bromocriptine Mesylate (Oral Capsule)	G	
Bromocriptine Mesylate (Oral Tablet)	G	
Cabergoline (Oral Tablet)	G	
Eligard (Subcutaneous Kit)	B	PA; QL
Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)	B	PA; DL; QL
Firmagon (80MG Subcutaneous Solution Reconstituted)	B	PA; QL
Isturisa (Oral Tablet)	B	PA; DL
Leuprolide Acetate (Subcutaneous Injection Kit)	G	PA; QL
Lupron Depot (1-Month) (Intramuscular Kit)	B	PA; DL; QL
Lupron Depot (3-Month) (Intramuscular Kit)	B	PA; DL; QL
Lupron Depot (4-Month) (Intramuscular Kit)	B	PA; DL; QL
Lupron Depot (6-Month) (Intramuscular Kit)	B	PA; DL; QL
Lupron Depot-Ped (1-Month) (7.5MG Intramuscular Kit)	B	PA; DL; QL
Lupron Depot-Ped (3-Month) (11.25MG Intramuscular Kit)	B	PA; DL; QL
Lupron Depot-Ped (6-Month) (Intramuscular Kit)	B	PA; DL; QL
Mifepristone (300MG Oral Tablet)	G	PA; DL; QL
Octreotide Acetate (Injection Solution)	G	PA
Signifor (Subcutaneous Solution)	B	PA; DL
Somavert (Subcutaneous Solution Reconstituted)	B	PA; DL; QL
Synarel (Nasal Solution)	B	DL; QL

Drug name	Brand or Generic	Coverage rules or limits on use
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
Methimazole (Oral Tablet)	G	
Propylthiouracil (Oral Tablet)	G	
Immunological Agents		
Angioedema Agents		
Berinert (Intravenous Kit)	B	PA; DL
Haegarda (Subcutaneous Solution Reconstituted)	B	PA; DL
Icatibant Acetate (Subcutaneous Solution Prefilled Syringe)	G	PA; DL; QL
Immunoglobulins		
BIVIGAM (5GM/50ML Intravenous Solution)	B	PA; DL
Gammagard (2.5GM/25ML Injection Solution)	B	PA; DL
Gammagard S/D Less IgA (Intravenous Solution Reconstituted)	B	PA; DL
Gammaked (1GM/10ML Injection Solution)	B	PA; DL
Gammaplex (10GM/100ML Intravenous Solution, 10GM/200ML Intravenous Solution, 20GM/200ML Intravenous Solution, 5GM/50ML Intravenous Solution)	B	PA; DL
Gamunex-C (1GM/10ML Injection Solution)	B	PA; DL
Octagam (1GM/20ML Intravenous Solution, 2GM/20ML Intravenous Solution)	B	PA; DL
Panzyga (Intravenous Solution)	B	PA; DL
Privigen (20GM/200ML Intravenous Solution)	B	PA; DL
Immunological Agents, Other		
Arcalyst (Subcutaneous Solution Reconstituted)	B	PA; DL
Benlysta (Subcutaneous Solution Auto-Injector)	B	PA; DL
Benlysta (Subcutaneous Solution Prefilled Syringe)	B	PA; DL
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)	B	PA; DL; QL
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)	B	PA; DL; QL
Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)	B	PA; DL; QL
Cosentyx UnoReady (Subcutaneous Solution Auto-Injector)	B	PA; DL; QL
Dupixent (Subcutaneous Solution Pen-Injector)	B	PA; DL; QL
Dupixent (Subcutaneous Solution Prefilled Syringe)	B	PA; DL; QL
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	B	PA; DL; QL
Orencia (Subcutaneous Solution Prefilled Syringe)	B	PA; DL; QL
Otezla (30MG Oral Tablet)	B	PA; DL; QL
Otezla (10 & 20 & 30MG Oral Tablet Therapy Pack)	B	PA; DL; QL

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Coverage rules or limits on use
Ridaura (Oral Capsule)	B	DL
Rinvoq (Oral Tablet Extended Release 24 Hour)	B	PA; DL; QL
Skyrizi Pen (Subcutaneous Solution Auto-Injector)	B	PA; DL; QL
Skyrizi (Subcutaneous Solution Cartridge)	B	PA; DL; QL
Skyrizi (Subcutaneous Solution Prefilled Syringe)	B	PA; DL; QL
Sotyktu (Oral Tablet)	B	PA; DL; QL
Stelara (Subcutaneous Solution)	B	PA; DL; QL
Stelara (Subcutaneous Solution Prefilled Syringe)	B	PA; DL; QL
Xeljanz (Oral Solution)	B	PA; DL; QL
Xeljanz (Oral Tablet Immediate Release)	B	PA; DL; QL
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	B	PA; DL; QL
Xolair (Subcutaneous Solution Auto-Injector)	B	PA; DL
Xolair (Subcutaneous Solution Prefilled Syringe)	B	PA; DL
Xolair (Subcutaneous Solution Reconstituted)	B	PA; DL
Immunostimulants		
Actimmune (Subcutaneous Solution)	B	DL
Besremi (Subcutaneous Solution Prefilled Syringe)	B	PA; DL
Pegasys (Subcutaneous Solution)	B	PA; DL
Pegasys (Subcutaneous Solution Prefilled Syringe)	B	PA; DL
Immunosuppressants		
Adalimumab-aaty (1 Pen) (80MG/0.8ML Subcutaneous Auto-Injector Kit)	B	PA; DL
Adalimumab-aaty (2 Pen) (Subcutaneous Auto-Injector Kit)	B	PA; DL
Adalimumab-aaty (2 Syringe) (Subcutaneous Prefilled Syringe Kit)	B	PA; DL
Adalimumab-adbm (2 Pen) (Subcutaneous Auto-Injector Kit) (Boehringer Ingelheim)	B	PA; DL; QL
Adalimumab-adbm (2 Syringe) (Subcutaneous Prefilled Syringe Kit) (Boehringer Ingelheim)	B	PA; DL; QL
Adalimumab-adbm (Crohn's Disease/Ulcerative Colitis/Hidradenitis Suppurativa Starter) (Subcutaneous Auto-Injector Kit) (Boehringer Ingelheim)	B	PA; DL
Adalimumab-adbm (Psoriasis/Uveitis Starter) (Subcutaneous Auto-Injector Kit) (Boehringer Ingelheim)	B	PA; DL
Azathioprine (50MG Oral Tablet)	G	B/D,PA
Cyclosporine Modified (Oral Capsule)	G	B/D,PA
Cyclosporine Modified (Oral Solution)	G	B/D,PA
Cyclosporine (Oral Capsule)	G	B/D,PA
Enbrel Mini (Subcutaneous Solution Cartridge)	B	PA; DL; QL
Enbrel (Subcutaneous Solution)	B	PA; DL; QL

Drug name	Brand or Generic	Coverage rules or limits on use
Enbrel (Subcutaneous Solution Prefilled Syringe)	B	PA; DL; QL
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	B	PA; DL; QL
Envarsus XR (Oral Tablet Extended Release 24 Hour)	B	B/D,PA
Everolimus (0.25MG Oral Tablet)	G	B/D,PA
Everolimus (0.5MG Oral Tablet, 0.75MG Oral Tablet, 1MG Oral Tablet)	G	B/D,PA; DL
Gengraf (Oral Capsule)	G	B/D,PA
Gengraf (Oral Solution)	G	B/D,PA
Humira (2 Pen) (Subcutaneous Pen-Injector Kit) (AbbVie)	B	PA; DL; QL
Humira (2 Syringe) (Subcutaneous Prefilled Syringe Kit) (AbbVie)	B	PA; DL; QL
Humira Pen Crohn's Disease/Ulcerative Colitis/Hidradenitis Suppurativa Starter (Subcutaneous Pen-Injector Kit) (AbbVie)	B	PA; DL
Humira Pen-Pediatric Ulcerative Colitis Starter (80MG/0.8ML Subcutaneous Pen-Injector Kit) (AbbVie)	B	PA; DL
Humira Pen Psoriasis/Uveitis Starter (40MG/0.4ML & 80MG/0.8ML Subcutaneous Pen-Injector Kit) (AbbVie)	B	PA; DL; QL
Jylamvo (Oral Solution)	B	PA; DL
Leflunomide (Oral Tablet)	G	
Methotrexate Sodium (50MG/2ML Injection Solution Prefilled Syringe)	G	
Methotrexate Sodium (50MG/2ML Injection Solution)	G	
Methotrexate Sodium (Oral Tablet)	G	
Mycophenolate Mofetil (Oral Capsule)	G	B/D,PA
Mycophenolate Mofetil (Oral Suspension Reconstituted)	G	B/D,PA
Mycophenolate Mofetil (Oral Tablet)	G	B/D,PA
Mycophenolate Sodium (Oral Tablet Delayed Release)	G	B/D,PA
Myhibbin (Oral Suspension)	B	B/D,PA; DL
Prograf (Oral Packet)	B	B/D,PA
Rasuvo (Subcutaneous Solution Auto-Injector)	B	PA
Sandimmune (100MG/ML Oral Solution)	B	B/D,PA
Sirolimus (Oral Solution)	G	B/D,PA
Sirolimus (Oral Tablet)	G	B/D,PA
Tacrolimus (Oral Capsule)	G	B/D,PA
Trexall (Oral Tablet)	B	
Xatmep (Oral Solution)	B	PA
Vaccines		
Abrysvo (Intramuscular Solution Reconstituted)	B	PA; QL
ActHIB (Intramuscular Solution Reconstituted)	B	QL

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Coverage rules or limits on use
Adacel (Intramuscular Suspension)	B	QL
Arexvy (Intramuscular Suspension Reconstituted)	B	PA; QL
BCG Vaccine (Injection Solution Reconstituted)	B	QL
Bexsero (Intramuscular Suspension Prefilled Syringe)	B	PA; QL
Boostrix (Intramuscular Suspension)	B	QL
Boostrix (Intramuscular Suspension Prefilled Syringe)	B	QL
Daptacel (Intramuscular Suspension)	B	QL
Diphtheria-Tetanus Toxoids DT (25-5LFU/0.5ML Intramuscular Suspension)	B	QL
Engerix-B (Injection Suspension)	B	B/D,PA; QL
Engerix-B (Injection Suspension Prefilled Syringe)	B	B/D,PA; QL
Gardasil 9 (Intramuscular Suspension)	B	QL
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	B	QL
Havrix (Intramuscular Suspension)	B	QL
Heplisav-B (Intramuscular Solution Prefilled Syringe)	B	B/D,PA; QL
Hiberix (Injection Solution Reconstituted)	B	QL
Imovax Rabies (Intramuscular Suspension Reconstituted)	B	B/D,PA; QL
Infanrix (Intramuscular Suspension)	B	QL
IPOL (Injection)	B	QL
Ixchiq (Intramuscular Solution Reconstituted)	B	QL
Ixiaro (Intramuscular Suspension)	B	QL
Jynneos (Subcutaneous Suspension)	B	QL
Kinrix (Intramuscular Suspension Prefilled Syringe)	B	QL
Menactra (Intramuscular Solution)	B	PA; QL
MenQuadfi (Intramuscular Solution)	B	PA; QL
Menveo (Intramuscular Solution Reconstituted)	B	PA; QL
M-M-R II (Injection Solution Reconstituted)	B	QL
Pediarix (Intramuscular Suspension Prefilled Syringe)	B	QL
Pedvax HIB (Intramuscular Suspension)	B	QL
Penbraya (Intramuscular Suspension Reconstituted)	B	PA; QL
Pentacel (Intramuscular Suspension Reconstituted)	B	QL
PreHevbrio (Intramuscular Suspension)	B	B/D,PA; QL
Priorix (Subcutaneous Suspension Reconstituted)	B	QL
ProQuad (Subcutaneous Suspension Reconstituted)	B	QL
Quadracel (Intramuscular Suspension)	B	QL
Quadracel (Intramuscular Suspension Prefilled Syringe)	B	QL
RabAvert (Intramuscular Suspension Reconstituted)	B	B/D,PA; QL
Recombivax HB (Injection Suspension)	B	B/D,PA; QL
Recombivax HB (Injection Suspension Prefilled Syringe)	B	B/D,PA; QL

Drug name	Brand or Generic	Coverage rules or limits on use
Rotarix (Oral Suspension)	B	QL
Rotarix (Oral Suspension Reconstituted)	B	QL
RotaTeq (Oral Solution)	B	QL
Shingrix (Intramuscular Suspension Reconstituted)	B	PA; QL
TDVAX (Intramuscular Suspension)	B	QL
Tenivac (Intramuscular Injectable)	B	QL
Ticovac (Intramuscular Suspension Prefilled Syringe)	B	QL
Trumenba (Intramuscular Suspension Prefilled Syringe)	B	PA; QL
Twinrix (Intramuscular Suspension Prefilled Syringe)	B	QL
Typhim VI (Intramuscular Solution)	B	QL
Typhim VI (Intramuscular Solution Prefilled Syringe)	B	QL
Vaqta (Intramuscular Suspension)	B	QL
Varivax (Subcutaneous Injectable)	B	QL
YF-VAX (Subcutaneous Injectable)	B	QL
Inflammatory Bowel Disease Agents		
Aminosalicylates		
Apriso (Oral Capsule Extended Release 24 Hour)	B	QL
Balsalazide Disodium (Oral Capsule)	G	
Dipentum (Oral Capsule)	B	DL
Mesalamine ER (500MG Oral Capsule Extended Release) (Generic Pentasa)	G	QL
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	G	QL
Mesalamine (Rectal Enema)	G	QL
Mesalamine (Rectal Suppository)	G	QL
Pentasa (Oral Capsule Extended Release)	B	QL
Sulfasalazine (Oral Tablet Immediate Release)	G	
Sulfasalazine (Oral Tablet Delayed Release)	G	
Glucocorticoids		
Procto-Med HC (External Cream)	G	
Budesonide ER (Oral Tablet Extended Release 24 Hour)	G	ST; DL
Budesonide (Oral Capsule Delayed Release Particles)	G	
Hydrocortisone (Perianal) (2.5% External Cream)	G	
Hydrocortisone (Rectal Enema)	G	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
Alendronate Sodium (Oral Solution)	G	
Alendronate Sodium (10MG Oral Tablet, 35MG Oral Tablet, 70MG Oral Tablet)	G	QL

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Coverage rules or limits on use
Calcitonin Salmon (Nasal Solution)	G	QL
Calcitriol (Oral Capsule)	G	B/D,PA
Calcitriol (Oral Solution)	G	B/D,PA
Cinacalcet HCl (Oral Tablet)	G	B/D,PA; QL
Doxercalciferol (Oral Capsule)	G	B/D,PA
Forteo (Subcutaneous Solution Pen-Injector)	B	PA; DL; QL
Ibandronate Sodium (Oral Tablet)	G	QL
Paricalcitol (Oral Capsule)	G	B/D,PA
Prolia (Subcutaneous Solution Prefilled Syringe)	B	QL
Rayaldee (Oral Capsule Extended Release)	B	DL; QL
Risedronate Sodium (Oral Tablet Immediate Release)	G	QL
Teriparatide (Recombinant) (620MCG/2.48ML Subcutaneous Solution Pen-Injector)	B	PA; DL; QL
Tymlos (Subcutaneous Solution Pen-Injector)	B	PA; DL; QL
Xgeva (Subcutaneous Solution)	B	PA; DL
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
Alcohol Prep Pads	B	
Gauze (Non-medicated 2X2 Pad)	B	
Insulin Syringes, Needles	B	
Ophthalmic Agents		
Ophthalmic Agents, Other		
Atropine Sulfate (1% Ophthalmic Solution)	G	
Neomycin-Polymyxin-Bacitracin-Hydrocortisone (Ophthalmic Ointment)	G	
Brimonidine Tartrate-Timolol (Ophthalmic Solution)	G	
Combigan (Ophthalmic Solution)	B	
Cystaran (Ophthalmic Solution)	B	DL
Dorzolamide HCl-Timolol Maleate (Ophthalmic Solution)	G	
Dorzolamide HCl-Timolol Maleate Preservative Free (Ophthalmic Solution)	G	
Lacrisert (5MG Ophthalmic Insert)	B	
Neomycin-Polymyxin-Dexamethasone (Ophthalmic Ointment)	G	
Neomycin-Polymyxin-Dexamethasone (3.5-10000-0.1 Ophthalmic Suspension)	G	
Neomycin-Polymyxin-HC (Ophthalmic Suspension)	G	
Neo-Polycin HC (Ophthalmic Ointment)	G	
Restasis MultiDose (Ophthalmic Emulsion)	B	QL
Restasis Single-Use Vials (Ophthalmic Emulsion)	B	QL
Rocklatan (Ophthalmic Solution)	B	ST

Drug name	Brand or Generic	Coverage rules or limits on use
Sulfacetamide-Prednisolone (Ophthalmic Solution)	G	
TobraDex (Ophthalmic Ointment)	B	
TobraDex ST (Ophthalmic Suspension)	B	
Tobramycin-Dexamethasone (Ophthalmic Suspension)	G	
Tyrvaya (Nasal Solution)	B	QL
Xiidra (Ophthalmic Solution)	B	QL
Ophthalmic Anti-allergy Agents		
Alomide (Ophthalmic Solution)	B	
Azelastine HCl (Ophthalmic Solution)	G	
Bepotastine Besilate (Ophthalmic Solution)	G	
Bepreve (Ophthalmic Solution)	B	
Cromolyn Sodium (Ophthalmic Solution)	G	
Epinastine HCl (Ophthalmic Solution)	G	
Ophthalmic Anti-Infectives		
Bacitracin (Ophthalmic Ointment)	G	QL
Bacitracin-Polymyxin B (Ophthalmic Ointment)	G	
Besivance (Ophthalmic Suspension)	B	
Ciloxan (Ophthalmic Ointment)	B	
Ciprofloxacin HCl (Ophthalmic Solution)	G	
Erythromycin (Ophthalmic Ointment)	G	
Gatifloxacin (Ophthalmic Solution)	G	
Gentamicin Sulfate (Ophthalmic Solution)	G	
Levofloxacin (0.5% Ophthalmic Solution)	G	
Moxifloxacin HCl (Ophthalmic Solution) (Generic Vigamox)	G	
Natacyn (Ophthalmic Suspension)	B	
Neomycin-Bacitracin-Polymyxin (5-400-10000 Ophthalmic Ointment)	G	
Neomycin-Polymyxin-Gramicidin (Ophthalmic Solution)	G	
Neo-Polycin (Ophthalmic Ointment)	G	
Ofloxacin (Ophthalmic Solution)	G	
Polycin (Ophthalmic Ointment)	G	
Polymyxin B-Trimethoprim (Ophthalmic Solution)	G	
Sulfacetamide Sodium (Ophthalmic Ointment)	G	
Sulfacetamide Sodium (Ophthalmic Solution)	G	
Tobramycin (Ophthalmic Solution)	G	
Tobrex (Ophthalmic Ointment)	B	
Trifluridine (Ophthalmic Solution)	G	
Xdemvy (Ophthalmic Solution)	B	DL; QL

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Coverage rules or limits on use
Ophthalmic Anti-inflammatories		
Bromfenac Sodium (0.07% Ophthalmic Solution)	G	
Dexamethasone Sodium Phosphate (Ophthalmic Solution)	G	
Diclofenac Sodium (Ophthalmic Solution)	G	
Flarex (Ophthalmic Suspension)	B	
Fluorometholone (Ophthalmic Suspension)	G	
Flurbiprofen Sodium (Ophthalmic Solution)	G	
FML Forte (Ophthalmic Suspension)	B	
Ketorolac Tromethamine (Ophthalmic Solution)	G	
Lotemax (Ophthalmic Gel)	B	
Lotemax (Ophthalmic Ointment)	B	
Lotemax (Ophthalmic Suspension)	B	
Lotemax SM (Ophthalmic Gel)	B	
Loteprednol Etabonate (Ophthalmic Gel)	G	
Loteprednol Etabonate (0.5% Ophthalmic Suspension)	G	
Pred Mild (Ophthalmic Suspension)	B	
Prednisolone Acetate (Ophthalmic Suspension)	G	
Prednisolone Sodium Phosphate (1% Ophthalmic Solution)	G	
Ophthalmic Beta-Adrenergic Blocking Agents		
Betaxolol HCl (Ophthalmic Solution)	G	
Betimol (Ophthalmic Solution)	B	
Carteolol HCl (Ophthalmic Solution)	G	
Levobunolol HCl (Ophthalmic Solution)	G	
Timolol Maleate Ophthalmic Gel Forming (Ophthalmic Solution) (Generic Timoptic-XE)	G	
Timolol Maleate (Ophthalmic Solution) (Generic Timoptic)	G	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
Alphagan P (0.1% Ophthalmic Solution)	B	
Apraclonidine HCl (Ophthalmic Solution)	G	
Brimonidine Tartrate (0.1% Ophthalmic Solution)	G	
Brimonidine Tartrate (0.15% Ophthalmic Solution)	G	
Brimonidine Tartrate (0.2% Ophthalmic Solution)	G	
Brinzolamide (Ophthalmic Suspension)	G	
Dorzolamide HCl (Ophthalmic Solution)	G	
Methazolamide (Oral Tablet)	G	
Pilocarpine HCl (Ophthalmic Solution)	G	
Rhopressa (Ophthalmic Solution)	B	ST
Simbrinza (Ophthalmic Suspension)	B	
Ophthalmic Prostaglandin and Prostamide Analogs		

Drug name	Brand or Generic	Coverage rules or limits on use
Latanoprost (Ophthalmic Solution)	G	
Lumigan (Ophthalmic Solution)	B	
Travoprost (BAK Free) (Ophthalmic Solution)	G	
Vyzulta (Ophthalmic Solution)	B	
Otic Agents		
Otic Agents		
Acetic Acid (Otic Solution)	G	
Cipro HC (Otic Suspension)	B	
Ciprofloxacin-Dexamethasone (Otic Suspension)	G	
Flac (Otic Oil)	G	
Fluocinolone Acetonide (Otic Oil)	G	
Hydrocortisone-Acetic Acid (Otic Solution)	G	
Neomycin-Polymyxin-HC (1% Otic Solution)	G	
Neomycin-Polymyxin-HC (Otic Suspension)	G	
Ofloxacin (Otic Solution)	G	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
Azelastine HCl (0.1% Nasal Solution)	G	
Cetirizine HCl (5MG/5ML Oral Solution)	G	
Cyproheptadine HCl (Oral Syrup)	G	
Cyproheptadine HCl (Oral Tablet)	G	
Desloratadine (Oral Tablet)	G	
Dymista (Nasal Suspension)	B	
Levocetirizine Dihydrochloride (Oral Tablet)	G	QL
Ryaltris (Nasal Suspension)	B	
Anti-inflammatories, Inhaled Corticosteroids		
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	B	QL
Budesonide (Inhalation Suspension)	G	B/D,PA
Flunisolide (Nasal Solution)	G	
Fluticasone Propionate (Nasal Suspension)	G	
Mometasone Furoate (Nasal Suspension)	G	
Qvar RediHaler (Inhalation Aerosol Breath Activated)	B	QL
Antileukotrienes		
Montelukast Sodium (Oral Packet)	G	QL
Montelukast Sodium (Oral Tablet)	G	QL
Montelukast Sodium (Oral Tablet Chewable)	G	QL
Zafirlukast (Oral Tablet)	G	QL

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Coverage rules or limits on use
Bronchodilators, Anticholinergic		
Atrovent HFA (Inhalation Aerosol Solution)	B	
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	B	QL
Ipratropium Bromide (Inhalation Solution)	G	B/D,PA
Ipratropium Bromide (Nasal Solution)	G	
Spiriva HandiHaler (Inhalation Capsule)	B	QL
Spiriva Respimat (Inhalation Aerosol Solution)	B	QL
Bronchodilators, Sympathomimetic		
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Brand Equivalent Ventolin)	B	
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proair), Albuterol Sulfate HFA (108 (90 Base)MCG/ACT Inhalation Aerosol Solution) (Generic Proventil)	G	
Albuterol Sulfate (Inhalation Nebulization Solution)	G	B/D,PA
Albuterol Sulfate (Oral Syrup)	G	
Albuterol Sulfate (Oral Tablet Immediate Release)	G	
Arformoterol Tartrate (Inhalation Nebulization Solution)	G	B/D,PA; QL
Epinephrine (Injection Solution Auto-Injector)	G	QL
Formoterol Fumarate (Inhalation Nebulization Solution)	G	B/D,PA; QL
Levalbuterol HCl (Inhalation Nebulization Solution)	G	B/D,PA
Levalbuterol Tartrate (Inhalation Aerosol)	B	
Serevent Diskus (Inhalation Aerosol Powder Breath Activated)	B	QL
Ventolin HFA (Inhalation Aerosol Solution)	B	
Cystic Fibrosis Agents		
Cayston (Inhalation Solution Reconstituted)	B	PA; DL
Kalydeco (Oral Packet)	B	PA; DL; QL
Kalydeco (Oral Tablet)	B	PA; DL; QL
Orkambi (Oral Packet)	B	PA; DL; QL
Orkambi (Oral Tablet)	B	PA; DL; QL
Pulmozyme (Inhalation Solution)	B	B/D,PA; DL; QL
Tobi Podhaler (Inhalation Capsule)	B	PA; DL; QL
Tobramycin (300MG/5ML Inhalation Nebulization Solution)	G	B/D,PA; QL
Mast Cell Stabilizers		
Cromolyn Sodium (Inhalation Nebulization Solution)	G	B/D,PA
Phosphodiesterase Inhibitors, Airways Disease		
Roflumilast (Oral Tablet)	G	PA; QL
Theophylline ER (Oral Tablet Extended Release 12 Hour)	G	
Theophylline ER (Oral Tablet Extended Release 24 Hour)	G	
Theophylline (Oral Solution)	G	

Drug name	Brand or Generic	Coverage rules or limits on use
Pulmonary Antihypertensives		
Adempas (Oral Tablet)	B	PA; DL
Ambrisentan (Oral Tablet)	G	PA; DL; QL
Bosentan (Oral Tablet)	G	PA; DL; QL
Opsumit (Oral Tablet)	B	PA; DL
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	PA; QL
Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca)	G	PA; QL
Pulmonary Fibrosis Agents		
Ofev (Oral Capsule)	B	PA; DL; QL
Pirfenidone (Oral Capsule)	G	PA; DL; QL
Pirfenidone (Oral Tablet)	G	PA; DL; QL
Respiratory Tract Agents, Other		
Acetylcysteine (Inhalation Solution)	G	B/D,PA
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	B	QL
Bevespi Aerosphere (Inhalation Aerosol)	B	QL
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	B	QL
Breztri Aerosphere (Inhalation Aerosol)	B	QL
Bronchitol (Inhalation Capsule)	B	PA; DL; QL
Combivent Respimat (Inhalation Aerosol Solution)	B	QL
Dulera (Inhalation Aerosol)	B	QL
Fasenra Pen (Subcutaneous Solution Auto-Injector)	B	PA; DL
Fasenra (Subcutaneous Solution Prefilled Syringe)	B	PA; DL
Fluticasone-Salmeterol (100-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 250-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 500-50MCG/ACT Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	QL
Ipratropium-Albuterol (Inhalation Solution)	G	B/D,PA
Stiolto Respimat (Inhalation Aerosol Solution)	B	QL
Symbicort (Inhalation Aerosol)	B	QL
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	B	QL
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	QL
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
Chlorzoxazone (500MG Oral Tablet)	G	
Cyclobenzaprine HCl (10MG Oral Tablet, 5MG Oral Tablet)	G	
Cyclobenzaprine HCl (7.5MG Oral Tablet)	G	
Methocarbamol (500MG Oral Tablet, 750MG Oral Tablet)	G	
Sleep Disorder Agents		

You can find information on what the abbreviations in this table mean on pages 5-6.

Drug name	Brand or Generic	Coverage rules or limits on use
Sleep Promoting Agents		
Belsomra (Oral Tablet)	B	QL
Eszopiclone (Oral Tablet)	G	QL
Quviviq (Oral Tablet)	B	QL
Ramelteon (Oral Tablet)	G	QL
Tasimelteon (Oral Capsule)	G	PA; DL; QL
Temazepam (15MG Oral Capsule, 30MG Oral Capsule)	G	QL
Zaleplon (Oral Capsule)	G	QL
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	QL
Wakefulness Promoting Agents		
Armodafinil (Oral Tablet)	G	PA; QL
Lumryz (Oral Packet)	B	PA; DL; QL
Modafinil (Oral Tablet)	G	PA; QL

Covered drugs with a quantity limit (QL)

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

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

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

Drug name	Brand or Generic	Quantity limit
Abacavir Sulfate (Oral Solution)	G	Maximum of 32 ml per day
Abacavir Sulfate (Oral Tablet)	G	Maximum of 2 tablets per day
Abacavir Sulfate-Lamivudine (Oral Tablet)	G	Maximum of 1 tablet per day
Abiraterone Acetate (250MG Oral Tablet)	G	Maximum of 4 tablets per day
Abiraterone Acetate (500MG Oral Tablet)	G	Maximum of 2 tablets per day
Abrysvo (Intramuscular Solution Reconstituted)	**B**	1 vaccination dose (0.5 ml) per day
Acarbose (100MG Oral Tablet)	G	Maximum of 3 tablets per day
Acarbose (25MG Oral Tablet)	G	Maximum of 12 tablets per day
Acarbose (50MG Oral Tablet)	G	Maximum of 6 tablets per day
Acetaminophen-Caffeine-Dihydrocodeine (Oral Capsule)	G	Maximum of 10 capsules per day
Acetaminophen-Codeine (120-12MG/5ML Oral Solution)	G	Maximum of 150 ml per day
Acetaminophen-Codeine (300-15MG Oral Tablet, 300-30MG Oral Tablet, 300-60MG Oral Tablet)	G	Maximum of 13 tablets per day
ActHIB (Intramuscular Solution Reconstituted)	**B**	1 vaccination dose (1 injection) per day
Acyclovir (External Ointment)	G	Maximum of 30 grams per 30 days
Adacel (Intramuscular Suspension)	**B**	1 vaccination dose (0.5 ml) per day
Adalimumab-adbm (2 Pen) (Subcutaneous Auto-Injector Kit) (Boehringer Ingelheim)	**B**	Maximum of 4 pens per 28 days
Adalimumab-adbm (2 Syringe) (10MG/0.2ML Subcutaneous Prefilled Syringe Kit, 20MG/0.4ML Subcutaneous Prefilled Syringe Kit) (Boehringer Ingelheim)	**B**	Maximum of 2 syringes per 28 days
Adalimumab-adbm (2 Syringe) (40MG/0.4ML Subcutaneous Prefilled Syringe Kit, 40MG/0.8ML Subcutaneous Prefilled Syringe Kit) (Boehringer Ingelheim)	**B**	Maximum of 4 syringes per 28 days

Drug name	Brand or Generic	Quantity limit
Aimovig (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 1 pen (1 ml) per 28 days
Akeega (Oral Tablet)	**B**	Maximum of 2 tablets per day
Albendazole (Oral Tablet)	G	Maximum of 16 tablets per day
Alecensa (Oral Capsule)	**B**	Maximum of 8 capsules per day
Alendronate Sodium (10MG Oral Tablet)	G	Maximum of 1 tablet per day
Alendronate Sodium (35MG Oral Tablet)	G	Maximum of 8 tablets per 28 days
Alendronate Sodium (70MG Oral Tablet)	G	Maximum of 4 tablets per 28 days
Alprazolam (0.25MG Oral Tablet Immediate Release, 0.5MG Oral Tablet Immediate Release, 1MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Alprazolam (2MG Oral Tablet Immediate Release)	G	Maximum of 5 tablets per day
Alunbrig (180MG Oral Tablet, 90MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Alunbrig (30MG Oral Tablet)	**B**	Maximum of 4 tablets per day
Alunbrig (Oral Tablet Therapy Pack)	**B**	Maximum of 2 packs (60 tablets) per year
Ambrisentan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Olmesartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Valsartan (Oral Tablet)	G	Maximum of 1 tablet per day
Amlodipine-Valsartan-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Amphetamine-Dextroamphetamine ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 2 capsules per day
Amphetamine-Dextroamphetamine (10MG Oral Tablet, 12.5MG Oral Tablet, 15MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Amphetamine-Dextroamphetamine (20MG Oral Tablet)	G	Maximum of 3 tablets per day
Anoro Ellipta (Inhalation Aerosol Powder Breath Activated)	**B**	Maximum of 1 inhaler (60 blisters) per 30 days
Anzemet (Oral Tablet)	**B**	Maximum of 2 tablets per day
Aprepitant (125MG Oral Capsule)	G	Maximum of 2 capsules per 28 days
Aprepitant (40MG Oral Capsule, 80MG Oral Capsule)	G	Maximum of 4 capsules per 28 days
Aprepitant (80 & 125MG Oral Capsule)	G	Maximum of 6 capsules (2 packs) per 28 days
Apriso (Oral Capsule Extended Release 24 Hour)	**B**	Maximum of 4 capsules per day
Aptiom (200MG Oral Tablet, 400MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Aptiom (600MG Oral Tablet, 800MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Aptivus (Oral Capsule)	**B**	Maximum of 4 capsules per day

Drug name	Brand or Generic	Quantity limit
Arexvy (Intramuscular Suspension Reconstituted)	**B**	1 vaccination dose (0.5 ml) per day
Arformoterol Tartrate (Inhalation Nebulization Solution)	G	Maximum of 2 vials (4 ml) per day
Aripiprazole (1MG/ML Oral Solution)	G	Maximum of 25 ml per day
Aripiprazole (10MG Oral Tablet, 15MG Oral Tablet, 20MG Oral Tablet, 2MG Oral Tablet, 30MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Aripiprazole ODT (10MG Oral Tablet Dispersible, 15MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Armodafinil (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	G	Maximum of 1 tablet per day
Armodafinil (50MG Oral Tablet)	G	Maximum of 2 tablets per day
Arnuity Ellipta (Inhalation Aerosol Powder Breath Activated)	**B**	Maximum of 1 inhaler (30 blisters) per 30 days
Asenapine Maleate (Tablet Sublingual)	G	Maximum of 2 tablets per day
Aspirin-Dipyridamole ER (Oral Capsule Extended Release 12 Hour)	G	Maximum of 2 capsules per day
Atazanavir Sulfate (150MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 1 capsule per day
Atazanavir Sulfate (200MG Oral Capsule)	G	Maximum of 2 capsules per day
Atomoxetine HCl (100MG Oral Capsule, 60MG Oral Capsule, 80MG Oral Capsule)	G	Maximum of 1 capsule per day
Atomoxetine HCl (10MG Oral Capsule, 18MG Oral Capsule, 25MG Oral Capsule, 40MG Oral Capsule)	G	Maximum of 2 capsules per day
Atovaquone (Oral Suspension)	G	Maximum of 14 ml per day
Augtyro (Oral Capsule)	**B**	Maximum of 8 capsules per day
Austedo (Oral Tablet)	**B**	Maximum of 4 tablets per day
Ayvakit (Oral Tablet)	**B**	Maximum of 1 tablet per day
Azelaic Acid (External Gel)	G	Maximum of 50 grams per 30 days
Bacitracin (Ophthalmic Ointment)	G	Maximum of 2 tubes (7 grams) per 28 days
Balversa (3MG Oral Tablet)	**B**	Maximum of 3 tablets per day
Balversa (4MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Balversa (5MG Oral Tablet)	**B**	Maximum of 1 tablet per day
BCG Vaccine (Injection Solution Reconstituted)	**B**	1 vaccination dose (1 vial) per day
Belsomra (Oral Tablet)	**B**	Maximum of 1 tablet per day
Betaseron (Subcutaneous Kit)	**B**	Maximum of 1 kit (15 vials) per 30 days
Bevespi Aerosphere (Inhalation Aerosol)	**B**	Maximum of 1 inhaler (10.7 grams) per 30 days
Bexarotene (External Gel)	G	Maximum of 60 grams per 30 days

Drug name	Brand or Generic	Quantity limit
Bexsero (Intramuscular Suspension Prefilled Syringe)	**B**	1 vaccination dose (0.5 ml) per day
Biktarvy (Oral Tablet)	**B**	Maximum of 1 tablet per day
Bisoprolol-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 2 tablets per day
Boostrix (Intramuscular Suspension)	**B**	1 vaccination dose (0.5 ml) per day
Boostrix (Intramuscular Suspension Prefilled Syringe)	**B**	1 vaccination dose (0.5 ml) per day
Bosentan (Oral Tablet)	G	Maximum of 2 tablets per day
Bosulif (100MG Oral Capsule)	**B**	Maximum of 6 capsules per day
Bosulif (50MG Oral Capsule)	**B**	Maximum of 11 capsules per day
Bosulif (100MG Oral Tablet)	**B**	Maximum of 6 tablets per day
Bosulif (400MG Oral Tablet, 500MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Breo Ellipta (Inhalation Aerosol Powder Breath Activated)	**B**	Maximum of 1 inhaler (60 blisters) per 30 days
Breztri Aerosphere (120 Inhalation Aerosol)	**B**	Maximum of 1 inhaler (10.7 grams) per 30 days
Brilinta (Oral Tablet)	**B**	Maximum of 2 tablets per day
BRIVIACT (10MG/ML Oral Solution)	**B**	Maximum of 20 ml per day
BRIVIACT (100MG Oral Tablet, 10MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet, 75MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Bronchitol (Inhalation Capsule)	**B**	Maximum of 20 capsules per day
Brukinsa (Oral Capsule)	**B**	Maximum of 4 capsules per day
Buprenorphine HCl (Tablet Sublingual)	G	Maximum of 3 tablets per day
Buprenorphine HCl-Naloxone HCl (12-3MG Sublingual Film)	G	Maximum of 2 films per day
Buprenorphine HCl-Naloxone HCl (2-0.5MG Sublingual Film, 4-1MG Sublingual Film, 8-2MG Sublingual Film)	G	Maximum of 3 films per day
Buprenorphine HCl-Naloxone HCl (Tablet Sublingual)	G	Maximum of 3 tablets per day
Buprenorphine (Transdermal Patch Weekly)	G	Maximum of 4 patches per 28 days
Butalbital-Acetaminophen-Caffeine (Oral Tablet)	G	Maximum of 6 tablets per day
Butalbital-Aspirin-Caffeine (Oral Capsule)	G	Maximum of 6 capsules per day
Butorphanol Tartrate (Nasal Solution)	G	Maximum of 2 bottles (5 ml) per 30 days
Bydureon BCise (Subcutaneous Auto-Injector)	**B**	Maximum of 4 pens (3.4 ml) per 28 days
Byetta 10MCG Pen (Subcutaneous Solution Pen-Injector)	**B**	Maximum of 1 pen (2.4 ml) per 30 days

Drug name	Brand or Generic	Quantity limit
Byetta 5MCG Pen (Subcutaneous Solution Pen-Injector)	**B**	Maximum of 1 pen (1.2 ml) per 30 days
Cablivi (Injection Kit)	**B**	Maximum of 1 kit per day
Cabometyx (20MG Oral Tablet, 60MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Cabometyx (40MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Calcipotriene (External Cream)	G	Maximum of 120 grams per 30 days
Calcipotriene (External Ointment)	G	Maximum of 120 grams per 30 days
Calcitonin Salmon (Nasal Solution)	G	Maximum of 1 bottle per 28 days
Calquence (100MG Oral Capsule)	**B**	Maximum of 2 capsules per day
Calquence (Oral Tablet)	**B**	Maximum of 2 tablets per day
Caplyta (Oral Capsule)	**B**	Maximum of 1 capsule per day
Captopril (100MG Oral Tablet)	G	Maximum of 4 tablets per day
Captopril (12.5MG Oral Tablet, 25MG Oral Tablet)	G	Maximum of 3 tablets per day
Captopril (50MG Oral Tablet)	G	Maximum of 9 tablets per day
Celecoxib (Oral Capsule)	G	Maximum of 2 capsules per day
Chloroquine Phosphate (Oral Tablet)	G	Maximum of 2 tablets per day
Cimduo (Oral Tablet)	**B**	Maximum of 1 tablet per day
Cinacalcet HCl (30MG Oral Tablet, 60MG Oral Tablet)	G	Maximum of 2 tablets per day
Cinacalcet HCl (90MG Oral Tablet)	G	Maximum of 4 tablets per day
Clindacin ETZ (External Swab)	G	Maximum of 69 pads per 30 days
Clindamycin Phosphate (External Gel)	G	Maximum of 75 grams per 30 days
Clindamycin Phosphate (External Lotion)	G	Maximum of 60 ml per 30 days
Clindamycin Phosphate (External Solution)	G	Maximum of 60 ml per 30 days
Clindamycin Phosphate (External Swab)	G	Maximum of 69 pads per 30 days
Clobazam (2.5MG/ML Oral Suspension)	G	Maximum of 16 ml per day
Clobazam (10MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 2 tablets per day
Clonazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Clonazepam (2MG Oral Tablet)	G	Maximum of 10 tablets per day
Clonazepam ODT (0.125MG Oral Tablet Dispersible, 0.25MG Oral Tablet Dispersible, 0.5MG Oral Tablet Dispersible, 1MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Clonazepam ODT (2MG Oral Tablet Dispersible)	G	Maximum of 10 tablets per day
Clopidogrel Bisulfate (75MG Oral Tablet)	G	Maximum of 1 tablet per day
Clorazepate Dipotassium (15MG Oral Tablet)	G	Maximum of 6 tablets per day
Clorazepate Dipotassium (3.75MG Oral Tablet)	G	Maximum of 24 tablets per day
Clorazepate Dipotassium (7.5MG Oral Tablet)	G	Maximum of 12 tablets per day
Clotrimazole-Betamethasone (External Cream)	G	Maximum of 90 grams per 30 days

Drug name	Brand or Generic	Quantity limit
Clozapine ODT (100MG Oral Tablet Dispersible)	G	Maximum of 9 tablets per day
Clozapine ODT (12.5MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Clozapine ODT (150MG Oral Tablet Dispersible)	G	Maximum of 6 tablets per day
Clozapine ODT (200MG Oral Tablet Dispersible)	G	Maximum of 4 tablets per day
Clozapine ODT (25MG Oral Tablet Dispersible)	G	Maximum of 3 tablets per day
Colchicine (0.6MG Oral Capsule) (Brand Equivalent Mitigare)	G	Maximum of 4 capsules per day
Colchicine (0.6MG Oral Tablet) (Generic Colcrys)	G	Maximum of 4 tablets per day
Combivent Respimat (Inhalation Aerosol Solution)	**B**	Maximum of 1 inhaler (4 grams) per 20 days
Cometriq (100MG Daily Dose) (Oral Kit)	**B**	Maximum of 1 carton (56 capsules) per 28 days
Cometriq (140MG Daily Dose) (Oral Kit)	**B**	Maximum of 1 carton (112 capsules) per 28 days
Cometriq (60MG Daily Dose) (Oral Kit)	**B**	Maximum of 1 carton (84 capsules) per 28 days
Complera (Oral Tablet)	**B**	Maximum of 1 tablet per day
Copiktra (Oral Capsule)	**B**	Maximum of 2 capsules per day
Corlanor (Oral Solution)	**B**	Maximum of 15 ml per day
Corlanor (Oral Tablet)	**B**	Maximum of 2 tablets per day
Cosentyx (300MG Dose) (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 10 syringes (10 ml) per 30 days
Cosentyx Sensoready (300MG) (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 10 pens (10 ml) per 30 days
Cosentyx (75MG/0.5ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 20 syringes (10 ml) per 30 days
Cosentyx UnoReady (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 5 pens (10 ml) per 30 days
Cotellic (Oral Tablet)	**B**	Maximum of 3 tablets per day
Cycloset (Oral Tablet)	**B**	Maximum of 6 tablets per day
Dalfampridine ER (Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
Daptacel (Intramuscular Suspension)	**B**	1 vaccination dose (0.5 ml) per day
Darunavir (600MG Oral Tablet)	G	Maximum of 2 tablets per day
Darunavir (800MG Oral Tablet)	G	Maximum of 1 tablet per day
Daurismo (100MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Daurismo (25MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Delstrigo (Oral Tablet)	**B**	Maximum of 1 tablet per day
Descovy (Oral Tablet)	**B**	Maximum of 1 tablet per day
Desonide (External Ointment)	G	Maximum of 120 grams per 30 days

Drug name	Brand or Generic	Quantity limit
Desoximetasone (External Cream)	G	Maximum of 100 grams per 30 days
Desvenlafaxine Succinate ER (100MG Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	Maximum of 4 tablets per day
Desvenlafaxine Succinate ER (25MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour) (Generic Pristiq)	G	Maximum of 1 tablet per day
Dexlansoprazole (Oral Capsule Delayed Release)	G	Maximum of 1 capsule per day
Dexmethylphenidate HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Dextroamphetamine Sulfate ER (10MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 6 capsules per day
Dextroamphetamine Sulfate ER (15MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 4 capsules per day
Dextroamphetamine Sulfate ER (5MG Oral Capsule Extended Release 24 Hour)	G	Maximum of 3 capsules per day
Dextroamphetamine Sulfate (10MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 6 tablets per day
Dextroamphetamine Sulfate (15MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 3 tablets per day
Dextroamphetamine Sulfate (30MG Oral Tablet)	G	Maximum of 2 tablets per day
Diacomit (250MG Oral Capsule)	**B**	Maximum of 12 capsules per day
Diacomit (500MG Oral Capsule)	**B**	Maximum of 6 capsules per day
Diacomit (250MG Oral Packet)	**B**	Maximum of 12 packets per day
Diacomit (500MG Oral Packet)	**B**	Maximum of 6 packets per day
Diazepam Intensol (Oral Concentrate)	G	Maximum of 8 ml per day
Diazepam (10MG Oral Tablet, 2MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 4 tablets per day
Diazepam (10MG Rectal Gel, 2.5MG Rectal Gel, 20MG Rectal Gel)	G	Maximum of 5 packages per 30 days
Diclofenac Epolamine (External Patch)	**B**	Maximum of 2 patches per day
Diclofenac Sodium (3% External Gel)	G	Maximum of 100 grams per 30 days
Dihydroergotamine Mesylate (Nasal Solution)	G	Maximum of 16 vials (16 ml) per 28 days
Dimethyl Fumarate (120MG Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Dimethyl Fumarate (240MG Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Dimethyl Fumarate Starter Pack (Oral Capsule Delayed Release Therapy Pack)	G	Maximum of 2 packs (120 capsules) per year
Diphtheria-Tetanus Toxoids DT (25-5LFU/0.5ML Intramuscular Suspension)	**B**	1 vaccination dose (0.5 ml) per day
Dofetilide (125MCG Oral Capsule)	G	Maximum of 6 capsules per day

Drug name	Brand or Generic	Quantity limit
Dofetilide (250MCG Oral Capsule, 500MCG Oral Capsule)	G	Maximum of 2 capsules per day
Donepezil HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Donepezil HCl (23MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Donepezil HCl ODT (10MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Donepezil HCl ODT (5MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day
Doptelet (Oral Tablet)	**B**	Maximum of 3 tablets per day
Dovato (Oral Tablet)	**B**	Maximum of 1 tablet per day
Doxepin HCl (External Cream)	G	Maximum of 90 grams per 30 days
Droxidopa (100MG Oral Capsule)	G	Maximum of 3 capsules per day
Droxidopa (200MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 6 capsules per day
Dulera (120 Inhalation Aerosol)	**B**	Maximum of 1 inhaler (13 grams) per 30 days
Duloxetine HCl (20MG Oral Capsule Delayed Release Particles)	G	Maximum of 4 capsules per day
Duloxetine HCl (30MG Oral Capsule Delayed Release Particles)	G	Maximum of 3 capsules per day
Duloxetine HCl (60MG Oral Capsule Delayed Release Particles)	G	Maximum of 2 capsules per day
Dupixent (200MG/1.14ML Subcutaneous Solution Pen-Injector)	**B**	Maximum of 4 pens (4.56 ml) per 28 days
Dupixent (300MG/2ML Subcutaneous Solution Pen-Injector)	**B**	Maximum of 4 pens (8 ml) per 28 days
Dupixent (100MG/0.67ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 2 syringes (1.34 ml) per 28 days
Dupixent (200MG/1.14ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 4 syringes (4.56 ml) per 28 days
Dupixent (300MG/2ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 4 syringes (8 ml) per 28 days
Dutasteride (Oral Capsule)	G	Maximum of 1 capsule per day
Econazole Nitrate (External Cream)	G	Maximum of 90 grams per 30 days
Edarbi (Oral Tablet)	**B**	Maximum of 1 tablet per day
Edarbyclor (Oral Tablet)	**B**	Maximum of 1 tablet per day
Edurant (Oral Tablet)	**B**	Maximum of 1 tablet per day
Efavirenz (Oral Tablet)	G	Maximum of 1 tablet per day
Efavirenz-Emtricitabine-Tenofovir (Oral Tablet)	G	Maximum of 1 tablet per day
Efavirenz-Lamivudine-Tenofovir (Oral Tablet)	G	Maximum of 1 tablet per day
Eligard (22.5MG Subcutaneous Kit)	**B**	Maximum of 1 kit per 84 days
Eligard (30MG Subcutaneous Kit)	**B**	Maximum of 1 kit per 112 days
Eligard (45MG Subcutaneous Kit)	**B**	Maximum of 1 kit per 168 days
Eligard (7.5MG Subcutaneous Kit)	**B**	Maximum of 1 kit per 28 days

Drug name	Brand or Generic	Quantity limit
Eliquis (Oral Tablet)	**B**	Maximum of 2 tablets per day
Eliquis Starter Pack (Oral Tablet)	**B**	Maximum of 2 packs (148 tablets) per year
Emgality (300MG Dose) (100MG/ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 3 syringes or pens (3 ml) per 28 days
Emgality (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 2 syringes or pens (2 ml) per 28 days
Emgality (120MG/ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 2 syringes or pens (2 ml) per 28 days
Emsam (Transdermal Patch 24 Hour)	**B**	Maximum of 1 patch per day
Emtricitabine (Oral Capsule)	G	Maximum of 1 capsule per day
Emtricitabine-Tenofovir Disoproxil Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Emtriva (Oral Solution)	**B**	Maximum of 5 bottles (850 ml) per 30 days
Enalapril Maleate (Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (10-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Enalapril-Hydrochlorothiazide (5-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Enbrel Mini (Subcutaneous Solution Cartridge)	**B**	Maximum of 8 cartridges per 28 days
Enbrel (Subcutaneous Solution)	**B**	Maximum of 8 vials (4 ml) per 28 days
Enbrel (25MG/0.5ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 8 syringes (4 ml) per 28 days
Enbrel (50MG/ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 8 syringes (8 ml) per 28 days
Enbrel SureClick (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 8 pens per 28 days
Endocet (Oral Tablet)	G	Maximum of 12 tablets per day
Engerix-B (Injection Suspension)	**B**	1 vaccination dose (1 ml) per day
Engerix-B (10MCG/0.5ML Injection Suspension Prefilled Syringe)	**B**	1 vaccination dose (0.5 ml) per day
Engerix-B (20MCG/ML Injection Suspension Prefilled Syringe)	**B**	1 vaccination dose (1 ml) per day
Enoxaparin Sodium (100MG/ML Injection Solution Prefilled Syringe, 150MG/ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (2 ml) per day
Enoxaparin Sodium (120MG/0.8ML Injection Solution Prefilled Syringe, 80MG/0.8ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (1.6 ml) per day
Enoxaparin Sodium (30MG/0.3ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (0.6 ml) per day

Drug name	Brand or Generic	Quantity limit
Enoxaparin Sodium (40MG/0.4ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (0.8 ml) per day
Enoxaparin Sodium (60MG/0.6ML Injection Solution Prefilled Syringe)	G	Maximum of 2 syringes (1.2 ml) per day
Entresto (Oral Tablet)	**B**	Maximum of 2 tablets per day
Epinephrine (Injection Solution Auto-Injector)	G	Maximum of 4 pens (2 boxes) per 30 days
Erleada (240MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Erleada (60MG Oral Tablet)	**B**	Maximum of 4 tablets per day
Erlotinib HCl (100MG Oral Tablet, 150MG Oral Tablet)	G	Maximum of 1 tablet per day
Erlotinib HCl (25MG Oral Tablet)	G	Maximum of 3 tablets per day
Esomeprazole Magnesium (20MG Oral Capsule Delayed Release) (Generic Nexium)	G	Maximum of 3 capsules per day
Esomeprazole Magnesium (40MG Oral Capsule Delayed Release) (Generic Nexium)	G	Maximum of 2 capsules per day
Estradiol (Transdermal Patch Weekly)	G	Maximum of 4 patches per 28 days
Estradiol (Vaginal Tablet)	G	Maximum of 18 tablets per 28 days
Eszopiclone (Oral Tablet)	G	Maximum of 1 tablet per day
Ethacrynic Acid (Oral Tablet)	G	Maximum of 16 tablets per day
Etravirine (Oral Tablet)	G	Maximum of 2 tablets per day
Evotaz (Oral Tablet)	**B**	Maximum of 1 tablet per day
Ezetimibe (Oral Tablet)	G	Maximum of 1 tablet per day
Famciclovir (125MG Oral Tablet, 250MG Oral Tablet)	G	Maximum of 2 tablets per day
Famciclovir (500MG Oral Tablet)	G	Maximum of 3 tablets per day
Fanapt (10MG Oral Tablet, 12MG Oral Tablet, 1MG Oral Tablet, 2MG Oral Tablet, 4MG Oral Tablet, 6MG Oral Tablet, 8MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Fanapt Titration Pack (Oral Tablet)	**B**	Maximum of 2 packs per year
Farxiga (Oral Tablet)	**B**	Maximum of 1 tablet per day
Fentanyl Citrate (Buccal Lozenge On A Handle)	G	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)	G	Maximum of 15 patches per 30 days
Fetzima (Oral Capsule Extended Release 24 Hour)	**B**	Maximum of 1 capsule per day
Fetzima Titration (Oral Capsule ER 24 Hour Therapy Pack)	**B**	Maximum of 2 packs (56 capsules) per year

Drug name	Brand or Generic	Quantity limit
Finacea (External Foam)	**B**	Maximum of 50 grams per 30 days
Fingolimod HCl (Oral Capsule)	G	Maximum of 1 capsule per day
Fintepla (Oral Solution)	**B**	Maximum of 12 ml per day
Firmagon (240MG Dose) (120MG/Vial Subcutaneous Solution Reconstituted)	**B**	Maximum of 2 kits (4 vials) per 365 days
Firmagon (80MG Subcutaneous Solution Reconstituted)	**B**	Maximum of 1 kit per 28 days
Fluocinonide Emulsified Base (External Cream)	G	Maximum of 60 grams per 30 days
Fluocinonide (0.05% External Cream)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Gel)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Ointment)	G	Maximum of 60 grams per 30 days
Fluocinonide (External Solution)	G	Maximum of 60 ml per 30 days
Fluorouracil (5% External Cream)	G	Maximum of 40 grams per 30 days
Fluticasone-Salmeterol (100-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 250-50MCG/ACT Inhalation Aerosol Powder Breath Activated, 500-50MCG/ACT Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	Maximum of 1 inhaler (60 blisters) per 30 days
Formoterol Fumarate (Inhalation Nebulization Solution)	G	Maximum of 2 vials (4 ml) per day
Forteo (Subcutaneous Solution Pen-Injector)	**B**	Maximum of 1 pen (2.4 ml) per 28 days
Fosamprenavir Calcium (Oral Tablet)	G	Maximum of 4 tablets per day
Fotivda (Oral Capsule)	**B**	Maximum of 21 capsules per 28 days
Fruzaqla (1MG Oral Capsule)	**B**	Maximum of 84 capsules per 28 days
Fruzaqla (5MG Oral Capsule)	**B**	Maximum of 21 capsules per 28 days
Fuzeon (Subcutaneous Solution Reconstituted)	**B**	Maximum of 2 vials per day
Fycompa (Oral Suspension)	**B**	Maximum of 24 ml per day
Fycompa (Oral Tablet)	**B**	Maximum of 1 tablet per day
Galantamine Hydrobromide ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Galantamine Hydrobromide (Oral Solution)	G	Maximum of 2 bottles (200 ml) per 30 days
Galantamine Hydrobromide (Oral Tablet)	G	Maximum of 2 tablets per day
Gardasil 9 (Intramuscular Suspension)	**B**	1 vaccination dose (0.5 ml) per day
Gardasil 9 (Intramuscular Suspension Prefilled Syringe)	**B**	1 vaccination dose (0.5 ml) per day
Gavreto (Oral Capsule)	**B**	Maximum of 4 capsules per day
Gefitinib (Oral Tablet)	G	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Genvoya (Oral Tablet)	**B**	Maximum of 1 tablet per day
Glatiramer Acetate (20MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 1 syringe (1 ml) per day
Glatiramer Acetate (40MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 12 syringes (12 ml) per 28 days
Glatopa (20MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 1 syringe (1 ml) per day
Glatopa (40MG/ML Subcutaneous Solution Prefilled Syringe)	G	Maximum of 12 syringes (12 ml) per 28 days
Glimepiride (1MG Oral Tablet)	G	Maximum of 8 tablets per day
Glimepiride (2MG Oral Tablet)	G	Maximum of 4 tablets per day
Glimepiride (4MG Oral Tablet)	G	Maximum of 2 tablets per day
Glipizide ER (10MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Glipizide ER (2.5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 8 tablets per day
Glipizide ER (5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 4 tablets per day
Glipizide (10MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Glipizide (5MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-250MG Oral Tablet)	G	Maximum of 8 tablets per day
Glipizide-Metformin HCl (2.5-500MG Oral Tablet, 5-500MG Oral Tablet)	G	Maximum of 4 tablets per day
Glyxambi (Oral Tablet)	**B**	Maximum of 1 tablet per day
Granisetron HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Havrix (1440EL U/ML Intramuscular Suspension)	**B**	Maximum of 2 vaccines per lifetime
Havrix (720EL U/0.5ML Intramuscular Suspension)	**B**	Maximum of 2 vaccines per lifetime
Heplisav-B (Intramuscular Solution Prefilled Syringe)	**B**	1 vaccination dose (0.5 ml) per day
Hiberix (Injection Solution Reconstituted)	**B**	1 vaccination dose (1 injection) per day
Humira (2 Pen) (40MG/0.4ML Subcutaneous Pen-Injector Kit, 40MG/0.8ML Subcutaneous Pen-Injector Kit) (AbbVie)	**B**	Maximum of 2 kits (4 pens) per 28 days
Humira (2 Pen) (80MG/0.8ML Subcutaneous Pen-Injector Kit) (AbbVie)	**B**	Maximum of 1 kit (2 pens) per 28 days
Humira (2 Syringe) (10MG/0.1ML Subcutaneous Prefilled Syringe Kit, 20MG/0.2ML Subcutaneous Prefilled Syringe Kit) (AbbVie)	**B**	Maximum of 1 kit (2 syringes) per 28 days
Humira (2 Syringe) (40MG/0.4ML Subcutaneous Prefilled Syringe Kit, 40MG/0.8ML Subcutaneous Prefilled Syringe Kit) (AbbVie)	**B**	Maximum of 2 kits (4 syringes) per 28 days

Drug name	Brand or Generic	Quantity limit
Humira Pen Psoriasis/Uveitis Starter (40MG/0.4ML & 80MG/0.8ML Subcutaneous Pen-Injector Kit) (AbbVie)	**B**	Maximum of 2 kits per year
Hydrocodone-Acetaminophen (7.5-325MG/15ML Oral Solution)	G	Maximum of 180 ml per day
Hydrocodone-Acetaminophen (10-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
Hydrocodone-Ibuprofen (7.5-200MG Oral Tablet)	G	Maximum of 5 tablets per day
Hydromorphone HCl (1MG/ML Oral Liquid)	G	Maximum of 50 ml per day
Hydromorphone HCl (2MG Oral Tablet Immediate Release, 4MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Hydromorphone HCl (8MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Hydroxychloroquine Sulfate (200MG Oral Tablet)	G	Maximum of 3 tablets per day
Ibandronate Sodium (Oral Tablet)	G	Maximum of 1 tablet per 28 days
Ibrance (Oral Capsule)	**B**	Maximum of 1 capsule per day
Ibrance (Oral Tablet)	**B**	Maximum of 1 tablet per day
Icatibant Acetate (Subcutaneous Solution Prefilled Syringe)	G	Maximum of 12 syringes (36 ml) per 30 days
Iclusig (Oral Tablet)	**B**	Maximum of 1 tablet per day
IDHIFA (Oral Tablet)	**B**	Maximum of 1 tablet per day
Imatinib Mesylate (Oral Tablet)	G	Maximum of 3 tablets per day
Imbruvica (140MG Oral Capsule)	**B**	Maximum of 4 capsules per day
Imbruvica (70MG Oral Capsule)	**B**	Maximum of 1 capsule per day
Imbruvica (Oral Suspension)	**B**	Maximum of 8 ml per day
Imbruvica (140MG Oral Tablet, 280MG Oral Tablet, 420MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Imiquimod (5% External Cream)	G	Maximum of 24 packets per 30 days
Imovax Rabies (Intramuscular Suspension Reconstituted)	**B**	1 vaccination dose (1 injection) per day
Imvexxy Maintenance Pack (Vaginal Insert)	**B**	Maximum of 8 vaginal inserts per 28 days
Imvexxy Starter Pack (Vaginal Insert)	**B**	Maximum of 2 packs per year
Incruse Ellipta (Inhalation Aerosol Powder Breath Activated)	**B**	Maximum of 1 inhaler (30 blisters) per 30 days
Infanrix (Intramuscular Suspension)	**B**	1 vaccination dose (0.5 ml) per day
Ingrezza (Oral Capsule)	**B**	Maximum of 1 capsule per day
Ingrezza (Oral Capsule Sprinkle)	**B**	Maximum of 1 capsule per day
Ingrezza (Oral Capsule Therapy Pack)	**B**	Maximum of 1 pack (28 capsules) per 28 days

Drug name	Brand or Generic	Quantity limit
Inlyta (Oral Tablet)	**B**	Maximum of 4 tablets per day
Inqovi (Oral Tablet)	**B**	Maximum of 1 pack (5 tablets) per 28 days
Inrebic (Oral Capsule)	**B**	Maximum of 4 capsules per day
Intelence (25MG Oral Tablet)	**B**	Maximum of 4 tablets per day
IPOL (Injection)	**B**	1 vaccination dose (0.5 ml) per day
Isentress HD (Oral Tablet)	**B**	Maximum of 2 tablets per day
Isentress (Oral Packet)	**B**	Maximum of 2 packets per day
Isentress (Oral Tablet)	**B**	Maximum of 2 tablets per day
Isentress (Oral Tablet Chewable)	**B**	Maximum of 6 tablets per day
Isosorbide Dinitrate-Hydralazine (Oral Tablet)	G	Maximum of 6 tablets per day
Itraconazole (Oral Capsule)	G	Maximum of 4 capsules per day
Iwilfin (Oral Tablet)	**B**	Maximum of 8 tablets per day
Ixchiq (Intramuscular Solution Reconstituted)	**B**	1 vaccination dose (1 injection) per day
Ixiaro (Intramuscular Suspension)	**B**	1 vaccination dose (0.5 ml) per day
Jakafi (Oral Tablet)	**B**	Maximum of 2 tablets per day
Janumet (Oral Tablet Immediate Release)	**B**	Maximum of 2 tablets per day
Janumet XR (100-1000MG Oral Tablet Extended Release 24 Hour, 50-500MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 1 tablet per day
Janumet XR (50-1000MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 2 tablets per day
Januvia (Oral Tablet)	**B**	Maximum of 1 tablet per day
Jardiance (Oral Tablet)	**B**	Maximum of 1 tablet per day
Jaypirca (100MG Oral Tablet)	**B**	Maximum of 3 tablets per day
Jaypirca (50MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Jentadueto (2.5-1000MG Oral Tablet, 2.5-500MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Jentadueto XR (2.5-1000MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 2 tablets per day
Jentadueto XR (5-1000MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 1 tablet per day
Juluca (Oral Tablet)	**B**	Maximum of 1 tablet per day
Jynneos (Subcutaneous Suspension)	**B**	1 vaccination dose (0.5 ml) per day
Kalydeco (Oral Packet)	**B**	Maximum of 2 packets per day
Kalydeco (Oral Tablet)	**B**	Maximum of 2 tablets per day
Kerendia (Oral Tablet)	**B**	Maximum of 1 tablet per day
Ketoconazole (External Cream)	G	Maximum of 90 grams per 30 days

Drug name	Brand or Generic	Quantity limit
Kinrix (Intramuscular Suspension Prefilled Syringe)	**B**	1 vaccination dose (0.5 ml) per day
Kisqali (200MG Dose) (Oral Tablet)	**B**	Maximum of 1 tablet per day
Kisqali (400MG Dose) (Oral Tablet)	**B**	Maximum of 2 tablets per day
Kisqali (600MG Dose) (Oral Tablet)	**B**	Maximum of 3 tablets per day
Kisqali Femara (200MG Dose) (200 & 2.5MG Oral Tablet Therapy Pack)	**B**	Maximum of 1 pack (49 tablets) per 28 days
Kisqali Femara (400MG Dose) (200 & 2.5MG Oral Tablet Therapy Pack)	**B**	Maximum of 1 pack (70 tablets) per 28 days
Kisqali Femara (600MG Dose) (200 & 2.5MG Oral Tablet Therapy Pack)	**B**	Maximum of 1 pack (91 tablets) per 28 days
Koselugo (10MG Oral Capsule)	**B**	Maximum of 8 capsules per day
Koselugo (25MG Oral Capsule)	**B**	Maximum of 4 capsules per day
Krazati (Oral Tablet)	**B**	Maximum of 6 tablets per day
Lacosamide (10MG/ML Oral Solution)	G	Maximum of 40 ml per day
Lacosamide (Oral Tablet)	G	Maximum of 2 tablets per day
Lamivudine (10MG/ML Oral Solution)	G	Maximum of 32 ml per day
Lamivudine (150MG Oral Tablet)	G	Maximum of 2 tablets per day
Lamivudine (300MG Oral Tablet)	G	Maximum of 1 tablet per day
Lamivudine-Zidovudine (Oral Tablet)	G	Maximum of 2 tablets per day
Lansoprazole (Oral Capsule Delayed Release)	G	Maximum of 2 capsules per day
Lenalidomide (Oral Capsule)	G	Maximum of 1 capsule per day
Leuprolide Acetate (Subcutaneous Injection Kit)	G	Maximum of 2 kits per 28 days
Levocetirizine Dihydrochloride (Oral Tablet)	G	Maximum of 1 tablet per day
Libervant (Buccal Film)	**B**	Maximum of 10 films per 30 days
Lidocaine (5% External Ointment)	G	Maximum of 152 grams per 30 days
Lidocaine (5% External Patch)	G	Maximum of 3 patches per day
Linezolid (Oral Suspension Reconstituted)	G	Maximum of 60 ml per day
Linezolid (Oral Tablet)	G	Maximum of 2 tablets per day
Linzess (Oral Capsule)	**B**	Maximum of 1 capsule per day
Lisinopril (Oral Tablet)	G	Maximum of 2 tablets per day
Lisinopril-Hydrochlorothiazide (10-12.5MG Oral Tablet)	G	Maximum of 1 tablet per day
Lisinopril-Hydrochlorothiazide (20-12.5MG Oral Tablet)	G	Maximum of 4 tablets per day
Lisinopril-Hydrochlorothiazide (20-25MG Oral Tablet)	G	Maximum of 2 tablets per day
Livalo (Oral Tablet)	**B**	Maximum of 1 tablet per day
Livtencity (Oral Tablet)	**B**	Maximum of 12 tablets per day
Lokelma (Oral Packet)	**B**	Maximum of 3 packets per day

Drug name	Brand or Generic	Quantity limit
Lonsurf (15-6.14MG Oral Tablet)	**B**	Maximum of 10 tablets per day
Lonsurf (20-8.19MG Oral Tablet)	**B**	Maximum of 8 tablets per day
Lopinavir-Ritonavir (Oral Solution)	G	Maximum of 3 bottles (480 ml) per 30 days
Lopinavir-Ritonavir (100-25MG Oral Tablet)	G	Maximum of 8 tablets per day
Lopinavir-Ritonavir (200-50MG Oral Tablet)	G	Maximum of 4 tablets per day
Lorazepam Intensol (Oral Concentrate)	G	Maximum of 5 ml per day
Lorazepam (0.5MG Oral Tablet, 1MG Oral Tablet)	G	Maximum of 4 tablets per day
Lorazepam (2MG Oral Tablet)	G	Maximum of 5 tablets per day
Lorbrena (100MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Lorbrena (25MG Oral Tablet)	**B**	Maximum of 3 tablets per day
Lubiprostone (Oral Capsule)	G	Maximum of 2 capsules per day
Lumakras (120MG Oral Tablet)	**B**	Maximum of 8 tablets per day
Lumakras (320MG Oral Tablet)	**B**	Maximum of 3 tablets per day
Lumryz (Oral Packet)	**B**	Maximum of 1 packet per day
Lupron Depot (1-Month) (Intramuscular Kit)	**B**	Maximum of 1 kit per 28 days
Lupron Depot (3-Month) (Intramuscular Kit)	**B**	Maximum of 1 kit per 84 days
Lupron Depot (4-Month) (Intramuscular Kit)	**B**	Maximum of 1 kit per 112 days
Lupron Depot (6-Month) (Intramuscular Kit)	**B**	Maximum of 1 kit per 168 days
Lupron Depot-Ped (1-Month) (7.5MG Intramuscular Kit)	**B**	Maximum of 1 kit per 28 days
Lupron Depot-Ped (3-Month) (11.25MG Intramuscular Kit)	**B**	Maximum of 1 kit per 84 days
Lupron Depot-Ped (6-Month) (Intramuscular Kit)	**B**	Maximum of 1 kit per 168 days
Lurasidone HCl (120MG Oral Tablet, 20MG Oral Tablet, 40MG Oral Tablet, 60MG Oral Tablet)	G	Maximum of 1 tablet per day
Lurasidone HCl (80MG Oral Tablet)	G	Maximum of 2 tablets per day
Lybalvi (Oral Tablet)	**B**	Maximum of 1 tablet per day
Lynparza (Oral Tablet)	**B**	Maximum of 4 tablets per day
Lytgobi (12MG Daily Dose) (Oral Tablet Therapy Pack)	**B**	Maximum of 4 packs (84 tablets) per 28 days
Lytgobi (16MG Daily Dose) (Oral Tablet Therapy Pack)	**B**	Maximum of 4 packs (112 tablets) per 28 days
Lytgobi (20MG Daily Dose) (Oral Tablet Therapy Pack)	**B**	Maximum of 4 packs (140 tablets) per 28 days
Maraviroc (150MG Oral Tablet)	G	Maximum of 2 tablets per day
Maraviroc (300MG Oral Tablet)	G	Maximum of 4 tablets per day
Mavyret (Oral Packet)	**B**	Maximum of 5 cartons (140 packets) per 28 days
Mavyret (Oral Tablet)	**B**	Maximum of 3 tablets per day
Mayzent (0.25MG Oral Tablet)	**B**	Maximum of 4 tablets per day

Drug name	Brand or Generic	Quantity limit
Mayzent (1MG Oral Tablet, 2MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Mayzent Starter Pack (12 x 0.25MG Oral Tablet Therapy Pack)	**B**	Maximum of 2 packs (24 tablets) per year
Mayzent Starter Pack (7 x 0.25MG Oral Tablet Therapy Pack)	**B**	Maximum of 2 packs (14 tablets) per year
Memantine HCl ER (Oral Capsule Extended Release 24 Hour)	G	Maximum of 1 capsule per day
Memantine HCl (Oral Solution)	G	Maximum of 10 ml per day
Memantine HCl (10MG Oral Tablet)	G	Maximum of 2 tablets per day
Memantine HCl Titration Pak (Oral Tablet)	G	Maximum of 2 packs per year
Memantine HCl (5MG Oral Tablet)	G	Maximum of 3 tablets per day
Menactra (Intramuscular Solution)	**B**	1 vaccination dose (0.5 ml) per day
MenQuadfi (Intramuscular Solution)	**B**	1 vaccination dose (0.5 ml) per day
Menveo (Intramuscular Solution Reconstituted)	**B**	1 vaccination dose (1 injection) per day
Mesalamine ER (500MG Oral Capsule Extended Release) (Generic Pentasa)	G	Maximum of 8 capsules per day
Mesalamine (1.2GM Oral Tablet Delayed Release) (Generic Lialda)	G	Maximum of 4 tablets per day
Mesalamine (Rectal Enema)	G	Maximum of 1 bottle (60 ml) per day
Mesalamine (Rectal Suppository)	G	Maximum of 1 suppository per day
Metformin HCl ER (500MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 4 tablets per day
Metformin HCl ER (750MG Oral Tablet Extended Release 24 Hour) (Generic Glucophage XR)	G	Maximum of 2 tablets per day
Metformin HCl (Oral Solution)	G	Maximum of 25.5 ml per day
Metformin HCl (1000MG Oral Tablet Immediate Release)	G	Maximum of 2.5 tablets per day
Metformin HCl (500MG Oral Tablet Immediate Release)	G	Maximum of 5 tablets per day
Metformin HCl (850MG Oral Tablet Immediate Release)	G	Maximum of 3 tablets per day
Methadone HCl (10MG/5ML Oral Solution)	G	Maximum of 60 ml per day
Methadone HCl (5MG/5ML Oral Solution)	G	Maximum of 120 ml per day
Methadone HCl (10MG Oral Tablet)	G	Maximum of 12 tablets per day
Methadone HCl (5MG Oral Tablet)	G	Maximum of 8 tablets per day
Methylphenidate HCl ER (10MG Oral Tablet Extended Release)	G	Maximum of 4 tablets per day
Methylphenidate HCl ER (20MG Oral Tablet Extended Release)	G	Maximum of 3 tablets per day

Drug name	Brand or Generic	Quantity limit
Methylphenidate HCl (10MG/5ML Oral Solution)	G	Maximum of 30 ml per day
Methylphenidate HCl (5MG/5ML Oral Solution)	G	Maximum of 60 ml per day
Methylphenidate HCl (Oral Tablet Immediate Release) (Generic Ritalin)	G	Maximum of 3 tablets per day
Mifepristone (300MG Oral Tablet)	G	Maximum of 4 tablets per day
Miglitol (100MG Oral Tablet)	G	Maximum of 3 tablets per day
Miglitol (25MG Oral Tablet)	G	Maximum of 12 tablets per day
Miglitol (50MG Oral Tablet)	G	Maximum of 6 tablets per day
M-M-R II (Injection Solution Reconstituted)	**B**	1 vaccination dose (1 injection) per day
Modafinil (100MG Oral Tablet)	G	Maximum of 1 tablet per day
Modafinil (200MG Oral Tablet)	G	Maximum of 2 tablets per day
Montelukast Sodium (Oral Packet)	G	Maximum of 1 packet per day
Montelukast Sodium (Oral Tablet)	G	Maximum of 1 tablet per day
Montelukast Sodium (Oral Tablet Chewable)	G	Maximum of 1 tablet per day
Morphine Sulfate (Concentrate) (20MG/ML Oral Solution)	G	Maximum of 10 ml per day
Morphine Sulfate ER (100MG Oral Tablet Extended Release, 15MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 3 tablets per day
Morphine Sulfate ER (200MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 2 tablets per day
Morphine Sulfate ER (30MG Oral Tablet Extended Release, 60MG Oral Tablet Extended Release) (Generic MS Contin)	G	Maximum of 4 tablets per day
Morphine Sulfate (10MG/5ML Oral Solution)	G	Maximum of 100 ml per day
Morphine Sulfate (20MG/5ML Oral Solution)	G	Maximum of 50 ml per day
Morphine Sulfate (15MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Morphine Sulfate (30MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Motegrity (Oral Tablet)	**B**	Maximum of 1 tablet per day
Mounjaro (Subcutaneous Solution Pen-Injector)	**B**	Maximum of 4 pens (2 ml) per 28 days
Movantik (Oral Tablet)	**B**	Maximum of 1 tablet per day
Multaq (Oral Tablet)	**B**	Maximum of 2 tablets per day
Mupirocin (External Ointment)	G	Maximum of 110 grams per 30 days
Namzaric (Oral Capsule ER 24 Hour Therapy Pack)	**B**	Maximum of 1 capsule per day
Namzaric (Oral Capsule Extended Release 24 Hour)	**B**	Maximum of 1 capsule per day

Drug name	Brand or Generic	Quantity limit
Naratriptan HCl (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Nateglinide (120MG Oral Tablet)	G	Maximum of 3 tablets per day
Nateglinide (60MG Oral Tablet)	G	Maximum of 6 tablets per day
Nayzilam (Nasal Solution)	**B**	Maximum of 10 blister packs (20 spray devices) per 30 days
Nebivolol HCl (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Nebivolol HCl (20MG Oral Tablet)	G	Maximum of 2 tablets per day
Nerlynx (Oral Tablet)	**B**	Maximum of 6 tablets per day
Nevirapine ER (400MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Nevirapine (Oral Suspension)	G	Maximum of 40 ml per day
Nevirapine (Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
Nifedipine ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Nifedipine ER Osmotic Release (Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Ninlaro (Oral Capsule)	**B**	Maximum of 3 capsules per 28 days
Nitazoxanide (Oral Tablet)	G	Maximum of 2 tablets per day
Nitroglycerin (Rectal Ointment)	G	Maximum of 30 grams per 30 days
Norvir (Oral Packet)	**B**	Maximum of 12 packets per day
Nubeqa (Oral Tablet)	**B**	Maximum of 4 tablets per day
Nuedexta (Oral Capsule)	**B**	Maximum of 2 capsules per day
Nuplazid (Oral Capsule)	**B**	Maximum of 1 capsule per day
Nuplazid (Oral Tablet)	**B**	Maximum of 1 tablet per day
Nurtec ODT (Oral Tablet Dispersible)	**B**	Maximum of 18 tablets per 30 days
Nyamyc (External Powder)	G	Maximum of 120 grams per 30 days
Nystatin (External Powder)	G	Maximum of 120 grams per 30 days
Nystop (External Powder)	G	Maximum of 120 grams per 30 days
Odefsey (Oral Tablet)	**B**	Maximum of 1 tablet per day
Ofev (Oral Capsule)	**B**	Maximum of 2 capsules per day
Ogsiveo (100MG Oral Tablet, 150MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Ogsiveo (50MG Oral Tablet)	**B**	Maximum of 6 tablets per day
Ojemda (Oral Suspension Reconstituted)	**B**	Maximum of 96 ml per 28 days
Ojemda (Oral Tablet)	**B**	Maximum of 24 tablets per 28 days

Drug name	Brand or Generic	Quantity limit
Ojjaara (Oral Tablet)	**B**	Maximum of 1 tablet per day
Olanzapine (10MG Oral Tablet, 2.5MG Oral Tablet, 5MG Oral Tablet, 7.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Olanzapine (15MG Oral Tablet, 20MG Oral Tablet)	G	Maximum of 1 tablet per day
Olanzapine ODT (10MG Oral Tablet Dispersible, 5MG Oral Tablet Dispersible)	G	Maximum of 2 tablets per day
Olanzapine ODT (15MG Oral Tablet Dispersible, 20MG Oral Tablet Dispersible)	G	Maximum of 1 tablet per day
Olmesartan Medoxomil (20MG Oral Tablet, 40MG Oral Tablet)	G	Maximum of 1 tablet per day
Olmesartan Medoxomil (5MG Oral Tablet)	G	Maximum of 2 tablets per day
Olmesartan Medoxomil-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Olmesartan-Amlodipine-HCTZ (Oral Tablet)	G	Maximum of 1 tablet per day
Omega-3-Acid Ethyl Esters (Oral Capsule) (Generic Lovaza)	G	Maximum of 4 capsules per day
Omeprazole (10MG Oral Capsule Delayed Release)	G	Maximum of 3 capsules per day
Ondansetron HCl (Oral Solution)	G	Maximum of 30 ml per day
Ondansetron HCl (4MG Oral Tablet)	G	Maximum of 6 tablets per day
Ondansetron HCl (8MG Oral Tablet)	G	Maximum of 3 tablets per day
Ondansetron ODT (4MG Oral Tablet Dispersible)	G	Maximum of 6 tablets per day
Ondansetron ODT (8MG Oral Tablet Dispersible)	G	Maximum of 3 tablets per day
Onureg (Oral Tablet)	**B**	Maximum of 14 tablets per 28 days
Orencia ClickJect (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 4 pens (4 ml) per 28 days
Orencia (125MG/ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 4 syringes (4 ml) per 28 days
Orencia (50MG/0.4ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 4 syringes (1.6 ml) per 28 days
Orencia (87.5MG/0.7ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 4 syringes (2.8 ml) per 28 days
Orgovyx (Oral Tablet)	**B**	Maximum of 30 tablets per 28 days
Orkambi (Oral Packet)	**B**	Maximum of 56 packets per 28 days
Orkambi (Oral Tablet)	**B**	Maximum of 4 tablets per day
Orserdu (345MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Orserdu (86MG Oral Tablet)	**B**	Maximum of 3 tablets per day
Oseltamivir Phosphate (Oral Capsule)	G	Maximum of 2 capsules per day
Oseltamivir Phosphate (Oral Suspension Reconstituted)	G	Maximum of 26 ml per day
Osphena (Oral Tablet)	**B**	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Otezla (30MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Otezla (10 & 20 & 30MG Oral Tablet Therapy Pack)	**B**	Maximum of 2 kits per year
Oxybutynin Chloride ER (10MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 3 tablets per day
Oxybutynin Chloride ER (15MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Oxybutynin Chloride ER (5MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Oxycodone HCl (Oral Concentrate)	G	Maximum of 6 ml per day
Oxycodone HCl (Oral Solution)	G	Maximum of 130 ml per day
Oxycodone HCl (10MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	Maximum of 12 tablets per day
Oxycodone HCl (15MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Oxycodone HCl (20MG Oral Tablet Immediate Release, 30MG Oral Tablet Immediate Release)	G	Maximum of 6 tablets per day
Oxycodone-Acetaminophen (10-325MG Oral Tablet, 2.5-325MG Oral Tablet, 5-325MG Oral Tablet, 7.5-325MG Oral Tablet)	G	Maximum of 12 tablets per day
Ozempic (0.25MG/DOSE or 0.5MG/DOSE) (2MG/3ML Subcutaneous Solution Pen-Injector)	**B**	Maximum of 1 pen (3 ml) per 28 days
Ozempic (1MG/DOSE) (4MG/3ML Subcutaneous Solution Pen-Injector)	**B**	Maximum of 1 pen (3 ml) per 28 days
Ozempic (2MG/DOSE) (8MG/3ML Subcutaneous Solution Pen-Injector)	**B**	Maximum of 1 pen (3 ml) per 28 days
Paliperidone ER (1.5MG Oral Tablet Extended Release 24 Hour, 3MG Oral Tablet Extended Release 24 Hour, 9MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Paliperidone ER (6MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day
Pantoprazole Sodium (20MG Oral Tablet Delayed Release)	G	Maximum of 3 tablets per day
Pantoprazole Sodium (40MG Oral Tablet Delayed Release)	G	Maximum of 2 tablets per day
Paxlovid (150/100MG) (Oral Tablet Therapy Pack)	**B**	Maximum of 4 tablets per day and 20 tablets per prescription
Paxlovid (300/100MG) (Oral Tablet Therapy Pack)	**B**	Maximum of 6 tablets per day and 30 tablets per prescription
Pazopanib HCl (Oral Tablet)	G	Maximum of 4 tablets per day
Pediarix (Intramuscular Suspension Prefilled Syringe)	**B**	1 vaccination dose (0.5 ml) per day
Pedvax HIB (Intramuscular Suspension)	**B**	1 vaccination dose (0.5 ml) per day

Drug name	Brand or Generic	Quantity limit
Pemazyre (Oral Tablet)	**B**	Maximum of 14 tablets per 21 days
Penbraya (Intramuscular Suspension Reconstituted)	**B**	1 vaccination dose (1 injection) per day
Pentacel (Intramuscular Suspension Reconstituted)	**B**	1 vaccination dose (1 injection) per day
Pentamidine Isethionate (Inhalation Solution Reconstituted)	G	Maximum of 1 vial (300 mg) per 28 days
Pentasa (250MG Oral Capsule Extended Release)	**B**	Maximum of 16 capsules per day
Pentasa (500MG Oral Capsule Extended Release)	**B**	Maximum of 8 capsules per day
Pifeltro (Oral Tablet)	**B**	Maximum of 1 tablet per day
Pimecrolimus (External Cream)	G	Maximum of 100 grams per 30 days
Pioglitazone HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Pioglitazone HCl-Glimepiride (Oral Tablet)	G	Maximum of 1 tablet per day
Pioglitazone HCl-Metformin HCl (Oral Tablet)	G	Maximum of 3 tablets per day
Piqray (200MG Daily Dose) (Oral Tablet Therapy Pack)	**B**	Maximum of 1 tablet per day
Piqray (250MG Daily Dose) (Oral Tablet Therapy Pack)	**B**	Maximum of 2 tablets per day
Piqray (300MG Daily Dose) (Oral Tablet Therapy Pack)	**B**	Maximum of 2 tablets per day
Pirfenidone (Oral Capsule)	G	Maximum of 9 capsules per day
Pirfenidone (267MG Oral Tablet)	G	Maximum of 6 tablets per day
Pirfenidone (534MG Oral Tablet, 801MG Oral Tablet)	G	Maximum of 3 tablets per day
Pomalyst (Oral Capsule)	**B**	Maximum of 1 capsule per day
Posaconazole (Oral Suspension)	G	Maximum of 20 ml per day
Posaconazole (Oral Tablet Delayed Release)	G	Maximum of 6 tablets per day
Prasugrel HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Pregabalin (100MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule, 75MG Oral Capsule)	G	Maximum of 4 capsules per day
Pregabalin (150MG Oral Capsule, 200MG Oral Capsule)	G	Maximum of 3 capsules per day
Pregabalin (225MG Oral Capsule, 300MG Oral Capsule)	G	Maximum of 2 capsules per day
Pregabalin (Oral Solution)	G	Maximum of 30 ml per day
PreHevbrio (Intramuscular Suspension)	**B**	1 vaccination dose (1 ml) per day
Premarin (Oral Tablet)	**B**	Maximum of 1 tablet per day
Premphase (Oral Tablet)	**B**	Maximum of 1 tablet per day
Prempro (Oral Tablet)	**B**	Maximum of 1 tablet per day
Prevymis (Oral Tablet)	**B**	Maximum of 1 tablet per day

Drug name	Brand or Generic	Quantity limit
Prezcobix (Oral Tablet)	**B**	Maximum of 1 tablet per day
Prezista (Oral Suspension)	**B**	Maximum of 2 bottles (400 ml) per 30 days
Prezista (150MG Oral Tablet)	**B**	Maximum of 6 tablets per day
Prezista (75MG Oral Tablet)	**B**	Maximum of 10 tablets per day
Priorix (Subcutaneous Suspension Reconstituted)	**B**	1 vaccination dose (1 injection) per day
Prolia (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 1 syringe (1 ml) per 180 days
Promacta (Oral Packet)	**B**	Maximum of 6 packets per day
Promacta (12.5MG Oral Tablet, 25MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Promacta (50MG Oral Tablet, 75MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Promethazine HCl (12.5MG Rectal Suppository)	G	Maximum of 6 suppositories per day
Promethazine HCl (25MG Rectal Suppository)	G	Maximum of 4 suppositories per day
Promethegan (25MG Rectal Suppository)	G	Maximum of 4 suppositories per day
ProQuad (Subcutaneous Suspension Reconstituted)	**B**	1 vaccination dose (1 injection) per day
Pulmozyme (Inhalation Solution)	**B**	Maximum of 2 ampules (5 ml) per day
Pyrukynd (20MG Oral Tablet, 5MG Oral Tablet)	**B**	Maximum of 1 pack (56 tablets) per 28 days
Pyrukynd (50MG Oral Tablet)	**B**	Maximum of 2 packs (112 tablets) per 28 days
Pyrukynd Taper Pack (5MG Oral Tablet Therapy Pack)	**B**	Maximum of 1 pack (7 tablets) per 7 days
Pyrukynd Taper Pack (7 x 20MG & 7 x 5MG Oral Tablet Therapy Pack, 7 x 50MG & 7 x 20MG Oral Tablet Therapy Pack)	**B**	Maximum of 1 pack (14 tablets) per 14 days
Qinlock (Oral Tablet)	**B**	Maximum of 3 tablets per day
Quadracel (Intramuscular Suspension)	**B**	1 vaccination dose (0.5 ml) per day
Quadracel (Intramuscular Suspension Prefilled Syringe)	**B**	1 vaccination dose (0.5 ml) per day
Quetiapine Fumarate ER (150MG Oral Tablet Extended Release 24 Hour, 200MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Quetiapine Fumarate ER (300MG Oral Tablet Extended Release 24 Hour, 400MG Oral Tablet Extended Release 24 Hour, 50MG Oral Tablet Extended Release 24 Hour)	G	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Quetiapine Fumarate (100MG Oral Tablet Immediate Release, 150MG Oral Tablet Immediate Release, 200MG Oral Tablet Immediate Release, 50MG Oral Tablet Immediate Release)	G	Maximum of 3 tablets per day
Quetiapine Fumarate (25MG Oral Tablet Immediate Release)	G	Maximum of 4 tablets per day
Quetiapine Fumarate (300MG Oral Tablet Immediate Release, 400MG Oral Tablet Immediate Release)	G	Maximum of 2 tablets per day
Qulipta (Oral Tablet)	**B**	Maximum of 1 tablet per day
Quviviq (Oral Tablet)	**B**	Maximum of 1 tablet per day
Qvar RediHaler (Inhalation Aerosol Breath Activated)	**B**	Maximum of 2 inhalers (21.2 grams) per 30 days
RabAvert (Intramuscular Suspension Reconstituted)	**B**	1 vaccination dose (1 injection) per day
Raloxifene HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Ramelteon (Oral Tablet)	G	Maximum of 1 tablet per day
Ranolazine ER (Oral Tablet Extended Release 12 Hour)	G	Maximum of 2 tablets per day
Rayaldee (Oral Capsule Extended Release)	**B**	Maximum of 2 capsules per day
Recombivax HB (10MCG/ML Injection Suspension, 40MCG/ML Injection Suspension)	**B**	1 vaccination dose (1 ml) per day
Recombivax HB (5MCG/0.5ML Injection Suspension)	**B**	1 vaccination dose (0.5 ml) per day
Recombivax HB (10MCG/ML Injection Suspension Prefilled Syringe)	**B**	1 vaccination dose (1 ml) per day
Recombivax HB (5MCG/0.5ML Injection Suspension Prefilled Syringe)	**B**	1 vaccination dose (0.5 ml) per day
Relenza Diskhaler (Inhalation Aerosol Powder Breath Activated)	**B**	Maximum of 3 inhalers (60 blisters) per 30 days
Repaglinide (0.5MG Oral Tablet)	G	Maximum of 32 tablets per day
Repaglinide (1MG Oral Tablet)	G	Maximum of 16 tablets per day
Repaglinide (2MG Oral Tablet)	G	Maximum of 8 tablets per day
Repatha Pushtronex System (Subcutaneous Solution Cartridge)	**B**	Maximum of 2 cartridges (7 ml) per 28 days
Repatha (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 3 syringes (3 ml) per 28 days
Repatha SureClick (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 3 pens (3 ml) per 28 days
Restasis MultiDose (Ophthalmic Emulsion)	**B**	Maximum of 1 bottle (5.5 ml) per 25 days
Restasis Single-Use Vials (Ophthalmic Emulsion)	**B**	Maximum of 2 vials per day
Retevmo (40MG Oral Capsule)	**B**	Maximum of 6 capsules per day
Retevmo (80MG Oral Capsule)	**B**	Maximum of 4 capsules per day

Drug name	Brand or Generic	Quantity limit
Rexulti (Oral Tablet)	**B**	Maximum of 1 tablet per day
Reyataz (Oral Packet)	**B**	Maximum of 6 packets per day
Rezlidhia (Oral Capsule)	**B**	Maximum of 2 capsules per day
Rinvoq (Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 1 tablet per day
Risedronate Sodium (150MG Oral Tablet Immediate Release)	G	Maximum of 1 tablet per 30 days
Risedronate Sodium (30MG Oral Tablet Immediate Release, 5MG Oral Tablet Immediate Release)	G	Maximum of 1 tablet per day
Risedronate Sodium (35MG Oral Tablet Immediate Release, 35MG (12 PACK) Oral Tablet Immediate Release, 35MG (4 PACK) Oral Tablet Immediate Release)	G	Maximum of 4 tablets per 28 days
Ritonavir (Oral Tablet)	G	Maximum of 12 tablets per day
Rivastigmine Tartrate (Oral Capsule)	G	Maximum of 2 capsules per day
Rivastigmine (Transdermal Patch 24 Hour)	G	Maximum of 1 patch per day
Rizatriptan Benzoate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Rizatriptan Benzoate ODT (Oral Tablet Dispersible)	G	Maximum of 12 tablets per 30 days
Roflumilast (250MCG Oral Tablet)	G	Maximum of 1 tablet per day
Roflumilast (500MCG Oral Tablet)	G	Maximum of 1 tablet per day
Rosuvastatin Calcium (Oral Tablet)	G	Maximum of 1 tablet per day
Rotarix (Oral Suspension)	**B**	1 vaccination dose (1.5 ml) per day
Rotarix (Oral Suspension Reconstituted)	**B**	1 vaccination dose (1 ml) per day
RotaTeq (Oral Solution)	**B**	1 vaccination dose (2 ml) per day
Rozlytrek (100MG Oral Capsule)	**B**	Maximum of 5 capsules per day
Rozlytrek (200MG Oral Capsule)	**B**	Maximum of 3 capsules per day
Rozlytrek (Oral Packet)	**B**	Maximum of 12 packs per day
Rubraca (Oral Tablet)	**B**	Maximum of 4 tablets per day
Rukobia (Oral Tablet Extended Release 12 Hour)	**B**	Maximum of 2 tablets per day
Rybelsus (Oral Tablet)	**B**	Maximum of 1 tablet per day
Rydapt (Oral Capsule)	**B**	Maximum of 8 capsules per day
Scemblix (100MG Oral Tablet)	**B**	Maximum of 4 tablets per day
Scemblix (20MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Scemblix (40MG Oral Tablet)	**B**	Maximum of 10 tablets per day
Secuado (Transdermal Patch 24 Hour)	**B**	Maximum of 1 patch per day
Selzentry (Oral Solution)	**B**	Maximum of 8 bottles (1840 ml) per 30 days
Selzentry (25MG Oral Tablet)	**B**	Maximum of 16 tablets per day
Selzentry (75MG Oral Tablet)	**B**	Maximum of 2 tablets per day

Drug name	Brand or Generic	Quantity limit
Serevent Diskus (60 Inhalation Aerosol Powder Breath Activated)	**B**	Maximum of 1 inhaler (60 inhalations) per 30 days
Shingrix (Intramuscular Suspension Reconstituted)	**B**	1 vaccination dose (1 injection) per day
Sildenafil Citrate (20MG Oral Tablet) (Generic Revatio)	G	Maximum of 3 tablets per day
Silodosin (Oral Capsule)	G	Maximum of 1 capsule per day
Simvastatin (Oral Tablet)	G	Maximum of 1 tablet per day
Skyclarys (Oral Capsule)	**B**	Maximum of 3 capsules per day
Skyrizi Pen (Subcutaneous Solution Auto-Injector)	**B**	Maximum of 1 pen (1 ml) per 28 days
Skyrizi (180MG/1.2ML Subcutaneous Solution Cartridge)	**B**	Maximum of 1 cartridge (1.2 ml) per 56 days
Skyrizi (360MG/2.4ML Subcutaneous Solution Cartridge)	**B**	Maximum of 1 cartridge (2.4 ml) per 56 days
Skyrizi (Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 1 syringe (1 ml) per 28 days
Solifenacin Succinate (Oral Tablet)	G	Maximum of 1 tablet per day
Soliqua (Subcutaneous Solution Pen-Injector)	**B**	Maximum of 5 pens (15 ml) per 24 days
Somavert (Subcutaneous Solution Reconstituted)	**B**	Maximum of 1 vial per day
Sotyktu (Oral Tablet)	**B**	Maximum of 1 tablet per day
Spiriva HandiHaler (Inhalation Capsule)	**B**	Maximum of 1 capsule per day
Spiriva Respimat (Inhalation Aerosol Solution)	**B**	Maximum of 1 inhaler (4 grams) per 30 days
Spritam (1000MG Oral Tablet Disintegrating Soluble)	**B**	Maximum of 3 tablets per day
Spritam (250MG Oral Tablet Disintegrating Soluble, 500MG Oral Tablet Disintegrating Soluble)	**B**	Maximum of 2 tablets per day
Spritam (750MG Oral Tablet Disintegrating Soluble)	**B**	Maximum of 4 tablets per day
Sprycel (100MG Oral Tablet, 140MG Oral Tablet, 70MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Sprycel (20MG Oral Tablet, 50MG Oral Tablet)	**B**	Maximum of 3 tablets per day
Sprycel (80MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Stelara (Subcutaneous Solution)	**B**	Maximum of 6 vials (3 ml) per 84 days
Stelara (45MG/0.5ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 6 syringes (3 ml) per 84 days
Stelara (90MG/ML Subcutaneous Solution Prefilled Syringe)	**B**	Maximum of 3 syringes (3 ml) per 84 days

Drug name	Brand or Generic	Quantity limit
Stiolto Respimat (Inhalation Aerosol Solution)	**B**	Maximum of 1 inhaler (4 grams) per 30 days
Stivarga (Oral Tablet)	**B**	Maximum of 4 tablets per day
Stribild (Oral Tablet)	**B**	Maximum of 1 tablet per day
Suboxone (12-3MG Sublingual Film)	**B**	Maximum of 2 films per day
Suboxone (2-0.5MG Sublingual Film, 4-1MG Sublingual Film, 8-2MG Sublingual Film)	**B**	Maximum of 3 films per day
Sumatriptan (Nasal Solution)	G	Maximum of 12 devices per 30 days
Sumatriptan Succinate (Oral Tablet)	G	Maximum of 12 tablets per 30 days
Sumatriptan Succinate (Subcutaneous Solution Auto-Injector)	G	Maximum of 12 injections (6 ml) per 30 days
Sumatriptan Succinate (Subcutaneous Solution)	G	Maximum of 12 injections (6 ml) per 30 days
Sunitinib Malate (12.5MG Oral Capsule, 25MG Oral Capsule, 50MG Oral Capsule)	G	Maximum of 1 capsule per day
Sunitinib Malate (37.5MG Oral Capsule)	G	Maximum of 2 capsules per day
Sunlenca (4 x 300MG Oral Tablet Therapy Pack)	**B**	Maximum of 2 packs (8 tablets) per year
Sunlenca (5 x 300MG Oral Tablet Therapy Pack)	**B**	Maximum of 2 packs (10 tablets) per year
Symbicort (120 Inhalation Aerosol)	**B**	Maximum of 1 inhaler (10.2 grams) per 30 days
Sympazan (Oral Film)	**B**	Maximum of 2 films per day
Symtuza (Oral Tablet)	**B**	Maximum of 1 tablet per day
Synarel (Nasal Solution)	**B**	Maximum of 4 bottles (32 ml) per 26 days
Synjardy (Oral Tablet Immediate Release)	**B**	Maximum of 2 tablets per day
Synjardy XR (10-1000MG Oral Tablet Extended Release 24 Hour, 12.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 2 tablets per day
Synjardy XR (25-1000MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 1 tablet per day
Tabrecta (Oral Tablet)	**B**	Maximum of 4 tablets per day
Tadalafil (PAH) (20MG Oral Tablet) (Generic Adcirca)	G	Maximum of 2 tablets per day
Tadalafil (2.5MG Oral Tablet, 5MG Oral Tablet)	G	Maximum of 1 tablet per day
Tagrisso (Oral Tablet)	**B**	Maximum of 1 tablet per day
Talzenna (0.1MG Oral Capsule, 0.35MG Oral Capsule, 0.5MG Oral Capsule, 0.75MG Oral Capsule, 1MG Oral Capsule)	**B**	Maximum of 1 capsule per day

Drug name	Brand or Generic	Quantity limit
Talzenna (0.25MG Oral Capsule)	**B**	Maximum of 3 capsules per day
Tasigna (150MG Oral Capsule)	**B**	Maximum of 5 capsules per day
Tasigna (200MG Oral Capsule)	**B**	Maximum of 4 capsules per day
Tasigna (50MG Oral Capsule)	**B**	Maximum of 14 capsules per day
Tasimelteon (Oral Capsule)	G	Maximum of 1 capsule per day
Tazarotene (External Cream)	G	Maximum of 60 grams per 30 days
Tazverik (Oral Tablet)	**B**	Maximum of 8 tablets per day
TDVAX (Intramuscular Suspension)	**B**	1 vaccination dose (0.5 ml) per day
Telmisartan (Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-Amlodipine (Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-HCTZ (40-12.5MG Oral Tablet, 80-25MG Oral Tablet)	G	Maximum of 1 tablet per day
Telmisartan-HCTZ (80-12.5MG Oral Tablet)	G	Maximum of 2 tablets per day
Temazepam (15MG Oral Capsule, 30MG Oral Capsule)	G	Maximum of 1 capsule per day
Tenivac (Intramuscular Injectable)	**B**	1 vaccination dose (0.5 ml) per day
Tenofovir Disoproxil Fumarate (Oral Tablet)	G	Maximum of 1 tablet per day
Tepmetko (Oral Tablet)	**B**	Maximum of 2 tablets per day
Terbinafine HCl (Oral Tablet)	G	Maximum of 2 tablets per day
Teriflunomide (Oral Tablet)	G	Maximum of 1 tablet per day
Teriparatide (Recombinant) (620MCG/2.48ML Subcutaneous Solution Pen-Injector)	**B**	Maximum of 1 pen (2.48 ml) per 28 days
Tetrabenazine (12.5MG Oral Tablet)	G	Maximum of 3 tablets per day
Tetrabenazine (25MG Oral Tablet)	G	Maximum of 4 tablets per day
Thalomid (100MG Oral Capsule, 50MG Oral Capsule)	**B**	Maximum of 1 capsule per day
Thalomid (150MG Oral Capsule, 200MG Oral Capsule)	**B**	Maximum of 2 capsules per day
Tibsovo (Oral Tablet)	**B**	Maximum of 2 tablets per day
Ticovac (1.2MCG/0.25ML Intramuscular Suspension Prefilled Syringe)	**B**	1 vaccination dose (0.25 ml) per day
Ticovac (2.4MCG/0.5ML Intramuscular Suspension Prefilled Syringe)	**B**	1 vaccination dose (0.5 ml) per day
Tivicay (10MG Oral Tablet, 25MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Tivicay (50MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Tivicay PD (Oral Tablet Soluble)	**B**	Maximum of 6 tablets per day
Tobi Podhaler (Inhalation Capsule)	**B**	Maximum of 8 capsules per day
Tobramycin (300MG/5ML Inhalation Nebulization Solution)	G	Maximum of 2 ampules (10 ml) per day

Drug name	Brand or Generic	Quantity limit
Tradjenta (Oral Tablet)	**B**	Maximum of 1 tablet per day
Tramadol HCl (ER Biphasic) (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Tramadol HCl ER (Oral Tablet Extended Release 24 Hour)	G	Maximum of 1 tablet per day
Tramadol HCl (50MG Oral Tablet Immediate Release)	G	Maximum of 8 tablets per day
Tramadol-Acetaminophen (Oral Tablet)	G	Maximum of 8 tablets per day
Trelegy Ellipta (Inhalation Aerosol Powder Breath Activated)	**B**	Maximum of 1 inhaler (60 blisters) per 30 days
Trientine HCl (250MG Oral Capsule)	G	Maximum of 8 capsules per day
Trientine HCl (500MG Oral Capsule)	G	Maximum of 4 capsules per day
Trijardy XR (10-5-1000MG Oral Tablet Extended Release 24 Hour, 25-5-1000MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 1 tablet per day
Trijardy XR (12.5-2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-2.5-1000MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 2 tablets per day
Trintellix (Oral Tablet)	**B**	Maximum of 1 tablet per day
Triumeq (Oral Tablet)	**B**	Maximum of 1 tablet per day
Triumeq PD (Oral Tablet Soluble)	**B**	Maximum of 6 tablets per day
Trulance (Oral Tablet)	**B**	Maximum of 1 tablet per day
Trulicity (Subcutaneous Solution Pen-Injector)	**B**	Maximum of 4 pens (2 ml) per 28 days
Trumenba (Intramuscular Suspension Prefilled Syringe)	**B**	1 vaccination dose (0.5 ml) per day
Truqap (Oral Tablet)	**B**	Maximum of 64 tablets per 28 days
Tukysa (150MG Oral Tablet)	**B**	Maximum of 4 tablets per day
Tukysa (50MG Oral Tablet)	**B**	Maximum of 12 tablets per day
Turalio (125MG Oral Capsule)	**B**	Maximum of 4 capsules per day
Twinrix (Intramuscular Suspension Prefilled Syringe)	**B**	1 vaccination dose (1 ml) per day
Tybost (Oral Tablet)	**B**	Maximum of 1 tablet per day
Tymlos (Subcutaneous Solution Pen-Injector)	**B**	Maximum of 1 pen (1.56 ml) per 30 days
Typhim VI (Intramuscular Solution)	**B**	1 vaccination dose (0.5 ml) per day
Typhim VI (Intramuscular Solution Prefilled Syringe)	**B**	1 vaccination dose (0.5 ml) per day
Tyrvaya (Nasal Solution)	**B**	Maximum of 2 bottles (8.4 ml) per 30 days

Drug name	Brand or Generic	Quantity limit
Ubrelvy (Oral Tablet)	**B**	Maximum of 16 tablets per 30 days
Valacyclovir HCl (1GM Oral Tablet)	G	Maximum of 4 tablets per day
Valacyclovir HCl (500MG Oral Tablet)	G	Maximum of 2 tablets per day
Valchlor (External Gel)	**B**	Maximum of 60 grams per 30 days
Valganciclovir HCl (Oral Solution Reconstituted)	G	Maximum of 36 ml per day
Valganciclovir HCl (Oral Tablet)	G	Maximum of 4 tablets per day
Valsartan (160MG Oral Tablet, 40MG Oral Tablet, 80MG Oral Tablet)	G	Maximum of 2 tablets per day
Valsartan (320MG Oral Tablet)	G	Maximum of 1 tablet per day
Valsartan-Hydrochlorothiazide (Oral Tablet)	G	Maximum of 1 tablet per day
Valtoco 10MG Dose (Nasal Liquid)	**B**	Maximum of 10 blister packs (10 spray devices) per 30 days
Valtoco 15MG Dose (Nasal Liquid Therapy Pack)	**B**	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 20MG Dose (Nasal Liquid Therapy Pack)	**B**	Maximum of 10 blister packs (20 spray devices) per 30 days
Valtoco 5MG Dose (Nasal Liquid)	**B**	Maximum of 10 blister packs (10 spray devices) per 30 days
Vancomycin HCl (125MG Oral Capsule)	G	Maximum of 4 capsules per day
Vancomycin HCl (250MG Oral Capsule)	G	Maximum of 8 capsules per day
Vanflyta (Oral Tablet)	**B**	Maximum of 2 tablets per day
VAQTA (25UNIT/0.5ML Intramuscular Suspension)	**B**	Maximum of 2 vaccines per lifetime
VAQTA (50UNIT/ML Intramuscular Suspension)	**B**	Maximum of 2 vaccines per lifetime
Varivax (Subcutaneous Injectable)	**B**	1 vaccination dose (1 injection) per day
Veltassa (Oral Packet)	**B**	Maximum of 1 packet per day
Vemlidy (Oral Tablet)	**B**	Maximum of 1 tablet per day
Venclexta (100MG Oral Tablet)	**B**	Maximum of 6 tablets per day
Venclexta (10MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Venclexta (50MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Venclexta Starting Pack (Oral Tablet Therapy Pack)	**B**	Maximum of 2 packs per year
Veozah (Oral Tablet)	**B**	Maximum of 1 tablet per day
Verquvo (Oral Tablet)	**B**	Maximum of 1 tablet per day
Verzenio (Oral Tablet)	**B**	Maximum of 2 tablets per day
Vigabatrin (Oral Packet)	G	Maximum of 6 packets per day
Vigabatrin (Oral Tablet)	G	Maximum of 6 tablets per day
Vigadrone (Oral Packet)	G	Maximum of 6 packets per day

Drug name	Brand or Generic	Quantity limit
Vigadrone (Oral Tablet)	G	Maximum of 6 tablets per day
Vigpoder (Oral Packet)	G	Maximum of 6 packets per day
Vilazodone HCl (Oral Tablet)	G	Maximum of 1 tablet per day
Viracept (250MG Oral Tablet)	**B**	Maximum of 10 tablets per day
Viracept (625MG Oral Tablet)	**B**	Maximum of 4 tablets per day
Viread (Oral Powder)	**B**	Maximum of 4 bottles (240 grams) per 30 days
Viread (150MG Oral Tablet, 200MG Oral Tablet, 250MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Vitrakvi (100MG Oral Capsule)	**B**	Maximum of 4 capsules per day
Vitrakvi (25MG Oral Capsule)	**B**	Maximum of 6 capsules per day
Vitrakvi (Oral Solution)	**B**	Maximum of 20 ml per day
Vizimpro (Oral Tablet)	**B**	Maximum of 1 tablet per day
Vonjo (Oral Capsule)	**B**	Maximum of 4 capsules per day
Voriconazole (Oral Suspension Reconstituted)	G	Maximum of 20 ml per day
Voriconazole (200MG Oral Tablet)	G	Maximum of 4 tablets per day
Voriconazole (50MG Oral Tablet)	G	Maximum of 16 tablets per day
Vosevi (Oral Tablet)	**B**	Maximum of 1 tablet per day
Vraylar (1.5MG Oral Capsule, 3MG Oral Capsule, 4.5MG Oral Capsule, 6MG Oral Capsule)	**B**	Maximum of 1 capsule per day
Vumerity (Oral Capsule Delayed Release) (Maintenance Dose Bottle)	**B**	Maximum of 4 capsules per day
Vyndaqel (Oral Capsule)	**B**	Maximum of 4 capsules per day
Welireg (Oral Tablet)	**B**	Maximum of 3 tablets per day
Wixela Inhub (Inhalation Aerosol Powder Breath Activated) (Generic Advair)	G	Maximum of 1 inhaler (60 blisters) per 30 days
Xarelto (10MG Oral Tablet, 20MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Xarelto (15MG Oral Tablet, 2.5MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Xarelto Starter Pack (Oral Tablet Therapy Pack)	**B**	Maximum of 2 packs per year
Xcopri (250MG Daily Dose) (Oral Tablet Therapy Pack)	**B**	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (350MG Daily Dose) (150MG & 200MG Oral Tablet Therapy Pack)	**B**	Maximum of 1 pack (56 tablets) per 28 days
Xcopri (100MG Oral Tablet, 25MG Oral Tablet, 50MG Oral Tablet)	**B**	Maximum of 1 tablet per day
Xcopri (150MG Oral Tablet, 200MG Oral Tablet)	**B**	Maximum of 2 tablets per day
Xcopri (14 x 12.5MG & 14 x 25MG Oral Tablet Therapy Pack, 14 x 150MG & 14 x 200MG Oral Tablet Therapy Pack, 14 x 50MG & 14 x 100MG Oral Tablet Therapy Pack)	**B**	Maximum of 2 packs per year
Xdemvy (Ophthalmic Solution)	**B**	Maximum of 1 bottle (10 ml) per 42 days

Drug name	Brand or Generic	Quantity limit
Xeljanz (Oral Solution)	**B**	Maximum of 10 ml per day
Xeljanz (Oral Tablet Immediate Release)	**B**	Maximum of 2 tablets per day
Xeljanz XR (Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 1 tablet per day
Xermelo (Oral Tablet)	**B**	Maximum of 3 tablets per day
Xigduo XR (10-1000MG Oral Tablet Extended Release 24 Hour, 10-500MG Oral Tablet Extended Release 24 Hour, 5-500MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 1 tablet per day
Xigduo XR (2.5-1000MG Oral Tablet Extended Release 24 Hour, 5-1000MG Oral Tablet Extended Release 24 Hour)	**B**	Maximum of 2 tablets per day
Xiidra (Ophthalmic Solution)	**B**	Maximum of 2 vials per day
Xofluza (40MG Dose) (Oral Tablet Therapy Pack)	**B**	Maximum of 2 tablets per 30 days
Xofluza (80MG Dose) (Oral Tablet Therapy Pack)	**B**	Maximum of 1 tablet per 30 days
Xospata (Oral Tablet)	**B**	Maximum of 3 tablets per day
Xpovio (100MG Once Weekly) (Oral Tablet Therapy Pack)	**B**	Maximum of 8 tablets per 28 days
Xpovio (40MG Once Weekly) (Oral Tablet Therapy Pack)	**B**	Maximum of 4 tablets per 28 days
Xpovio (40MG Twice Weekly) (Oral Tablet Therapy Pack)	**B**	Maximum of 8 tablets per 28 days
Xpovio (60MG Once Weekly) (Oral Tablet Therapy Pack)	**B**	Maximum of 4 tablets per 28 days
Xpovio (60MG Twice Weekly) (Oral Tablet Therapy Pack)	**B**	Maximum of 24 tablets per 28 days
Xpovio (80MG Once Weekly) (Oral Tablet Therapy Pack)	**B**	Maximum of 8 tablets per 28 days
Xpovio (80MG Twice Weekly) (Oral Tablet Therapy Pack)	**B**	Maximum of 32 tablets per 28 days
Xtampza ER (13.5MG Oral Capsule ER 12 Hour Abuse-Deterrent, 18MG Oral Capsule ER 12 Hour Abuse-Deterrent, 9MG Oral Capsule ER 12 Hour Abuse-Deterrent)	**B**	Maximum of 3 capsules per day
Xtampza ER (27MG Oral Capsule ER 12 Hour Abuse-Deterrent, 36MG Oral Capsule ER 12 Hour Abuse-Deterrent)	**B**	Maximum of 6 capsules per day
Xtandi (Oral Capsule)	**B**	Maximum of 4 capsules per day
Xtandi (40MG Oral Tablet)	**B**	Maximum of 4 tablets per day
Xtandi (80MG Oral Tablet)	**B**	Maximum of 2 tablets per day
YF-VAX (Subcutaneous Injectable)	**B**	1 vaccination dose (1 injection) per day
Yuvafem (Vaginal Tablet)	G	Maximum of 18 tablets per 28 days

Drug name	Brand or Generic	Quantity limit
Zafirlukast (Oral Tablet)	G	Maximum of 2 tablets per day
Zaleplon (10MG Oral Capsule)	G	Maximum of 2 capsules per day
Zaleplon (5MG Oral Capsule)	G	Maximum of 1 capsule per day
Zejula (Oral Tablet)	**B**	Maximum of 1 tablet per day
Zidovudine (Oral Capsule)	G	Maximum of 6 capsules per day
Zidovudine (Oral Syrup)	G	Maximum of 64 ml per day
Zidovudine (Oral Tablet)	G	Maximum of 2 tablets per day
Ziprasidone HCl (Oral Capsule)	G	Maximum of 2 capsules per day
Zokinvy (Oral Capsule)	**B**	Maximum of 4 capsules per day
Zolpidem Tartrate (Oral Tablet Immediate Release)	G	Maximum of 1 tablet per day
Zurzuvae (20MG Oral Capsule, 25MG Oral Capsule)	**B**	Maximum of 28 capsules per 14 days
Zurzuvae (30MG Oral Capsule)	**B**	Maximum of 14 capsules per 14 days
Zydelig (Oral Tablet)	**B**	Maximum of 2 tablets per day
Zykadia (Oral Tablet)	**B**	Maximum of 3 tablets per day

Required information

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

This information is available for free in other languages. Please call our Customer Service number located on the cover.

Esta información esta disponible sin costo en otros idiomas. Llame a nuestro número de Servicio al Cliente que se encuentra en la portada.

We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, call our Customer Service number located on the cover. Someone who speaks a language other than English can help you. This is a free service.

Contamos con servicios gratuitos de interpretación para responder cualquier pregunta que pudiera tener sobre nuestro plan de salud o de medicamentos. Para obtener un intérprete, llame a nuestro número de Servicio al Cliente que se encuentra en la portada. Una persona que habla un idioma que no sea español puede ayudarle. Este servicio es gratuito.

UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities. UnitedHealthcare provides free services to help you communicate with us such as letters in other languages, braille, large print, audio, or you can ask for an interpreter. For more information, please call our Customer Service number located on the cover.

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

MyUHC.com/CommunityPlan

Toll-free **1-866-944-4983**, TTY **711**

8 a.m.-8 p.m.: 7 Days Oct-Mar; M-F Apr-Sept